Stanislaus County
Striving to be the Best
Children & Families Commission

2014-2015

Annual Program Evaluation

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

February 2016

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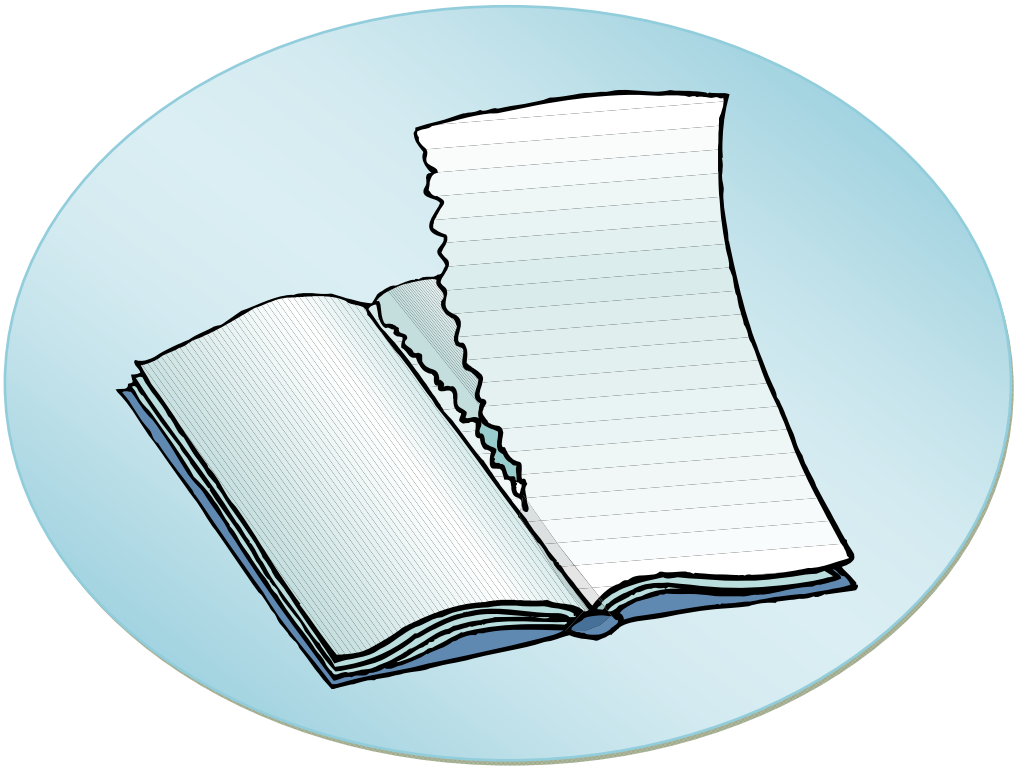

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Introduction

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

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

This Evaluation Report contains information on:

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

Strategic Plan Goals and Objectives

In its 2015-2017 Strategic Plan, the Commission focused on providing services and producing results in the areas of family functioning, health, child development, and sustainable systems. In these areas of focus, the Commission's desired results for children 0-5 in Stanislaus County are listed below with corresponding objectives:

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

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

Children are eager and ready learners

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

Children are born healthy and stay healthy

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

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

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

Evaluation Purpose and Methodology

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

With these questions in mind, the goal of the evaluation process for the 2014-2015 fiscal year was to acquire, report, and analyze information, share that information with stakeholders (i.e., programs, community, funders), and then upon reflection, make recommendations based on the areas of strengths and areas that could improve to better serve target populations on both the Commission and program levels.

The evaluation is a collaborative effort between Commission staff, programs, and other involved stakeholders, and utilizes a variety of data sources to more holistically evaluate the programs and the Commission's progress towards 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 SCOARRS (Stanislaus County Outcomes and Results Reporting Sheet). PDR is a locally developed database that tracks demographics of participants and the services provided by funded programs. The SCOARRS is a reporting tool that programs utilize to track progress towards planned outcomes by defining activities and reporting outputs and changes in participants.

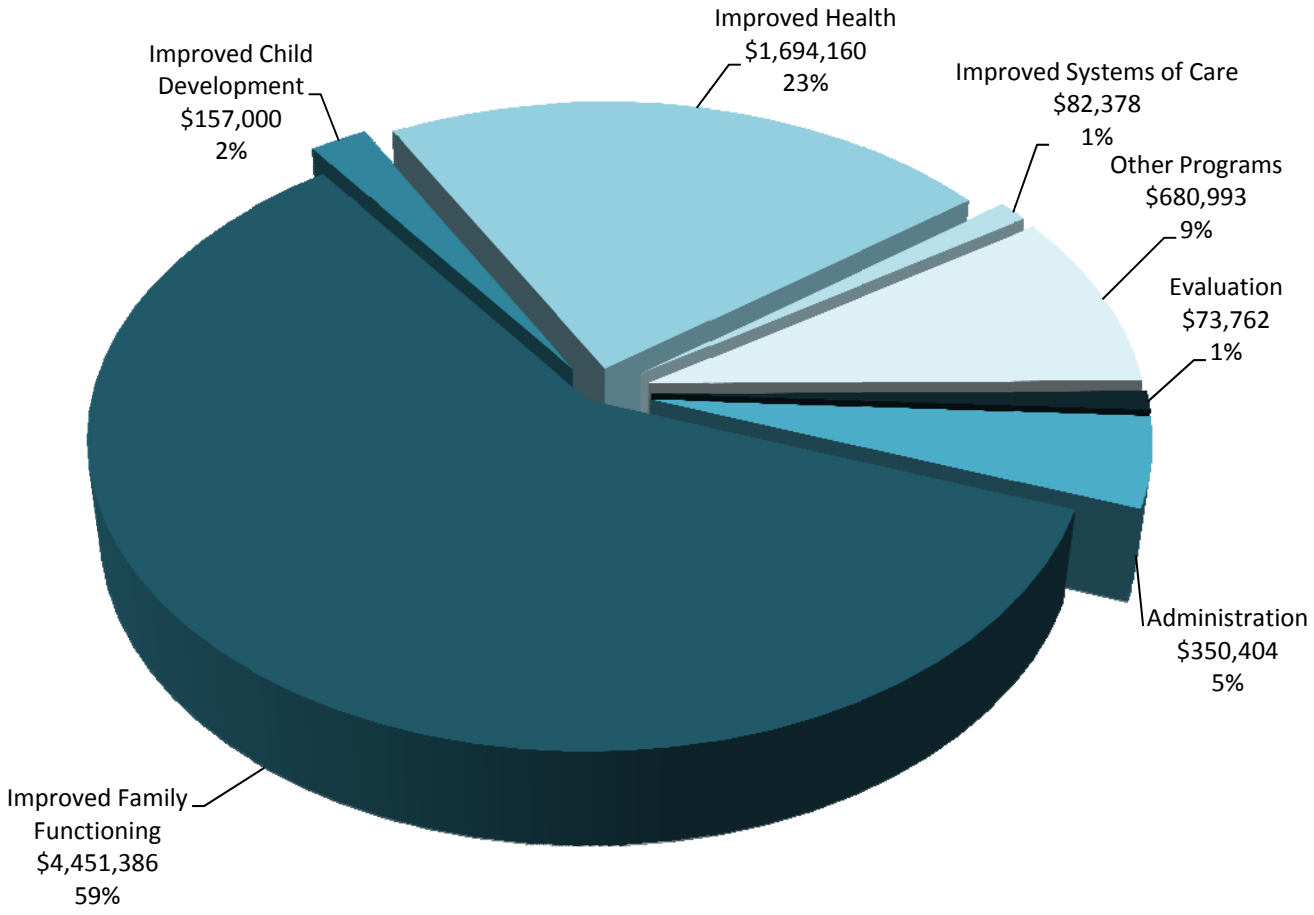
Program data was provided exclusively by the respective programs, and financial data and contract information were acquired from Commission records. Whenever possible, the contracted programs' self-analysis was integrated into the evaluation, at times in their own words. All programs were also asked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

Changes in Reporting Categories and Definitions

By January 31st of each year, California First 5 (the State Commission) is required to send a report to the State Legislature that consolidates, summarizes, analyzes, and comments on the annual audits and annual reports submitted by the 58 county commissions in California. In order to prepare the report, each year the State Commission provides instructions to counties regarding how expenditures and program activity/outcome information are to be classified, grouped, and reported.

For a number of years, the expenditure and program activity/outcome information required by the State has been unchanged. With this consistency in reporting, past local evaluation reports have been able to compare historical trends and changes in expenditures and program activity/outcomes. However, starting in the 2012-2013 fiscal year, reporting requirements were changed by the State. Service and expenditure categories were redefined and, in many cases, combined to ensure consistency between the reports of county commissions. These reporting changes limit the ability of this evaluation report to examine historical trends in expenditure, program activity/outcomes for result areas, and service. The trending charts and comparisons in this 2014-2015 report contain only three data points due to these new definitions now being used by the State.

Funding Distribution by Budget Category
Total: $7,490,083

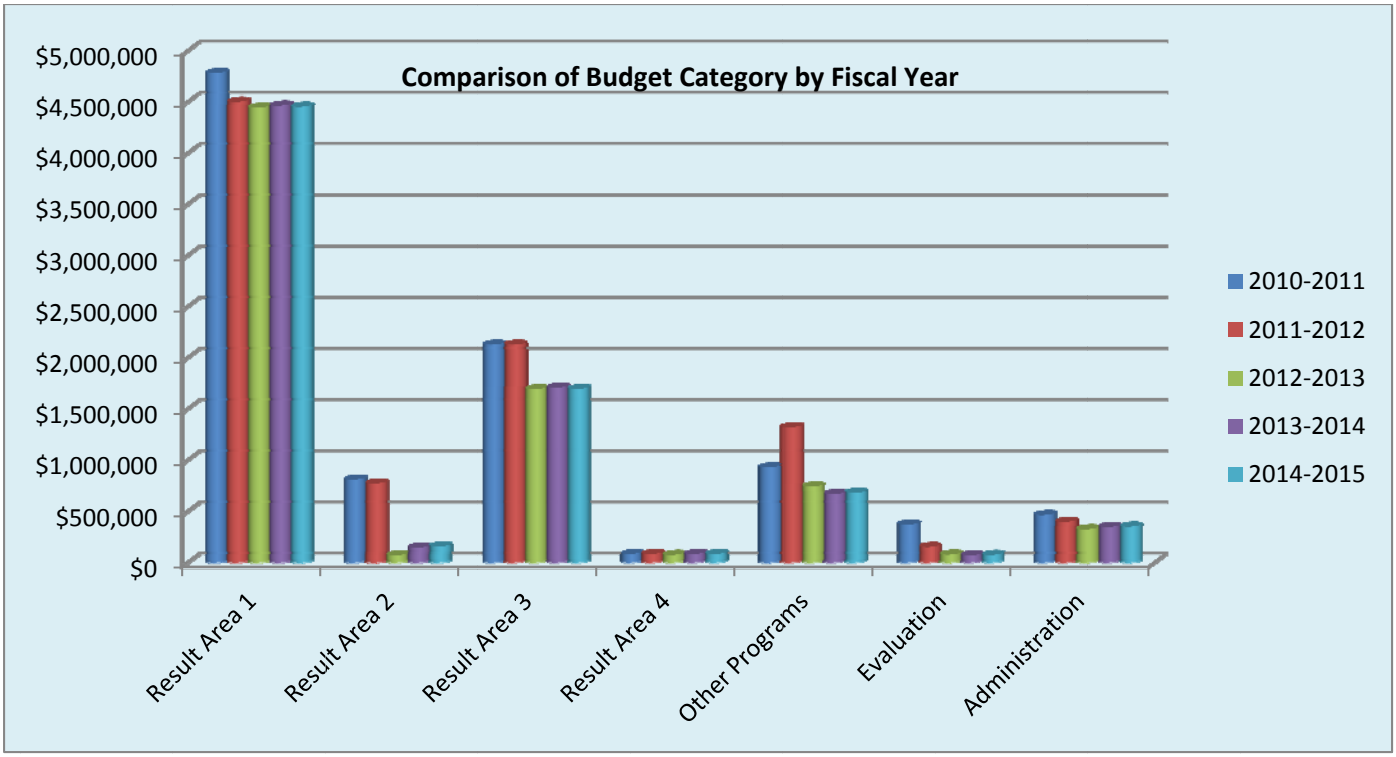


The 2014-2015 budget pie chart portrays the distribution of funding by budget category.

Program Categories:
The program categories (also known as Result Areas) make up 85% of the annual budget. These are areas in which outcomes for children 0-5 and their families are reported and evaluated. The funding provides measurable services for children and families.

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

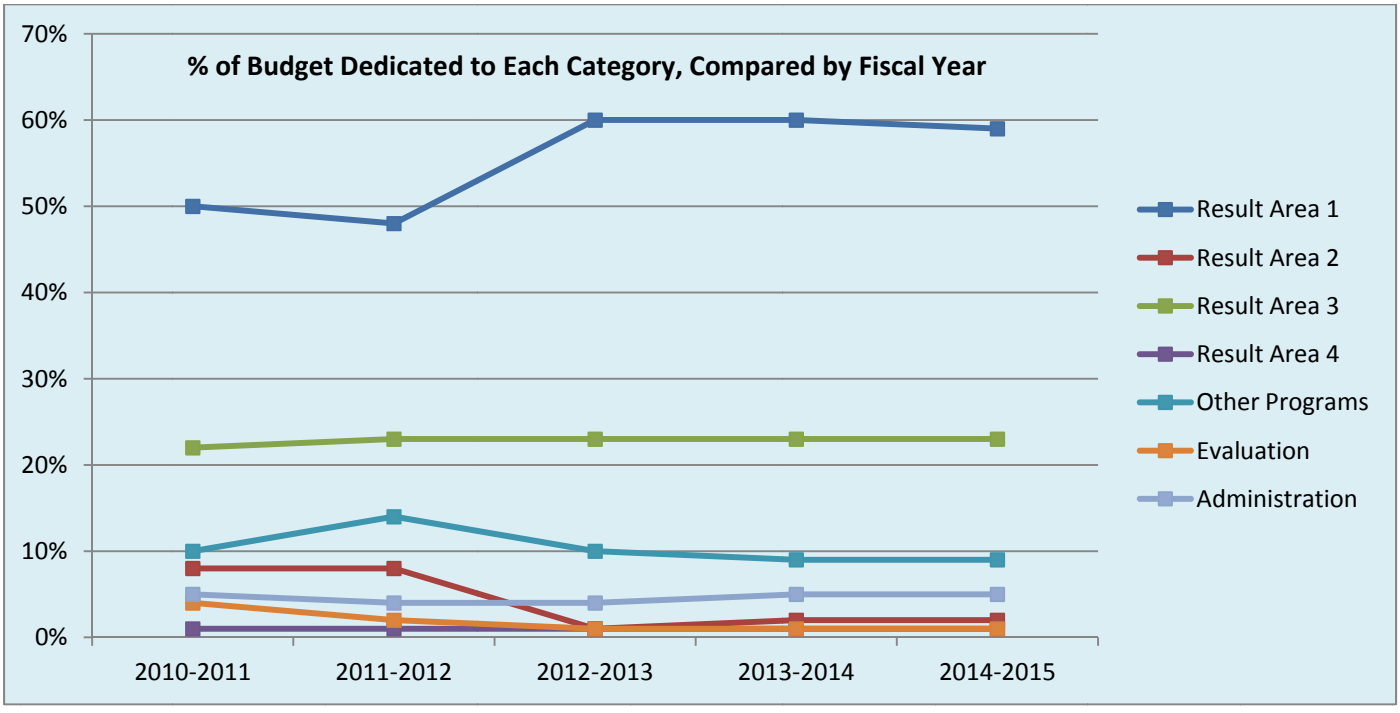
Administration and Evaluation Categories:
These categories make up just 6% of the annual budget.



Total Budget

2010-2011: $ 9,563,740
2011-2012: $ 9,352,751
2012-2013: $ 7,420,001
2013-2014: $ 7,515,250
2014-2015: $ 7,490,083

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



These graphs compare the distribution of the Stanislaus County Children and Families Commission total budget by fiscal year from 2010-2011 through 2014-2015. The top graph (Graph 1) compares the ***amount*** of funding allocated to each result area (RA), and the bottom graph (Graph 2) compares the ***percentage of the total budget*** allocated to each of the result areas.

Graph 1 illustrates that for the past five fiscal years, the Commission has consistently appropriated the largest *amount* of funding to RA 1 (Improved Family Functioning). However, as the total budget amount has decreased significantly over the years, the ***percentage of the total budget*** devoted to RA 1 has significantly increased starting in '12-'13. This confirms the Commission's continuing emphasis on funding Improved Family Functioning activities.

In '10-'11, RA 2 was appropriated a substantially lower *amount* of funding, as well as *percentage* of funding. This change was mostly caused by the decrease in funding allocated to the School Readiness Initiative in '10-'11, thereby decreasing the RA 2 budget allocation. Both funding amount and percentage of funding for RA 2 remained steady into '11-'12, but decreased in '12-'13 in amount and percentage as a result of the elimination of the Core 4 program.

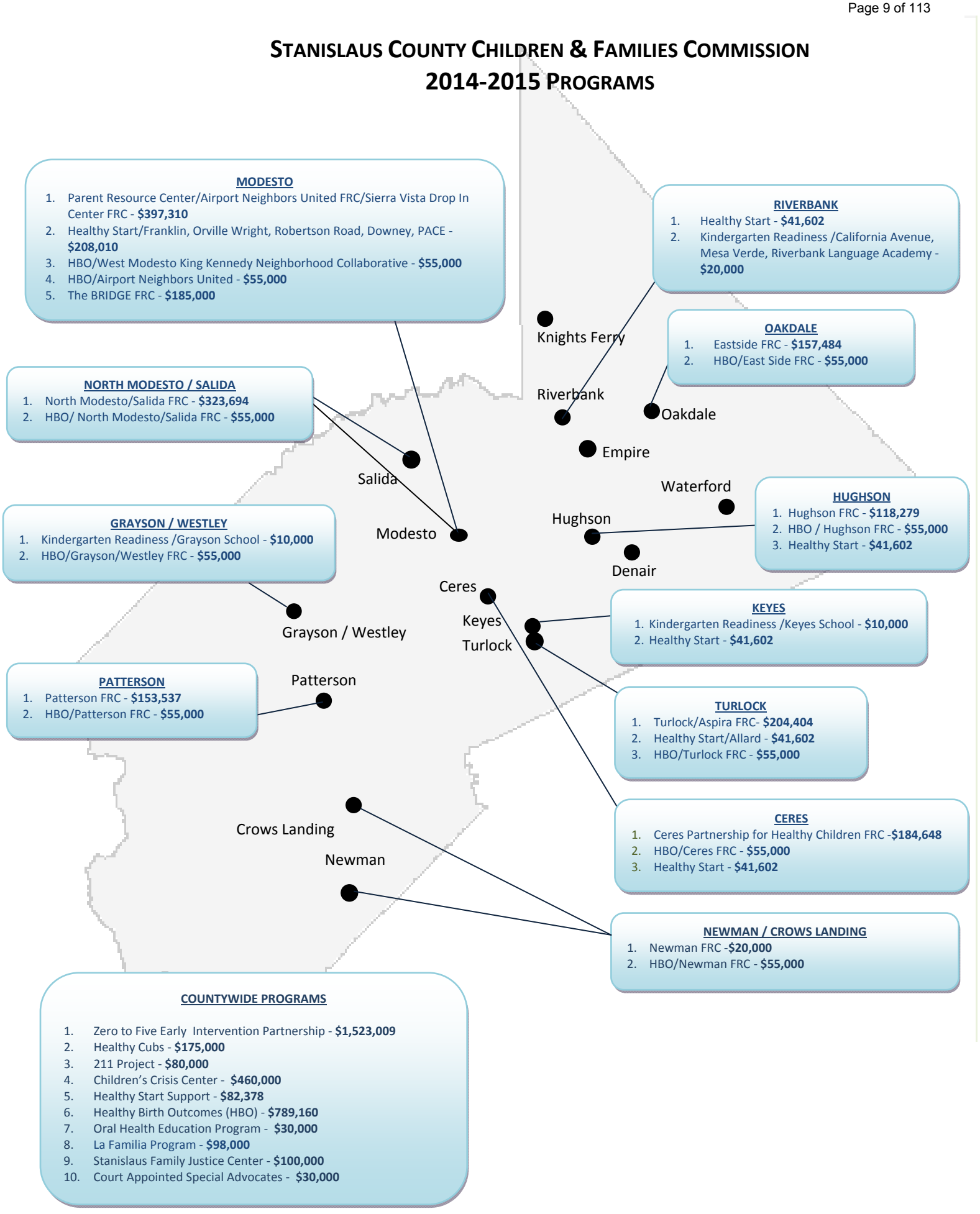
While the ***amount*** of funding dedicated to RA 3 decreased slightly in '10-'11 and again in '12-'13, the ***percentage of the total budget*** has remained consistent.

Graphs 1 and 2 show that RA 4 has consistently been appropriated one of the smallest amount and percentage of funding, even less than the "Administrative" category. The programs in this result area focus on supporting and nurturing widespread and overarching collaboration, coordination, and leveraging. However, there are also activities sponsored by the Commission, such as Early Care and Education/Provider Conferences, that are also focused on these areas but are categorized under "Other Programs." When reporting to First 5 California, these activity expenditures are reported under RA 2, but since they are not contracted programs, they remain in "Other Programs" for local budget and expenditure reporting.

The funding category "Other Programs" has remained relatively consistent, with the exception of a slight increased in '11-'12 due to an increase in funds appropriated for programs in the contingency category.

The budget for "Administrative" and "Evaluation" categories have remained consistently low, both the amount and percentage. The Stanislaus County Children and Families Commission remains dedicated to devoting the greatest amount and percentage of the budget to programs and services that positively affect the well being of children 0-5 and their families. As Prop 10 funding decreases, this dedication to programs and services will become of even greater importance.

STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION
2014-2015 PROGRAMS



Program Budget Award by Location			
Location	**Program Budget Allocation**	**% of '14-'15 Program Budget***	**% of County's Population****
Modesto	$ 900,320	32.7 %	39.3%
Turlock	$ 301,006	10.9 %	13.3%
Riverbank	$ 61,602	2.2%	4.4%
Ceres	$ 281,250	10.2%	8.8%
Newman/Crows Landing	$ 75,000	2.7%	2.0%
Grayson/Westley	$ 65,000	2.4%	.3%
Hughson (includes SE smaller towns)	$ 214,881	7.8%	1.4%
Oakdale	$ 212,484	7.7%	4.1%
Salida***	$ 378,694	13.8%	2.6%
Keyes	$ 51,602	1.9%	1.1%
Patterson	$ 208,537	7.6%	4.0%
TOTAL of location specific programs	$ 2,750,376		
Countywide Programs	$ 3,367,547		
TOTAL**:**	**$ 6,117,923**		

* Percent of Program Budget that is not allocated countywide

** State of California, Dept. of Finance, E-1 Population Estimates for Cities, Counties, and the State with Annual Percent Change – January 1, 2014 and 2015: Sacramento, CA, May 2014; https://suburbanstats.org, 2015

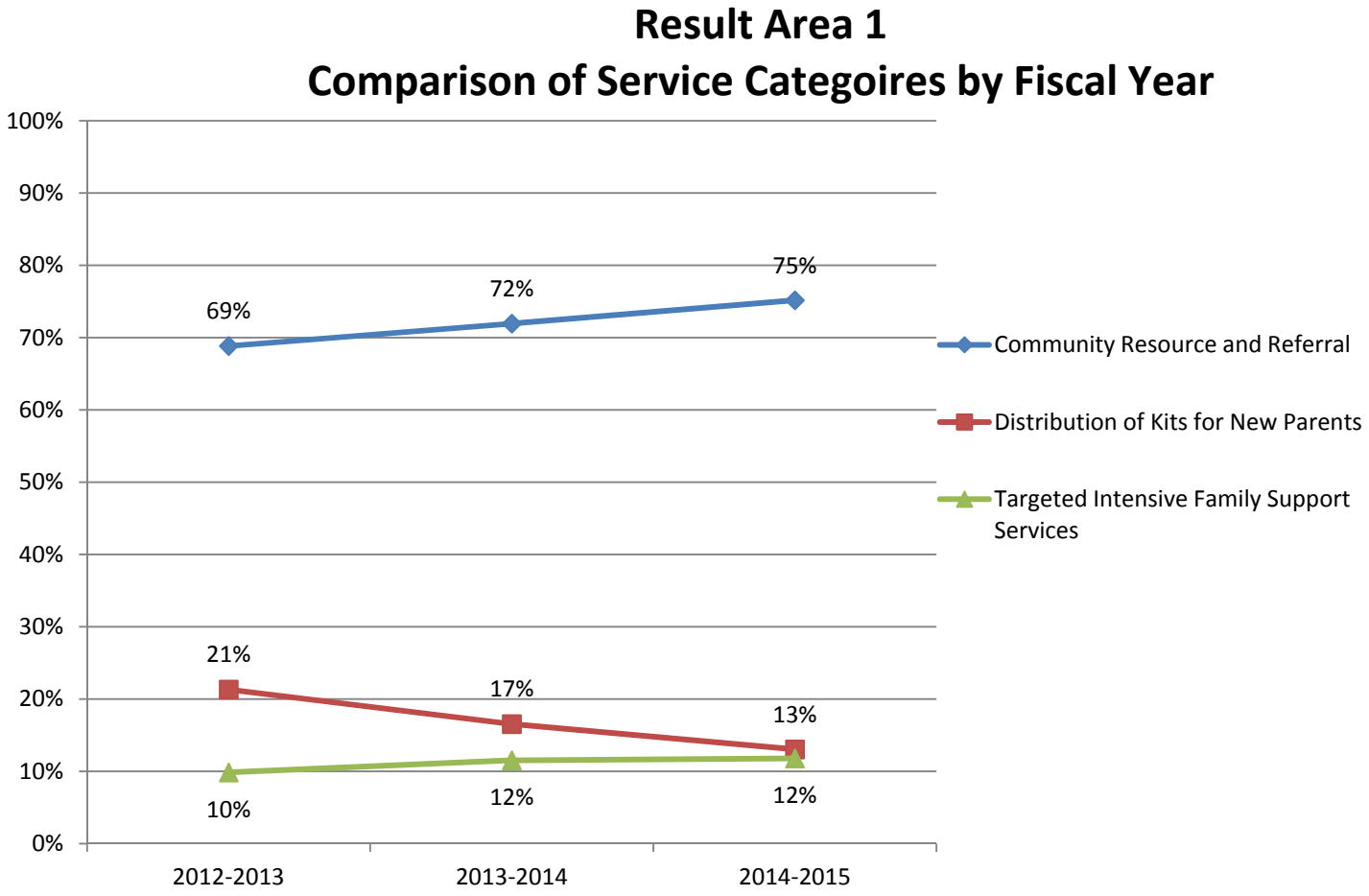
*** The program budget allocation for the Salida location includes parts of the North Modesto area.

**** Does not include $105,000 pass through funds to Child Signature Program 2

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

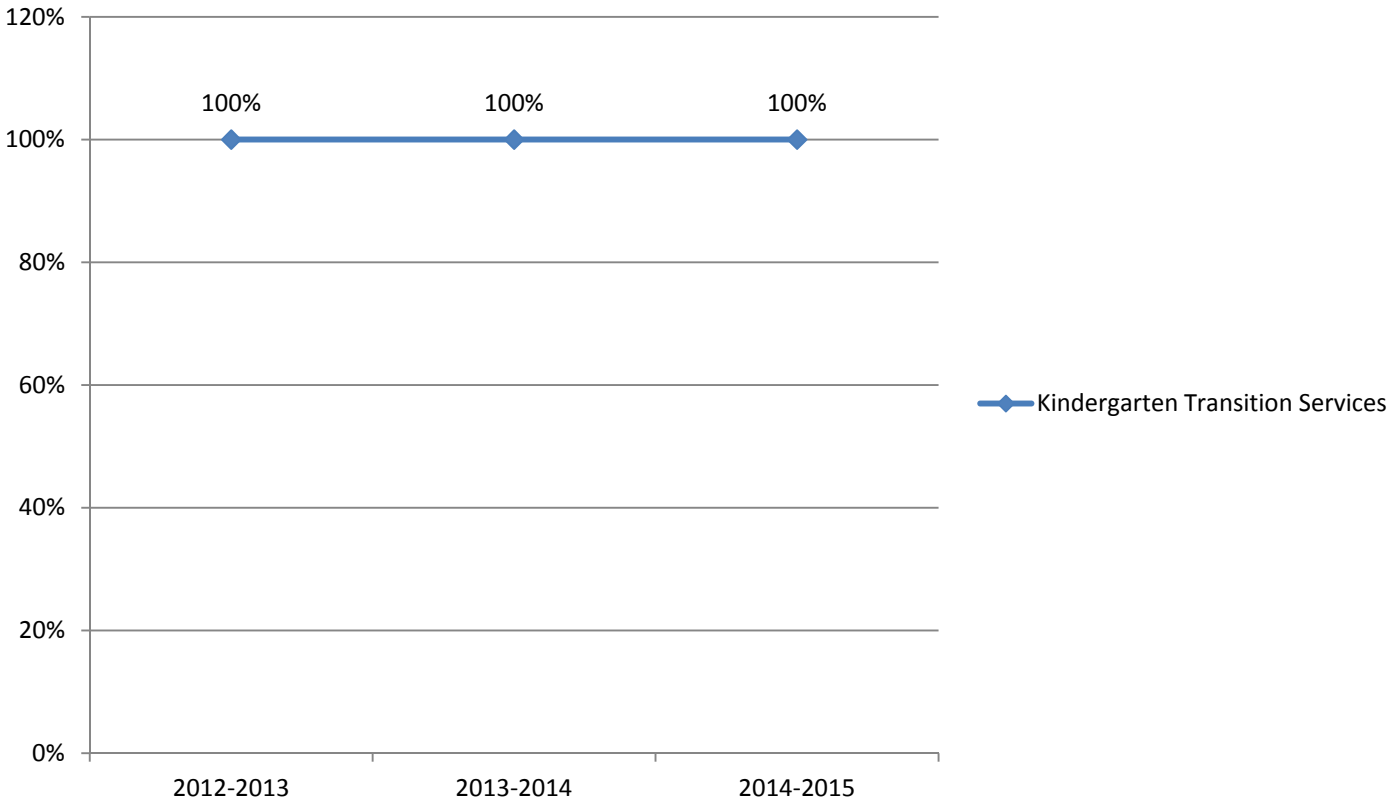
A total of $3,367,547 was allocated to programs that operate throughout the county, making up 55% of the total program budget. These countywide programs reach all of the above locations, and many have developed partnerships in order to collaborate with location specific programs, thereby leveraging Prop 10 resources. The remaining 45% of the program budget is allocated to programs that operate within a specific community to best serve the needs of the children and families within that community. As illustrated in both the map, as well as the chart, there is a balance of countywide and location specific programs that form an extensive network spanning the county to provide services that impact the lives of Stanislaus County's children and families.

These graphs depict how the distributions of service categories in each result area compare from fiscal year '12-'13 through '14-'15. It should be noted that the percentages of most services rendered have stayed fairly consistent. However, changes have occurred as the focus of specific services has been emphasized or deemphasized as changes in community needs or priorities change.



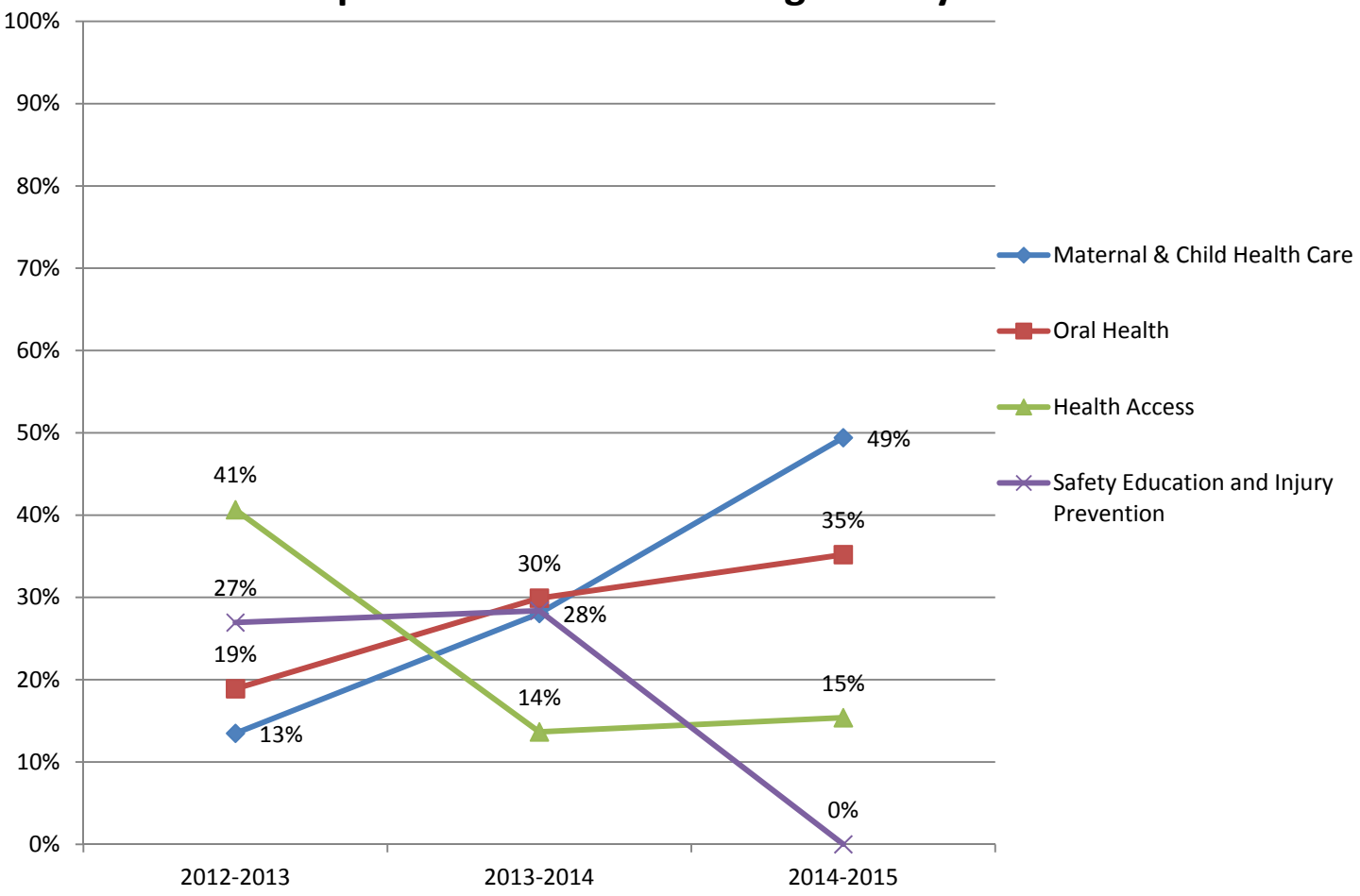
The highest percentage of services in Result Area 1 is consistently Resource and Referral services due in part to the broad base of participants and low level of intensity for this service. The percentage has increased as programs continue to build partnerships and the ability to provide resources and referrals to families and families learn what the programs can provide them. Programs share that the need for resources and referrals continues to grow with the current economic conditions. The number of Kits for New Parents that are distributed has declined over the past few years due to agencies in the Coun ty requesting less Kits each year. (Note: Because of State reporting requirements, contracts, like the FRCs, are reported under one service category when, in fact, services provided fall into multiple service categories.)

Result Area 2
Comparison of Service Categories by Fiscal Year



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

Result Area 3
Comparison of Services Categories by Fiscal Year



Health Access showed a decrease in services provided and clients served due to the implementation of the federal government's Affordable Care Act (ACA) and the success of Healthy Cubs transitioning clients to other insurance products (Medi-Cal, Kaiser Kids, for example).

The decrease in Safety Education and Injury Prevention is due to the Shaken Baby Program transitioning from Prop 10 funding to other, independent sources of funding.

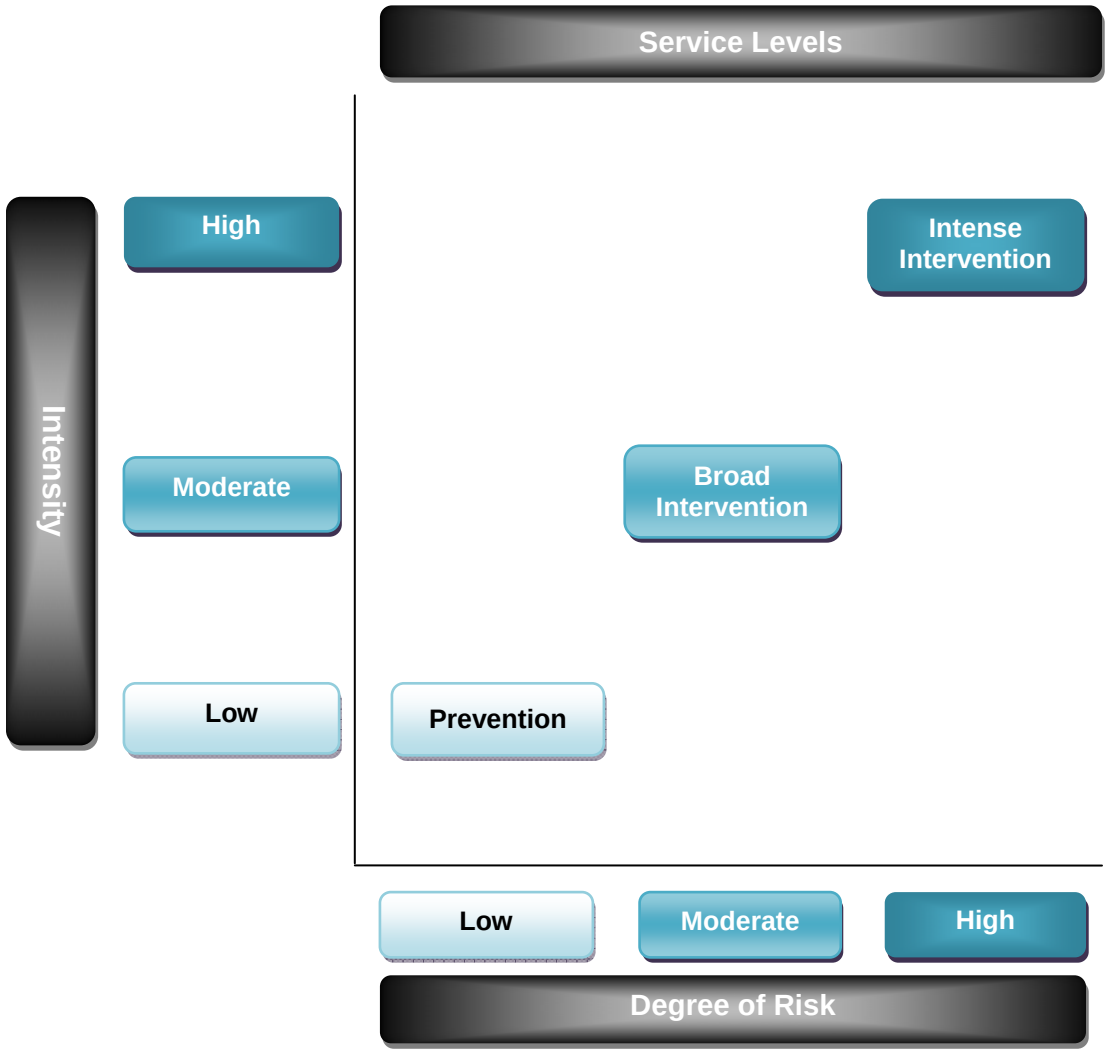
One of the Commission's funding strategies is to support a continuum of prevention and intervention programs that target all children 0-5 and their families in Stanislaus County. This means that Commission funds are working to benefit a spectrum of children from very low-risk to high-risk by providing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

Service Levels

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

Service Level Pyramid

The pyramid image on the next page illustrates how Commission funds are extended across the range of service levels, and the distribution of the budget in relation to service levels. Approximately 47% of the program budget is dedicated to Broad Intervention, while 43% goes towards Intense Intervention and 11% to Prevention services. The percentage dedicated to all three categories has remained fairly stable. Some programs are listed under more than one level because they have different program components, and there is certainly overlap between service levels.



Intense Intervention (43%)

Children's Crisis Center*
Family Resource Centers – DR*
0-5 EIP*
Healthy Birth Outcomes***
Family Justice Center*
Court Appointed Special Advocates*

Broad Intervention (47%)

Family Resource Centers*
Healthy Start Sites*
La Familia*
0-5 EIP*
Kindergarten Readiness Program**
Oral Health Education***
Healthy Birth Outcomes***
Healthy Cubs***

Prevention (11%)

2-1-1*
Family Resource Centers*

Support

Healthy Start Support****
Commission Staff Support
Commission Conferences for Early Childhood Education Providers**

* 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/risk of not thriving

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

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

Participant and County Demographics

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

Race/Ethnicity Served and Participant Primary Language

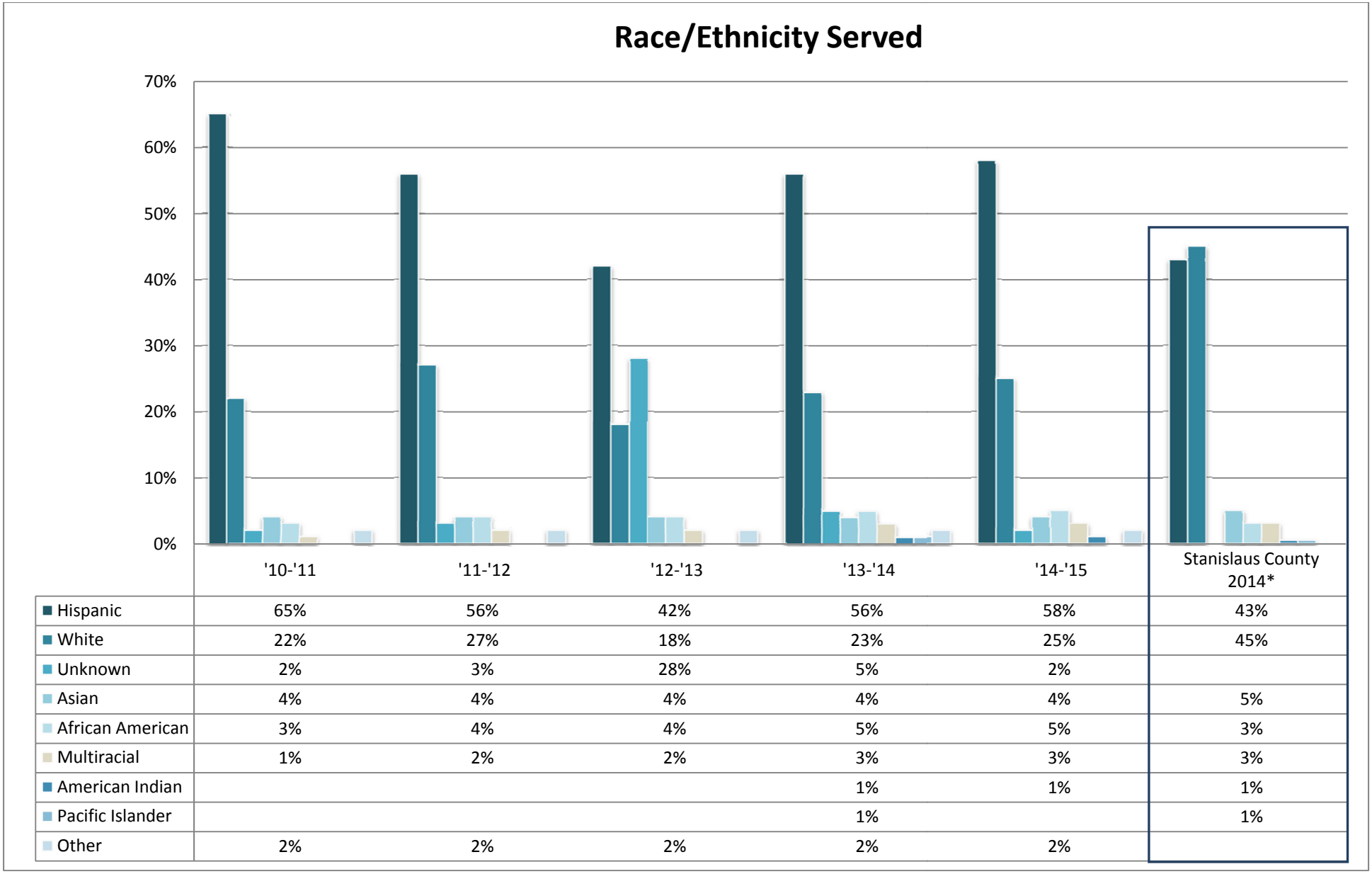
These charts depict the profile of the population being served by Prop 10 funded programs. As shown, the programs are providing services to a diverse population, with continuing emphasis on serving Hispanic and Spanish speaking families. Both the percentage of Hispanic and Spanish speaking children and families served continue to be strong. Programs are aware of the need for culturally sensitive and appropriate services. Most funded programs have implemented cultural awareness/proficiency trainings and the outreach efforts to diverse populations have been consistently strong.

Participating Children Age Distribution

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

Infant Mortality Rate

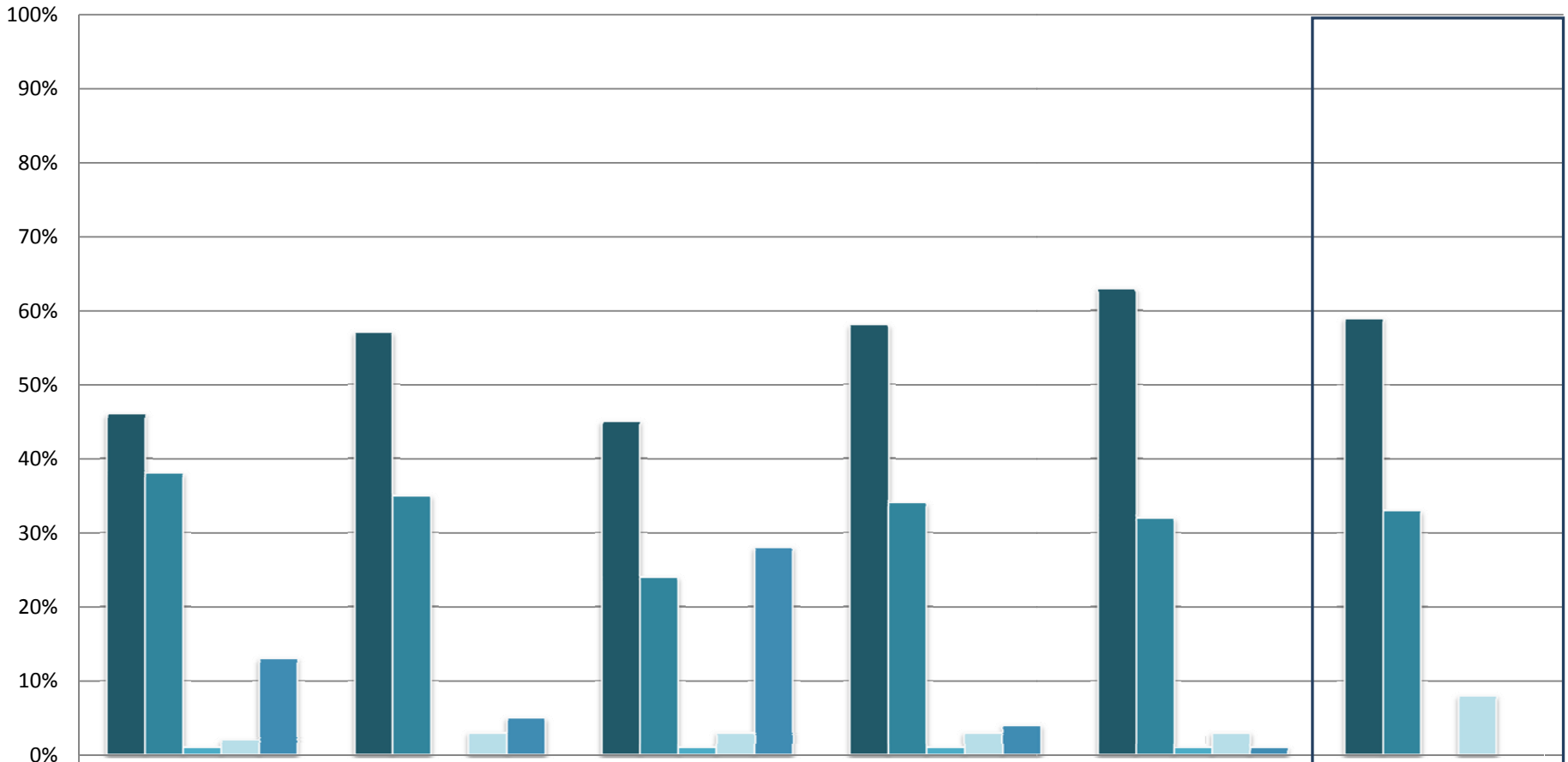
In general, infant mortality rates for Stanislaus County ethnic groups are higher than State group rates and the rates of all ethnic groups in our County tend to reflect the downward trends of the State as a whole. State statistics show infant mortality rates for Blacks are demonstrably higher than other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



	'10-'11	'11-'12	'12-'13	'13-'14	'14-'15	Stanislaus County 2014*
Hispanic	65%	56%	42%	56%	58%	43%
White	22%	27%	18%	23%	25%	45%
Unknown	2%	3%	28%	5%	2%	
Asian	4%	4%	4%	4%	4%	5%
African American	3%	4%	4%	5%	5%	3%
Multiracial	1%	2%	2%	3%	3%	3%
American Indian				1%	1%	1%
Pacific Islander				1%		1%
Other	2%	2%	2%	2%	2%	

*State and County Total Population Projections by Race/Ethnicity and Detailed Age, California Department of Finance, 2014

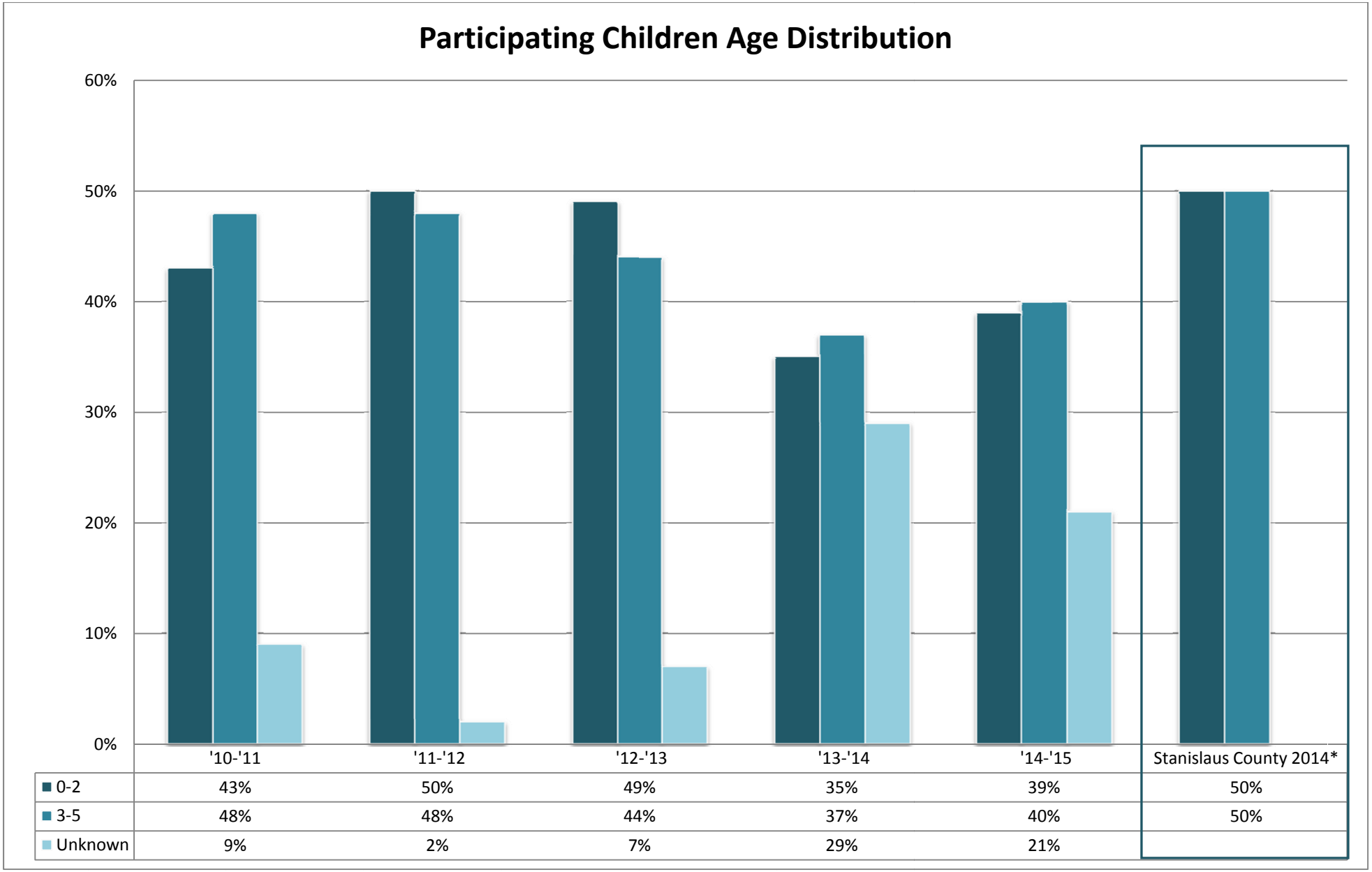
Participant Primary Language



	'10-'11	'11-'12	'12-'13	'13-'14	'14-'15	Stanislaus County 2014*
English	46%	57%	45%	58%	63%	59%
Spanish	38%	35%	24%	34%	32%	33%
Hmong	1%		1%	1%	1%	
Other	2%	3%	3%	3%	3%	8%
Unknown	13%	5%	28%	4%	1%	

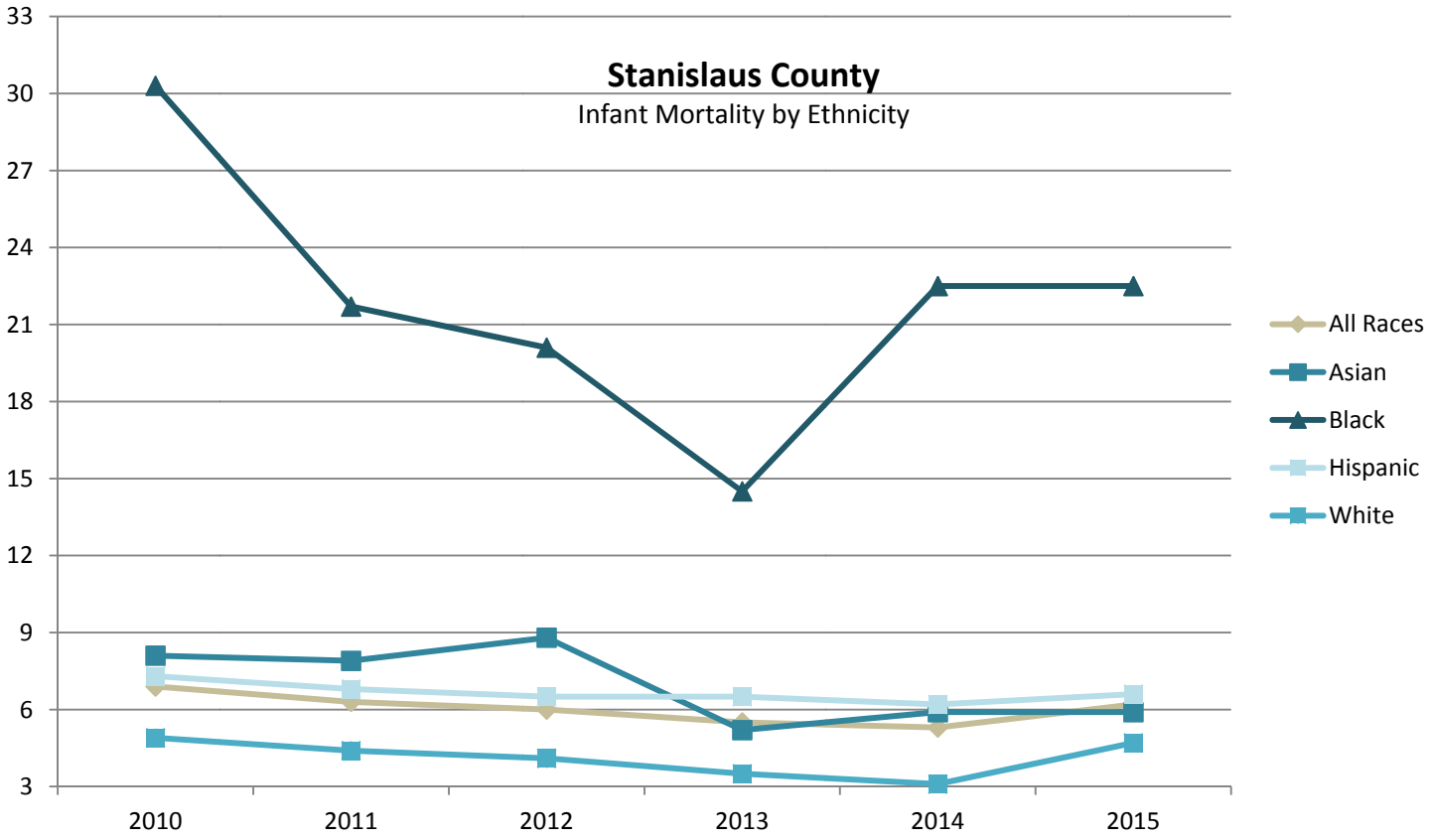
CFC data does not include provider capacity language data.

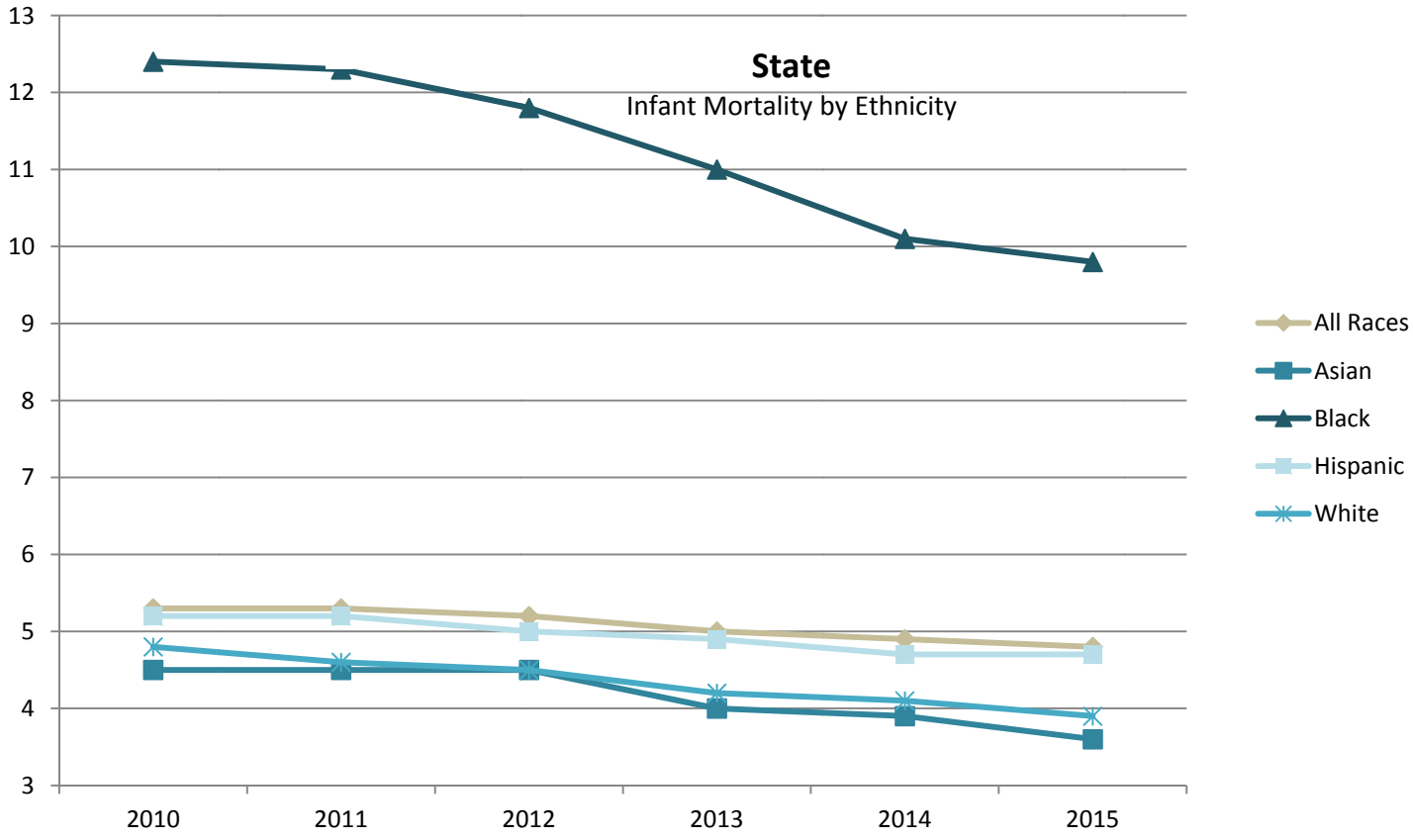
*U.S. Census Bureau, 2014 American Community Survey.



	'10-'11	'11-'12	'12-'13	'13-'14	'14-'15	Stanislaus County 2014*
0-2	43%	50%	49%	35%	39%	50%
3-5	48%	48%	44%	37%	40%	50%
Unknown	9%	2%	7%	29%	21%	

*State and County Total Population Projections by Race/Ethnicity and Detailed Age, California Department of Finance, 2014


Stanislaus County
Infant Mortality by Ethnicity
33
30
27
24
21
18
15
12
9
6
3
2010
2011
2012
2013
2014
2015
All Races
Asian
Black
Hispanic
White


State
Infant Mortality by Ethnicity
13
12
11
10
9
8
7
6
5
4
3
2010
2011
2012
2013
2014
2015
All Races
Asian
Black
Hispanic
White

Result Area 1: Improved Family Functioning

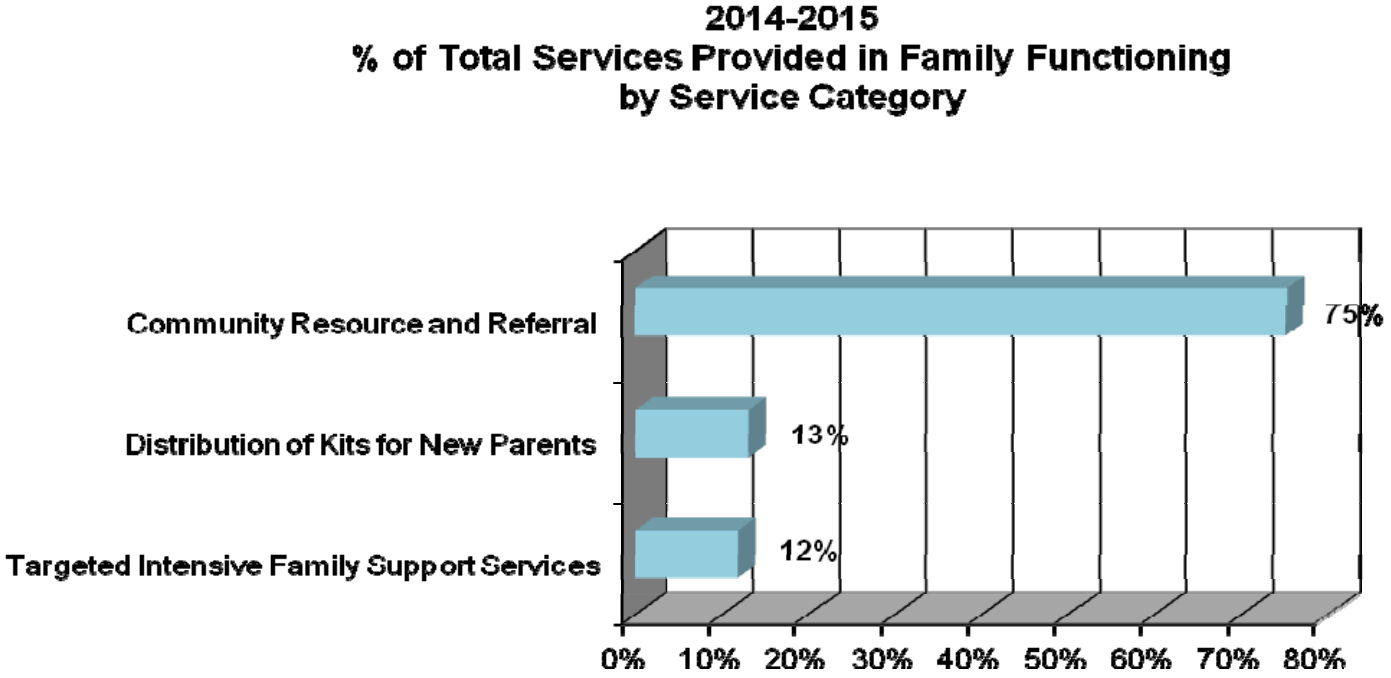
Description

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

Fifteen Prop 10 funded programs are categorized under Improved Family Functioning, and represent 59% of the 2014-2015 budget. Half of the programs are grouped under "Family Resource Centers with Differential Response services."

The amount expended in this result area is 95% of the amount budgeted for fiscal year '14-'15, suggesting that funding for Improved Family Functioning continues to be critical in the provision of services for children and families in this area.

Finances – Improved Family Functioning	
FY '14-'15 Total Awards	FY '14-'15 Expended
$4,451,386	$4,213,274 (95% of budget)



Result Area 1 Services and Service Delivery Strategies

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

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

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

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

- ***Community Resource and Referral Services***
  Commission Programs provide referrals or service information about various community resources, such as medical facilities, counseling programs, family resource centers, and other supports for families with young children. This includes 211 services or other general helplines. This category reflects services that are designed as a broad strategy for linking families with community services.
- ***Distribution of Kit for New Parents***
  Programs provide and/or augment the First 5 California Kit for New Parents to new and expectant parents.
- ***Targeted Intensive Family Support Services***
  Programs provide intensive and/or clinical services by a mental health professional, as well as one-to-one services in family support settings. Programs are designed to support at-risk expectant parents and families with young children to increase knowledge and skills related to parenting and improved family functioning (e.g. home visitation, counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This is also the category for reporting comprehensive and/or intensive services to homeless populations.

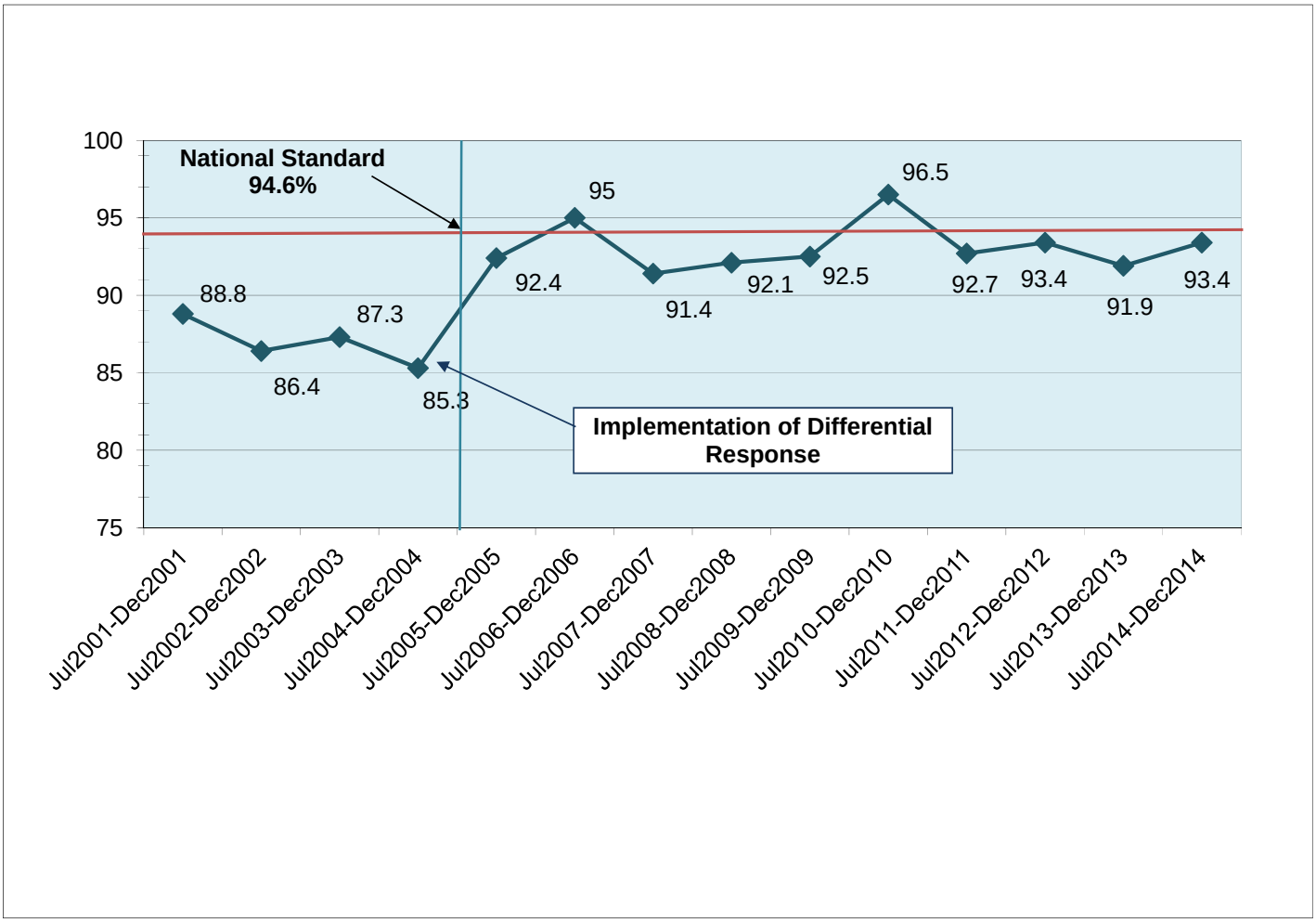
The services are offered by a spectrum of providers, from community based family resource workers to mental health clinicians. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals),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

Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2013 for children 0-5. Stanislaus County exceeded the National Standard of 94.6% "no recurrence" of maltreatment within 6 months of a substantiated report in 2006 and 2010 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 Differential Response was implemented. In 2010, the rate of "no recurrence" of maltreatment was at the highest rate it has ever been in over a decade. Although there are many factors that contribute to this population indicator of "no recurrence" rate, 1,411 children 0-5 were referred through differential response, and of those the families of 53% of those children (754) engaged with the FRCs for family support services. This engagement and participation is a key component in assisting families who are at risk, and these DR activities contributed to the statistics shown below. In addition, all programs funded in this result area help support these outcomes.

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

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



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

- 10,156 children 0-5 received services designed to improve family functioning
- 269 children 0-5 received behavioral health services
- The parents of 1,830 children attended parenting education classes
- 151 early education sites received 2,908 hours of mental health consultation
- The families of 6,790 children 0-5 received resources or referrals to improve family functioning

- 17% of the children and families who received family support services (1,772/10,156) were engaged further through assessments
- 20% of those receiving family support services and who indicated a need (2,040/10,156) received more intensive services focused on improving child abuse risk factors

Mental Health Access and Improvements

- 85% of parents whose children are participating in mental health services (174/205) report a reduction in their child's mental health symptoms and improvements in child functioning
- 1,571 caregivers of children 0-5 were screened for depression and 352 were referred for mental health services as a result

Behavior Improvements

- 91% of children (110/121) demonstrate improved behavior within daycare environments

Parents and Providers Skills Improvements

- 80% of parents participating in parent education (1,284/1,600) report an increase in skills or knowledge
- 96% of day care providers (130/135) report improved skills and confidence in working with difficult children after receiving mental health consultation
- 39% of dependent children ages 0-5 (9/23) under the jurisdiction of the court were placed in a safe, permanent home

Result Area 1: Improved Family Functioning						
Program	Amount Expended in '14-'15 (% of '14-'15 allocation)	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2015)	Cumulative Amount Expended (7/1/2007-6/30/2015)	% of Cumulative Amount Expended
2-1-1	$ 80,818 (101%*)	2,692	$ 30	$ 1,160,000	$ 1,065,147	92%
Court Appointed Special Advocates (CASA)	$ 29,191 (95%)	23	$ 1,269	$ 60,000	$ 58,658	98%
Children's Crisis Center	$ 460,000 (100%)	399	$ 1,153	$ 5,447,387	$ 4,751,757	87%**
El Concilio - La Familia	$ 78,132 (80%)	114	$ 685	$ 1,390,000	$ 1,262,495	91%
Family Justice Center	$ 95,161 (97%)	259	$ 367	$ 534,110	$ 514,677	96%
Healthy Start Sites	$ 416,020 (100%)	2,321	$ 215 (includes Support funding)	$ 6,040,239 (includes Support funding)	$ 6,008,073 (includes Support funding)	99%
The Bridge (FRC)	$ 177,224 (100%)	190	$ 933	$ 1,450,000	$ 1,392,311	96%
Zero to Five Early Intervention (0-5 EIP)	$ 1,389,914 (91%)	1,307	$ 1,063	$ 15,675,151	$ 14,702,641	94%
Family Resource Centers (providing Differential Response Services) (7 contracts)	$ 1,486,816 (95%)	2,860	$ 520	$ 14,396,397	$ 13,376,269	93%
TOTAL	$ 4,213,276 (95%)	10,165	$ 415	$ 46,153,284	$ 43,132,028	93%

* Includes 2013-2014 expenditures that (according to generally accepted accounting principles) must be recorded in 2014-2015. The program did not exceed its $80,000 budget in '14-'15.

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

2-1-1

Agency: United Way
Current Contract End Date: June 30, 2015

Program Description

2-1-1 helps meet the essential needs of Stanislaus County residents by providing health and human services referrals throughout Stanislaus County 24-hours-a-day, 7-days-a-week, and 365-days-a-year utilizing trained Call Specialists. 2-1-1 is an easy to remember toll-free number with which callers throughout the county can access information confidentially in over 120 different languages. Callers are given up-to-date referrals and also receive a follow-up call 7 to 10 days after the initial call to confirm they received the help they requested. In addition to information and referral, 2-1-1 also offers health insurance enrollment assistance for children.

Through comprehensive outreach efforts, 2-1-1 staff members also strive to educate the county at large of 2-1-1's ability to provide over 2,100 vital referrals. These outreach efforts focus on providing access to critical resources for any resident of Stanislaus County, and focus on reaching those who live in underserved areas of service and families with children 0-5.

Finances			
Total Award July 1, 2007 – June 30, 2015	FY '14-'15 Award	FY '14-'15 Expended	Cumulative Amount Expended
$1,160,000	$80,000	$80,818 (101% of budget)*	$1,065,147 (92% of budget)

* Includes 2013-2014 expenditures that (according to generally accepted accounting principles) must be recorded in 2014-2015. The program did not exceed its $80,000 budget in '14-'15.

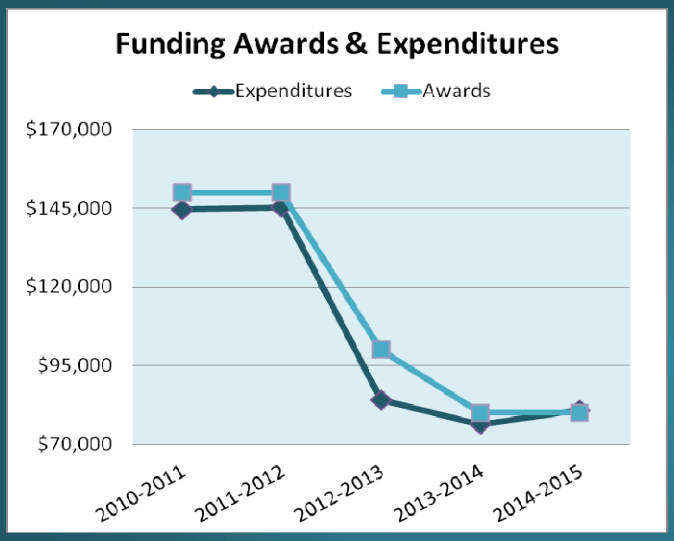
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (2,692) callers with a child 0-5)
$44,018	$35,525	$1,275	0%	$30

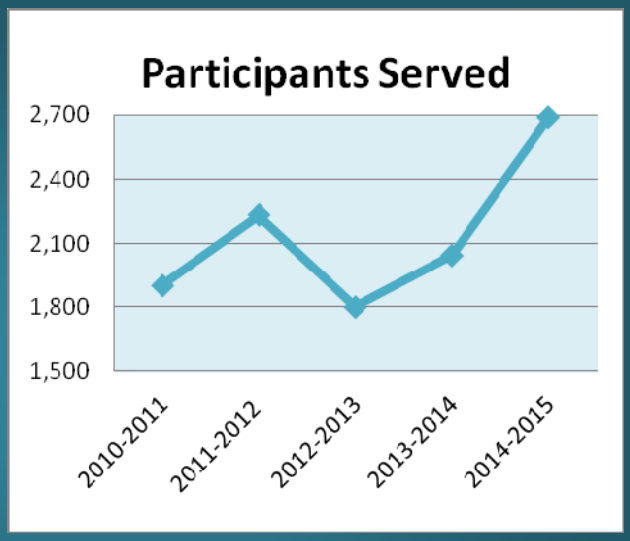
PARTICIPANT TYPE	% SERVED
Children 0-5	58%
20% <3; 15% 3-5; 65% unknown	
Parents/Guardians	41%
Other Family	1%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	50%
White	27%
Black/African American	9%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	5%
Other	3%
Unknown	4%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	83%
Spanish	17%
Hmong	-
Other	-
Unknown	-

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





Reflecting decreased program costs resulting from outsourcing program operations, funds awarded to the program and spent by the program have declined in recent years. Participants served in '14-'15 increased over those served in '13-'14 due to an emphasis on outreach to encourage use of the program.

Program Highlights

- In 2014-2015, Fresno County (211 FC) handled Stanislaus County 211 calls Monday through Friday, 8 AM to 8 PM while callers on nights and weekends were handled by Interface Child and Families Services (ICFS). Follow up surveys indicate customer satisfaction with the outsourced call system is comparable to when United Way answered the calls locally.
- Beginning in October of 2015, Stanislaus County 211 will contract with 211 FC to have call coverage increase to Monday through Friday, 7 am-9 pm and Saturday and Sunday from 8 am-5 pm. This extension of coverage is a step forward to 2-1-1 Fresno County becoming a 24-hour call center. It is projected that this will result in a cost saving for the program.
- Only 26% of callers had families with a 0-5 child. This percentage remains below the goal of 33% despite efforts to target outreach to 0-5 families.
- In '14-'15, Stanislaus County 211 staff attended 13 outreach events and made 56 presentations to local agencies and organizations. 53,685 materials including 211 brochures, cards, inserts posters and health insurance enrollment assistance flyers were distributed to local churches, medical clinics and facilities, day cares, agencies, organizations, etc.
- The following were common types of service requests in 2014-2015:
    - Housing / Shelter – 935 requests
    - Food / Meals – 461 request
    - Utility Bill Payment – 433 requests
    - Individual, Family and Community Support – 244 requests
    - Health Care – 117 requests
- Leveraging: 2-1-1 received $80,000 in funding from Stanislaus County Community Services Agency and $70,000 from Kaiser.
- Cultural Competency: Stanislaus County 211 has the following national origins and languages represented in the call center which helps callers to feel more comfortable when talking to staff. All other calls are assisted / handling through AT&T Language Line Services.
    1) 20 Caucasian – speaking: (6) English only; (14) English / Spanish
    2) 24 Latino / Hispanic – speaking: (6) English only; (18) Spanish / English

3) 1 African American – (1) speaking English only
4) 1 Vietnamese – (1) speaking Vietnamese / English
5) 1 Chinese – (1) speaking Mandarin / English
6) 1 Khmer/Cambodian - (1) speaking English / Khmer, Thai & Lao

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

- Collaborations: Stanislaus County 2-1-1 works with Stanislaus County agencies (OES, HSA, CSA, CAL-EMA, Advancing Vibrant Communities, American Red Cross, Latino Emergency Council) to strengthen the 2-1-1 Call Center for health and human resource referral assistance, emergency incidents, and disasters. Additionally, whenever possible, 2-1-1 refers callers to the closest Prop 10 funded family resource center or the closest stand alone program providing the needed service based on the caller's address/zip code. Such referrals promote collaboration and cooperation between Prop 10 funded agencies and other social service agencies.
- Sustainability: By supporting other counties in the development of their 2-1-1 programs and by encouraging them to join the 2-1-1 Central Valley Collaborative, 211 is strengthening its capacity by seeking funding as a collaborative, rather than competing for funding as individual entities.
- The program shows no activity in the area of health insurance enrollment due to the federal government's pre-emption in the field resulting from the implementation of the Affordable Care Act (ACA).

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• United Way of Stanislaus County continues to partner with United Way of Fresno and Interface Child and Family Services through outsourcing of Stanislaus County 211 calls. This collaboration not only provides call coverage but also collaborates with us to identify funding that can sustain both our 211 programs.
2. Conduct targeted outreach to increase the number of callers with children 0-5.	• Stanislaus County 211 staff targeted and provided outreach through presentations, material distribution and outreach events targeting families w/ children 0-5 as identified and recommended. Targeted areas included head starts, family resource centers, parent meetings, and family friendly events sponsored by schools and other community based organizations.
3. Emphasize gathering 0-5 age data from callers.	• Stanislaus County 211 has made changes to the iCarol Call Form to distinguish the ages of children 0-5 including a required drop down field to indicate how many children 0-2, and how many children 3-5. Stanislaus and Fresno staff adhered quickly to the changes.
4. Continue to focus on a regional approach to sustain the program, decrease costs, and obtain other funding.	• Beginning October 2015, Stanislaus County 211 will contract with United Way of Fresno to have calls coverage increase to Monday through Friday, 7 am-9 pm and Saturday and Sunday from 8 am-5 pm. This extension of coverage is a step forward to 2-1-1 Fresno County becoming a 24-hour call center. It is projected that this will result in a cost saving for Stanislaus County 211.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
2-1-1 callers have access to health and human service program information 24/7/365	100%	98% (10,266/10,482)
2-1-1 callers with children 0-5 have access to health and human service program information 24/7/365	100%	98% (2,628/2,692)
33% of callers have children 0-5.	33%	26% (2,692/10,482)
Callers with children 0-5 years are unduplicated callers	75%	98% (2,628/2,692)
Children 0-5 years whose caregivers request health insurance assistance with their children's application are provided with health plan enrollment assistance	100%	0%* (0/0)
2-1-1 callers with children 0-5 who were contacted for follow-up report satisfaction with 2-1-1 services	80%	87% (970/1,115)
Callers with children 0-5 learn of the 2-1-1 services through outreach or advertisement.	50%	52% (1,392/2,692)
Callers' children 0-5 who previously did not have health insurance have health insurance within 45 days after calling 2-1-1	75%	0%* (0/0)
2-1-1 callers with children 0-5 who are contacted for follow-up report having their needs met through referrals after calling 2-1-1	50%	69% (764/1,115)

*Due to ACA implementation

Recommendations

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

Additionally, it is recommended that the program:

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

CASA

Agency: Court Appointed Special Advocates (CASA)
Current Contract End Date: June 30, 2015

Program Description

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

Finances			
Total Award July 1, 2013 – June 30, 2015	FY '14-'15 Award	FY '14-'15 Expended	Cumulative Amount Expended
$60,000	$30,000	$29,191 (97% of budget)	$58,658 (98% of budget)

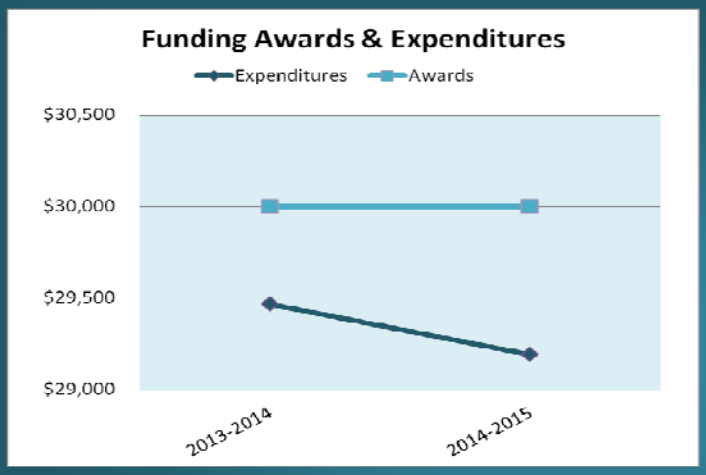
FY '14-'15 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Average Cost Per Child 0-5 (23)
$29,191	$0	$0	0%	$1,269

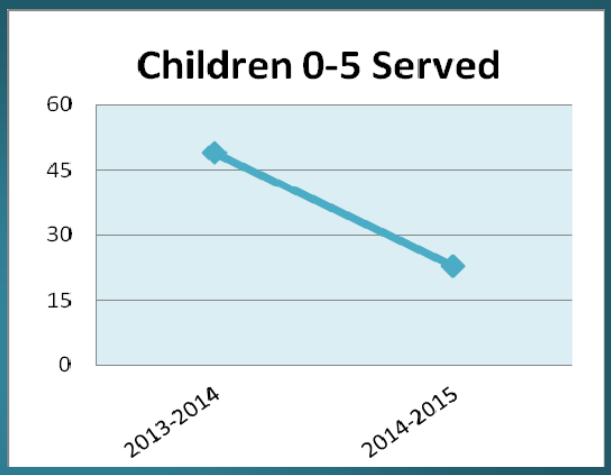
PARTICIPANT TYPE	% SERVED
Children 0-5	45%
24% <3; 76% 3-5	
Parents/Guardians	49%
Other Family	6%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	44%
White	44%
Black/African American	4%
Asian	-
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	7%
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	88%
Spanish	10%
Hmong	-
Other	2%
Unknown	-

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





The '13-'14 fiscal year was the first year CASA received Commission financial support, consequently all the children newly enrolled in the program were included in the year's enrollment statistics. As children may be served for 18 months before leaving the program, only new children enrolled in 2014-2015 are included in the second year's statistics.

Program Highlights

- In 2013-2014, funding from the Commission permitted CASA to hire a full-time Case Manager who supervised additional volunteers who were able to provide advocate services to 49 children ages 0-5. In 2014-2015, Commission funding served 20 children who carried over from the previous year and allowed 23 new children to be served.

- Children served receive personal advocacy services within the court system, leading better case coordination between all of parties involved. Specifically, CSAS has been able to reunify families whose children would have likely languished in the 'system' if not for their advocacy efforts. In addition, CASA held education rights for more than half of children served resulting in more effective services for each of these children through an IFSP, IEP, 504 plan or other interventions and supports.

- Of the 23 children who obtained a permanent home in 2014-2015, 19 children were reunited with their families and 4 children were adopted.

- At the end of '14-'15, 87 children 0-5 years of age remained on CASA's waiting list for court advocacy services.

- Leveraging: In '14-'15, CASA received $51,600 directly from State and Federal government sources; $23,062 was received from local government sources, and $178,348 was generated by civic groups, foundations, and local fundraising events.

- Cultural Competency: CASA provides training to staff and advocates on cultural competency as a part of its initial (and ongoing) training program. The minimum training for an advocate or staff person is 6 hours per year. The trainings address cultural and gender issues.

- Collaborations: CASA has a consistent and interactive relationship with SCOE and the Children's Crisis Center. Additionally, CASA also provides education and special education training to Commission partners and other Stanislaus County agencies who request such training.

- Sustainability: CASA lists the following agencies as their key partners: Gallo Family Vineyards, Stanislaus Community Foundation, the Children and Families Commission, the Stanislaus County Board of Supervisors, the Stanislaus County Superior Court, Blue Diamond Growers, the Sisters of the Holy Family, In-N-Out Burger Foundation, and the Kiwanis Club of North Modesto and its members. CASA has developed strategic partnerships with the Community Services Agency, the Stanislaus County Superior Court, Children Systems of Care, the Children's Crisis Center, and the Stanislaus County Office of Education. Additionally, CASA utilized Foundation Search to apply for 7 different grants (responses are expected beginning in December 2015) to replace the funding provided by the Commission.

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Recruit and train additional volunteers to address the court advocacy needs of the 188 0-5 children on the waiting list.	• CASA held 3 separate trainings for potential advocates in the fiscal year. In addition, we made 27 different presentations to community groups and organizations about our program and the great needs of children in care, specifically those children 0-5.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 served	50	23
Children ages 0-5 will be placed in a safe, permanent home	40%	39% (9/23)

Recommendations

Modify data gathering efforts to:

1. Report on the number of 0-5 children served who were carried over from the previous fiscal year and the number of 0-5 children enrolled in the program during the reporting year.
2. Better tell the story of the outcomes of Commission funding.

Children's Crisis Center

Agency: Children's Crisis Center
Current Contract End Date: June 30, 2015

Program Description

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

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

Finances			
Total Award March 15, 2002* – June 30, 2015	FY '14-'15 Award	FY '14-'15 Expended	Cumulative Amount Expended
$5,447,387**	$460,000	$460,000 (100% of budget)	$4,751,757 *(87 % of budget)

* This date reflects that of the Master Contract with SCOE, and differs from the contractor's record of subcontract date of January 2003.
**This amount includes budgeted expenditures from the Master Contract. In part, due to a lack of expenditures under the Master Contract, the Commission contracted directly with the Children's Crisis Center beginning March 15, 2005. Commission records indicate that the Crisis Center has expended 100% of the funds awarded since 03/15/05.

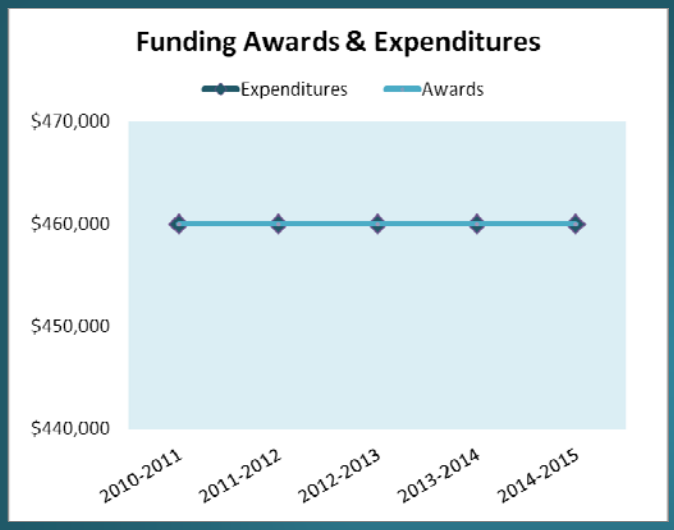
FY '14-'15 Budget / Expenditure Data			
Respite Care	Rent	Indirect Cost Rate	Average Cost Per Child 0-5 (399)
$460,000	$0	0%	$1,153

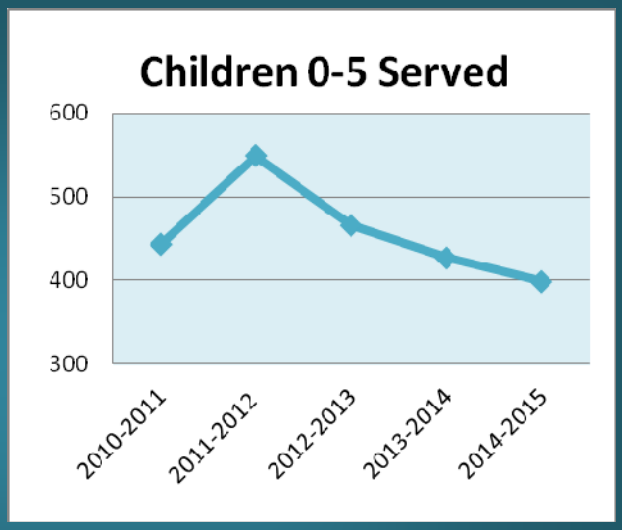
PARTICIPANT TYPE	% SERVED
Children 0-5	48%
(71% <3; 29% 3-5)	
Parents/Guardians	52%
Other Family	-

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	32%
White	30%
Black/African American	3%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	<1%
Multiracial	12%
Other	1%
Unknown	19%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	71%
Spanish	10%
Hmong	-
Other	-
Unknown	19%

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





Funding awards and expenditures have been consistent throughout this period. The number of children served has declined since '12-'13 due to more intensive (and therefore more expensive) services being delivered.

Program Highlights

- In '14-'15, CCC served 399 children with 71,964 hours of respite care during 13,380 days of child enrollment. The goals for all three of these measurements were nearly met or exceeded: 400 children, 65,700 hours of respite care, and 12,298 days of child enrollment.
- Economies of scale forced the closure of Cricket's House in June of 2014. CCC is working on a capital campaign to develop a new center on Kimble Street in Modesto in order to increase capacity in the Modesto area.
- 117 children needing developmental assessments received such assessments and 11 of those children were referred for additional assessments and services. 39 of the children assessed were documented over time as progressing in at least one developmental area.
- 72,575 nutritionally based meals and snacks were served to 399 disadvantaged high risk children ages 0-5.
- Family risk scores from the children served during the year indicate that 85% of families achieved a lower family risk score between their 3 month and 6 month evaluation periods.
- For the past four years, until November of 2014, CCC was an on-site partner at the Stanislaus Family Justice Center (SFJC). CCC's role in this alliance was to serve children who have been victimized directly or indirectly by physical or sexual abuse, and children fleeing domestic violence. CCC continues to serve as an off-site partner of the SFJC.
- Leveraging: In '14-'15, the program received $1,535,478 directly from State and Federal government sources; $52,754 was received from local government sources, and $354,764 was generated by foundations and other charities.
- Cultural Competency: English and Spanish are the two most prominent languages spoken by Children's Crisis Center staff, as they are predominately the primary languages spoken by the target service population. Other primary languages spoken by children, parents, and staff include Spanish, German, Portuguese, Laotian, Hmong, Thai, Cambodian, Punjabi, and ASL (American Sign Language).
- Collaborations: By working as an on-site and off-site partner of the Stanislaus Family Justice Center, CCC has strengthened its relationship with other community partners - including law enforcement, the District Attorney's Office, CAIRE Center,

Behavioral Health & Recovery Services, Haven's Women's Center and H.E.A.R.T. (Human Exploitation and Recovery Team). Court Appointed Special Advocates (CASA), BHRS's 0-5 Early Intervention Program, and the Health Services Agency's Healthy Cubs and Dental Disease Prevention Education Programs are other significant CCC collaborators.

- Sustainability: CCC has added 21 agencies to its Community Support list and has added 7 individuals to its Key Champions list. These key partners and community leaders will provide, or influence others to provide both cash and in-kind community support that will enable CCC to renovate the Modesto facility on Kimble Street.

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the commission's financial support ends.	• The Children's Crisis Center continues to pursue funding sources consistent with the mission of the agency.
2. Find a way to meet the need for on-site medical assessments, vision services, and oral services.	• The Children's Crisis Center partnered with HSA to provide two on-site Health & Safety Fairs during which time children 0 – 5 years could receive dental varnishings, assessments and referrals. • The Children's Crisis Center is scheduled to host two on-site Health & Safety Fairs during 2015-16, which will include Sutter Health (on-site immunization updates) and Lions 500 (who will be conducting eye screenings with their new Spot scanning device).

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 who received respite care are from families progressing towards their Respite Priority Certification service plan goals	90%	97% (389/399)
Children 0-5 indicate decreased risk for child abuse or neglect	80%	85% (128/151)
Children 0-5 demonstrate progress in social-emotional competence	No planned outcomes	88% (21/24)

Children 0-5 indicating need for additional developmental services received appropriate referrals	No planned outcomes	100% (11/11)
Enrolled children 0-5 who did not have a medical assessment	No planned outcomes	9% (36/399)
Enrolled children 0-5 without a medical assessment received one	No planned outcomes	100% (36/36)

Recommendations

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

Additionally, it is recommended that the program:

- Continue to work on providing on-site medical assessments, vision services, and oral services.
- Consider re-establishing the on-site partnership with Stanislaus Family Justice Center.

El Concilio – La Familia

Agency: El Concilio
Current Contract End Date: June 30, 2015

Program Description

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

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

Finances			
Total Award July 1, 2006 – June 30, 2015	FY '14-'15 Award	FY '14-'15 Expended	Cumulative Amount Expended
$1,390,000	$98,000	$78,132 (80% of budget)	$1,262,495 (91% of budget)

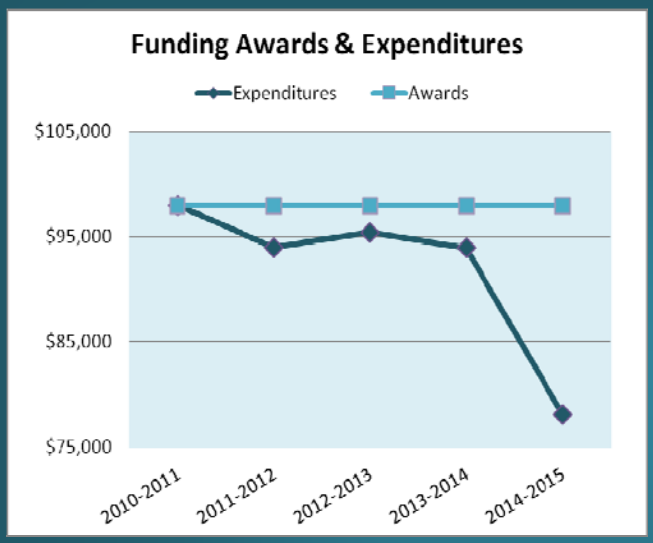
FY '14-'15 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (114)
$57,913	$20,218	10%	$685

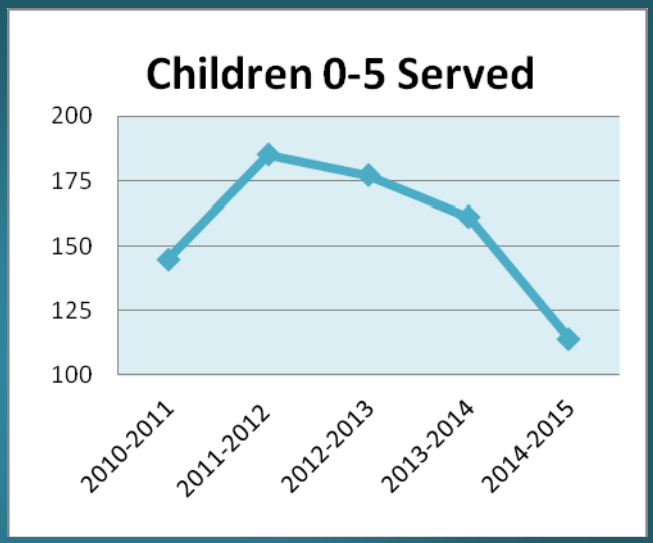
PARTICIPANT TYPE	% SERVED
Children	34%
35% <3; 65% 3-5	
Parents/Guardians	37%
Other Family	29%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	86%
White	13%
Black/African American	1%
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	22%
Spanish	78%
Hmong	-
Other	-
Unknown	-

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





In '10-'11, La Familia transitioned from a program with 3 major activities to a program that provided counseling services only. In that same year, both the funding award and expenditures decreased. The decrease in the amount expended and numbers served in 2014-2015 is due to a 2 month vacancy in the Mental Health Clinician position.

Program Highlights

- Through this contract, a Mental Health Clinician is at the following locations once a week: Parent Resource Center (Modesto), Turlock Family Resource Center, Casa del Rio (Riverbank), Newman Family Resource Center, Ceres Healthy Start, and Hughson Family Resource Center. If clients are unable to attend appointments on the set dates and hours, the clinician will see them at another location (and occasionally at the client's home).
- Due to low usage at the Newman site and despite an emphasis on outreach, hours for the Clinician at Newman were eliminated and hours at the Turlock site were increased. Hours at the Hughson site were eliminated when Hughson began providing mental health counseling through other funding sources.
- The Mental Health Clinician funded by this program was vacant for more than 60 days during 2014-2015 due to difficulties with recruiting. During this time, urgent mental issues were referred to the Latino BHRS program.
- Domestic violence is a theme that runs through most of this program's cases. Parenting and marital issues are the primary concerns of most participants.
- Leveraging: In '14-'15, the program received $167,000 from Behavioral Health and Recovery Services for targeted services to Latinos.
- Cultural Competency: The program has a bilingual/bicultural Spanish speaking Clinician. Most program participants are monolingual Spanish speakers.
- Collaboration: The La Familia program regularly works with Modesto City Schools, Ceres Unified School District, Turlock Family Resource Center, Casa del Rio, Turlock FRC, Parent Resource Center, Ceres Healthy Start, and faith based organizations.
- Sustainability: The program has received grants for services such as nutrition education, health insurance application access, and Cal-Fresh application assistance. To grow mental health counseling services, the program is researching its ability to accept Medi-Cal payments.

Prior Year Recommendations

2013-2014 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.	• We are continuously working on sustainability by looking at options available to continue to bring mental health services to the community. We leverage with other partners and programs available to ensure clients have access to services such as our nutrition services and access to medial health insurance applications. Collaboration is instrumental and we continue to build relationships with contractors as well as other community agencies and organizations.
2. Provide more complete and detailed information on its activities in annual reports to the Commission.	• We have provided more information pertaining to activities and numbers as well as outcomes for family strengthening with access to mental health services. Since these services in its majority are individual or support group due to privacy concerns we limit the pictures.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 whose caregivers are screened for depression or other mental health issues.	158 children	114 children
Children 0-5 whose caregivers are receiving mental health services after being identified through the LSP/Burns Depression Screening or who request services.	95%	100% (114/114)
Children 0-5 whose caregivers receive individual counseling and indicate improvement with presenting issues.	65%	96% (114/114)

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.

Stanislaus Family Justice Center

Agency: Stanislaus Family Justice Center
Current Contract End Date: June 30, 2015

Program Description

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

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

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

Finances			
Total Award July 1, 2010 – June 30, 2015	FY '14-'15 Award	FY '14-'15 Expended	Cumulative Amount Expended
$534,110	$100,000	$95,161 (95% of budget)	$514,677 (96% of budget)

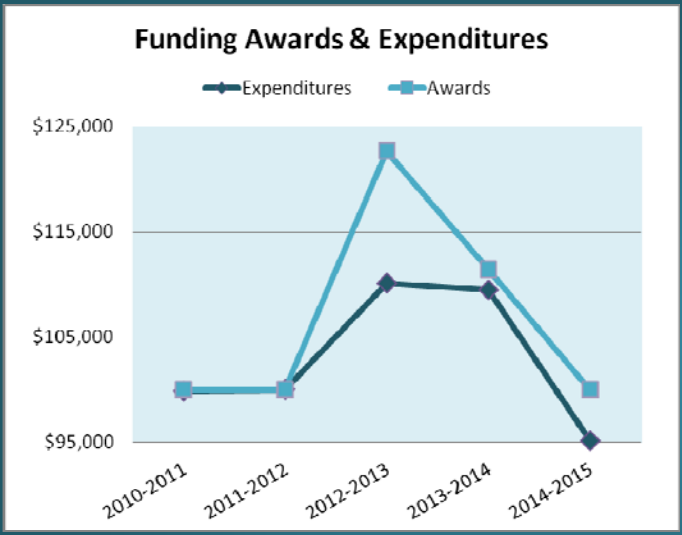
FY '14-'15 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (259)
$95,161	$0	0%	$367

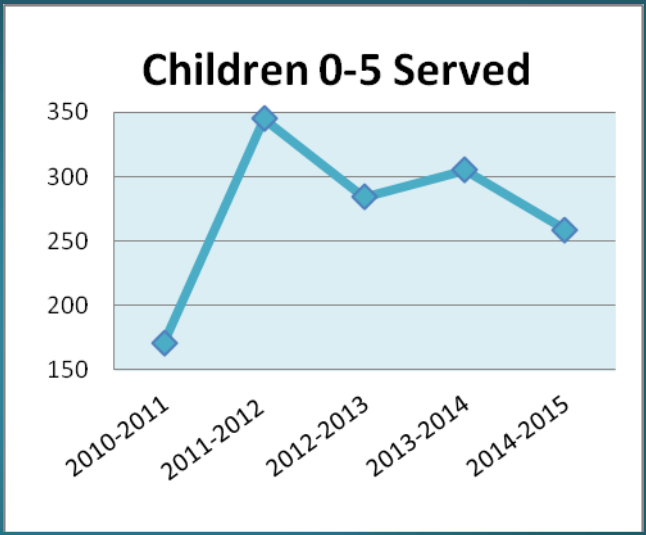
PARTICIPANT TYPE	% SERVED
Children	45%
40% <3; 60% 3-5	
Parents/Guardians	25%
Other Family	30%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	51%
White	26%
Black/African American	5%
Asian	1%
Alaska Native/American Indian	<1%
Pacific Islander	<1%
Multiracial	10%
Other	2%
Unknown	4%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	71%
Spanish	27%
Hmong	-
Other	1%
Unknown	1%

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





The program's funding was increased in '12-'13 to fund a legal assistance program. In '14-'15, funding was decreased as money for the legal assistance program was provided by a Federal grant. Participants served have decreased from '11-'12 due to the more intensive nature of services provided in subsequent years.

Program Highlights

- In 2014-2015, 259 children age 0-5 were served at the Family Justice Center (target outcome 200 children). In addition, 141 caregivers of children age 0-5 received services. This is compared to 305 children age 0-5 and 181 caregivers of those children in 2013-2014.
- In 2014-2015, 1,387 unique services were provided to caregivers and their children age 0 – 5 (an average of 9.83 unique services per family), as compared to 2,115 unique services provided in 2013-2014 (an average of 11.7 unique services per family).
- In 2014-2015, 27% of the families with children age 0-5 had safety plans in place, as compared to 34.8% in 2013-14 (target outcome was 50%). In 2014-2015, 61.7% of the caregivers of children age 0-5 referred to or engaged in self-sufficiency services reported an increase in self-sufficiency skills, as compared to 72.2% in 2013-14 (targeted outcome was 70%). These low outcomes may be the result of data not being shared between agencies co-located at the FJC. The program continues to work to improve data gathering.
- FJC ended its childcare agreement with Children's Crisis Center (CCC) in order to be able to provide services with its own employee. With the change in leadership at the FJC, there may be an opportunity to re-establish the childcare agreement with CCC.
- The Family Justice Center received a donation of real property, Cricket's House, from the Christopher Walker Foundation. The facility program plan includes supportive and therapeutic programs for children 0 – 17, and will serve as a hub for the Art Restores Kids, Camp HOPE, and Camp Pacifica programs.
- Leveraging: In '14-'15, FJC received $194,245 directly from State and Federal government sources; $170,305 was received from local government sources, and $225,408 was generated by civic groups, foundations, and local fundraising events.
- Cultural Competency: Because abuse is not limited to gender, income level, occupation, education level, ethnic or sexual preference, FJC serves people from all sectors of the county. A majority of the staff is bi-lingual Spanish and translation services are provided for clients that speak languages other than English. Program materials are provided in both English and Spanish.

- Collaboration: The operating model for the FJC is to co-locate partners providing services to victims of abuse. Agencies currently on-site at the FJC include CAIRE Center (Child Abuse Interviews, Referrals, and Evaluation), Community Services Agency, Haven Women's Center, Behavioral Health and Recovery Services, Child Protective Services, District Attorney, Civil Legal Attorney, Stanislaus County Sheriff, and VOICES of Stanislaus (VCS). The Domestic Violence Response Team for Stanislaus County is also housed at the FJC site.
- Sustainability: FJC continues to expand fundraising opportunities and events. In 2014-2015, the agency held the Progressive Dinner and Art of Justice events which not only raised unrestricted charitable contributions for the agency, but also increased the awareness of the services and supports available to victims. FJC partnered with the Sheriff's Department on 2 grant proposals awarded this past year. The first is the California Office of Emergency Services (CalOES) Law Enforcement Specialized Units program, which provides support for the Domestic Violence Response Team (DVRT) co-located at the SFJC. FJC is also a key intervention program partner with the Edward Byrne Memorial JAG Grant, which is a 2 year, 10 month grant that began in March 2015. This grant has enabled the SFJC to expand the Art Restores Kids program countywide and implement both Camp HOPE and Camp Pacifica for children exposed to and/or victims of family violence.

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Sustainability activities were further enhanced by the Director of Community Partnerships to focus on fund development/key partnerships with community members. Duties included forging collaborative partnerships with agencies serving families and children and overseeing the Art Restore Kids Program.
2. Work to increase the number and percentage of participants with safety plans in place.	• Because of confidentiality policies, it is difficult to collect data from co-located partners regarding client safety planning, which results in underreporting of safety plans. Therefore, corrective action to be taken for Safety Plan data collection is during mandatory sign in for each visit, the Client Coordinator will verbally ask the caregiver and record her/his response to the question, " Do you have a Safety Plan in place?"
3. Evaluate and plan for the future space needs of the FJC.	• The Board of Directors is working with a local real estate agent to explore a larger facility for the SFJC. At the end of the fiscal year, no space has been secured, but a more thorough evaluation of space needs is planned for 2015-16.
4. Work to increase the number of parents who develop self-sufficiency skills.	• Corrective action to be taken for Self-Sufficiency data collection is during mandatory sign in for each visit, the Client Coordinator will verbally ask the caregiver and record her/his response to the question, "With the services you received so far at the Family Justice Center, do you feel that your self-sufficiency has improved or increased?"

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children receive services that reduce the risk of repeat child maltreatment.	200	259
Children ages 0-5 whose families have a safety plan in place.	50%	27% (70/259)
Caregivers of children served report an increase in self-sufficiency skills.	70%	62% (42/68)

Recommendations

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

Additionally, it is recommended that the program:

- Work to increase the number and percentage of participants with safety plans in place.
- Work to increase the number of parents who develop self-sufficiency skills.
- Improve data gathering between agencies co-located at the FJC.

Healthy Start Support

Agency: Stanislaus County Office of Education
Current Contract End Date: June 30, 2015

Program Description

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

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

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

Finances			
Total Award March 15, 2002 – June 30, 2015	FY '14-'15 Award	FY '14-'15 Expended	Cumulative Amount Expended
$6,040,239	$498,398	$498,398 (100% of budget)	$6,008,073 (99% of budget)

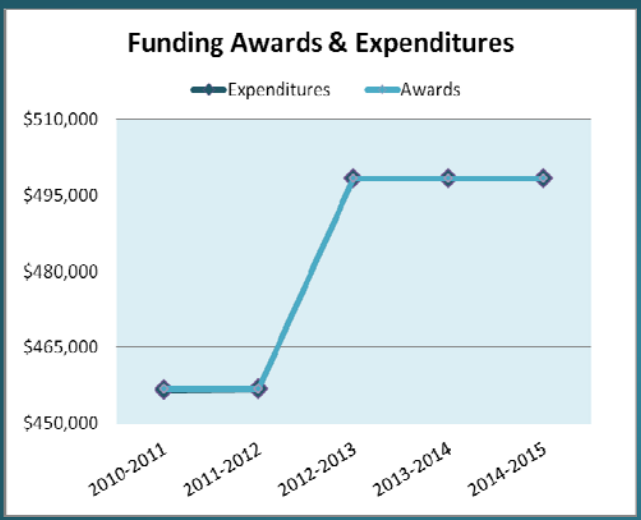
FY '14-'15 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (2,321)
$63,647	$18,731	$416,020	9.8% (excludes sites)	$215

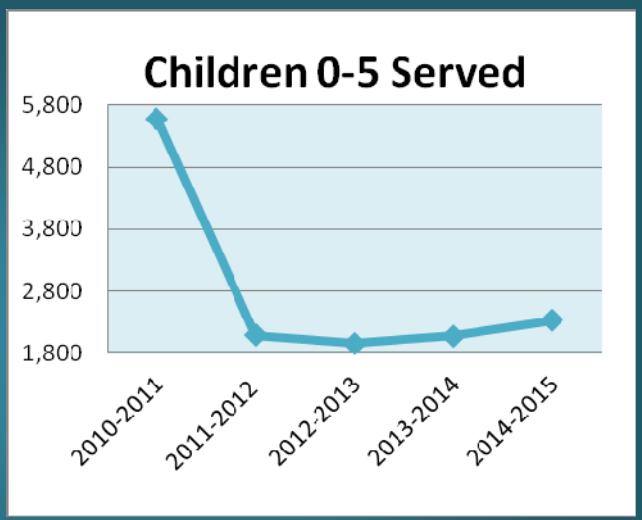
PARTICIPANT TYPE	% SERVED
Children	46%
49% <3; 51% 3-5	
Parents/Guardians	35%
Other Family	19%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	80%
White	15%
Black/African American	2%
Asian	<1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	2%
Other	<1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	43%
Spanish	57%
Hmong	-
Other	-
Unknown	-

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





The funding increase in '12-'13 reflects the addition of the Keyes site. The 0-5 children served had increased until '11-'12 when a revised methodology resulted in more accurate unduplicated participant counts.

Program Highlights

- The 10 Healthy Start sites funded by the Commission are located at the following schools: Allard, Ceres, Downey, Franklin, Hughson, Keyes, Orville Wright, Petersen Alternative Center for Education (PACE), Riverbank, and Robertson Road.
- Free and reduced lunch eligibility continues to be an indicator of the socio-economic levels at the 10 sites. The percentage of students at sites who are eligible for free and reduced lunch ranges from 65.5% to 98.5%.
- The Hispanic/Latino population continues to be the largest ethnic group in each of the 10 school communities ranging from 56.2% to 83.6%.
- Pre and post-tests show increases of 80% for literacy scores involving home literacy (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.
- Succession planning and cross-training continue to be a challenge for the program.
- Leveraging: In '14-'15, the ten Healthy Start sites received $331,232 directly from State and Federal government sources; $146,375 was received from local government sources, and $7,173 was generated by civic groups, foundations, and local fundraising events.
- Cultural Competency: The largest ethnic group served continues to be Hispanic / Latino at all of the ten Healthy Start sites/districts. Materials and programs are culturally sensitive and provided in both Spanish and English. All coordinators with the exception of Keyes are bilingual. Keyes does have bilingual support that is provided by other staff members.
- 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 88 different agencies.
- Sustainability: An ongoing agenda item at monthly collaborative meetings is Key Champion updates. As a part of developing Key Champions, sites continue to build partnerships within their own communities that include faith based, local businesses, organizations, education, and government.

Prior Year Recommendations

2013-2014 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.	• Sites continue to build new partnerships and strengthen current relationships with local community service organizations and businesses. This is an essential element of sustainability. Monthly collaborative meetings are used to share best practices and that includes opportunities for partnerships. District and community presentations are encouraged to promote each site's individual outcomes and to build and cultivate key champions.
2. Address succession planning and cross-training at Healthy Start sites and SCOE.	• Support staff at SCOE has been introduced to the FSOS spreadsheet reporting and is familiar with the process necessary to develop the quarterly collaborative reports. Downey, Orville Wright, Robertson Road and Franklin have ability to cross train within their district. PACE and Allard are also able to cross train between their sites. Ceres and Riverbank both have administrative support for their FSOS and coordinators are familiar with the process. Keyes and Hughson are the only sites that do not have someone at their site that can fill in. In the case of an emergency, either SCOE or another Healthy Start Coordinator would be able to assist any site that needed help with their FSOS.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Families with 0-5 children have support systems, social emotional systems, and decreased stress - as evidenced by the following:		1,754 families 2,321 children
Families indicating increased knowledge of community resources	80%	97% (537/554)
Families indicating increased social/emotional support	80%	96% (339/353)
Families indicating decreased stress	80%	89% (558/627)
Families reporting progress towards positive family goals	80%	93% (583/627)
Families reporting improved parenting skills	80%	89% (487/547)

Families reporting increased confidence in their parenting ability	80%	98% (517/528)
Families/caregivers have knowledge and skills and are empowered to improve their children's health, nutrition, safety – as evidenced by:		
Families indicating increased knowledge to access health and wellness information for their children	80%	97% (537/554)
Caregivers passing CPR/First Aid course	80%	90% (117/130)

Recommendations

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

Additionally, it is recommended that the program continue to address succession planning and cross-training at Healthy Start sites and SCOE.

The BRIDGE

Agency: Sierra Vista Child and Family Services
Current Contract End Date: June 30, 2015

Program Description

The BRIDGE is a non-profit community-based center located in a low-income, ethnically-diverse neighborhood in West Modesto. In 1988, The BRIDGE was created in response to a large number of Southeast Asian (SEA) refugee families arriving in Stanislaus County without the skills or background necessary to function or participate in a meaningful way in the community. The majority of 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 SEA young families with children 0-5. The BRIDGE provides focused outreach to inform families of the various programs offered and has hired younger, second generation outreach workers to identify families needing services. Additionally, Sierra Vista's other resource centers refer families to The BRIDGE when they determine that BRIDGE services would be more effective. The BRIDGE operates under Sierra Vista Child & Family Services, which provides administrative and fiscal services.

Finances			
Total Award June 1, 2007 – June 30, 2015	FY '14-'15 Award	FY '14'15 Expended	Cumulative Amount Expended
$1,450,000	$185,000	$177,224 (96% of budget)	$1,392,311 (96% of budget)

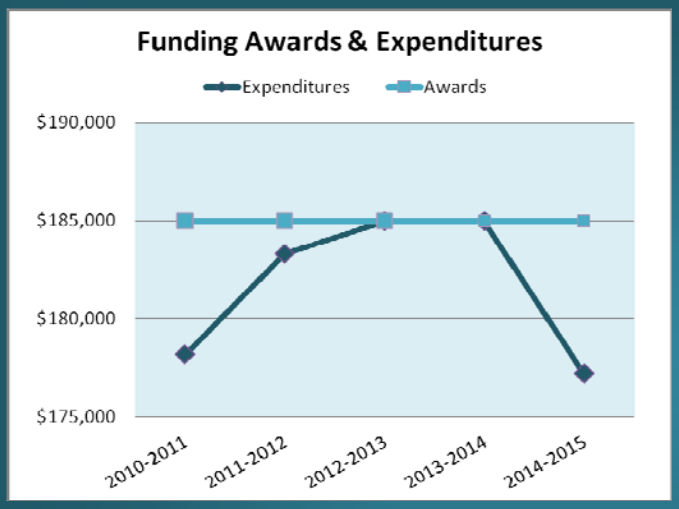
FY '14-'15 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (190)
$133,916	$27,196	$16,111	10%	$933

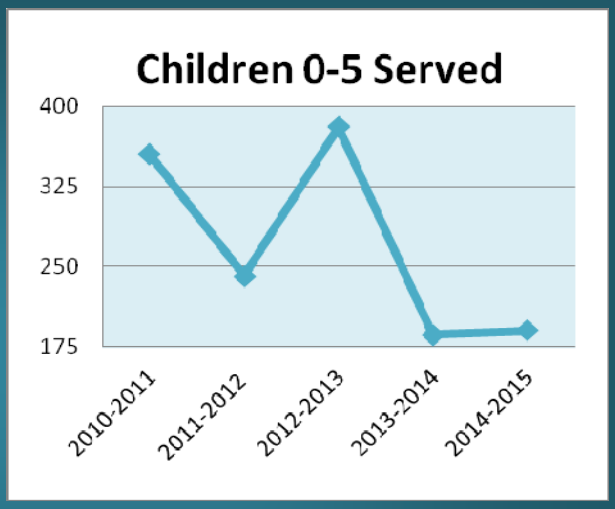
PARTICIPANT TYPE	% SERVED
Children	21%
35% <3; 65% 3-5	
Parents/Guardians	55%
Other Family	24%

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	25%
Other	75%
Unknown	-

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





The funding award for the BRIDGE has remained constant. Children served increased in '12'-13 as a result of the Commission working with The BRIDGE to emphasize outreach. The BRIDGE reports the number of children served decreased in '13-'14 and '14-'15 due to reduced staff hours resulting from budget limitations created by the loss of other funding sources.

Program Highlights

- Three large outreach events were sponsored by The BRIDGE to emphasize health, education, and well-being. The events included a Back to School Picnic with school readiness materials and activities, a Holiday Celebration with books given as gifts, and a Cultural Faire to celebrate the SEA (Southeast Asian) culture and identify families who could benefit from BRIDGE services.
- While overall participant feedback has been very positive and indicates that The BRIDGE services are well used and appreciated, survey respondents representing 276 0-5 children gave "quality of services" an excellent rating of 87%. This continues the improvement in this category from the 71% excellent approval rating for this category in '12-'13.
- The BRIDGE has administrative and service delivery challenges due to expectation of clients that services be provided at participants' homes and in the field. The program expended all of its travel funds by May of 2015 and had to submit a budget amendment to fund travel through the end of the fiscal year. The SEA cultural norms of deferring to elders and not questioning authority figures make delivery of services a particular challenge. The program and Commission staffs wrestle with working within a SEA culture that highly values its heritage and traditions while promoting acculturation to American systems and structures.
- The number of children served decreased from 381 participants in '12-'13 to 190 in '14-'15, with a corresponding increase in costs per child from $485 to $933 (nearly twice what is being spent per child by the FRC's). While The BRIDGE attributes this decline in children served to budget limitations, this decline in children served is also due to the service delivery model employed by The BRIDGE – which emphasizes services being delivered in the home and individual support to clients for translation, transportation, and advocacy.
- Leveraging: In '14-'15, The BRIDGE received $81,533 from local government sources, and $36,492 from the Cal Wellness Foundation.
- Cultural Competency: It is critical in working with the SEA population that the staff be members of the SEA community and be respected by the community. Community members are involved in the hiring of staff to build capacity within the target population and to ensure staff reflects the target population. The BRIDGE staff provides services in Hmong, Cambodian and Laotian languages via staff that are both linguistically and culturally competent. Limited materials are available in the SEA languages; however, The BRIDGE has found several resources for health and parent education material in SEA languages and uses them regularly.

- Collaboration: The BRIDGE has a long history of collaborating with the Modesto Police, MID, PG&E, Probation, CSUS, Josie's Place, El Concilio, CSA, and others. The BRIDGE continues strong and active collaborations with King Kennedy, CVOC, and the Cambodian and Laotian Temples. Additionally, The BRIDGE has initiated collaborative relationships with several local Modesto City Schools campuses; Robertson Road, Kirschen, and Burbank. Lastly, The BRIDGE continues strong collaborations with Doctors offices, Social Security, Community Services agency, providing linkages to and interpretation services for families.
- Sustainability: The BRIDGE's strategy is to continue to seek outside funding sources (grants, allocations, and other government support) to fund its current and future operations. The BRIDGE current utilizes funding through grants from BHRS Youth Leadership, California Wellness, CSA Calfresh, and Kaiser.

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Sierra Vista Child & Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fund raising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners in order to provide children and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services.
2. Decrease travel and staff costs by providing services at the center versus at the client's home.	• Efforts have been made at weekly staff meetings to: o Address overall budget and mileage budget so that staff can see the big picture and have better understanding of what it is expected of them to align with the intentions of the commission. o Staff has been re-trained on Exhibit A (Scope of Work) on July 2nd. The refresher was beneficial as it outlined the order of importance and priority. o Part of training staff on Exhibit A is to give staff a better understanding of their duties in detail and also ensuring once it is understood, they can properly code it. Another training is scheduled August 6, 2015. o Explained the importance of "empowerment" to staff. Parent and child education at The Bridge will empower the family to be successful and align with the Five Protective Factors. Staff has altered their duties and the focus is on weekly Parental Education Groups. Staff will encourage families to come to The Bridge and participate in activities provided. o The intention is to eventually hold more Parent Education Groups (PEGs) at The Bridge.

3. Adjust the design of parent-child interactive activities so that services are offered when caregivers are present.	• Since the PEG was reinstituted on February 24, 2015, BOTH parents and children make efforts to attend every Tuesday. Parents are influenced by the door prizes donated by Bed Bath and Beyond. However, it has been conveyed to them that the importance of parent-child interactive activities when caregivers are present is the most effective. It is proven to be effective because they have shown a better understanding of the various topics presented to them via video, presentations by Bridge staff, or guest presenters. • As mentioned earlier, parents have requested more trainers on other topics that they would like to be educated on. • Children are taught shapes, colors, sizes, numbers, and proper ways of socializing with other children. They are also provided healthy snacks.
4. Monitor budget expenditures and adjust operations so Commission funded services can be provided at appropriate levels throughout the year.	• Please refer to 1.a. above. Staff was presented a detailed description of the overall budget and mileage budget so they can get a feel for what is expected. Jean Kea meets with accounting monthly to monitor and ensure that budget expenditure and operations are at appropriate levels throughout the year. The Bridge has also recently received new funding through Kaiser Permanente which will help with this endeavor.
5. Encourage the acculturation of the SEA community by providing services at the sites of partner social service organizations (like FRC's).	• Efforts have been made by staff to refer clients to other FRC's for help. Clients have been referred to El Concilio and The United Way. A representative from the Modesto Commerce Bank was brought out to present on financial literacy and banking. The plan is to continue to invite more professional guest speakers to come and educate parents/grandparents. It appears that the parents/grandparents are enjoying the training and have been requesting more training on various topics related to parenting, mental health first aid, first aid, CPR, etc. We are also exploring having Bridge clients visit the Drop in Center to begin a gradual process of exposure to providers outside the Bridge.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 whose caregiver(s) received services during the year have caregivers who receive a Strength Based Assessment	70%	78% (148/190)
Children 0-5 referred the during year have caregivers who receive referrals, resources, or support services	80%	89% (58/65)
Children 0-5 have caregivers who receive ongoing case management	40%	48% (31/65)
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%	86% (30/35)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	83% (44/53)
Children whose caregivers indicate a need will receive a mental health referral	90%	100% (7/7)
Children 0-5 whose families are assessed receive developmental screenings	55%	94% (50/53)
Children who indicate a need will be referred for further developmental assessment	90%	100% (6/6)
Children 0-5 served indicate increased time reading at home with family	60%	100% (17/17)
Children 0-5 who did not have health insurance when entering the program received assistance in obtaining health insurance	85%	100% (2/2)
Assessed children 0-5 who did not have health insurance are enrolled in a health insurance program within 90 days of intake	80%	100% (2/2)

Recommendations

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

Additionally, it is recommended that the program:

- Decrease travel and staff costs by providing services at the center versus at the client's home.
- Continue to develop parent-child interactive activities that promote the interaction of caregivers and children.
- Encourage the acculturation of the SEA community by providing services at the sites of partner social service organizations (like FRC's).

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

Agency: Stanislaus County Behavioral Health and Recovery Services
Current Contract End Date: June 30, 2015

Program Description

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

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

Finances			
Total Award March 1, 2002 – June 30, 2015	FY '14-'15 Award	FY '14-'15 Expended	Cumulative Amount Expended
$15,675,151	$1,523,009	$1,389,914 (91 % of budget)	$14,702,641 (94% of budget)

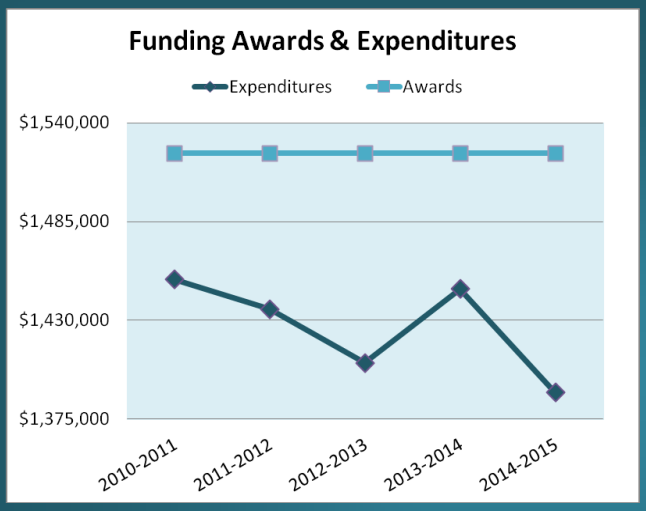
FY '14-'15 Budget / Expenditure Data			
BHRS	Sierra Vista	Cost Per Child 0-5 (1,207- includes parent ed.)	Cost per Service Hour (15,594)
$765,260	$624,654	$1,152	$89

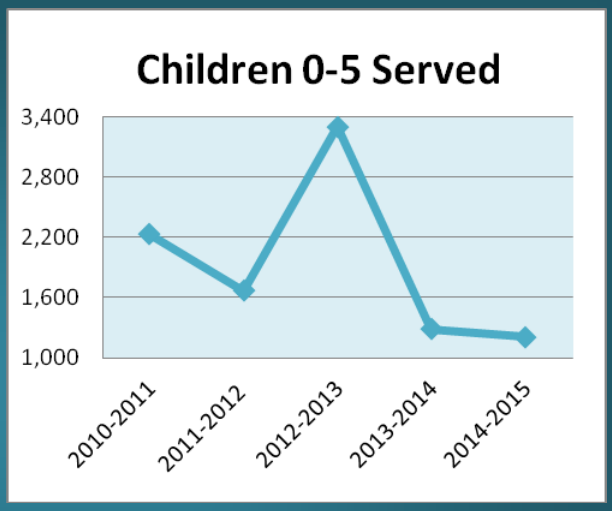
PARTICIPANT TYPE	% SERVED
Children	21%
28% <3; 72% 3-5	
Parents/Guardians	79%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	59%
White	33%
Black/African American	3%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	<1%
Multiracial	-
Other	3%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	67%
Spanish	33%
Hmong	-
Other	-
Unknown	-

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





The funding award for this program was increased in '10-'11 due to an expansion of the Scope of Work to serve an increased number of community sites. Funding has remained stable since that time. The increase in children served in '12-'13 may be the result of a new data gathering system implemented at the start of the fiscal year that has improved the accuracy of the data gathered. The decrease in children served in '13-'14 and '14-15 resulted from a change in leadership positions at BHRS and unfilled vacant clinician positions.

Program Highlights

- The target population of 0-5 EIP continues to be those children and families challenged by:
  - ✓ Poverty and Social Isolation
  - ✓ Substance Abuse and Addiction
  - ✓ Domestic Violence
  - ✓ Drug Exposure in Utero
  - ✓ Medical Issues and Chronic Health Conditions, Including Asthma and Developmental Delays
  - ✓ Learning Disabilities and Developmental Delays
  - ✓ Relatives as Primary Caregivers
  - ✓ Child Abuse and Neglect
  - ✓ Single Parent Homes
  - ✓ Blended Families

- The total number of expected hours of service was met in two of four tracked areas. The reduced number of service hours by 0-5 EIP is due to turnover and vacancies in the clinician classification.

Service	Planned Hours	Actual Hours
Outpatient mental health services	*4,500*	*4,064*
Parenting	*420*	*487*
Prevention	*9,000*	*8,135*
Consultation	*2,600*	*2,908*
Planned Total Hours	*16,520*	*15,594*

- Services are provided at a community level and participants reflect the ethnic distribution of the county. Staff members are multi-cultural. Services to children and families include direct observation, case management, linkage to other services, on-site observation, children's groups (including Little Tykes), parenting groups, and in-home support services.
- 59% of participants in this program were Hispanic. And while cultural norms of these families often attributes "shame" to the family accessing services, 0-5 EIP has been successful in providing services to this population and the program will continue to seek opportunities to reach out in the least intrusive ways.
- Clinicians and Case Managers provided preventative mental health services by regularly attending parent groups at the Airport Parent Resource Center, North Modesto Family Resource Center, Oakdale Family Support Network, West Modesto King Kennedy Neighborhood Collaborative, and Promotores meetings. Attending these meetings provided 0-5 EIP with opportunities to support and educate parents and to share information about community resources and other assistance to address any questions or concerns presented by a parent.
- Leveraging: In '14-'15, the program received $663,317 directly from State and Federal government sources and $285,546 was received from local government sources.
- Cultural Competency: The 0-5 EIP program has bi-lingual, bi-cultural staff members who are sensitive to the multitude of cultural influences on families. Staff is regularly trained in cultural sensitivity. Additionally, staff serves on a committee called the Cultural Equity and Social Justice Committee, which meets on a monthly basis in order to bring awareness to the issue of culture. For Spanish-speaking families, 0-5 EIP has Spanish-speaking providers and representatives from various ethnic communities in Stanislaus County.
- Collaboration: 0-5 EIP continues to collaborate with a wide variety of partners, particularly with those partners where the focus is on family functioning such as Children's Crisis Center, Family Resource Centers, Family Justice Center, Stanislaus County Office of Education, Healthy Start, El Concilio, The BRIDGE, Parent Resource Centers, Court Appointed Advocates, Healthy Birth Outcomes, Community Services Agency - Child Welfare and Child and Family Services, Health Services Agency, School Districts, Stanislaus County Office of Education, Valley Mountain Regional Center, and Kinder Readiness Programs.
- Sustainability: Efforts by 0-5 EIP in this area focus on development of key champions, revenue enhancements by contracting with the educational system, and drawing down revenue from Medi-cal and Early Periodic Screening Diagnosis and Treatment. Key Champions for 0-5 EIP include the following: Family Resource Centers; Parent Resource Centers; Healthy Birth Outcomes programs; Stanislaus County Office of Education (SCOE); Modesto City Schools (MCS); County School Districts; Behavioral Health and Recovery Services (BHRS), Child Welfare, and Sierra Vista Child and Family Service.

Prior Year Recommendations

2013-2014 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.	• This will be done by promoting 0-5 EIP during community events such as conferences, health/street fairs and education and training that is done by the program. • 0-5 EIP will continue to leverage funding - currently this is being done through BHRS funding as well as contracts through the SCOE. Both sources together with funding through the Commission allows for the 0-5 EIP to provide much needed services to our 0-5 families and providers. • The program continues to promote and maintain collaborations in the community. Many collaborations and contacts are made throughout the fiscal year. Referrals for 0-5 EIP services are received from many sources in the community as well as education and training is provided to various sites and providers working with the 0-5 families.

2. Focus on conducting depression screenings of caregivers with children 0-5	• Plans are in place in the upcoming fiscal year to address the low numbers of depression screenings and increase this number for next fiscal year. Staff have been reminded and retrained on the delivery of the depression screening. Screenings have also been added to all intake packages, this should allow for an increase in the number of depression screenings completed for the fiscal year.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Parents report a reduction in their child's mental health symptoms and improvements in child functioning	75%	85% 174/205)
Clinical staff report improvements in participating children as measured by symptom checklists and improvement noted in client care plans	75%	81% (98/121)
Children 0-5 who are assessed have caregivers who receive depression screenings	65%	38% (101/269)
Participating parents report improvements in their relationship with their child	75%	92% (189/205)
Parents report a reduction of stress and risk factors	75%	83% (171/205)
Clinical staff report reductions in risk factors for participating families	70%	83% (101/121)
Parents show a reduction in risk factors for abuse/neglect based on the Parental Stress Index	70%	70% (33/47)
Parents report positive skill gains from training programs provided	85%	92% (418/456)
Children demonstrate improvement in behavior within day care environment as reported by staff	60%	91% (110/121)
FRC staff report satisfaction with consultation and referral services provided by program	70%	92% (11/12)
Day care providers report improved skills and confidence in working with difficult children as a result of mental health consultation	80%	96% (130/135)
Providers report a willingness to continue to work with children with serious behavioral problems as a result of mental health consultation	75%	96% (129/135)
Providers report positive skill gains for training programs provided	80%	94% (46/49)
Providers report satisfaction with mental health consultation services	80%	99% (134/135)

Recommendations

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

Additionally, it is recommended that the program focus on increasing the number of:

- Children provided behavioral health services
- Depression screenings given to caregivers with children 0-5
- Caregivers participating in parent education classes
- Children provided preventative behavioral health services

FRC Countywide Summary

Agencies: AspiraNet, Center for Human Services, Ceres Partnership for Healthy Children, Sierra Vista Child and Family Services, Parent Resource Center

Current Contract End Date: June 30, 2015

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 (FRCs) to provide differential response (DR) and family support services to Stanislaus County communities. The intent was to provide families with children 0-5 and 6-17 and families at risk for child abuse/neglect with support services and a hub of resources. (DR is explained in more detail on the following page.) Originally, six contracts were awarded to serve Central/South Modesto, Ceres, Hughson and Southeast communities, Turlock, the Westside (Newman/Crows Landing, Grayson/Westley, and Patterson), and the Eastside (Oakdale/Riverbank). A seventh contract was awarded to serve North Modesto/Salida in May 2007. In the '10-'11 fiscal year, CSA was unable to provide monetary support for DR efforts, thereby eliminating DR funding for children over 5 years old. (Some sites were able to procure funding from different sources to continue that service.) CSA's funding for DR for children over 5 years of age was restored in the '11-'12 fiscal year.

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

Finances

Total Award June 1, 2005 – June 30, 2015		FY '14-'15 Award		FY '14-'15 Expended (% of budget)		Cumulative Amount Expended (% of budget)	
Commission Funds	Combined Funds *(includes CSA)*	Commission Funds	Combined Funds *(includes CSA)*	Commission Funds	Combined Funds *(includes CSA)*	Commission Funds	Combined Funds *(includes CSA)*
$14,396,397	$19,325,357	$1,559,356	$2,059,356	$1,486,816 (95%)	$1,986,816 (96%)	$13,376,269 (93%)	$18,260,142 (94%)

Cost per Child 0-5 to Commission (2,860) = $520

PARTICIPANT TYPE	% SERVED
Children	32%
44% <3; 56% 3-5	
Parents/Guardians	37%
Other Family	31%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	54%
White	33%
Black/African American	4%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	<1%
Multiracial	3%
Other	3%
Unknown	1%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	73%
Spanish	26%
Hmong	-
Other	-
Unknown	1%

An Investment In Communities
Family Resource Centers and Differential Response

During the last nine years, the Commission has invested $14.4 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for '14-'15 represents 25% of the Commission's total program budget and 35% of the budget allocated to Improved Family Functioning. This investment is based on both published national research about DR and FRCs, as well as the results that Stanislaus County has experienced. The Commission is funding what works within an effective structure.

What Works

Family Resource Centers

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

Shared Principles

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

Key Characteristics

- Integrated
- Comprehensive
- Flexible
- Responsive to community needs

Differential Response

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

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

Effective Structure

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

Family Development Matrix and Case Management (Improved Family Functioning)

All FRCs utilize the same assessment from the Family Development Matrix (FDM). The assessments are conducted with families who are referred through Differential Response or who have a child 0-5 years old. This process allows the case manager to discuss with the family strengths and concerns in the areas of basic needs, child safety and care, self sufficiency, social community, family interactions, child development, and family health and well being. An empowerment plan is then developed with the family to address any issues in those areas, and the family is always engaged in the work to be done to achieve goals. Case management activities may include frequent home visits to support the family, school readiness/preschool assistance, referrals for adjunct services such as housing/food/employment needs, and individual parenting support. Each case managed family is reassessed every 3 months and the FDM is used to document the family's progress towards self sufficiency and independence. Individual FRCs, and the staff members employed, have their own style of delivering case management services, such as length of total services and duration of visits. All of the FRCs also provide interpretation and translation for Spanish speaking families, as well as culturally sensitive services.

Parent Education and Support Groups (Improved Family Functioning)

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

Community Outreach

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

FRC Core Services

All funded DR-FRCs provide these core services

Behavioral Health Services/ Depression Screenings (Improved Family Functioning)

The Burns Depression Screening is used by all FRCs, and assessed caregivers of children 0-5 receive the screenings. 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)

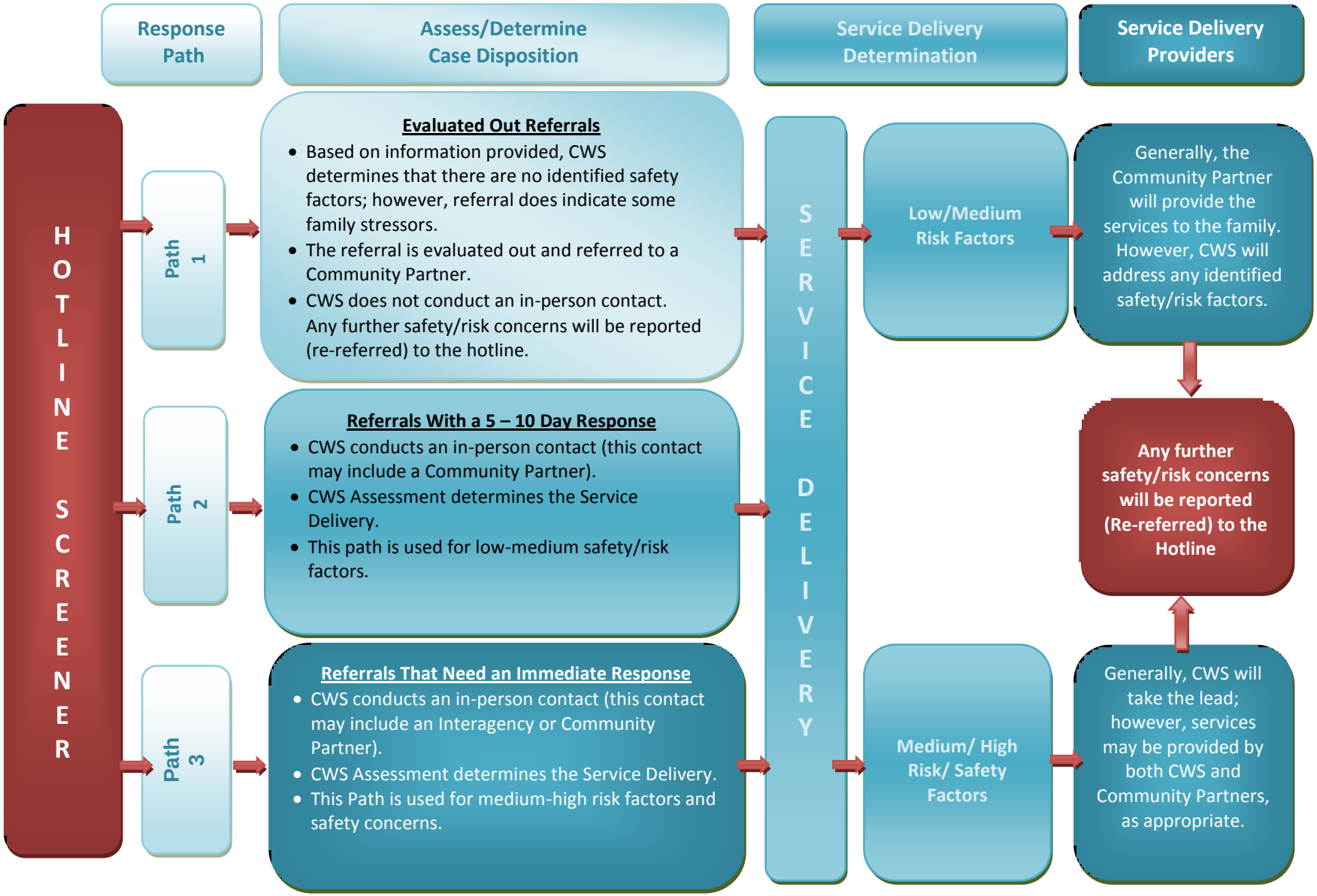
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated,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

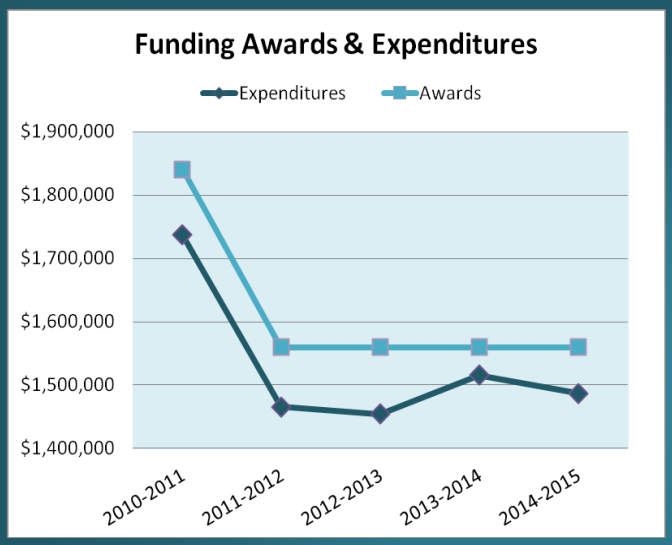
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal, Healthy Families, and Kaiser Kids within 90 days of the assessment. FRCs conduct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

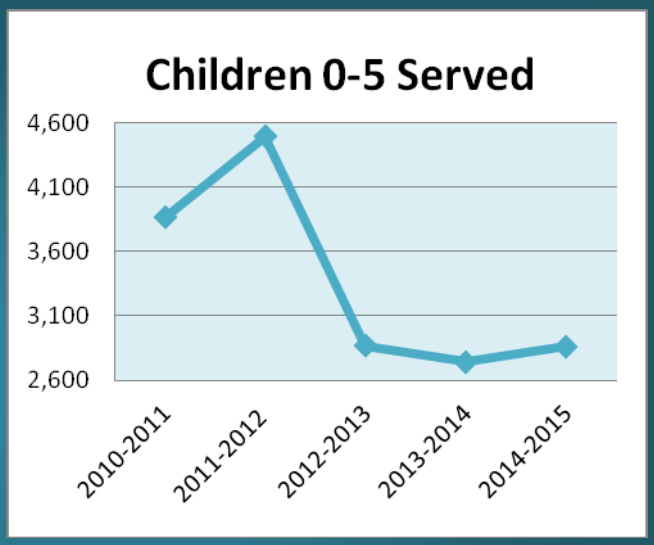
Differential Response is a strategy where community groups partner with the county's child welfare agency to respond to child abuse/neglect referrals in a more flexible manner (with three response paths instead of one). CSA's response to a referral depends on the perceived safety and risk presented.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

Stanislaus Differential Response Paths



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





Funding for Countywide FRCs has remained stable for all years with the exception of '10-'11. Commission funding was increased when CSA differential response money was unavailable in '10-'11. Children served rose until '12-'13 when better data collection eliminated the duplication of participant counts. Numbers served have stabilized since that time.

Program Highlights

- All DR-FRCs are charter members of the Northern San Joaquin Valley Family Resource Center Network (NSJVFRCN). The NSJVFRCN is a network of FRCs located within the Northern San Joaquin Valley Region whose mission is to attract and increase resources for FRCs in the region through the power of collaboration, leveraging, and leadership. Each FRC has access to the benefits of the network: training on best and promising practices, technical assistance, and consultation. In addition, information regarding service and regulatory policies, the needs of families in the region, and funding opportunities are shared.
- In addition to collaborating with others in the region, the FRCs work together through the Multidisciplinary Team (MDT) within Stanislaus County. The MDT consists of providers of Differential Response services from each FRC. The Team has been meeting twice monthly since the inception of FRCs. The MDT members discuss cases, protocol, and best practices, as well as share successes and challenges.
- Each FRC partners with a wide and unique spectrum of agencies, businesses, and community organizations to serve the needs of the children and families it serves. The list of partnerships is extensive, and continues to grow as one of the critical roles of the FRCs is to link children and families to community resources. As the FRCs have become established and trusted in the communities, they are now considered hubs of services, and partnerships and collaboration are the cornerstones for this development.
- Each FRC utilizes unique tools for evaluation and operational purposes, however the following are the common tools all FRCs use:
    - ✓ SCOARRS (Stanislaus County Outcomes and Results Reporting Sheet) - Completed on a quarterly basis throughout the fiscal year; six milestones are addressed: 1) Caregivers' assets and needs are assessed; 2) Mental health issues of caregivers are assessed; 3) Mental health issues of caregivers are addressed; 4) Children receive early screening and intervention for developmental delays and other special needs; 5) Children possess literacy tools (books, skills) and caregivers demonstrate improved literacy skills; and 6) Children 0-5 are enrolled in health insurance. The SCOARRS lists

the strategies each program uses to reach milestones, and the indicators that show progress towards the milestones and planned outcomes.

- ✓ Demographic Data Sheets – Excel spreadsheets developed by Commission staff in which programs input counts for services and the demographic data of participants; data is entered quarterly.
- ✓ Customer Satisfaction Surveys – Each FRC administers a customer satisfaction survey at least twice a year.
- ✓ Employee Satisfaction Surveys – Each FRC administers an employee satisfaction survey at least once a year.
- ✓ Family Development Matrix – This assessment is used every three months to track the progress a case managed family is making towards independence and resiliency. The periodic assessments can be compared to document changes in the family unit. (It should be noted that the State of California stopped funding the FDM the end of the '14-'15 fiscal year. The Commission assumed the costs of the FDM so FRC's could continue to track family outcomes.)
- ✓ Intake Forms/Logs – FRC's began using intake forms that collected consistent information. These coordinated intake forms allowed FRC's to collect and report data more consistently and accurately.
- ✓ ASQ-3 (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.

- While FRC's often receive local recognitions and awards, in December of 2014 Sierra Vista Child and Family Services was accredited by the Joint Commission. This accreditation, which is a multi-year effort, is evidence of Sierra Vista's commitment to our community and its commitment to providing the highest quality services.
- As recommended last year, the FRC's have focused on encouraging father involvement with classes, programs, and with their own children. FRC's have had mixed success with their efforts to involve fathers.
- In '14-'15, an application was made for a Father Involvement grant to create a Father Involvement Program. The program would create a collaborative learning network that brings organizations and community groups together to achieve positive mental health results and build protective factors against mental health problems for fathers in Stanislaus County. This is a new concept in promoting interagency collaboration to reach fathers with mental illness or those at risk of mental illness and their families. The learning goal is increase broad father involvement as a way to improve mental health and related outcomes and reduce risk factors and promote protective factors for the subgroup of fathers who are at risk of a mental illness.
- Leveraging: As a group, in '14-15 the FRCs leveraged a total of $1,110,056 from local government sources and $571,294 was generated by civic groups, foundations, and local fundraising events.
- Cultural Competency: All DR-FRC's are committed to the continued development of cultural competency for staff. FRC's recruit and hire multicultural and bi-lingual staff to meet the needs of their diverse communities. A large number of bi-lingual Spanish staff, who provide mental health and case management services, are employed by FRC's. FRC's also employ staff with fluency in other languages including Cambodian, Laotian, Hmong, Farsi, and American Sign Language. FRC's also contract with the Language Line for translation for other languages. The FRC's provide direct services, literature, and presentations in threshold languages and in other languages as material is available. Staff at the FRC's is provided with ongoing cultural competency training in order to provide competent services to clients.
- Collaboration: FRC's have a developed an extensive number of collaborations with public, private, and non-profit agencies including: El Concilio La Familia Counseling, The BRIDGE, other Family Resource Centers, Healthy Birth Outcomes, Sierra Vista Child and Family Services, Parent Resource Center, Family Justice Center, Salvation Army, United Samaritans, Leaps and Bounds/Zero to Five Early Intervention Program, churches, city governments, Children's Crisis Center, 2-1-1, Healthy Starts, school districts, CalFresh Outreach Program, Center for Human Services, and California Connects.
- Sustainability: Each FRC has prepared a Sustainability Plan that contains the following elements: 1. Vision and Desired Results; 2. Identifying Key Champions and Strategic Partnerships; 3. Internal Capacity Building through development of a strategic planning process and (in some cases) accreditation; 4. Strategic Financing (including cost management and revenue enhancement); and 5. Establishing an Implementation Plan with Periodic Reviews. The FRC's have successfully developed Sustainability Plans and each year the FRC's report on the progress made in each of the 5 elements of the plan.

Prior Year Recommendations

In the 2013-2014 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	
2013-2014 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.	• Center for Human Services 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. Each FRC has a coalition of Community Champions or partners who help us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that have the potential to support family strengthening work here in Stanislaus County. • The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our continued partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger has donated $10,000 for the last three years to help with food, crisis and nutritional support for the FRC and families. 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 FRCs. This movement of community will help ensure sustainability beyond our agency's involvement.
2. Focus on outreach to isolated groups and communities.	• At Ceres Partnership for Healthy Children, we provide outreach in the community and often engage in door-to-door outreach in those more isolated areas of Ceres.

3. Provide direct mental health services, rather than relying exclusively on referrals.	• This year we had a clinician on site who was allocated to provide 6 hours a week of her time to our DR caregivers with children 0-5.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• We continue to engage with our referred DR families and always extend a personal invitation for them to attend our many community events held at our office and in the community. We also assist them with transportation to off-site events if needed.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• We continue to invite fathers to classes and events and are hoping to have more Parent Café's that will occur in the evening to allow more fathers to attend. We also will have at least one father/male role model specific event for families to attend.

EASTSIDE	
2013-2014 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.	• Center for Human Services 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. Each FRC has a coalition of Community Champions or partners who help us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that have the potential to support family strengthening work here in Stanislaus County. • The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our continued partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger has donated $10,000 for the last three years to help with food, crisis and nutritional support for the FRC and families. • 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 FRCs. This movement of community will help ensure sustainability beyond our agency's involvement.
2. Focus on outreach to isolated groups and communities.	• We have worked to connect to the outlying communities of Knights Ferry and Valley Home. We outreach to these areas and encourage participation at the FRC and our activities and events.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• This year we were unable to secure a clinician to provide services directly to this population but we were able to connect a caregiver of 0-5 children to our sliding fee clinician to receive no cost services. We were also able to arrange for our sliding fee clinician to provide parent education groups one time per week.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• This was an area of focus this year. We worked specifically with CSA to connect with the Social Workers and increase the number of joint visits that occur with families. This and other strategies are helping to grow our engagement with families.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• This year we worked with several single fathers. They have been engaging in services and working to become more self sufficient. We have also intentionally involved father involvement in events like the community baby shower.

FAMILY RESOURCE CONNECTION	
2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• The Family Resource Connection continues to work on sustainability, leveraging, and collaboration. Both the Parent Resource Center and Sierra Vista continually seek new funding sources such as expanded fundraising, billable services, grants, and opportunities for contracting, FRC funding is used as a base both for both the agencies, which leverage funds to assist or help support existing programs as well as to expand services. The FRC's collaboration with organizations throughout the community serves to enhance client services and develop new ones. Existing relationships are valued and deepen as the agencies work together on various projects/programs. An example is the partnership with the CSU Stanislaus nursing department. Student nurses gain first-hand experience while working with clients. FRC clients benefit from the information and education given by the nursing students.
2. Focus on outreach to isolated groups and communities.	• Currently going to and will continue to go to dairy farm communities and offer service to clients with no transportation • Currently going to and will continue to go to flea markets, parks, gas stations, grocery stores, laundromats, and door-to-door outreach

	• Participate in evening outreach events and will continue • Giving presentations at schools and to service providers. Currently doing and will continue.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• Provide counseling on-site in collaboration with El Concilio. Child care provided by PRC. • When referrals are received, staff follow up with the clients to make sure they engage with the other agency. • Through continued partnership with Sierra Vista, El Concilio, and Leaps & Bounds mental health services are provided on site thus breaking down barriers that may impact families (such as transportation or the feeling of not knowing anyone when referred to different location).
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• Incorporate the "Warm Interaction" approach to better engage families such as the family one of case managers. For 2 years, the family felt they did not need classes offered from PRC. The family ended up taking classes after 2 years. • The "Warm Interaction" approach includes outstanding customer service by: 1. Introducing the client to the class facilitator 2. Providing follow up calls 3. Sending cards to clients at home and including the PRC class schedules • By hosting free markets, nutrition presentations, and health fairs, families can visit the center without feeling pressured to enroll in classes. As relationships grows a warm hand off to another case manager is easier. Then, when DR client enrolls in parenting class, both DR case manager and facilitator both meet with client so when client attends first class he/she is already familiar with facilitator. Currently doing and will continue. • Getting creative, offering "mini-classes" or something like the Parent Cafes. This gets clients in the door so they can see the center, become more comfortable and see that staff is non-threatening. • Incentives such as food bags, Christmas gifts or food during class will encourage attendance to classes. Currently doing and will continue. • Will discuss and consider greater emphasis on earning a certificate for satisfactory completion of course and creating a sense of accomplishment. Currently in use for some classes, will share idea with other facilitators. • Will discuss and consider a different approach to "selling" the 12-week parenting class by using the topics to attract interest of parents. This will help change the perception from a 3-month commitment to classes on interacting with your child, appropriate play, communicating with your child. Give a brochure to the client. • Give time for self-introduction at classes, encourage parents to share interests.

5. Promote the involvement of fathers and male caregivers in the lives of young children.	• In the Madres Amorosas (Loving Mothers) class facilitator always encourages mothers to share with their husbands. This way fathers receive the same information as mothers. • Providing co-educational classes in both English and Spanish creates opportunities for fathers or male caregivers to engage in services. • Community events such as health fairs and free markets are great ways to engage with male clients. Example: Department of Child Support Services workshop at Community Connection Fair was offered because male caregivers wanted to know more about child support services. • Drop In Center held first father-oriented event, giving fathers a time and place to be honored. Will continue.

HUGHSON	
2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Sierra Vista Child & Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fund raising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners in order to provide child and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services.
2. Focus on outreach to isolated groups and communities.	• We have increased our outreach efforts in Waterford, Empire and Denair this past fiscal year. We are looking at strategies to outreach to unincorporated areas of the region.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• Our staff clinicians provided counseling services on site as well as on school sites as the need indicated.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• We have increased our engagement strategies to include mailing out an introductory letter, followed by several home visit attempts.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• We hosted a Father's day event in Waterford. This event was attended by 106 people, with the focus on increasing father involvement. We hosted activities, family photos, BBQ dinner. It was a truly wonderful event enjoyed by all who attended.

NORTH MODESTO / SALIDA	
2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Sierra Vista Child & Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fund raising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners in order to provide child and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services.
2. Focus on outreach to isolated groups and communities.	• North Modesto/Salida FRC is working to identify the isolated groups and communities in the region it serves. Outreach efforts will emphasize these remote areas. The plan is to forge collaborative relationships with preschools, schools and faith based organizations in the identified areas that would be open to hosting services.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• North Modesto/Salida FRC employs licensed track (LMFT, LCSW or LPCC) clinician trainees/clinicians to provide mental health services within the FRC. All community members are eligible for these services via this contract or other funding sources based on clearly identified criteria. These services are leveraged with Medi-Cal by referring appropriate children to SVCFS Medi-Cal clinics.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• We have increased our engagement strategies to include mailing out an introductory letter, followed by several home visit attempts. We are also introducing evidence based practices regarding case management services that we hope will also increase engagement.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• This past fiscal year we had two father engagement activities in the evening to accommodate working fathers. For the presentation on car seat safety from Officer Banuelos, 6 dads attended with their wives and for a Probation department presentation on Drug awareness, 7 dads attended with their wives. We continue to work on developing father/child friendly activities to promote and increase father involvement.

TURLOCK	
2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• The Aspiranet fund development department established a strategy for the Resource Center to develop an Advisory Committee comprised of Volunteers from the community. One of the primary tasks of the Advisory Committee is to develop TFRC fund raising events. Aspiranet Grant writers are working with the Turlock Community to secure additional grants for programs. Our collaborative partners such as El Concilio, CHS and Salvation Army allow for greater services to be offered to the community.
2. Focus on outreach to isolated groups and communities.	• Outreach has been extended to Westside and Cunningham elementary schools and will expand to Chatom, Gratton, and Denair Elementary schools in the Fall. Headstart presentations continue to be held at all Turlock Elementary schools. Future presentations will be conducted at some of the outlying churches in rural areas.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• A TFRC Clinician was hired the first of July and is providing direct mental health services. The plan is to begin support groups in August.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• Engagement continues to be an ongoing priority with families that come to the TFRC center. It begins with the initial contact where Family Liaison's are encouraged to welcome families to our center and honor each family where they are in their lives. DR's continue to be a challenge and we still have difficulty engaging with PATH 1's. Initial contact will be to send out a welcome letter and then follow up with a home visit families. We leave fliers and a business card for the families who are not home and follow up with 2-3 telephone calls.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• Father's are encouraged to participate in the Nurturing Parenting, Strengthening Families, Mommy, Daddy and Me, and HBO classes. TFRC held a Father's Day event that included activities for Dad's and their children. The event included a sit down "Family Style Dinner" served by staff and Promotora volunteers.

WESTSIDE	
2013-2014 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.	• Center for Human Services 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. Each FRC has a coalition of Community Champions or partners who help us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group

	has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that have the potential to support family strengthening work here in Stanislaus County. • The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our continued partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger has donated $10,000 for the last three years to help with food, crisis and nutritional support for the FRC and families. • 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 FRCs. This movement of community will help ensure sustainability beyond our agency's involvement.
2. Focus on outreach to isolated groups and communities.	• The Westside Family Resource Centers conduct a variety of outreach in the community. Newman FRC has an Annual Block Party for the community to learn about the different resources available to them in the community as well as the FRC. The Newman FRC also participates in a variety of community events like Movies in the Park, Newman Fall Festival, senior and school events. Patterson FRC is part of many events that occur during the year like: Apricot Fiesta, Back to School Bash and Safety Fair, National Night Out, etc.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• The Westside Resource Centers currently have in-house mental health clinicians from the Center for Human Services, El Concilio and Leaps and Bounds. Mental health referrals are made to each of the agencies mentioned previously, but the actual counseling takes place at the FRC. Families do not have to travel out of the Patterson or Newman.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• The Westside Resource Centers are part of the Differential response program. This year the FRC was able to double the engagement of differential response clients.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• The Westside FRC's have a Fathers Day event to celebrate the importance of a father figure in the lives of their children.

Family Resource Centers 14/15 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Family Resource Connection		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide an FDM Assessment to the caregivers of children 0-5 (DR & Non-DR).																
65% children 0-5's caregivers who respond to a contact will receive an FDM assessment	26%	113 / 439	32%	61 / 192	77%	572 / 740	66%	140/ 212	59%	270 / 456	54%	133 / 248	24%	69 / 287	53%	1,358/ 2,574
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (DR & Non-DR).																
80% of the children 0-5 whose caregivers receive an FDM assessment will receive depression screenings	100%	113 / 113	100%	61/61	84%	483 / 572	89%	124 / 140	76%	206 / 270	90%	120 / 133	77%	53/69	85%	1,160/ 1,358
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	0%	0/0	100%	2/2	100%	21/21	100%	25/25	100%	12/12	0%	0/0	0%	0/0	100%	60/60
80% of the children 0-5 whose caregivers receive INDIVIDUAL counseling will, according to their clinician, indicate improvement with presenting issues	100%	22/22	100%	1/1	100%	12/12	100%	5/5	100%	13/13	100%	5/5	100%	12/12	100%	70/70

	Ceres Partnership		Eastside FRC		Family Resource Connection		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide children 0-5, whose caregivers are assessed, with developmental screenings using the Ages & Stages Questionnaire (DR & Non-DR).																
65% of the children 0-5 whose caregivers receive an FDM assessment will receive developmental screenings	67%	103 / 113	67%	41/61	64%	368 / 572	60%	84 / 140	54%	147 / 270	70%	93 / 133	55%	38/69	62%	847 / 1,358
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	78%	393 / 503	91%	77/85	96%	207 / 215	100%	22/22	100%	55/55	85%	107 / 126	100%	40/40	86%	901 / 1,046
97% of children 0-5 who receive literacy services will be provided books	100%	503 / 503	100%	85/85	87%	187 / 215	91%	20/22	84%	46/55	90%	113 / 126	100%	40/40	95%	994 / 1,046
75% of children 0-5 whose caregivers receive adult literacy services will self-report an increase in adult literacy skills	100%	148 / 148	85%	72/85	64%	173 / 269	100%	36/36	100%	19/19	100%	19/19	92%	98/107	83%	565 / 683
FRC Staff will assist families in obtaining health insurance and with the enrollment of children 0-5 into a health insurance program within 90 days of first time contact or assessment.																
92% of the children 0-5 who do not have health insurance at the time of first contact will be enrolled in a health insurance program within 120 days of first contact	100%	57/57	100%	9/9	44%	4/9	100%	5/5	0%	0/0	88%	70/80	0%	0/0	91%	145 / 165

To further document the impact of the FRC's, the following is a cumulative data report for the period January 2012 - June 2015. Information was entered into the FDM for 3,212 families during this time period. Out of these 3,212 families with a first assessment, 924 received a second assessment. The following charts present demographic information for all families receiving a first assessment and a second assessment as measured by individual FDM indicators and indicators grouped by protective factor.

Demographic and referral type information:

Figure #1: Distribution of families by Referral type

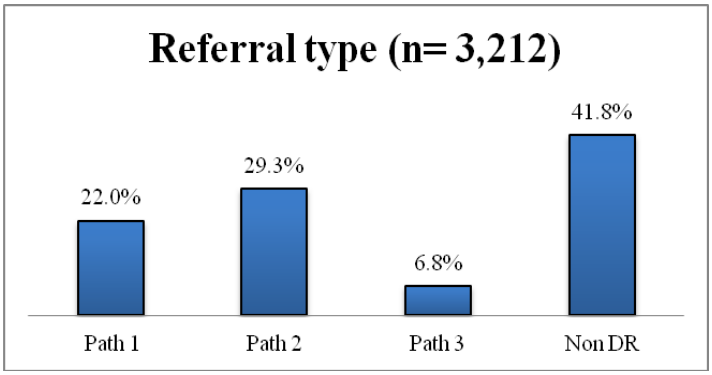


Figure 1 shows the percentage of families who were referred under Differential Response paths 1, 2, 3 or under a non-Differential Response referral. All families with a first FDM assessment with a valid path code are considered in the figure.

Figure #2: Distribution of families by their Race/ethnicity

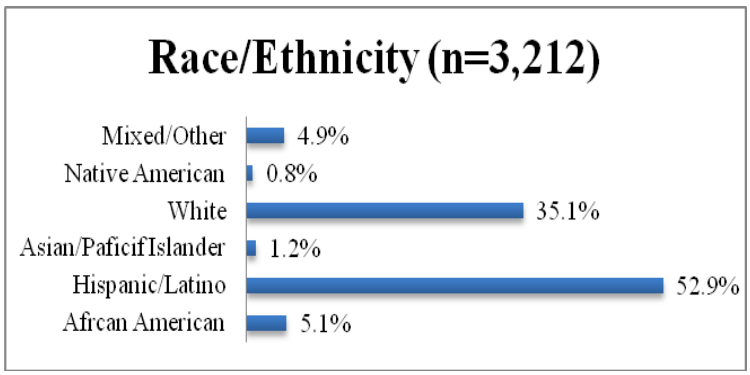


Figure 2 shows the distribution of race/ethnicity for all families with a first FDM assessment that had a valid race/ethnicity code.

Change in scores for core FDM indicators:

Indicator	1st Assessment	2nd Assessment	Difference	P< .05
Childcare	88.8	94.2	5.40	*
Supervision	98.9	98.9	-0.08	
Risk of emotional or sex abuse	89.3	95.5	6.20	*
Nutrition	96.9	98.6	1.77	*
Appropriate development	90.2	94.0	3.82	*
Nurturing	94.2	97.6	3.38	*
Parenting skills	86.4	96.3	9.90	*
Family communication skills	83.0	88.2	5.19	*
Budgeting	78.8	89.8	11.04	*
Clothing	73.9	87.9	13.96	*
Employment	47.9	62.2	14.29	*
Stability of home shelter	83.5	88.9	5.30	*
Home environment	95.9	97.5	1.62	*
Health services	93.4	97.4	4.00	*
Comm. resources knowledge	65.0	95.8	30.74	*
Child health insurance	95.2	98.3	3.13	*
Access to transportation	86.4	91.8	5.41	*
Presence of (substance) abuse	94.5	95.9	1.41	
Emotional wellbeing/ life value	83.0	90.8	7.79	*
Support system	76.6	86.0	9.42	*

Table #1: Percentage of clients at the "safe" or "self-sufficient" status level by assessment (n=924)

Table 1 presents the percentage of families at a "safe" or "self sufficient" level on first and second assessments. Only families with at least 2 assessments are considered in the table. The different colors denote groupings of indicators by protective factor. The "difference" column in the table indicates the increase (if positive) or decrease (if negative) in the percentage of families at the "safe or "self sufficient" level from first to second assessment. The "P<.05" column denotes (with a star) the changes that were statistically significant at the .05 level. N denotes the number of families with first and second assessments (matched) for each indicator.

Change by protective factor:

Protective Factor	1st Assessment	2nd Assessment	Difference	N	p<.05
Children's social and emotional development	73.7	84.5	10.7	623	*
Parental resilience & knowledge of parenting and child development	74.0	86.4	12.4	882	*
Concrete support in times of need	22.5	52.0	29.5	470	*
Parental Resilience	79.8	88.0	8.2	924	*
Social connections	76.6	86.1	9.4	924	*

Table #2: Percentage of families at the "safe" or "self-sufficient" level in all indicators considered for the protective factor

Table 2 presents the percentage of families at the "safe" or "self sufficient" level on first and second assessments on ALL indicators within each of the protective factors. Only families with at least 2 assessments are considered in the table. The "difference" column in the table indicates the increase (if positive) or decrease (if negative) in the percentage of families at the "safe or "self sufficient" level from first to second assessment in all indicators within the protective factor. The "P<.05" column denotes (with a star) the changes that were statistically significant at the .05 level.

Change by protective factor for DR vs. Non DR.

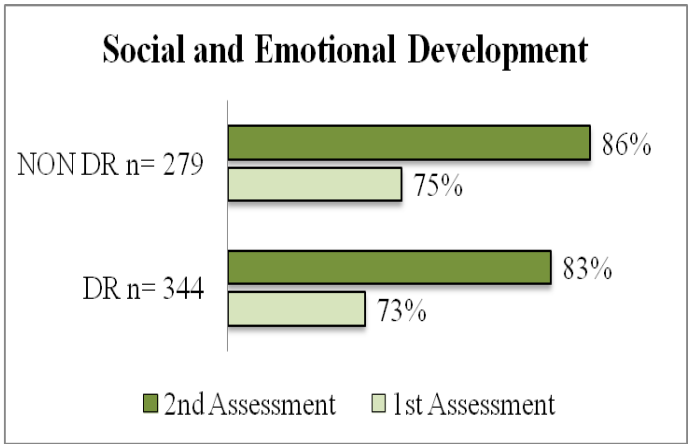


Figure #3: Percentage of families at the "safe" or "self-sufficient" level in all indicators considered in the "Social and Emotional Development" protective factor for DR and Non DR families in fist and second assessment

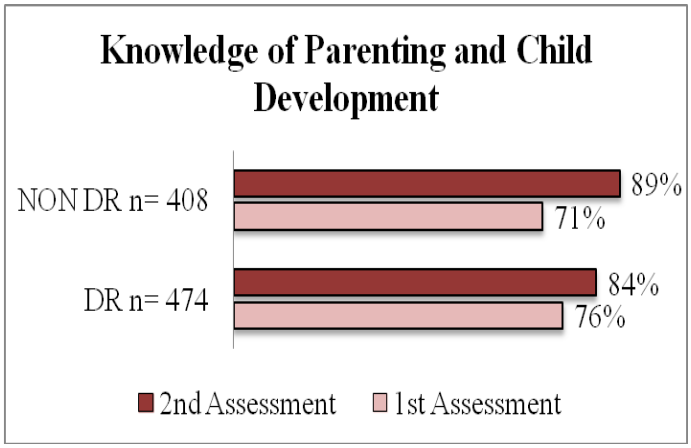


Figure #4: Percentage of families at the "safe" or "self-sufficient" level in all indicators considered in the "Knowledge of Parenting and Child Development" protective factor for DR and Non DR families in fist and second assessment.

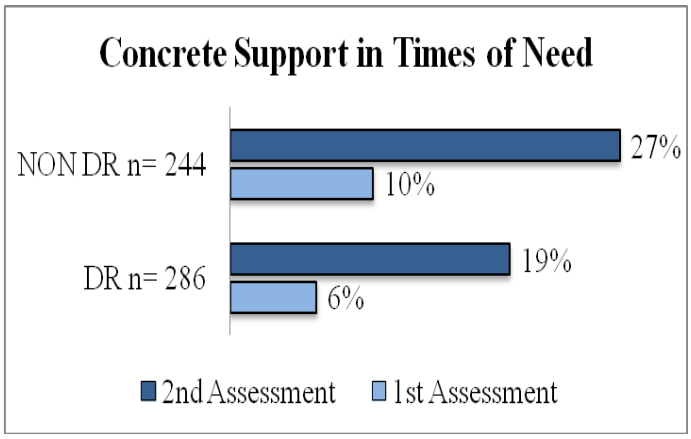


Figure #5: Percentage of families at the "safe" or "self-sufficient" level in all indicators considered in the "Concrete support in times of need" protective factor for DR and Non DR families in fist and second assessment.

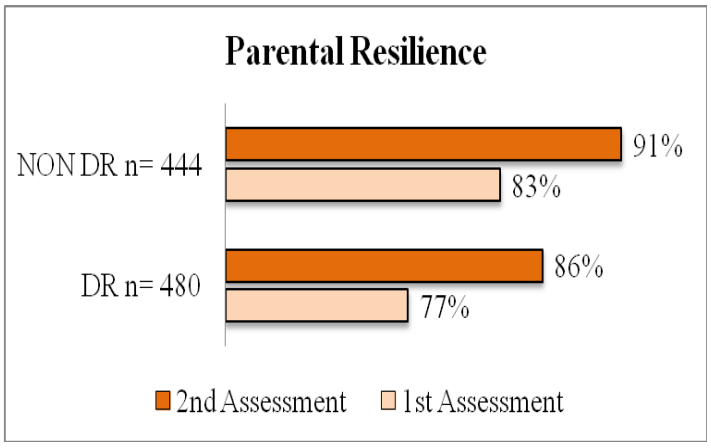


Figure #6: Percentage of families at the "safe" or "self-sufficient" level in all indicators considered in the "Parental Resilience" protective factor for DR and Non DR families in fist and second assessment.

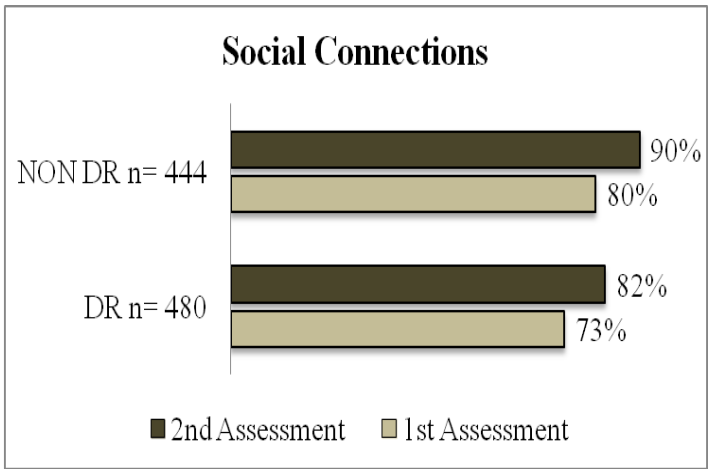


Figure #7: Percentage of families at the “safe” or “self-sufficient” level in all indicators considered in the “Social Connections” protective factor for DR and Non DR families in fist and second assessment.

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:

- Focus on outreach to isolated groups and communities.
- Provide direct mental health services, rather than relying exclusively on referrals.
- Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.
- Promote the involvement of fathers and male caregivers in the lives of young children.

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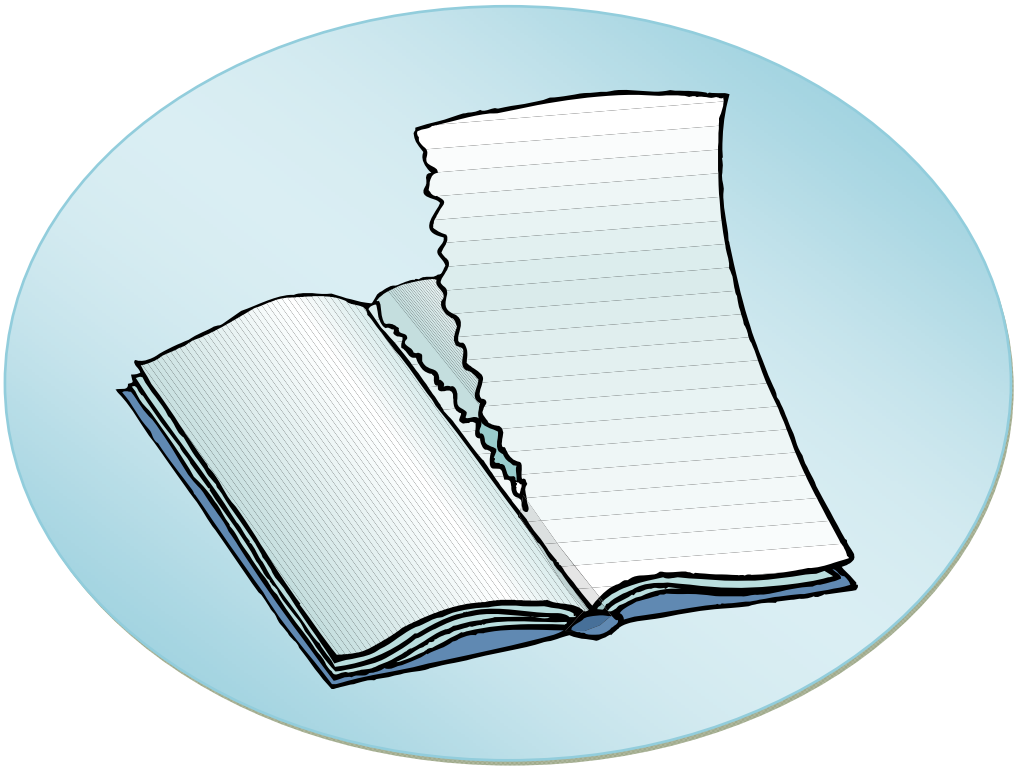


Result Area 2: Improved Child Development

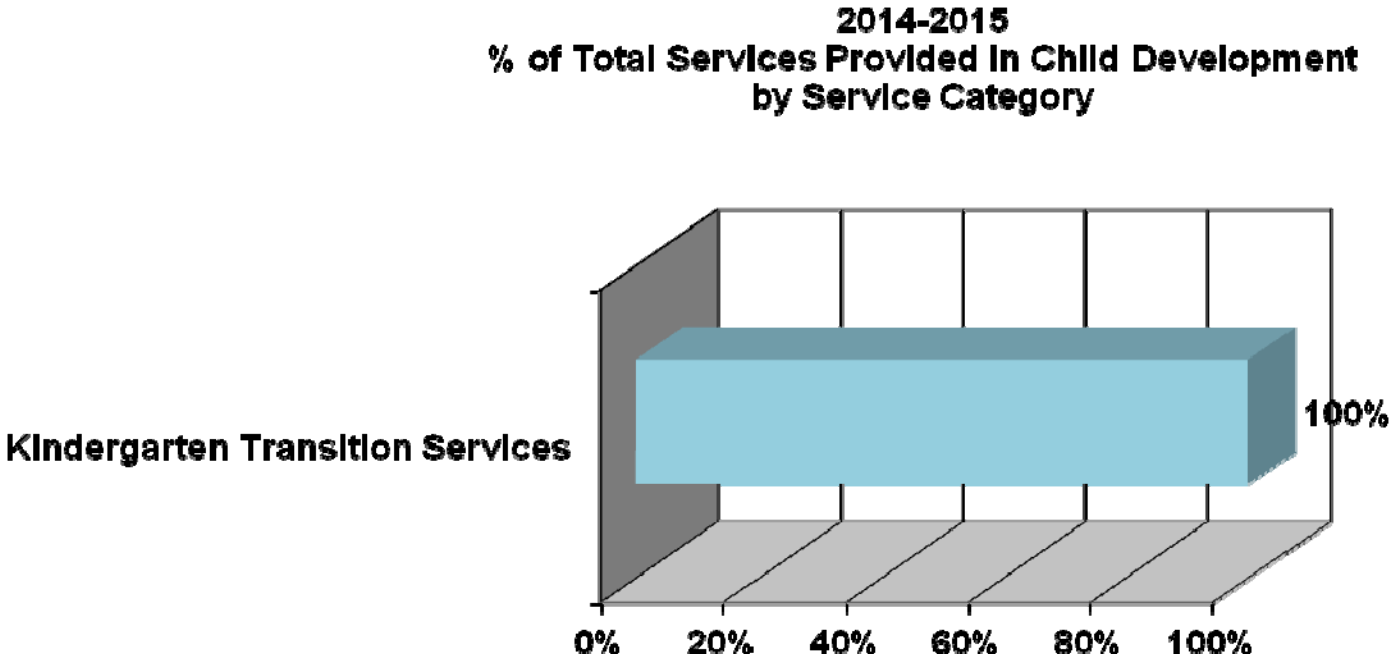
Description

The goal of the Improved Child Development Result Area is for children to be eager and ready learners. Included in this result area are programs that focus on preparing children and families for school, and improving the quality of, and access to, early learning and education for children 0-5. The Commission strategy is to fund programs that are working towards the two strategic plan objectives for this result area.

The Kindergarten Readiness programs are categorized under Improved Child Development and comprise less than 1% of the 2014-2015 budget. Two additional programs, Early Providers Conference and Child Signature Program) are reported to the State under this result area, but are not reflected here in this Local Evaluation Report as they have been evaluated by separate processes.

Finances – Improved Child Development	
FY '14-'15 Total Awards*	FY '14-'15 Expended*
$40,000	$37,683 (94% of budget)

* Does not include $105,000 pass through funds awarded to SCOE Child Signature Program 2 which is subject to a separate evaluation conducted by First 5 California.



Result Area 2 Services and Service Delivery Strategies

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

Desired Result: Children Are Eager and Ready Learners

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

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

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

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

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
• 144 children 0-5 received services that focused on improved child development		
• All services in this result area were provided in both English and Spanish		
Kindergarten Readiness Results • 69% of parents feel comfortable navigating the school system • 70% of parents spend more than 20 minutes a day just talking to their child • 59% of parents have increased knowledge on how they can help their child do well in school		

Result Area 2: Improved Child Development						
Program	Amount Expended in '14-'15 (% of '14-'15 allocation)	Total # Children 0-5 Served	Cost per Child 0-5	Total Award To-Date (7/1/2012-6/30/2015)	Cumulative Amount Expended (7/1/2012-6/30/2015)	% of Cumulative Amount Expended
Kindergarten Readiness Program	$ 37,683 (94%)	144	$ 262	$ 120,000	$ 102,227	85%
TOTAL	$ 37,683 (94%)	144	$ 262	$ 120,000	$ 102,227	85%

Kindergarten Readiness Program

Agencies: The School Districts of Keyes Union, Patterson Unified, and Riverbank Unified
Current Contract End Date: June 30, 2015

Program Description

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

The KRP is currently operated in 3 school districts:

- Keyes Union School District – Keyes Elementary School ($10,000 – 40 students)
- Patterson Joint Unified School District – Grayson Charter School ($10,000 – 40 students)
- Riverbank Unified School District – California Avenue, Mesa Verde Elementary, and Riverbank Language Academy Schools ($20,000 – 80 students)

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

Finances			
Total Award July 1, 2012– June 30, 2015	FY '14-'15 Award	FY '14-'15 Expended	Cumulative Amount Expended
$ 120,000	$40,000	$37,683 (94% of budget)	$102,227 (85% of budget)

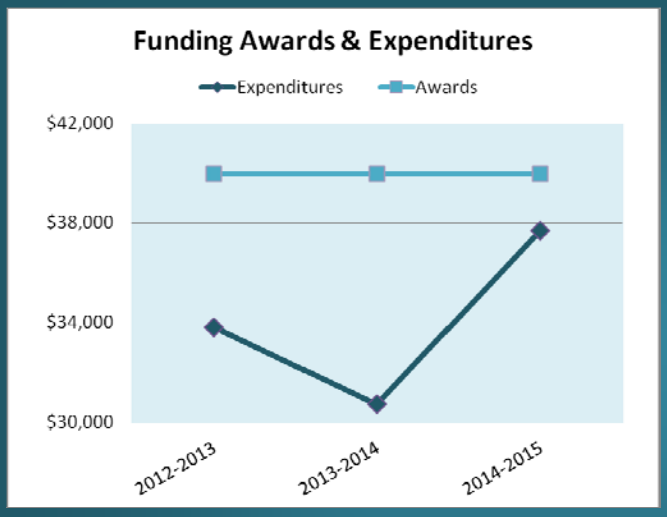
Cost per Child 0-5 (144) = $262

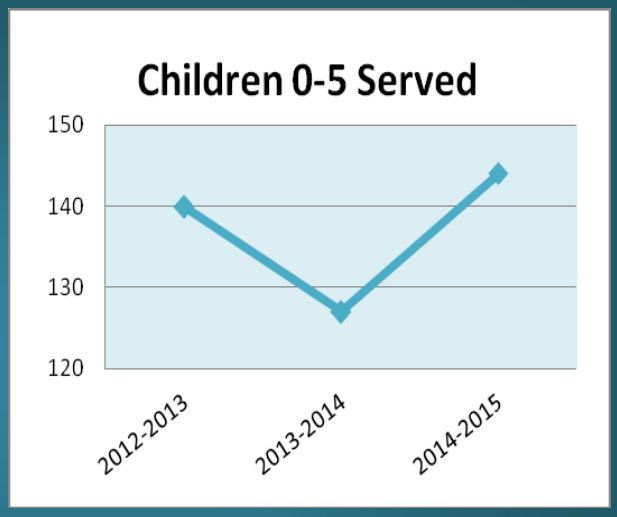
PARTICIPANT TYPE	% SERVED
Children	52%
100% 3-5	
Parents/Guardians	46%
Other Family	2%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	76%
White	19%
Black/African American	2%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	2%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	36%
Spanish	63%
Hmong	-
Other	1%
Unknown	-

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





Funding is sufficient to serve 160 students. As the programs operate in June, the number of children served has decreased due to a decrease in farm crops as a result of the drought (many of the families in the program are migrant farm workers) and due to Districts now offering Transitional Kindergarten. Programs focused on outreach to increase the number of children served in '14-'15.

Program Highlights

- Operating characteristics of the Kindergarten Readiness Program include:
  - ✓ A four week Kindergarten transition camp is operated in the month of June at each school site.
  - ✓ Classes are staffed by at least one credentialed person and an aide (no more than 20 children per classroom).
  - ✓ Intensive instruction is given to children lacking basic Kindergarten skills. Parents are also provided with tools and strategies to address gaps during home instruction.
  - ✓ Two meetings are held for parents to learn about school expectations and the role that parents play in their children's education.
  - ✓ Visits to the school or public library are conducted for children. Parents to learn how to use the library.
  - ✓ All KRP sites employ bilingual staff and materials are in both English and Spanish. In addition, each site is designed to meet the cultural needs of that particular community.
- Strategy 4 in the Core 4 program, known as the Kindergarten Readiness Program, was the only strategy to produce substantial results at all sites. The strategy was implemented well, evaluated consistently, and results for children were clear. This formed the basis for funding the KRP program starting in '12-'13 to the present.
- Children in the program tend to be Hispanic, English language learners, and socioeconomically disadvantaged. The student population demographics for the Grayson Charter School are 97% Hispanic, 98% English language learners, and 93% socioeconomically disadvantaged.
- With attendance in the Transitional Kindergarten Program rising each year, Kindergarten Readiness Programs have revised their curriculum so there is more of a learning distinction between the Kindergarten Readiness and Transitional Kindergarten.

- To ensure all 40 seats were occupied, Grayson attempted to expand its program to a new school (Northmead Elementary). Logistical problems and Northmead's unfamiliarity with the program caused no students to be served at Northmead, thereby resulting in 20 seats being unfilled. The Grayson program has taken steps to ensure all 40 seats are occupied in '15-'16.
- Leveraging: Kindergarten Readiness Programs report receiving in-kind contributions from their Districts. Riverbank School District leveraged a total of $2,145 from local government sources and $1,510 was generated by a regional health group.
- Cultural Competency: Program teachers speak English and Spanish. Parent education classes are conducted and class materials for parents were in English and Spanish.
- Collaboration: Programs collaborate with family resource centers and public libraries in their area, Sierra Vista, Behavioral Health and Recovery Services, KVIE public television, Healthy Start, Stanislaus County Office of Education, Prevention and Early Intervention (PEI), CHDP, WIC, Kinder FACTTS, Head Start, local health clinics, and their local school district.
- Sustainability: Key champions for the programs include school administrators, pre-K centers, PTA's, parents, and social services agencies. Schools are considering utilizing school funds to continue the programs should Commission funding be discontinued.

Program Challenges & Recommendations

The same 2 recommendations were made to each of the KRP sites. The responses of the sites are listed below.

GRAYSON	
2013-2014 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.	• We plan to include a summer school budget for kinder readiness programs in our Local Control Accountability Plan. We are planning to fund one additional kinder readiness program in our district. This would bring the number of programs to three.
2. Focus on outreach activities so all classroom seats are filled.	• Outreach activities included sending flyers home, communicating with pre-school teachers for student referral, recruiting students during and after kinder orientation. All 20 classroom seats were filled.
3. Focus on improving parent outcomes.	• The focus was on supporting parents to develop their children's literacy during parent meetings and through the eight week Parenting Partners curriculum. Books were purchased and given to parents during these workshops along with ideas on how to increase literacy activities at home.

KEYES	
2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• The Kindergarten Readiness Program will continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue. The program will build on sustainability by

	continuing to increase community support through our target audience which is the families, teachers and community in the Keyes Union School district. We will continue to work with our Key Champions and Strategic • Partnerships to build upon the program foundation. We are planning to continue collaborating with community resources such as the Keyes Public Library, Sierra Vista, and the Keyes Union School District as well as searching for new community resources that we may collaborate
2. Focus on outreach activities so all classroom seats are filled.	• Keyes will continue to start our outreach in early march, during kindergarten registration. We will also send home fliers to all incoming kindergarteners.

RIVERBANK	
2013-2014 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.	• RUSD and CASA del Rio have established a planning team that develops the parameters of the Kinder Camp. Some decisions may be made at the district level, others at the school level. The following is an overview of the Kinder Camp implementation process: o Planning Team: This team will decide who needs to be involved in the planning process. This is considered an opportunity to collaborate and to involve new or existing partners. The transition team includes the principal, other school leadership, counselor, social worker, transition coaches, parent involvement coordinators, Title I administrators, kindergarten teachers, and parents. o The program will continue to remain in operation as long as Prop 10 funds are available. In the event the funds are no longer available, the RUSD School Board will vote to appropriate general fund dollars to make up the difference in potential lost funds from Prop 10.
2. Focus on outreach activities so all classroom seats are filled.	• Planning efforts for the 2014/15 Kinder Camp began much earlier this school year. A planning team, which includes teachers, paraprofessionals, administrators, and classified staff provided input with how the program should be structured and operate. • During the school year, it was determined funds could be leveraged from another funding source in order to bring on a fourth teacher, to be able to serve students from Riverbank Language Academy (K-8th school). By leveraging these additional funds, the Kinder Camp program served 80 students throughout the entirety of program and maintained a waitlist of approximately 20 students.

	• This same plan of operation will be planned for subsequent years, with the hope of adding additional leveraged dollars to increase long-term sustainability in the event funding from Prop 10 were ever reduced.

Planned Versus Actual Outputs / Outcomes

OUTPUTS / OUTCOMES	Grayson		Keyes		Riverbank		Total	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Children served in the Kindergarten Readiness Program	40	20 (50%)	40	37 (93%)	80	87 (109%)	**160**	**144 (90%)**
Parents will indicate that they feel comfortable navigating the school system	50%	0% (0/20)	50%	81% (30/37)	50%	79% (69/87)	50%	**69% (99/144)**
Parents will indicate that they spend more than 20 minutes a day just talking with their child	50%	65% (13/20)	50%	65% (24/37)	50%	74% (64/87)	50%	**70% (101/144)**
Parents will indicate an increase in knowledge on how they can help their child do well in school	50%	15% (3/20)	50%	54% (20/37)	50%	71% (62/87)	50%	**59% (85/144)**
Children served will finish the Kindergarten Readiness Program	85%	100% (20/20)	85%	90% (33/37)	85%	92% (80/87)	85%	**92% (133/144)**
Children served will show improvement (based on a pre/post evaluations)	No planned outcome	100% (20/20)	No planned outcome	90% (33/37)	No planned outcome	78% (68/87)	No planned outcome	**84% (121/144)**

Recommendations

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

Additionally, it is recommended that the Grayson site focus on:

- Outreach activities so all classroom seats are filled.
- Improving parent outcomes.

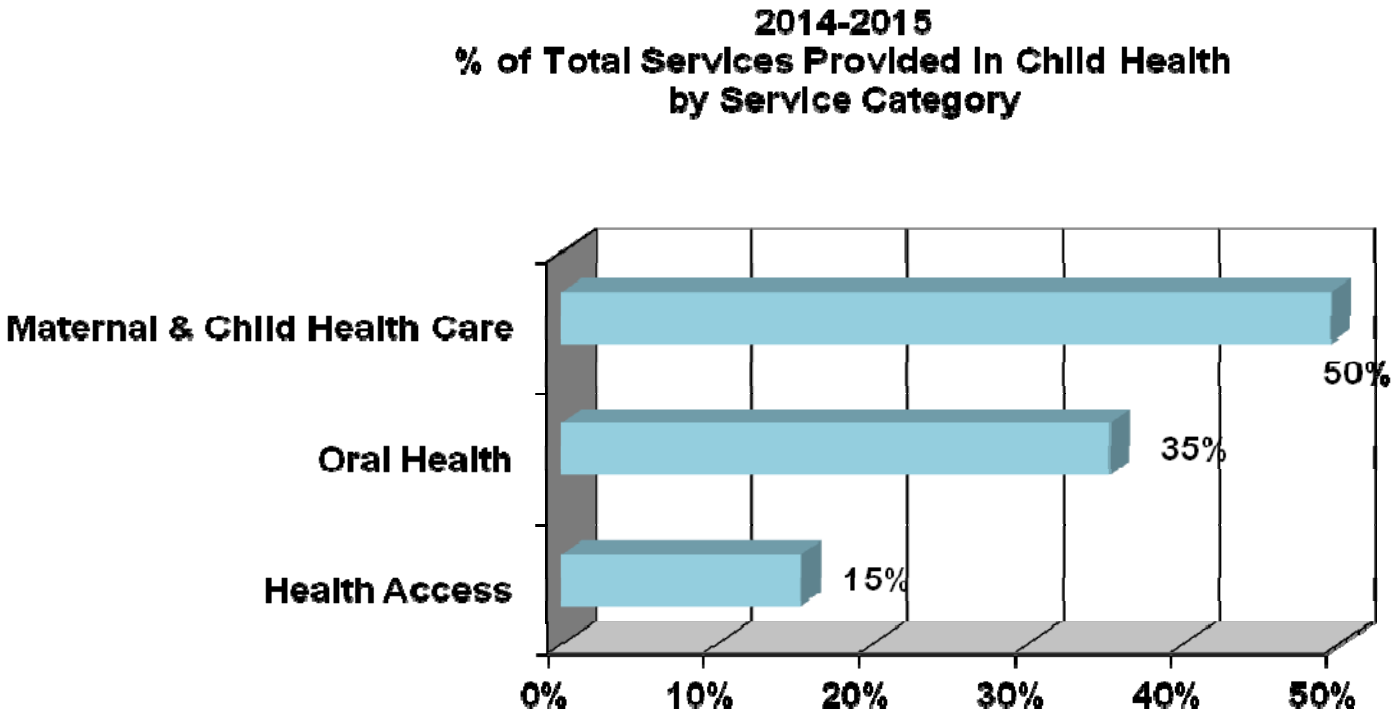
Result Area 3: Improved Health

Description

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

Three Prop 10 funded programs are categorized under Improved Health, representing 23% of the 2014-2015 budget. Although this Result Area remained the same percentage of the budget in recent years, there are on-going efficiencies and cost savings with the Healthy Cubs program that continue to contribute to a reduction of appropriations in this result area.

Finances – Improved Health	
FY '14-'15 Total Awards	FY '14-'15 Expended
$1,544,160	$1,404,001 (91% of 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. Although the allocation of budget in this area has decreased over time, services are more efficient and effective and outcomes are even stronger in some areas. During the strategic planning process, the Commission confirmed the need for effective services in this Result Area after reviewing countywide statistics regarding the lack of health insurance, barriers to healthcare, and infant mortality rates.

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

Desired Result: Children Are Born Healthy and Stay Healthy

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

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

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

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

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

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

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

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

- 1,290 children 0-5 received services that focused on improved health
- 717 pregnant women received prenatal care
- 482 women (who were pregnant for the first time) participated in pregnancy support groups
- 1,417 home visits were made to at-risk pregnant women
- 365 applications for interim medical services for pregnant women and children 0-5 were completed and processed
- Caregivers of 310 children participated in health, nutrition, or safety programs

- 77% of the participants in Improved Health services were Latino/Hispanic; 15% were White; 2% were Black/African American; 2% were multiracial; 2% were other and 1% were Asian
- 64% of the participating children 0-5 without health insurance (365/573) were assisted with the application process

A Greater Number of Children Now Have Health Insurance
- 411 children 0-5 who did not have health insurance are now enrolled in a health coverage plan

More Pregnant Women and Children are Receiving Health Care
- 363 pregnant women and children 0-5 who did not have access to health care received medical attention either through interim health care or mobile health care

Children are Receiving Oral Health Care
- 417 children 0-5 received oral health screenings and fluoride varnish

Children and Parents Have Knowledge and Tools for Better Oral Health
- 340 children received oral health instructions, educational materials, and toothbrushes and demonstrated brushing techniques
- 263 parents received oral health instructions, educational materials, and toothbrushes

Infants are Being Born Healthy
- 87% of the infants born to participants in a healthy birth program (199/228) were born term
- 85% of the infants born to participants in a healthy birth program (194/228) were born with a healthy weight (between 5 lbs. 5 oz. and 8 lbs. 13 oz.)
- 91% of the mothers in a healthy birth program (208/228) initiated breastfeeding

Pregnant Women in a Healthy Birth Program Have Increased Knowledge and Make Positive Health Decisions for Themselves and Babies
- 99% of the infants (84/85) were up- to-date on immunizations at one year and 100% had health insurance (85/85)
- 89% of participants (1,748/1,956 - duplicated) report making positive changes based on health, nutrition, and safety classes
- 100% of case managed families (4/4) reported making positive changes for themselves or children

Result Area 3: Improved Health						
Program	Amount Expended in '14-'15 (% of '14-'15 allocation)	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2015)	Cumulative Amount Expended (7/1/2007-6/30/2015)	% of Cumulative Amount Expended
Dental Disease Prevention Education (HSA)	$ 16,723 (56%)	417	$ 40	$ 100,000	$ 75,246	75%
Healthy Birth Outcomes	$ 1,313,534 (98%)	1,078	$ 1,218	$ 15,049,196	$ 13,961,037	93%
Healthy Cubs	$ 73,744 (42%)	411	$ 179	$ 12,084,250	$ 5,946,809	49%
TOTAL	$ 1,404,001 (91%)	1,906	$ 737	$ 27,233,446	$ 19,983,092	73%

Dental Disease Prevention Education

Agency: Health Services Agency
Current Contract End Date: June 30, 2015

Program Description

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

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

Children – the causes, processes, and effects of oral disease; plaque control (how to brush correctly, etc.); nutrition; and preparation for visiting the dentist. Each child also receives a toothbrush, toothpaste, and a coloring book.

Parents – the causes, process, and effects of oral disease; plaque control; nutrition; use of preventive dental agents, including fluorides; the need for regular dental care and preparation for visiting the dentist; tobacco cessation; and dental injury prevention. Each family also receives toothbrushes, toothpaste, floss, tooth brushing timers, and educational pamphlets.

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

Finances			
Total Award October 27, 2009 – June 30, 2015	FY '14-'15 Award	FY '14-'15 Expended	Cumulative Amount Expended
$100,000	$30,000	$ 16,723 (56% of budget)	$75,246 (75% of budget)

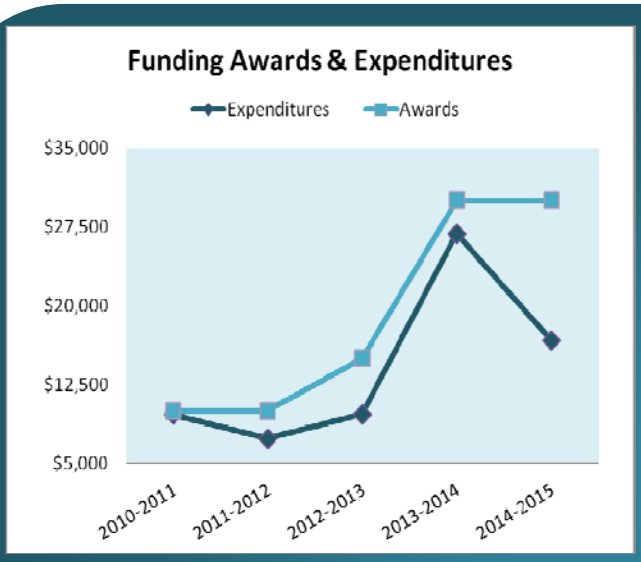
FY '14-'15 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (417)
$12,785	$3,067	$871	5%	$40

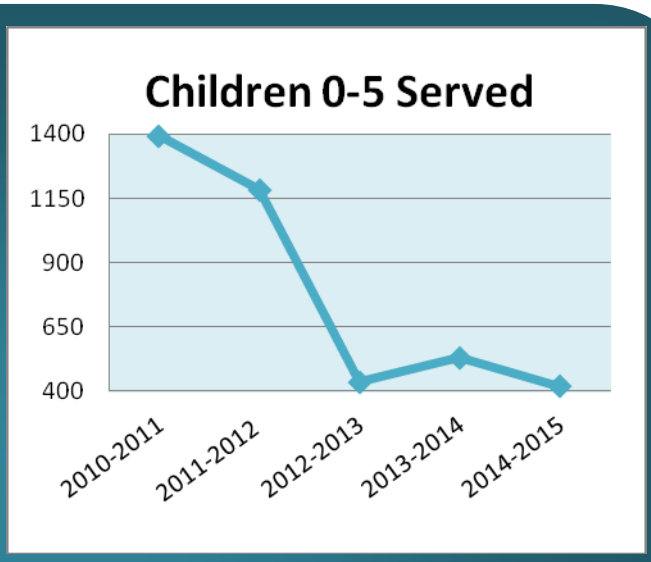
PARTICIPANT TYPE	% SERVED
Children	58%
39% <3; 61% 3-5	
Parents/Guardians	37%
Other Family	5%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	74%
White	18%
Black/African American	2%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	3%
Other	2%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	22%
Spanish	75%
Hmong	-
Other	3%
Unknown	-

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





The program started providing services at the end of '09-'10 and expended the entire amount awarded. In '10-'11, the program provided services the entire year, nearly doubling expenditures and almost tripling the children served. In '11-'12, 74% of the award was expended and the program served 15% less 0-5 children than in '10-'11. In '12-'13, the award was increased from $10,000 to $15,000, but just under $10,000 was actually spent. Simultaneously, Golden Valley Health Care Centers were unable (due to reduced funding) to host planned dental outreach activities. Being unable to use the activities to bring in participants, participation in the Dental Disease Prevention/Education Program fell off sharply in '12-'13. A slight increase in participants served was reported in '13-'14 when the program began offering varnish applications. Participants served have remained about the same in the last 3 years.

Program Highlights

- The program is comprised of four components:
  1) Providing comprehensive dental disease prevention education to children, parents, and CBO employees
  2) Providing oral health screenings and applying fluoride varnish to children 0-5
  3) Assisting with the establishment of dental/medical homes for children 0-5
  4) Coordinating the applications of fluoride varnish at clinics
- 26 staff members from Kindergarten Readiness sites, Healthy Starts, and Family Resource Centers received an oral health in-service. Handouts, posters and educational materials were provided.
- 340 children/students from the Kindergarten Readiness sites, Healthy Starts, and Family Resource Centers received an instructional session on oral health. Educational materials and toothbrushes were provided.
- 263 parents from all sites received oral health education and resources (including a list of local dental care providers). Additionally, parents received toothbrushes, dental floss, and toothpaste.
- 417 children 0-5 received fluoride varnish applications.
- All 23 Kindergarten Readiness, Healthy Start, and Family Resource Center sites were offered the opportunity to hold children's dental education sessions and fluoride varnish clinics. Yet, only 11 sites held dental education sessions and 18 sites held varnish application clinics. Participation was reduced due to a lack of interest on the part of the sites because dental education was already being provided by site staff, no time was available to offer educational sessions or clinics, not enough education was provided to convince parents of the benefits of preventative care, etc.
- Leveraging: The program reported no leveraging of funds from any source.

- Cultural Competency: The program is taught in both English and Spanish using multiple learning modalities including: auditory, written and visual aids. All educational materials and handouts are offered in both English and Spanish. Additionally, the health educator is fluent in both English and Spanish. The program developed and utilizes a feedback survey in both English and Spanish.
- Collaboration: Program staff facilitates the County's Oral Health Advisory Committee (OHAC) comprised of a local dentist, an oral surgeon, the Public Health Officer, and various child health programs including: Women Infants and Children (WIC) Program, Child Health Disability Program, Comprehensive Perinatal Services Program, Golden Valley Health Clinics, HealthNet, Head Start, etc. Coordination between programs and service delivery systems is the focus of the OHAC. In addition to partnering with child health services/programs within the Health Services Agency such as Child Health Disability Prevention (CHDP), Women Infants and Children (WIC), Maternal Child Adolescent Health (MCAH) and Healthy Birth Outcomes (HBO), this program collaborated and coordinated with Kindergarten Readiness Program sites, Healthy Starts, and Family Resource Centers.
- Sustainability: Key champions identified by the program include: the Children and Families Commission, Public Health Services, Family Resource Centers, school sites, and Healthy Starts. Strategic partnerships identified by the program include: Children and Families Commission staff, WIC, CHDP, Community Health Services, Family Resource Centers, school sites, Healthy Starts, MCAH and dental providers.

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• HSA will continue to work and fulfill the Commissions priorities as well as explore additional funding sources in attempt to sustain the dental disease prevention program and continue to collaborate with key champions in providing oral health education throughout Stanislaus County.
2. Consider providing train-the-trainer sessions so staff at the service delivery sites can teach the dental disease prevention curriculum.	• The Health Services Agency Dental Disease Prevention Education Program held a train the trainer session October 28th, 2014 for CORE 4 sites, Healthy Starts and Family Resource Centers. A total of 7 coordinators were present. HSA staff plans to continue in providing dental education trainings and plans on extending the invitation to all sites so that the attendance number can increase.
3. Consider offering educational classes and varnishes in the same day to reduce staff and participant travel time.	• The educational classes and fluoride varnish clinics were offered in the same day. However, some sites continue to struggle scheduling classes and fluoride varnish clinics the same day due to a variety of reasons: sites not having enough time allocated to hold multiple events or time has been already allocated to hold another meeting or other events. Another large problem is that sites schedule their events a year ahead which make it difficult to schedule both education and the fluoride varnish clinics.
4. Consider researching the possibility of obtaining Medi-Cal reimbursement for varnish applications.	• Due to program transitions this was not fully explored during the 14/15 FY. Staff will return to exploring this possibility in the 15/16 FY.
5. Consider expanding services and prevention efforts to other sites (like WIC).	• Due to program transitions this was not done in FY 14/15. In FY 2015/2016 the program will be expanding to include WIC, Children Crisis Center, and First Step. This will allow the program to reach out to more children and provide the services to lower the chances of developing future caries.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health in-service	23	23 (26 staff)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for students	23	11 (340 students)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for parents	23	23 (263 parents)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health screenings and fluoride varnish application for students	23	18 (417 students)

Recommendations

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

Additionally, it is recommended that the program:

- Continue providing train-the-trainer sessions so staff at the service delivery sites can teach the dental disease prevention curriculum.
- Research the possibility of obtaining Medi-Cal reimbursement for varnish applications.
- Consider expanding services and prevention efforts to other sites (like WIC).
- Develop strategies to increase the number of Kindergarten Readiness, Healthy Start, and FRC sites holding children's dental education sessions and fluoride varnish clinics.

Healthy Birth Outcomes (HBO)

Agency: Health Services Agency
Current Contract End Date: June 30, 2015

Program Description

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

The program provides support, advocacy, and education to promote the health of participants and their infants through the use of community support groups, intensive case management services, and outreach. Women and teens who are pregnant and would like extra support can attend one of 10 support groups that are located throughout the county where they receive advocacy, peer and professional support, and education. They can continue to attend these groups through their infant's first year of life. In addition, women who are not pregnant but are parenting an infant less than one year of age, can also join a group if they have a need for extra support.

Women who are less than 25 weeks pregnant and are at highest risk due to medical issues, behavioral health, domestic violence, or other psycho-social stressors impacting their pregnancies, can receive intensive case management services by a multidisciplinary team of public health nurses, community health workers, and a social worker. Referrals for case management services can come from any entity who feels the pregnant woman could benefit from additional help to deliver a healthy infant.

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

Finances			
Total Award September 1, 2003 – June 30, 2015	FY '14-'15 Award	FY '14-'15 Expended	Cumulative Amount Expended
$15,049,196	$1,339,160	$1,313,534 (98% of budget)	$13,961,037 (93% of budget)

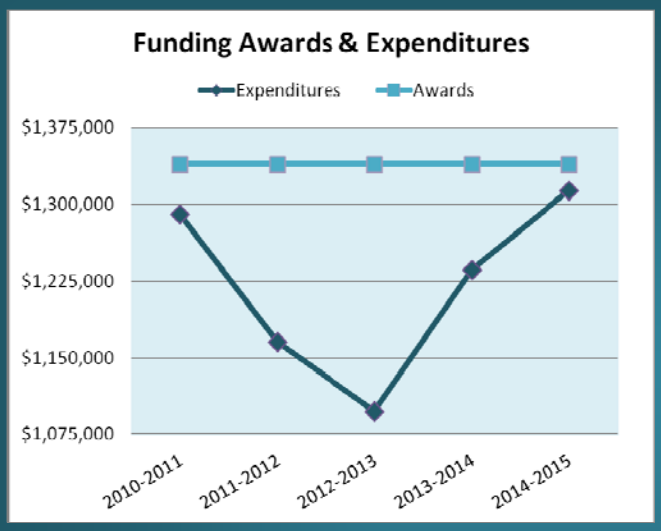
FY '14-'15 Budget / Expenditure Data						
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Cost Per Participant *Home Visits*	Cost Per Participant *Community Groups*	Total Cost Per Participant
$675,467	$113,649	$524,418	10% of personnel	$1,873 (292)	$957 (786)	$1,218 (1,078)

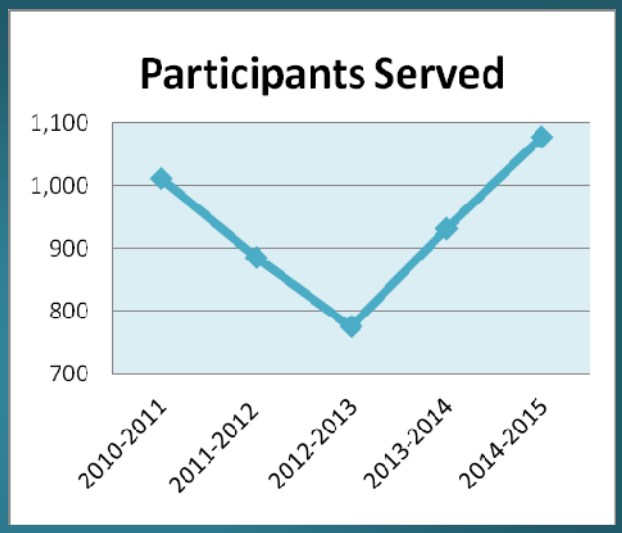
PARTICIPANT TYPE	% SERVED
Children	50%
100% <3	
Parents/Guardians	50%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	78%
White	16%
Black/African American	3%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	47%
Spanish	53%
Hmong	-
Other	-
Unknown	-

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





In ’10-’11, the Commission increased HBO’s funding to allow two sites to operate with full funding (they were previously operating on a portion of site funding). The numbers served decreased, partially because of better collection of unduplicated data and partially because birth rates declined. In the last two years, the program reports an increase in participants served due to increased outreach.

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. Vacancies in public health nurse positions have required all HBO Community Health Workers and Social Workers to become case managers.
- Overall, HBO program participants have babies that are being born on time, at healthy weights. Participants are more likely to initiate breastfeeding and continue for six months; have infants who at one year of age are more likely to be current with immunizations, and have health insurance.
- In response to contract compliance issues, HBO operations in Riverbank were discontinued and a new site was opened in the North Modesto/Salida Family Resource Center at the beginning of the ’14-’15 year. (An examination of intake forms shows women from Riverbank accessed services in Oakdale. At one time, 50% of the women in the Oakdale program had a Riverbank address.)
- The Newman site struggled to find participants for the program, but an extensive outreach effort was able to bring in 22 new women in one month. (To encourage outreach and increase the number of women served, the program has implemented a group size minimum of 5 women.)
- More than 75% of new pregnant mothers joining the ten HBO pregnancy support groups were in their first or second trimester on entry. Women are joining groups earlier in their pregnancies, which gives these mothers more time to learn self care and receive support during the prenatal period, thereby improving their odds of having healthy babies.
- More than 73% of participants indicated an increase in knowledge resulting from attending health education classes. New curriculum is being developed as women experiencing multiple pregnancies report the need for new information.
- New case management software from Persimmony will be implemented in the ’15-’16 fiscal year.
- Leveraging: In ‘14-’15, the HBO program received $458,672 directly from State and Federal government sources.
- 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 of Spanish speaking clients. Program materials are in Spanish and English, the two main languages used by program participants. Most recently, the program reached out to the Afghani refuge population.

- Collaboration: HBO has extensive collaborations with a wide variety of community partners: Parent Resource Center, Center for Human Services, Sierra Vista, Zero to Five Early Intervention, Turlock Family Resource Center, El Concilio, Children's Crisis Center, TANF, Cal Fresh, Medi-Cal, Healthy Cubs, Dental Disease Prevention Education, Stanislaus County Office of Education Early Head Start, Stanislaus County Migrant Head Start, First Step, Drug Court, Community Housing and Shelter Services, Keep Baby Safe, GVHC, and the Women's, Infants, and Children's program.
- Sustainability: Key Champions for the program include the MCAH Advisory Board, Stanislaus Health Foundation, and the family resource centers. Strategic partnerships have been established with WIC, SCOE, March of Dimes, and the Child Lead Poisoning Prevention Program.

Prior Year Recommendations

2013-2014 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.	• No Response Provided
2. Work with FRC's to maximize MAA funding	• Center for Human Services Oakdale, Patterson and Newman FRC's started leveraging MAA funding in January 2015. CHS Ceres continues with MAA funding. • WMKKNC is not interested in MAA funding at this time. • We will explore interest and capacity with Sierra Vista, Aspiranet and Parent Resource Center in the 15/16 FY.
3. Continue to improve the accuracy and timeliness of data collection by improving electronic data gathering systems.	• The new web-based data base is almost completed. Data is being tested and the system and reporting functions adjusted to meet the needs of the HBO program • Persimmony, PH's new case management electronic medical record used by for case management programs, went live in the beginning of August.
4. Encourage clients admitting to substance abuse to initiate a treatment program. (This recommendation is made despite the 10 women admitting abuse reporting they stopped abusing drugs prior to enrolling in HBO.)	• Clients are always encouraged to enter into treatment programs for substance abuse.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Participants rate the support groups as having met their needs	85%	98% (238/243)
Women receiving case management services recommend the service to others	85%	97% (34/35)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	73% (1,419/1,956) (not a unique participant count)
Participants report having made changes based on what they learned in classes	60%	89% (1,748/1,956) (not a unique participant count)
Case managed clients report having made self care behavior changes for themselves and/or children based on case management services	60%	89% (31/35)
Clients score 36 or greater on Caldwell HOME score (measurement of adequate environment for learning, implementing parental interventions, and change)	70%	85% (11/13)
Clients score 55 or greater on NCAST FEED (measurement of reciprocal behaviors between a mother and her child during the first 12 months)	70%	91% (20/22)
Clients score 50 or greater on the NCAST TEACH (measurement of caregiver-child interactions and communication)	70%	100% (7/7)
Participants deliver term infants	90%	87% (199/228)
Participants deliver infants weighing at least 5 lbs. 5 oz. and no more than 8 lbs. 13 oz.	90%	85% (194/228)
Participants initiate breastfeeding	50%	91% (208/228
Participants breastfeed for at least 6 months	30%	59% (127/215)
Infants at one year of age have up-to-date immunizations	85%	99% (84/85)
Infants at one year of age have health insurance	85%	100% (85/85)
Clients admitting to substance use initiate treatment program	40%	31% (4/13)
Case managed women discontinue smoking during pregnancy	25%	18% (2/11)
Case managed clients who indicate a need for mental health services are referred	90%	96% (26/27)

Case managed clients who self report behavioral health issues at time of intake receive referrals to mental health services	90%	100% (8/8)
Perinatal providers are reached to increase awareness of services available to pregnant/parenting women	20	34

Recommendations

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

Additionally, it is recommended that the program:

- Continue to work with FRC's to maximize MAA funding.
- Increase the number of expectant mothers who give up smoking and substance abuse during their pregnancy.

Healthy Cubs

Agency: Health Services Agency
Current Contract End Date: June 30, 2015

Program Description

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

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

Healthy Cubs staff reviews applications, identifying those enrolled patients who would likely qualify for other health coverage, such as Medi-Cal or Kaiser Kids. Efforts are made to contact pregnant enrollees and the parents or guardians of minor enrollees to complete an application to such other programs. As applicable, Medi-Cal or Kaiser Kids applications are mailed to enrollees and contact is made offering assistance in the completion of applications. Healthy Cubs also receives medical claims for health services provided to children and pregnant women under the Healthy Cubs program and adjudicates the claims for payment.

In addition, Healthy Cubs staff conducts a promotional outreach program targeting various entities operating within the county such as hospitals, Child Health and Disability Prevention (CHDP) providers, community based organizations, school districts including Healthy Starts, preschools and day care centers, Public Health outreach workers, and all current contractors of the Commission.

Finances			
Total Award October 1, 2002 – June 30, 2015	FY '14-'15 Award	FY '14-'15 Expended	Cumulative Amount Expended
$12,084,250	$175,000	$73,744 (42% of budget)	$5,946,809 (49% of budget)

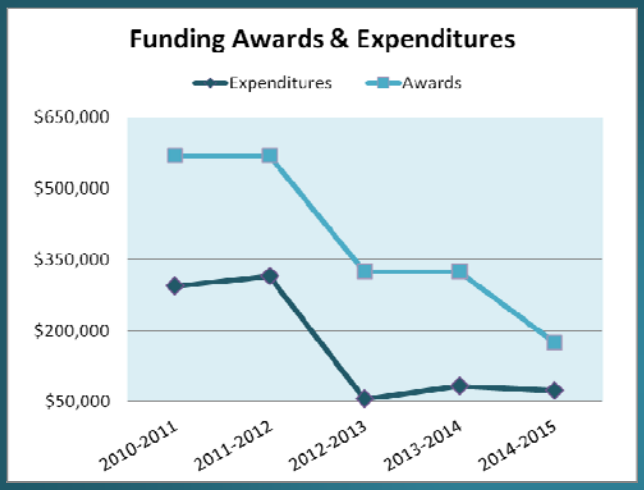
FY '14-'15 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Medical Claims	Indirect Costs	Cost Per Participant (411)
$30,212	$10,214	$25,593	$7,725 (12%)	$179

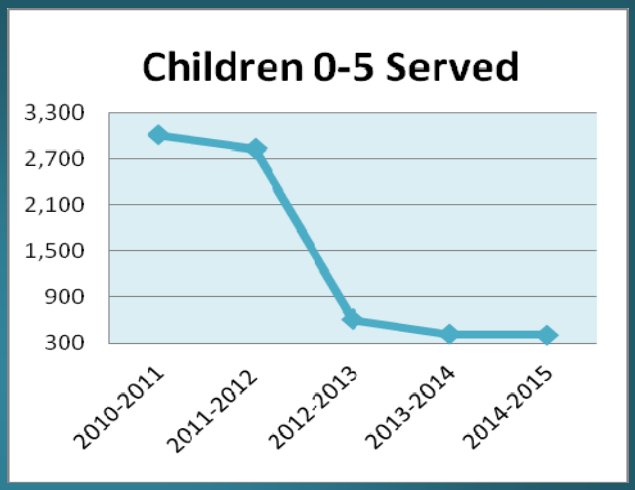
PARTICIPANT TYPE	% SERVED
Children	12%
72% <3; 28% 3-5	
Parents/Guardians	88%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	86%
White	8%
Black/African American	-
Asian	-
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	-
Other	3%
Unknown	2%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	21%
Spanish	71%
Hmong	-
Other	5%
Unknown	3%

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





The Healthy Cubs funding award has decreased significantly over the years (as requested by the program) due to efficiencies in operation and due to success in transferring participants to other public and private health insurance programs. The continuing decline through '14-'15 is due to the passage of the Affordable Care Act and its provisions that expand insurance coverage for more people. Additionally, legislation adopted expanding eligibility for the California Medi-Cal program is expected to decrease the number of 0-5 served in future years.

Program Highlights

- The program paid $26,249 to providers for 363 beneficiaries.
- Of the 264 program beneficiaries who were successfully converted to more comprehensive health coverage, 216 received Medi-Cal Restricted benefits along with Healthy Cubs. By receiving both, patients were able to receive emergency room and pregnancy related benefits, the latter of which would have been paid through Healthy Cubs.
- Healthy Cubs identified over $1,606 in claims that became eligible for payment under Medi-Cal due to the patient receiving retroactive Medi-Cal benefits.
- Program participants must apply for Healthy Cubs benefits at HSA's Scenic campus. Applicants must bring proof of Medi-Cal eligibility.
- Medical services for participants are provided at HSA clinics, Golden Valley Health Centers, and Pathway Healthcare (Oakdale).
- Historically, the Healthy Cubs Program has served as a temporary medical home for program participants. With the implementation of Health Care Reform, many beneficiaries are now able to obtain other health coverage at low or no cost. As a result, the majority of remaining Health Cubs Program beneficiaries are those who are not able to obtain other health coverage due to their residency status or present at the various clinical locations with no insurance and need immediate medical care. Commission funding enables these very necessary medical and dental services to be provided to this uninsured or underinsured population while eligibility issues are sorted out. However, the need for Healthy Cubs will continue to decline in the coming fiscal year as Medi-Cal expands coverage in May of 2016 to include undocumented residents less than 19 years of age.
- Leveraging: By billing for Medi-Cal Administrative Activities (MAA), the program was able to generate $325,273 for community health needs.
- Cultural Competency: Approximately 86% of Healthy Cubs' program beneficiaries are Hispanic. More than 71% of program beneficiaries list Spanish as their primary language. The program is adequately staffed to support the language needs of the

majority of its applicants. In addition, Healthy Cubs staff has a list of employees working within the Health Services Agency to assist patients when translation services for other languages are needed.

- Collaboration: Healthy Cubs reports developing cooperative relationships with organizations throughout the county. Healthy Cubs provides program information to hospitals and medical providers in Stanislaus County for distribution to uninsured patients meeting age and income criteria who need of primary care or obstetric services.
- Sustainability: The program generates MAA funding that is used to support this and other health programs. However, Healthy Cubs would be discontinued if Commission funding were to be eliminated.

Prior Year Recommendations

2013-2014 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.	• No Response Provided
2. Determine impacts the Affordable Care Act (ACA) will have on program operations and design.	• ACA has enabled more families to obtain health coverage; therefore, there are fewer enrollees into the Healthy Cubs Program.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Uninsured pregnant women and children 0-5 are given Healthy Cubs applications and provided medical services in the interim	1,500	411
Applicants are beneficiaries of Healthy Cubs health care	1,000 / 67%	363 /88% (363/411)
Program participants convert to other health coverage	25%	86% (264/307)
Health fair and other presentations are given by Healthy Cubs staff	5	4
Accounts paid with Prop 10 funds are recovered from other payer sources	-	$172

Recommendations

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

Additionally, it is recommended that the program:

- Continue to analyze the impacts the Affordable Care Act (ACA) and the expansion of Medi-Cal will have on program operations and design.

Result Area 4: Improved Systems of Care/Sustainable Systems

Description

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

The percentage of the budget represented by the Result Area Improved Systems of Care/Sustainable Systems has consistently been 1% and is 1% again in 2014-2015. It should be noted, however, that although the budget allocation for this Result Area is relatively low, expenditures that are allocated to "Other Programs" should be considered as contributing to the results in Result Area 4.

Finances – Improved Systems of Care/Sustainable Systems	
FY '14-'15 Total Awards	FY '14-'15 Expended
$82,378	$82,378 (100% of budget)

Result Area 4 Services and Service Delivery Strategies

Result Area 4 encompasses programs and services that build capacity, support, manage, train, and coordinate other providers, programs, or systems in order to enhance outcomes in the other result areas. Funding in this category also supports programs in their efforts to sustain positive outcomes. The overall population result that the Commission activities contribute to in this Result Area is "Sustainable and coordinated systems are in place that promote the well-being of children 0-5." Although the Commission and funded programs cannot take full responsibility for this result in Stanislaus County, there are numerous ways that they are contributing to this result. In addition, Commission staff has continued to support contractors with sustainability and leveraging efforts, collaboration, and building capacity.

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

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

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

- ***Fund programs that provide outreach, planning, support, and management***
  Outreach is critical for all Result Areas in order to reach out to those who may be marginalized or underserved. The Commission expects all funded programs to ensure that targeted populations are reached to participate in their particular services. Effective planning, support, and management are also imperative in providing services that are efficient and valuable. The Commission funds a contract under this Result Area that is entirely dedicated to providing planning, support, and management of 10 sites. In addition, Commission staff also provides support in this area to contractors as needed.

- ***Offer training and support for providers and contractors to build capacity and improve utilization of limited resources***
  Capacity building can occur at multiple levels, and the Commission supports this effort in a variety of ways. One way is through two Early Childhood Educator/Provider Conferences provided annually that are designed to train and support those working daily with young children. Offering these conferences at no cost to participants remains a cost effective means to

serve many with beneficial results. Another way is through the training and support Commission staff provides to contractors, including contractor trainings.

- ***Encourage collaboration and coordination amongst contractors and other organizations by sponsoring meeting/sharing opportunities***
  Collaboration and coordination can help decrease duplication of and increase the effectiveness of services. Programs understand that to gain the most beneficial results, collaboration and coordination is often necessary, especially during times of diminishing resources. During each quarterly meeting of all agencies contracting with the Commission, successful collaboration efforts are celebrated, agency presentations are made to promote awareness of Commission-funded programs, and time for discussions and networking are built into the agenda of each meeting.

- ***Support leveraging opportunities within and outside of Stanislaus County***
  As Commission revenues diminish, supporting leveraging opportunities is critical to be able to sustain services and programs, as well as the results they are achieving. Leveraging resources within the county increases both the capacity of the leveraging program as well as that of the community in which the leveraging occurs. Resources are maximized, services are improved or enhanced, and community capacity increases as assets are capitalized upon. Human resources (both paid and volunteer), supplies, physical sites, and skills and knowledge from other community members and organizations can and are utilized to benefit children 0-5 and families served. Leveraging resources outside of the county, including state, federal, and private sources, is also an effective strategy to sustain results. During '14-'15, programs leveraged Commission funding both within and outside of Stanislaus County.

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

- 99% of the surveyed attendees (356/358) rated the August 2014 and February 2015 ECE/Provider Conferences as good or excellent

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

- Improved collaboration amongst sites and services for 2,321 children 0-5 and their families
- Ten sites received technical assistance, coordination, and support with an 100% satisfaction rate

Increases in Leveraging Within and Outside of the County

Increase in Resources and Community Assets Leveraged Within the County

- 86% of the Commission contracted programs (18/21) report leveraging of community resources
- A total of over $2 million was leverage from inside sources in 2014-2015

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

- 71% of the Commission contracted programs (15/21) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County
- A total of over $5 million was leverage from outside sources in 2014-2015

Result Area 4: Improved Systems of Care (Sustainable Systems)			
Program/Activity	**Amount Expended in '14-'15**	**Amount Budgeted in '14-'15**	**% Expended in '14-'15**
Program Salaries & Benefits*	$ 142,268	$ 151,546	94%
Services, Supplies, County Cap*	$ 38,029	$ 34,232	111%
SCOE Healthy Start Support	$ 82,378	$ 82,378	100%
TOTAL	$ 262,675**	$ 268,156**	98%

*These are activities that are categorized as "Other Programs" for budget purposes, but contribute to improved systems of care and sustainable systems objectives. They are reported to First Five California under Result Area 4.

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

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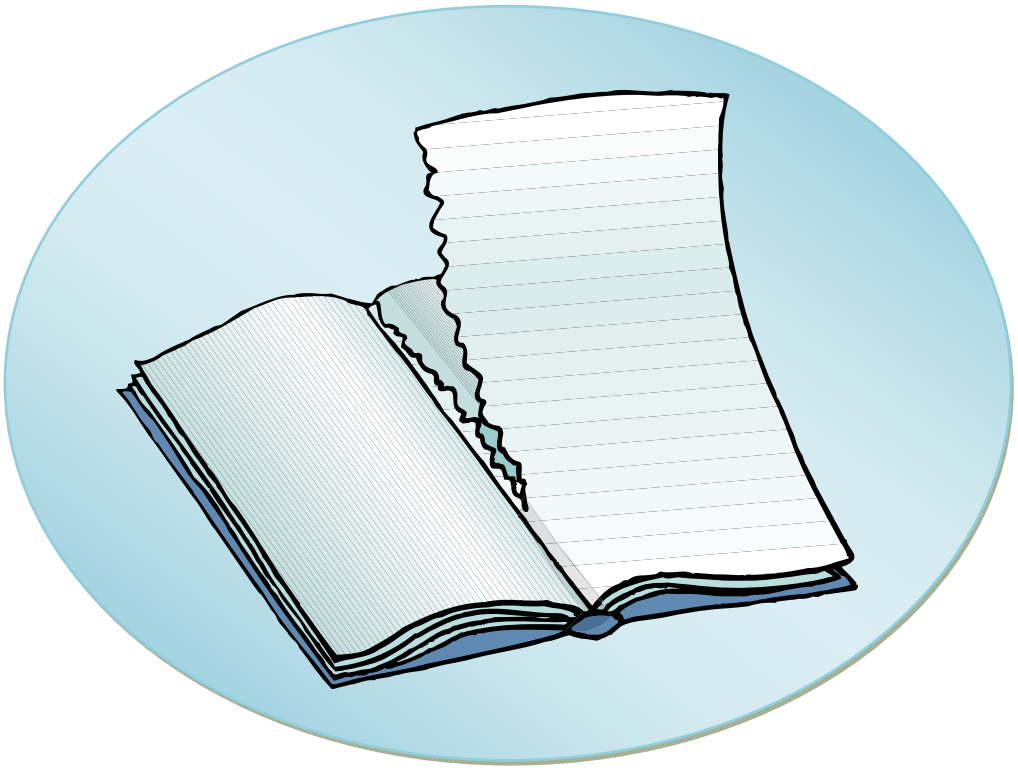

The following stories are told from the perspective of program managers, directors, and case managers to illustrate how Commission funded programs have touched the lives of children and families in Stanislaus – *they are stories within the Commission's larger story.* These are just a few of the many stories, but they are representative of the work being accomplished daily, and are an important part of the evaluation process. Very few words have been altered to remain true to the storyteller's meaning, but names have been changed to protect identities where appropriate.

0-5 Early Intervention Program

Maria is a 4 year old female. She was first referred to the 0-5 EIP when she was 2 years old by CPS in order for our clinician to help rebuild the relationship between the child and the 19 year old mother.

With parent/child therapy the relationship eventually began to improve and show signs of hope. There was more engagement throughout the sessions, eye-contact, play, touch and responsiveness of the mother. Maria was eventually returned to the mother's care by CPS and services were continued by our clinician. Optimism was high that the mother would be successful in this reunification with her daughter. All along the 0-5 EIP clinician continued to work with this family on building their relationship.

At some point notice was made of Maria's ungroomed appearance and frailty. Her family, who was once consistent with services, became inconsistent and at times did not show up. Services continued with the family, whether it was with both Maria and her mother or just Maria in order to support her along in the process.

Eventually CPS was forced to pull Maria once again from her mother's care and place her back with her previous foster family. The 0-5 EIP was there to continue to support Maria through this very difficult transition and to also help her foster family in understanding the possible impacts this change would have on Maria.

> "Maria has proven quite resilient. She is currently able to face some of her past fears and anxieties, has gained wonderful coping skills…"

Maria has proven to be quite resilient. She is currently able to face some of her past fears and anxieties, has gained wonderful coping skills, always presents to session with a big smile on her face and an amazing inner strength despite all of the challenges she has faced in her first 4 years of life. Currently Maria continues to live with the same foster family, who has been so accepting of the 0-5 EIP services and is in the process of being adopted.

Family Justice Center

Julie came to the Stanislaus Family Justice Center to seek immigration services. The SFJC Navigator informed her about the peer to peer counseling Haven Women's Center offers on-site at the SFJC. A Haven Advocate housed at the SFJC met with Julie where she was able to tell her story, and why she was seeking counseling for herself and kids.

At the beginning of the year Julie was held hostage along with one of her daughters. Her batterer had a weapon with him and he shot her six times, and then committed suicide. Julie survived the event and spent the next couple months in the hospital. The relationship between her and here batterer was ten years of abuse. The abuse ranged from verbal,

emotional, mental, and physical towards her and almost every day.

> "…most importantly she is no longer a victim but a survivor and encourager."

After Julie was released from the hospital she had severe PTSD. She could not sleep at night and was paranoid that someone was going to hurt her. Most importantly she grieved the loss of the batterer and did not know how to cope. Hearing her story helped the Haven advocate validate client's feelings and let the client know that the SFJC is a safe place to talk. Julie continued counseling and through those counseling sessions the Haven advocate helped her understand domestic violence and the types of abuse. The advocate helped her find coping strategies to ease her PTSD and depression. The counseling sessions have helped Julie process her trauma and decompress when she feels overwhelmed.

Julie feels comfortable when she comes in and her children are also receiving services through SFJC and will be attending Camp Pacifica. Julie's over all behavior, demeanor, and outlook on life have changed drastically and she is proud of her accomplishments. She decided to find a lawyer and start her own process for immigration and has set small goals to track her progress. She has been able to sleep more and empowered herself to regain her power and control. Julie is loyal to her counseling sessions and uses every resource we offer her. Her story is truly inspiring but most importantly she is no longer a victim but a survivor and encourager.

Healthy Cubs

In March of 2015, a grandmother came to a Health Services Agency clinic to get medical care for her grandson. She had just received temporary custody of her young grandson. She had no insurance information for the child nor did she have the resources to obtain the needed information or file for any benefits since receiving the child in her care.

The child was running a rather high fever and so she scheduled an acute appointment for him to be seen right away by his primary doctor. When she arrived at the clinic she was told that the child's insurance benefits were not showing active. Because the grandmother was not yet updated on the insurance, she could get no information as to why or how to fix the problem in order for him to be seen. She was concerned that she would need to take the baby to the ER for care.

However, because the clinic staff were familiar with the Healthy Cubs program, they immediately called to see if the child would qualify. After a short phone interview with the grandmother, the program staff were able to grant temporary eligibility so that the child could receive the necessary medical care. The program staff were subsequently able to collaborate with the CSA eligibility workers in order to correct the insurance benefits so that the child could receive ongoing medical care under Medi-Cal.

Keyes Kindergarten Readiness Program

Robert was new to the district for the 2014/2015 school year. Due to personal circumstances Robert and his 6 year old brother came to live with their grandfather. Neither child had any schooling.

Robert began Kinder Camp scared and he cried every morning at drop off. He had scored 0 on his pre assessments. The teachers and staff were in tune with his needs and Sierra Vista also offered his guardian and teacher support.

Slowly, the time spent crying in the mornings began to wane. By the end of Kinder Camp, Robert's assessment scores were up by 25% and he had made friendships with some of his classmates. On the last day of Kinder Camp a teacher aid asked him if he was ready for kindergarten and he replied "Yes, I can't wait!"

Turlock Family Resource Center

Rosemary came to the Turlock Family Resource Center for counseling services for herself and her son, age 5. She was pregnant and going through a divorce. Rosemary was living with her parents and having custody issues. She was unemployed and struggling financially.

Prior to her divorce, Rosemary was working for the Sacramento Court as a translator and has a degree in Criminal Justice. During the divorce, Rosemary became depressed, unable to commute to Sacramento because of her pregnancy and was not able to keep her job. The TFRC Family Liaison referred her to the HBO class and counseling for both her and her son. Rosemary attended the HBO classes and counseling on a regular basis. She delivered a healthy baby and began looking for a job. The TFRC Family Liaison signed Rosemary up for the Starbuck Wish List and Christmas Clothing drive to help her during the holiday season.

Rosemary came to the Resource Center on a regular basis and used the computer lab to conduct a job search, write her resume, and submit applications. Rosemary began working part-time for the Turlock Police Department and is now working full time for Stanislaus County Probation Department and has moved out of her parent's home. Rosemary is grateful for all that the Resource Center was able to provide for her during a time when she was in need.

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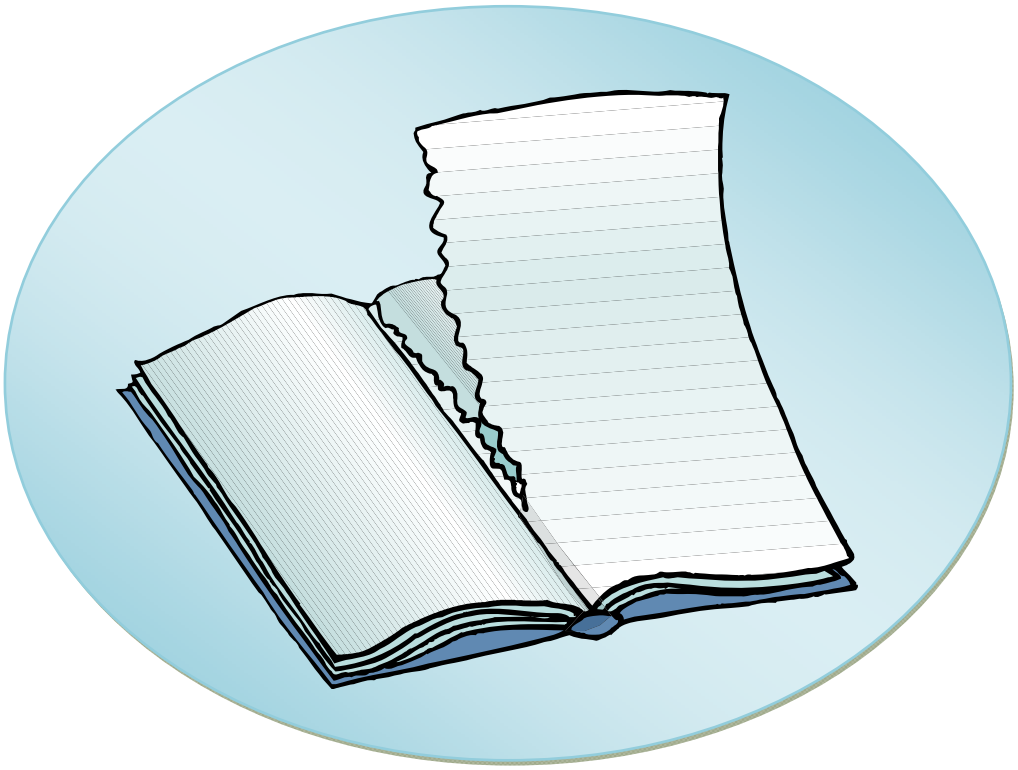

APPENDIX 1 - ACRONYMS

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

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

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

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