Stanislaus County
Striving to be the Best
Children & Families Commission

2012-2013

Annual Program Evaluation

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

March 2013

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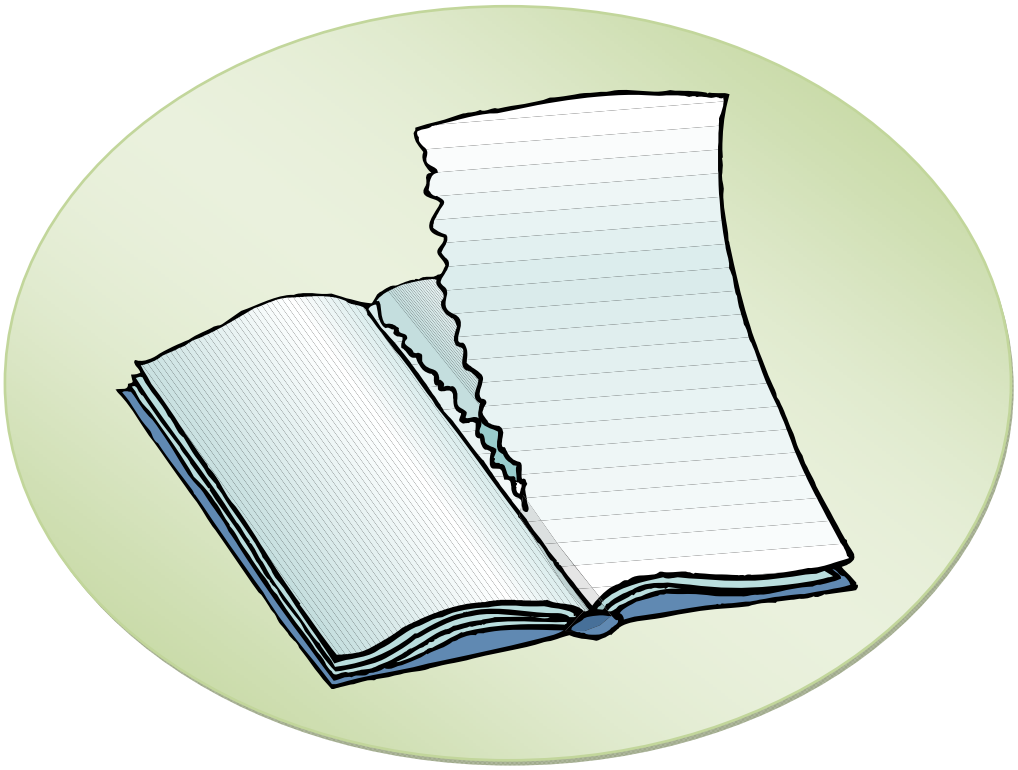

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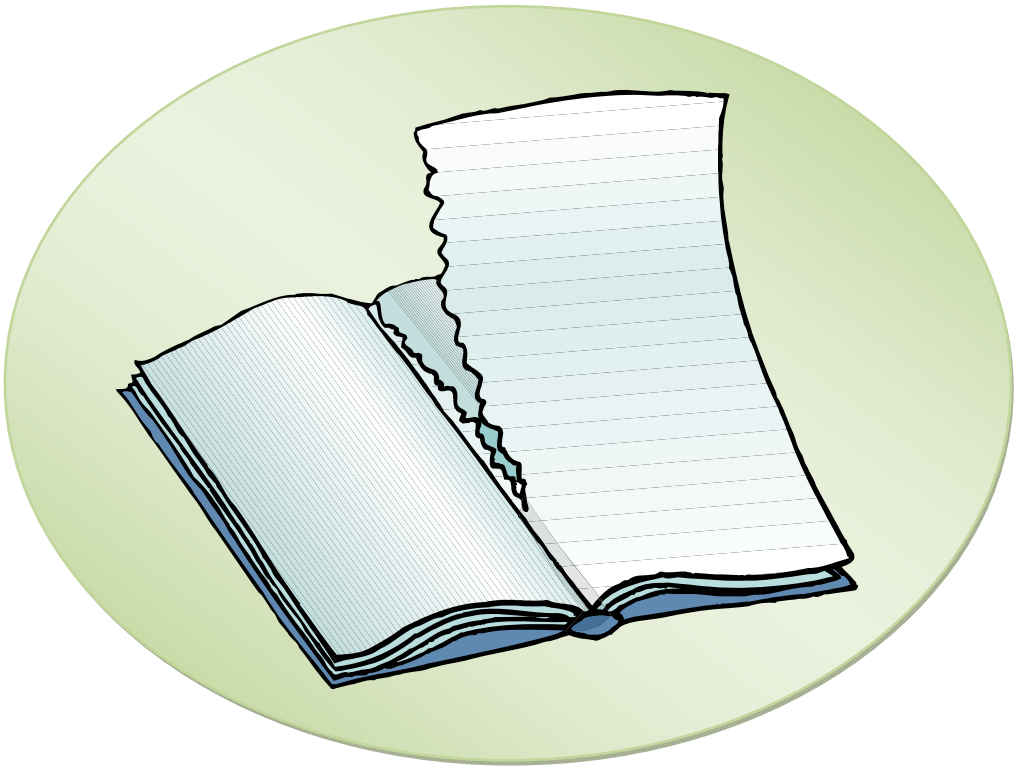


Introduction

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 2012-2014 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

- ✓ High risk pregnancies result in healthy births
- ✓ 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 in 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 2012-2013 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 both qualitative and quantitative data sources to more holistically evaluate the programs and the Commission's progress towards goals set forth in the Strategic Plan.

Quantitative 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.

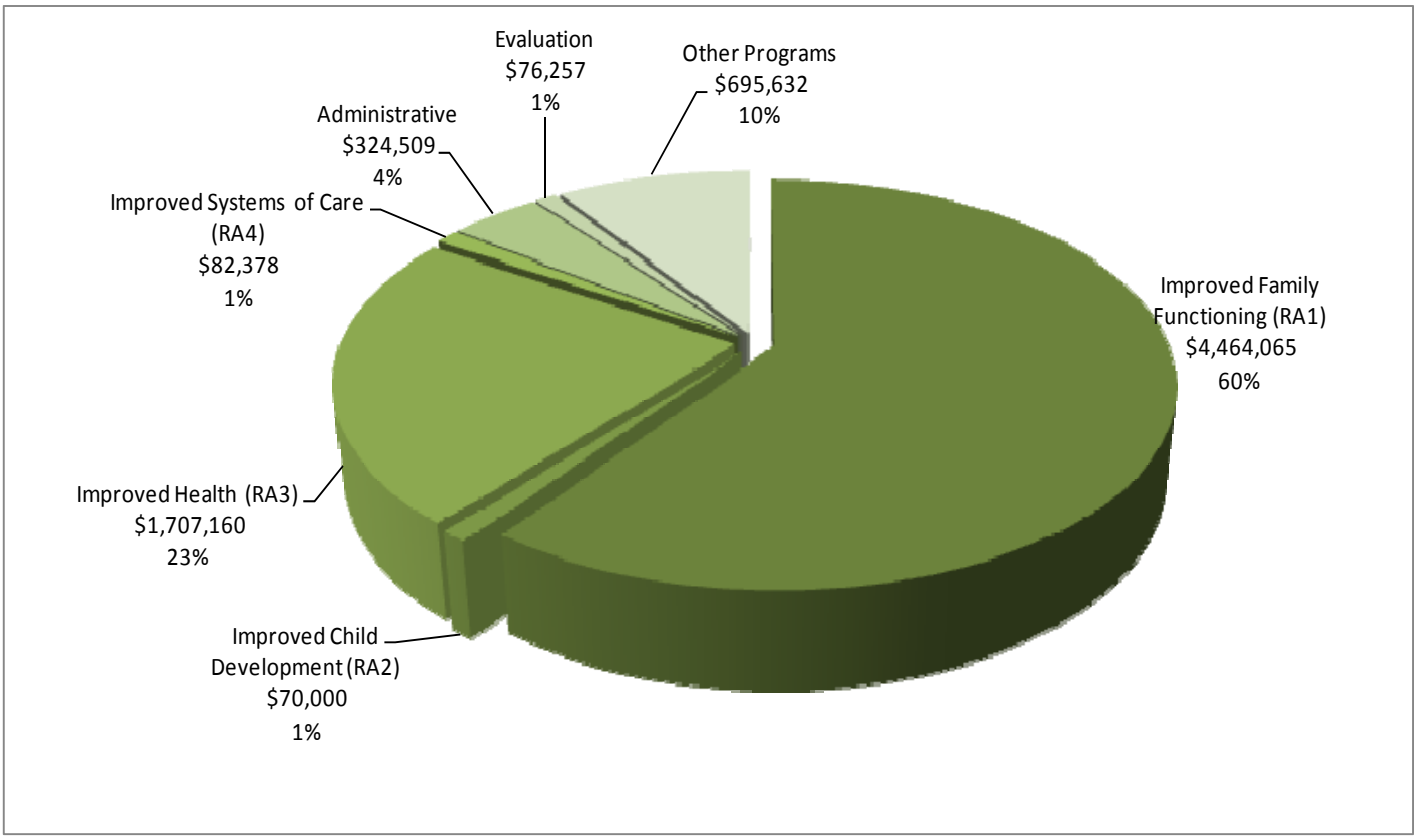
Quantitative program data was provided exclusively by the respective programs, and financial data and contract information was acquired from Commission records. Whenever possible, the contracted programs' self-analysis was integrated into the evaluation, at times in their own words. All programs were 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 this 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, for the 2012-2013 fiscal year, reporting requirements have changed. Service and expenditure categories were redefined and, in many cases, combined to ensure consistency between the reports of county commissions. These reporting changes limited the ability of this evaluation report to examine historical trends in expenditure, program activity/outcomes for result areas, and service levels in 2012-2013. So for this report, the reader will not see a series of trending charts and comparisons that have been included in past reports. It is staff's intention to again include trending charts and comparisons in the 2013-2014 report when there will be at least two data points to compare.

Funding Distribution by Budget Category
Total: $7,420,001



The 2012-2013 budget pie chart portrays the distribution of funding by budget category.

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.

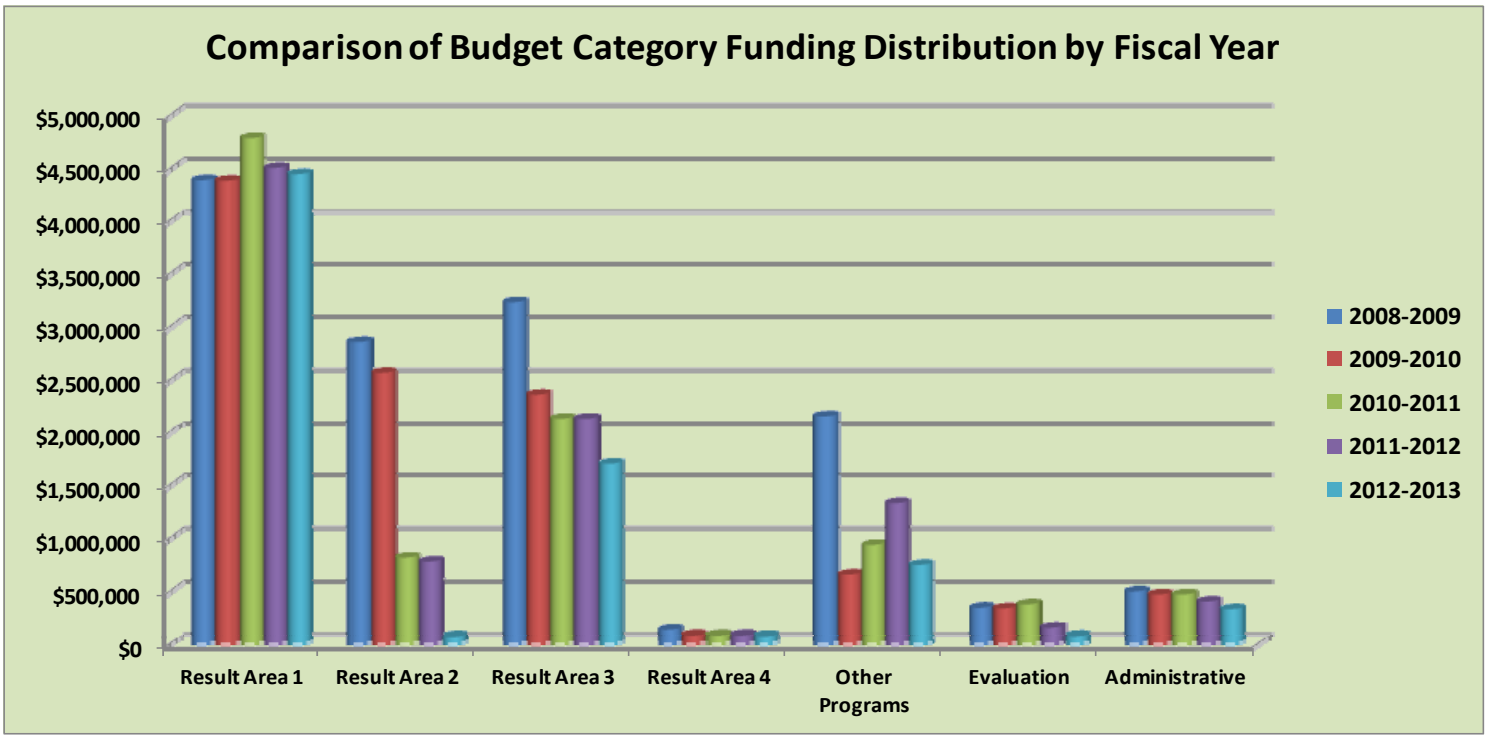
Program Categories:

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 is providing measurable services for children and families.

Administration and Evaluation Categories:

These categories make up just 5% of the annual budget.

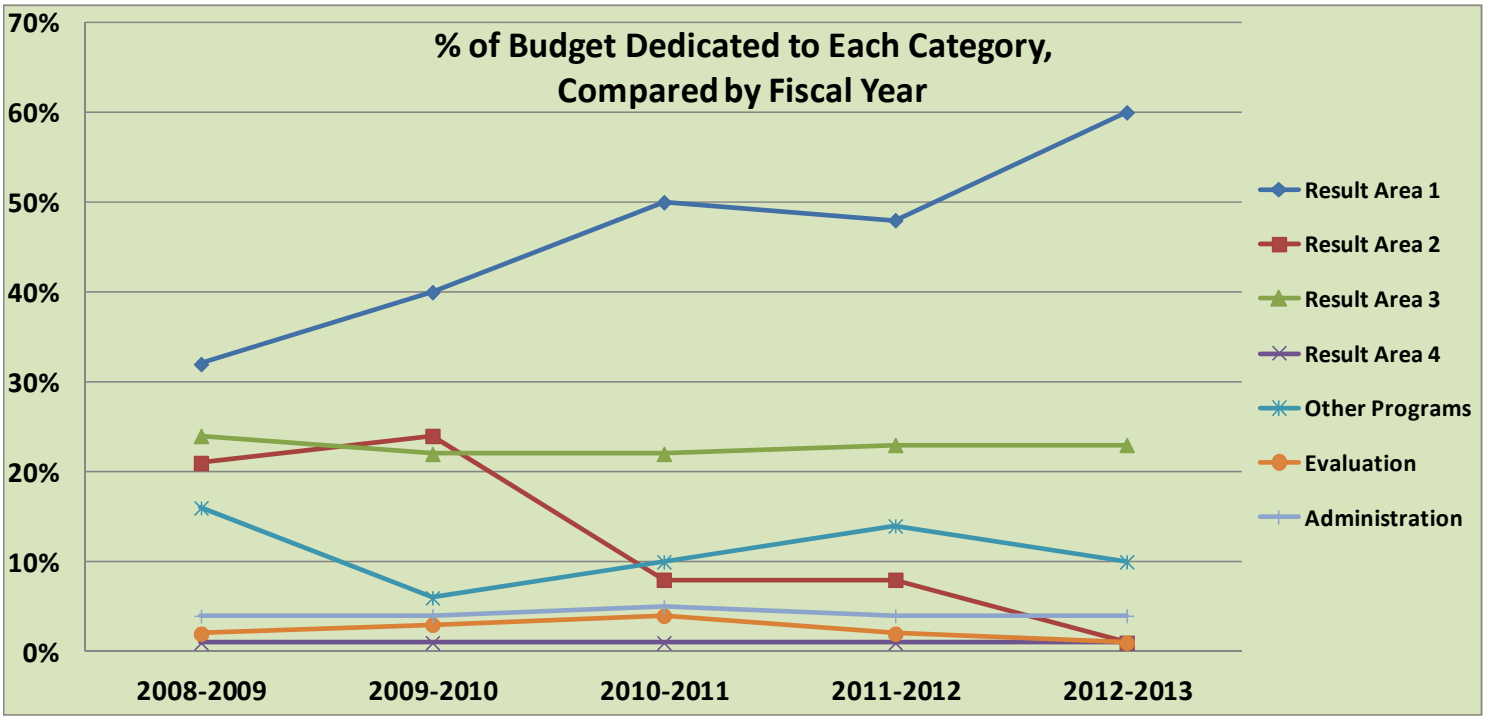
NOTE: The chart contains all program allocations approved by the Commission in '12-'13. Contracts were not executed for all allocations (Turlock Kindergarten Readiness Program, for example).



Total Budget

2008-2009: $13,571,131
2009-2010: $10,820,268
2010-2011: $ 9,563,740
2011-2012: $ 9,352,751
2012-2013: $ 7,420,001

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 2008-2009 through 2012-2013. The top graph (Graph 1) compares the ***amount*** of funding allocated to each category, and the bottom graph (Graph 2) compares the ***percentage of the total budget*** allocated to each of the categories.

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, especially in '10-'11 and '12-'13. This confirms the Commission's continuing emphasis on funding Improved Family Functioning activities.

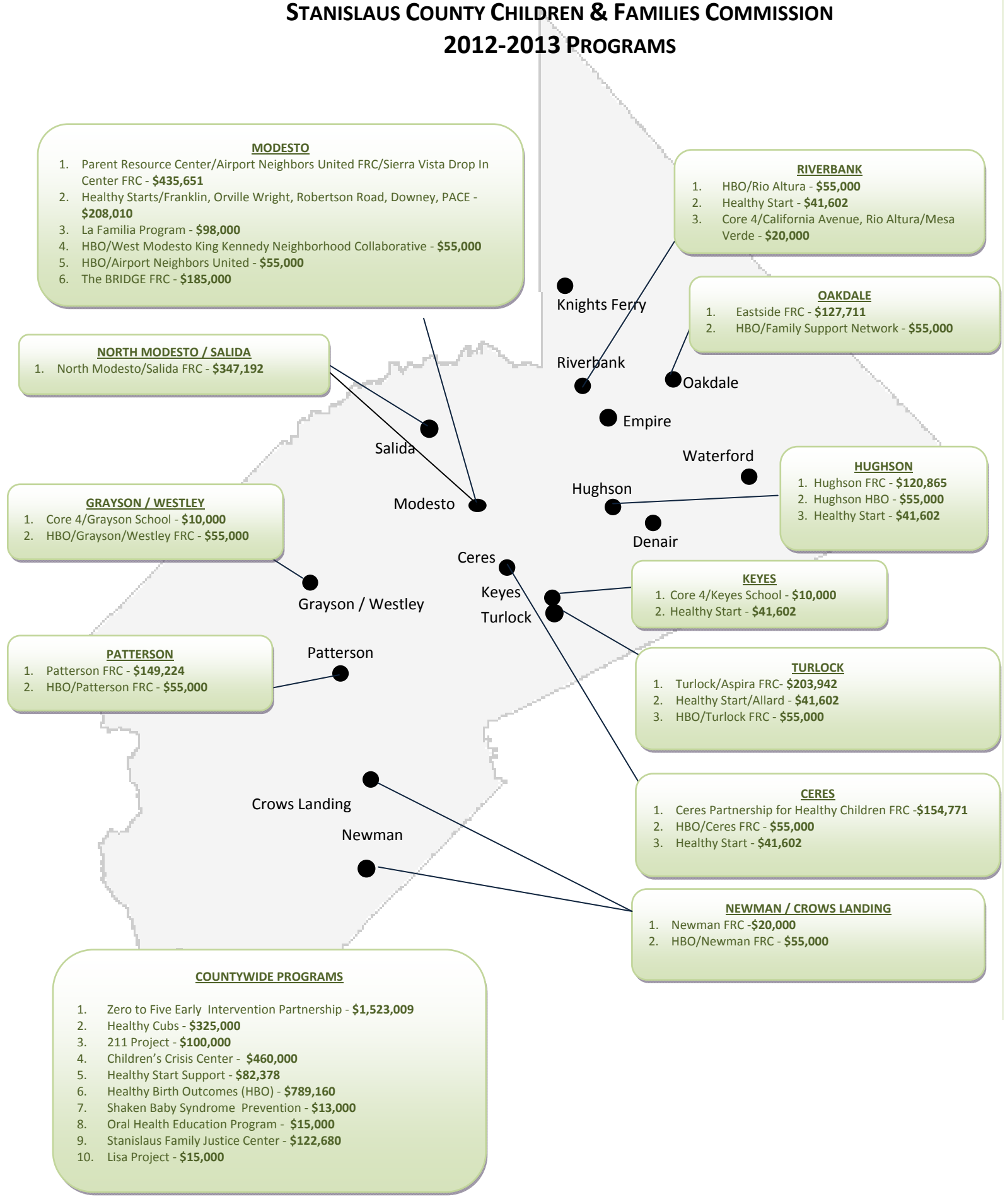
In '08-'09, RA 3 (Improved Health) was appropriated the next highest *amount* of funding, along with the next highest *percentage* of funding, with RA 2 (Improved Child Development) following. In '09-'10, RA 2 was allocated more funding than RA 3, and a higher percentage of the total budget as well. This change was due in part to the decreased funding of a large program (Healthy Cubs) in RA 3 because of efficient practices. Then, 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.

Except for '12-'13, Graphs 1 and 2 show that RA 4 has consistently been appropriated the smallest amount and percentage of funding, even less than the categories "Evaluation" and "Administrative" categories. 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" spiked in '08-'09 due to an increase in funds appropriated for program adjustment. In '09-'10 and '10-'11, this amount decreased significantly as the total budget decreased. In '11-'12 there was a small increase in funds dedicated for "Other Programs".

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
2012-2013 PROGRAMS



MODESTO

1. Parent Resource Center/Airport Neighbors United FRC/Sierra Vista Drop In Center FRC - **$435,651**
2. Healthy Starts/Franklin, Orville Wright, Robertson Road, Downey, PACE - **$208,010**
3. La Familia Program - **$98,000**
4. HBO/West Modesto King Kennedy Neighborhood Collaborative - **$55,000**
5. HBO/Airport Neighbors United - **$55,000**
6. The BRIDGE FRC - **$185,000**

RIVERBANK

1. HBO/Rio Altura - **$55,000**
2. Healthy Start - **$41,602**
3. Core 4/California Avenue, Rio Altura/Mesa Verde - **$20,000**

OAKDALE

1. Eastside FRC - **$127,711**
2. HBO/Family Support Network - **$55,000**

NORTH MODESTO / SALIDA

1. North Modesto/Salida FRC - **$347,192**

HUGHSON

1. Hughson FRC - **$120,865**
2. Hughson HBO - **$55,000**
3. Healthy Start - **$41,602**

GRAYSON / WESTLEY

1. Core 4/Grayson School - **$10,000**
2. HBO/Grayson/Westley FRC - **$55,000**

KEYES

1. Core 4/Keyes School - **$10,000**
2. Healthy Start - **$41,602**

PATTERSON

1. Patterson FRC - **$149,224**
2. HBO/Patterson FRC - **$55,000**

TURLOCK

1. Turlock/Aspira FRC- **$203,942**
2. Healthy Start/Allard - **$41,602**
3. HBO/Turlock FRC - **$55,000**

CERES

1. Ceres Partnership for Healthy Children FRC -**$154,771**
2. HBO/Ceres FRC - **$55,000**
3. Healthy Start - **$41,602**

NEWMAN / CROWS LANDING

1. Newman FRC -**$20,000**
2. HBO/Newman FRC - **$55,000**

COUNTYWIDE PROGRAMS

1. Zero to Five Early Intervention Partnership - **$1,523,009**
2. Healthy Cubs - **$325,000**
3. 211 Project - **$100,000**
4. Children's Crisis Center - **$460,000**
5. Healthy Start Support - **$82,378**
6. Healthy Birth Outcomes (HBO) - **$789,160**
7. Shaken Baby Syndrome Prevention - **$13,000**
8. Oral Health Education Program - **$15,000**
9. Stanislaus Family Justice Center - **$122,680**
10. Lisa Project - **$15,000**

Program Budget Award by Location			
Location	**Program Budget Allocation**	**% of '12-'13 Program Budget***	**% of County's Population (1/10)****
Modesto	$ 1,036,661	36.0%	39.1%
Turlock	$ 300,544	10.4 %	13.3%
Riverbank	$ 116,602	4.1%	4.4%
Ceres	$ 251,373	8.7%	8.8%
Newman/Crows Landing	$ 75,000	2.6%	2.0%
Grayson/Westley	$ 65,000	2.3%	.4%
Hughson (includes SE smaller towns)	$ 217,467	7.6%	1.3%
Oakdale	$ 182,711	6.3%	4.0%
Salida***	$ 347,192	12.1%	2.7%
Keyes	$ 51,602	1.8%	1.0%
Patterson	$ 204,224	7.1%	4.0%
TOTAL of location specific programs	$ 2,878,376		
Countywide Programs	$ 3,445,227		
TOTAL:	**$ 6,323,603**		

* 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, 2012 and 2013: Sacramento, CA, May 2012; http://www.City-Data.com, 2011

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

The map depicts the distribution of Stanislaus County Prop 10 funds allocated to programs by location within the county. The map illustrates the extent to which program services reach children 0-5 and their families countywide, and the number of programs in each area. The chart above shows the percentage of program funds allocated by city or region juxtaposed against the percentage of the county's population in that area. Similar to the previous four fiscal years, the percentage of funding allocated to the Stanislaus County cities and towns continue 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 08-09 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 $3,445,227 was allocated to programs that operate throughout the county, making up 54% of the total program budget. These countywide programs reach all of the above locations, and many have developed partnerships in order to collaborate with location specific programs, thereby leveraging Prop 10 resources. The remaining 46% of the program budget is allocated to programs that operate within a specific community to best serve the needs of the children and families within that community. As illustrated in both the map, as well as the chart, there is a balance of countywide and location specific programs that form an extensive network spanning the county to provide services that impact the lives of Stanislaus County's children and families.

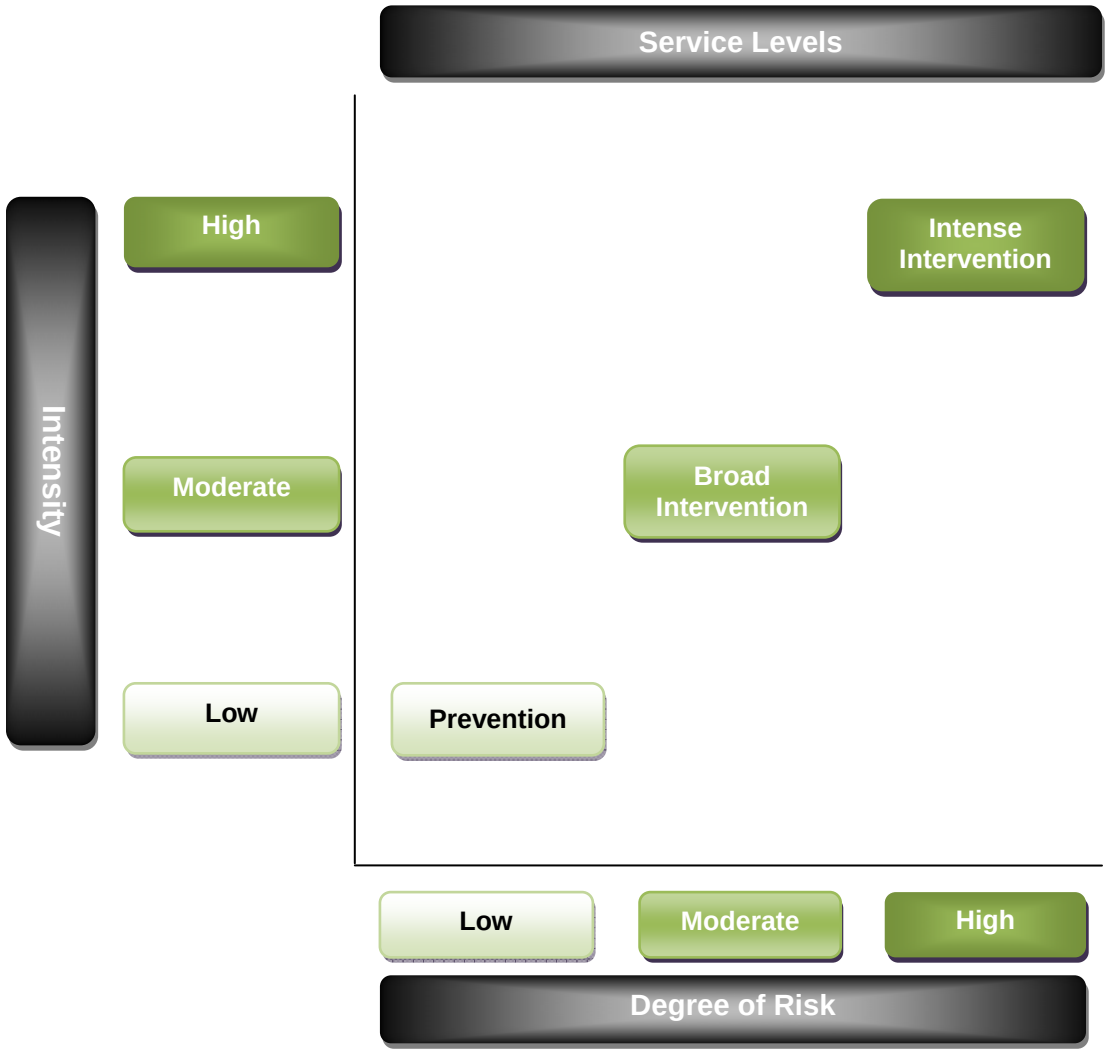
One of the Commission's funding strategies is to support a continuum of prevention and intervention programs that target all children 0-5 and their families in Stanislaus County. This means that Commission funds are working to benefit a spectrum of children from very low-risk to high-risk by providing 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 illustrates how Commission funds are extended across the range of service levels, and the distribution of the budget in relation to service levels. Approximately 41% of the program budget is dedicated to Broad Intervention, while 48% goes towards Intense Intervention and 10% to Prevention services. The percentage dedicated to all three categories has remained fairly stable with a 6% decrease in broad intervention, a 5% increase in intense intervention and a 1% increase in prevention. 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 (41%)

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

Broad Intervention (48%)

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*
Shaken Baby Syndrome Prevention Program***
Lisa Project***

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. The Stanislaus County Children and Families Commission (CFC) data used in these three demographic charts were obtained from PDR.

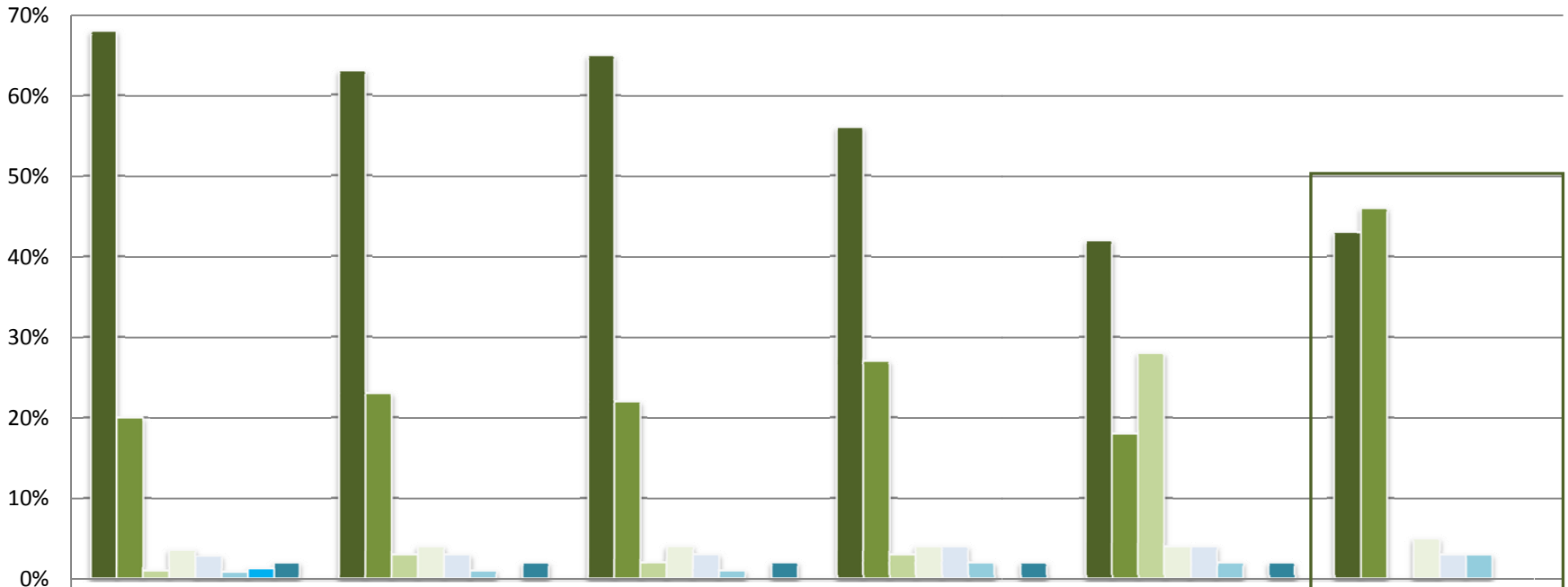
Race/Ethnicity Served and Participant Primary Language

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 the Hispanic and Spanish speaking families. The percentage of Hispanic participants served has decreased over the last few years but is more in-line with the County's Hispanic population. Both the percentage of Hispanic and Spanish speaking children and families served continue to be strong. The 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 for the past two years.

The "Unknown" percentage increased significantly this year compared to prior years. This increase is due to the Shaken Baby Syndrome program being included in the demographics data this year (it was not included previously). Race and language data is not collected for Shaken Baby participants.

Participating Children Age Distribution

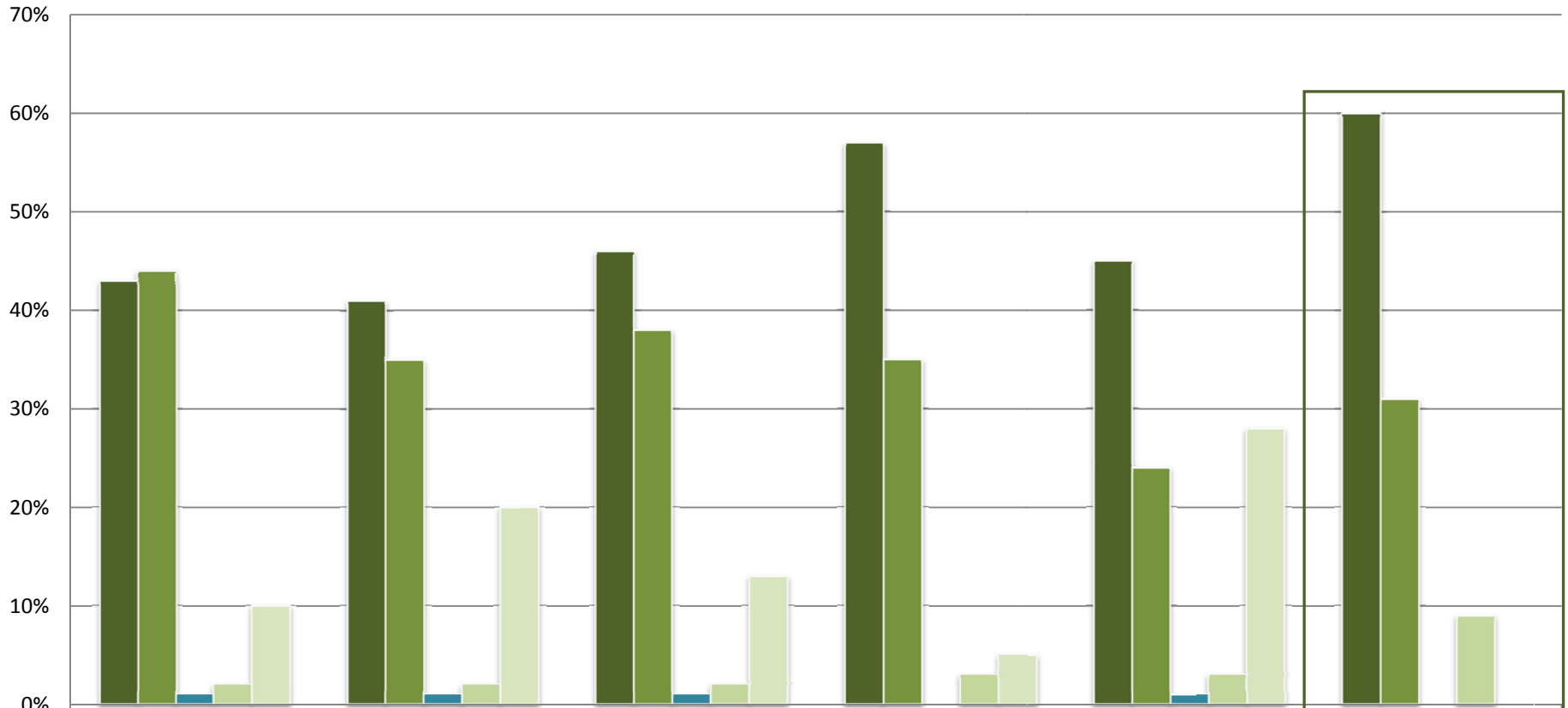
This chart shows the age distribution of children participating in Prop 10 funded programs. The programs served more children ages 0 through 2 than 3 through 5. However, there is a strong historical trend significantly narrowing the gap between the two age groups served. The 0-2 and the 3-5 populations served by the Commission's funded programs have aligned with Stanislaus County's age distribution.



	'08-'09	'09-'10	'10-'11	'11-'12	'12-'13	Stanislaus County 2012*
Pacific Islander						
Hispanic	68%	63%	65%	56%	42%	43%
White	20%	23%	22%	27%	18%	46%
Unknown	1%	3%	2%	3%	28%	
Asian	4%	4%	4%	4%	4%	5%
African American	3%	3%	3%	4%	4%	3%
Multiracial	1%	1%	1%	2%	2%	3%
American Indian	1%					
Other	2%	2%	2%	2%	2%	

*U.S. Census Bureau, 2012 American Community Survey.

Participant Primary Language

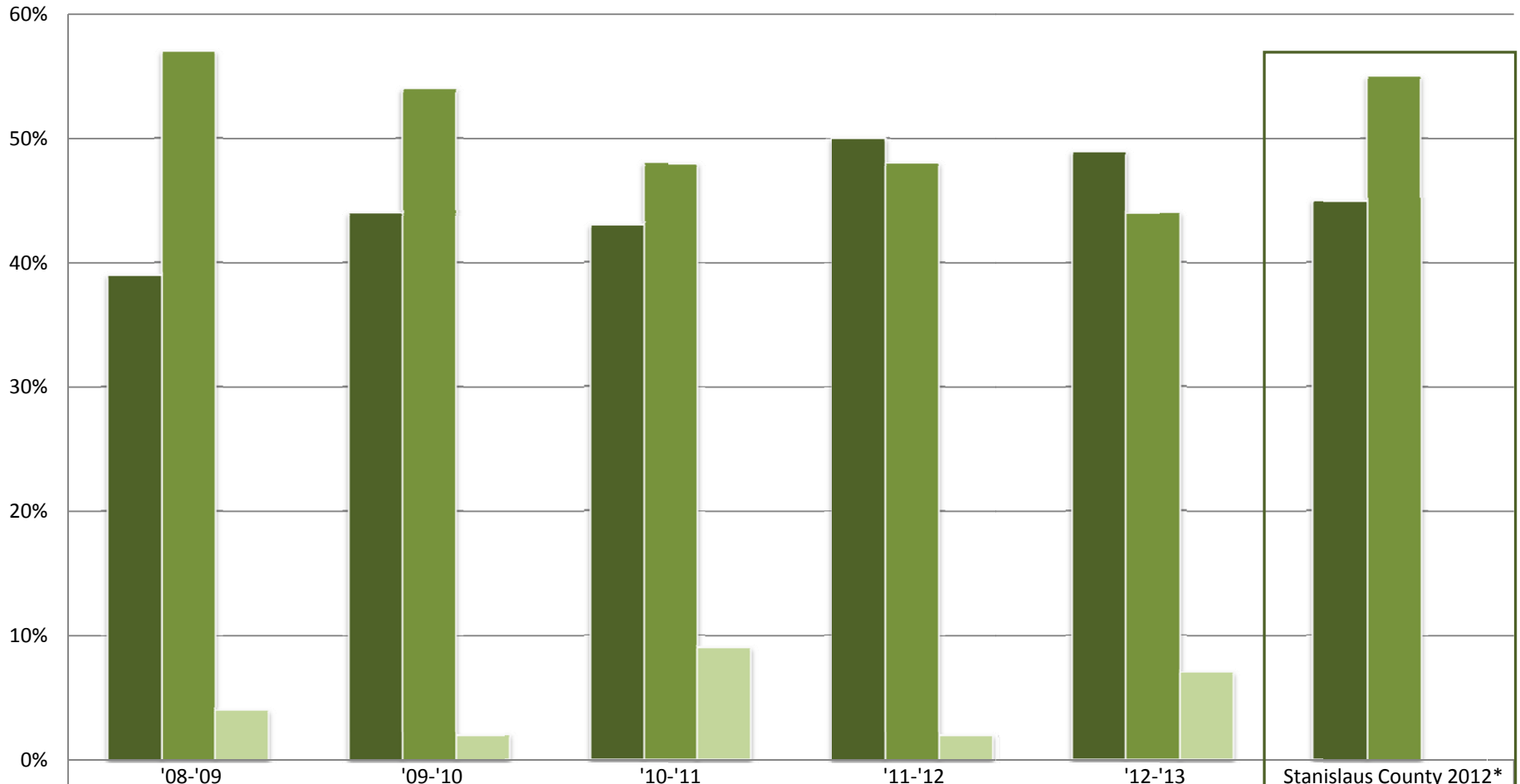


	'08-'09	'09-'10	'10-'11	'11-'12	'12-'13	Stanislaus County 2012*
English	43%	41%	46%	57%	45%	60%
Spanish	44%	35%	38%	35%	24%	31%
Hmong	1%	1%	1%		1%	
Other	2%	2%	2%	3%	3%	9%
Unknown	10%	20%	13%	5%	28%	

CFC data does not include provider capacity language data.

*U.S. Census Bureau, 2012 American Community Survey.

Participating Children Age Distribution



	'08-'09	'09-'10	'10-'11	'11-'12	'12-'13	Stanislaus County 2012*
0-2	39%	44%	43%	50%	49%	45%
3-5	57%	54%	48%	48%	44%	55%
Unknown	4%	2%	9%	2%	7%	

*U.S. Census Bureau, 2012 American Community Survey.

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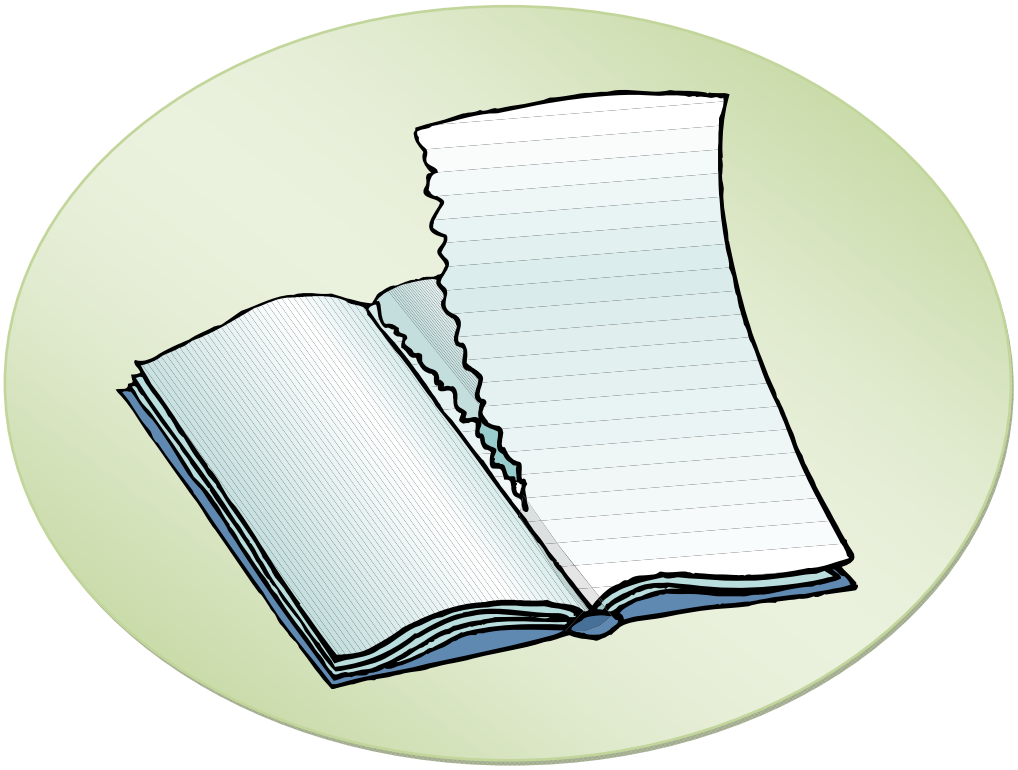


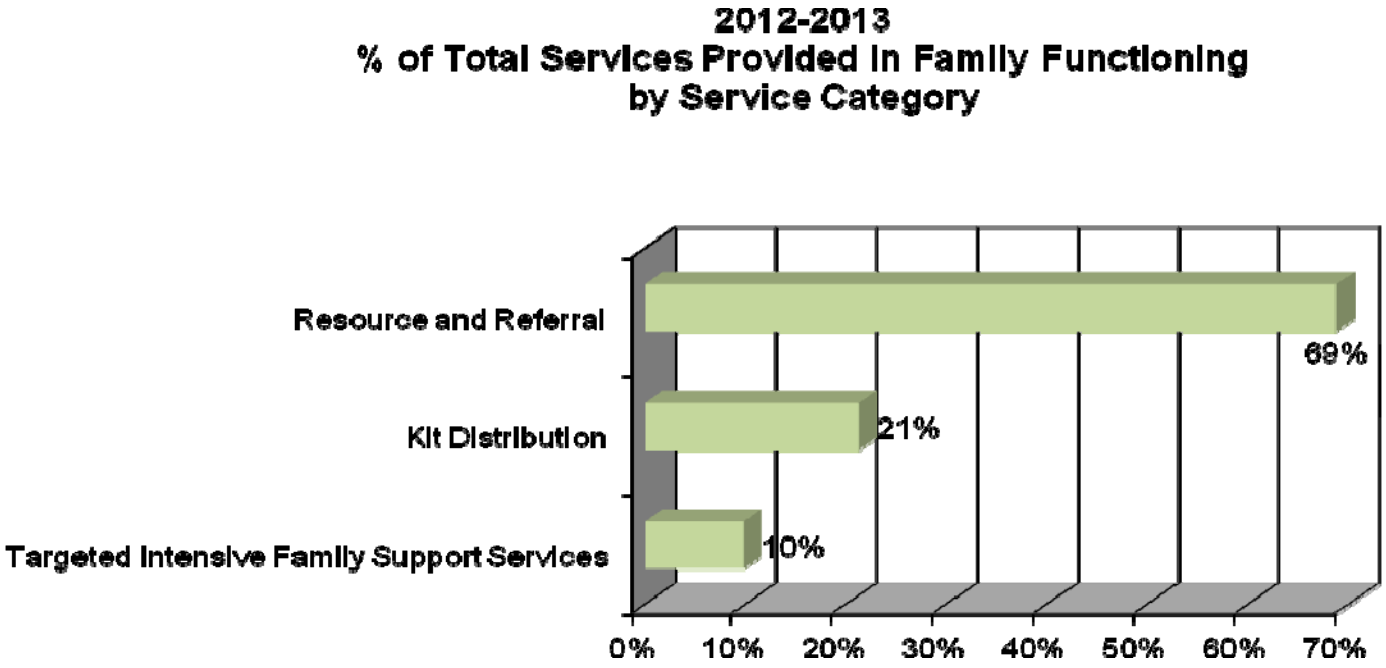
Result Area 1: Improved Family Functioning

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.

Fourteen Prop 10 funded programs are categorized under Improved Family Functioning, and represent 60% of the 2012-2013 budget. Half of the programs are grouped under "Family Resource Centers with Differential Response services." The amount expended in this result area is 94% of the amount budgeted for fiscal year '12-'13, 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 '12-'13 Total Awards	FY '12-'13 Expended
$4,464,065	$4,244,554 (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." The 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 1.1 *Maintain positive trends in the reduction of repeat child maltreatment reports*
Objective 1.2 *Decrease incidents of child abuse and maltreatment*
Objective 1.3 *Increase positive social support for families*
Objective 1.4 *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 reflect 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.

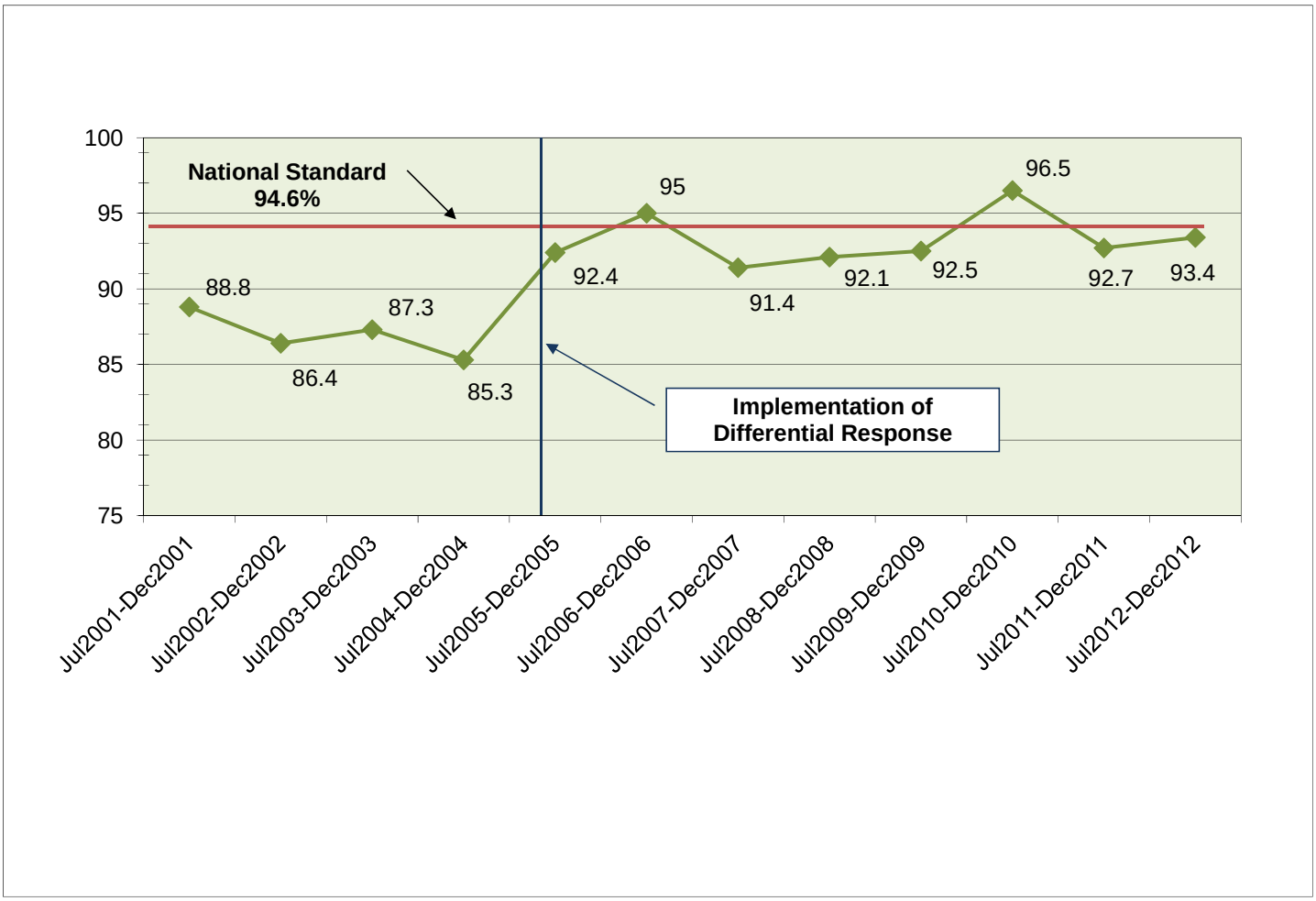
The services are offered by a spectrum of providers, from community based family resource workers to mental health clinicians. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals),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

Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2012 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, 1,540 children 0-5 were referred through differential response, and over 1,871 or 53% of the families with children 0-5 voluntarily engaged in services through the Family Resource Centers during the '12-'13 fiscal year. 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?

- 8,999 children 0-5 received services that improved family functioning
- 247 children 0-5 received behavioral health services
- The parents of 1,744 children attended parenting education classes
- 149 early education sites received 2,856 hours of mental health consultation
- The families of 5,649 children 0-5 received resources or referrals to improve family functioning

- Programs reported that the level of client satisfaction ranged from a low of 88% to a high of 100%, with an average of 96% for the programs.
- 25% of the children and families who received family support services (2,248/8,999) were engaged further through assessments
- 6% of those receiving family support services (542/8,999) received more intensive services focused on improving child abuse risk factors

Mental Health Access and Improvements

- 92% of parents whose children are participating in mental health services (128/139) report a reduction in their child's mental health symptoms and improvements in child functioning
- 1,822 caregivers of children 0-5 were screened for depression and 196 were referred for mental health services as a result

Behavior Improvements

- 94% of children (266/283) demonstrate improved behavior within daycare environments

Parents and Providers Skills Improvements

- 70% of parents participating in parent education (1,218/1,744) report an increase in skills or knowledge
- 91% of day care providers (67/74) report improved skills and confidence in working with difficult children after receiving mental health consultation

Result Area 1: Improved Family Functioning						
Program	Amount Expended in '12-'13 (% of '12-'13 allocation)	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2013)	Cumulative Amount Expended (7/1/2007-6/30/2013)	% of Cumulative Amount Expended
2-1-1	$ 84,123 (84%)	1,801	$ 47	$ 1,000,000	$ 908,023	91%
Children's Crisis Center	$ 460,000 (100%)	466	$ 987	$ 4,527,387	$ 3,831,757	85%*
El Concilio - La Familia	$ 95,422 (97%)	177	$ 539	$ 1,194,000	$ 1, 090,403	91%
Family Justice Center	$ 110,102 (90%)	284	$ 388	$ 322,680	$ 309,995	96%
Healthy Start Sites	$ 416,020 (100%)	1,953	$ 255 (includes Support funding)	$ 5,043,443	$ 5,011,277	99%
The Bridge (FRC)	$ 185,000 (99%)	381	$ 485	$ 1,080,000	$ 1,030,087	95%
Zero to Five Early Intervention (0-5 EIP)	$ 1,406,433 (92%)	3,299	$ 91	$ 12,629,133	$ 11,865,154	94%
Family Resource Centers (with Differential Response Services) (7 contracts)	$ 1,454,428 (93%)	2,866	$ 507	$ 11,277,684	$ 10,374,136	92%
TOTAL	$ 4,211,538 (94%)	11,227	$ 375	$ 37,074,327	$ 34,420,832	93%

* 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, 2013

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, 2013	FY '12-'13 Award	FY '12-'13 Expended	Cumulative Amount Expended
$1,000,000	$100,000	$84,133 (84% of budget)	$908,023 (91% of budget)

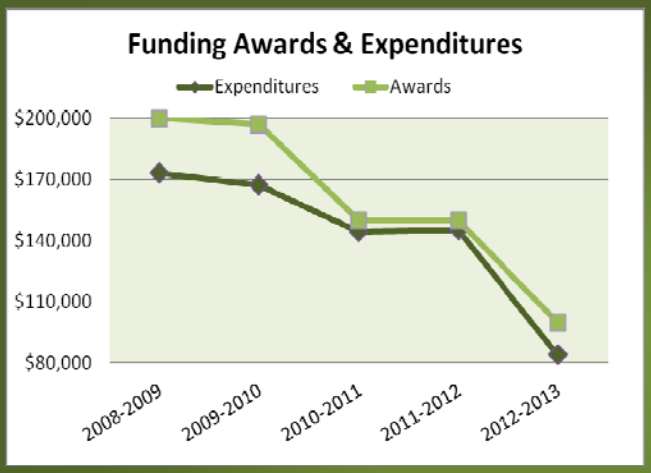
FY '12-'13 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (1,801 callers with a child 0-5)
$51,993	$32,140	$0	0%	$47

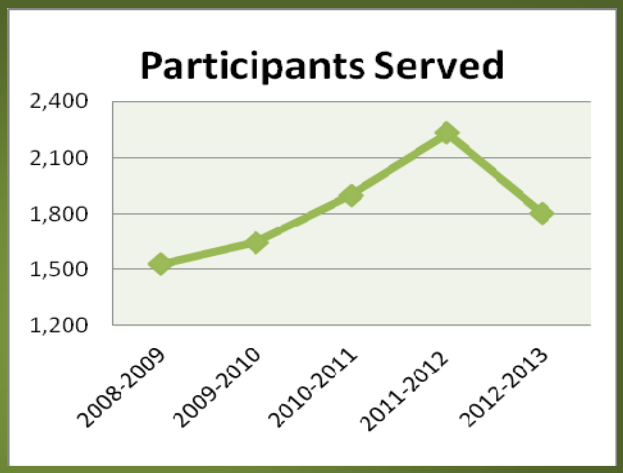
PARTICIPANT TYPE	% SERVED
Children 0-5	57%
47% <3; 25% 3-5; 27% unknown	
Parents/Guardians	39%
Other Family	4%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	45%
White	35%
Black/African American	8%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	1%
Multiracial	5%
Other	1%
Unknown	3%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	84%
Spanish	14%
Hmong	-
Other	-
Unknown	1%

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 continued to decline in '12-'13. Participants served in '12-'13 also declined. A contributing factor for the decline was the use of a new data system, iCarol. The learning curve for the system may have resulted in some participant data not being captured.

Program Highlights

- During FY '12-'13, Stanislaus, along with 10 other counties, contracted with Interface Child and Family Services, Ventura CA to answer all 211 calls. Follow up surveys indicate customer satisfaction with the outsourced call system is comparable to when United Way answered the calls locally.
- The program continues to explore the establishment of a regional 2-1-1 system for the San Joaquin valley. Increased control and reduced costs are prime motivators for considering such a change.
- Leveraging: 2-1-1 no longer receives funding from Stanislaus County cities, but the program did receive $219,435 in support from other public and private agencies.
- 211 no longer accepts Healthy Cubs applications now that the Health Services Agency requires all Healthy Cubs applications to be submitted at HSA main office.
- Collaboration: 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.
- Only 27% of callers had families with a 0-5 child. This percentage remains low despite efforts to target outreach to 0-5 families.

Prior Year Recommendations

2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Closely monitor output and outcome statistics to determine the impact, if any, of outsourcing all 2-1-1 calls.	• Call volume was decreased in 2012-2013 from the previous year due in part to database information migration and reduction in staff. In administering Customer Satisfaction Surveys on follow up calls we have found good quality customer service with outsourcing.
2. Continue to seek additional sources for funding, collaborative partnerships, and maintenance of established funding.	• 2-1-1 Stanislaus will continue to see a reduction in overall 2-1-1 program costs with the Central Valley 2-1-1 Regional Call Center collaboration. This regional collaboration is generating interest with regional funders and other counties. We have also worked closely with Stanislaus County Community Services Agency to support 2-1-1 in 2013-2014.
3. Conduct targeted outreach to increase the number of callers with children 0-5.	• Outreach efforts in the last 6 months of the 2012-2013 funding year focused on families with children 0-5. A monthly outreach schedule for 2013-2014 has been aggressively set for increasing presentations by 50%.

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%	99% (6,680/6,775)
2-1-1 callers with children 0-5 have access to health and human service program information 24/7/365	100%	97% (1,747/1,801)
33% of callers have children 0-5.	33%	27% (1,801/6,775)
Callers with children 0-5 years are unduplicated callers	75%	97% (1,747/1,801)
Children 0-5 years whose caregivers request health insurance assistance with their children's application are provided with health plan enrollment assistance	100%	97% (224/230)
2-1-1 callers with children 0-5 who were contacted for follow-up report satisfaction with 2-1-1 services	80%	88% (833/973)
Callers with children 0-5 years learn of the 2-1-1 services through outreach or advertisement.	50%	46% (821/1,801)
Callers' children 0-5 years who previously did not have health insurance have health insurance within 45 days after calling 2-1-1	75%	96% (220/230)
2-1-1 callers with children 0-5 years who are contacted for follow-up report having their needs met through referrals after calling 2-1-1	50%	77% (747/973)

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.

Children's Crisis Center

Agency: Children's Crisis Center
Current Contract End Date: June 30, 2013

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 five locations strategically located to serve low income and underserved neighborhoods throughout Stanislaus County. Shelters are located in the cities of Modesto (including co-location at the Stanislaus Family Justice Center), 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, 2013	FY '12-'13 Award	FY '12-'13 Expended	Cumulative Amount Expended
$4,527,387**	$460,000	$460,000 (100% of budget)	$3,831,757 *(85 % of budget)

* This date reflects that of the Master Contract with SCOE, and differs from 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.

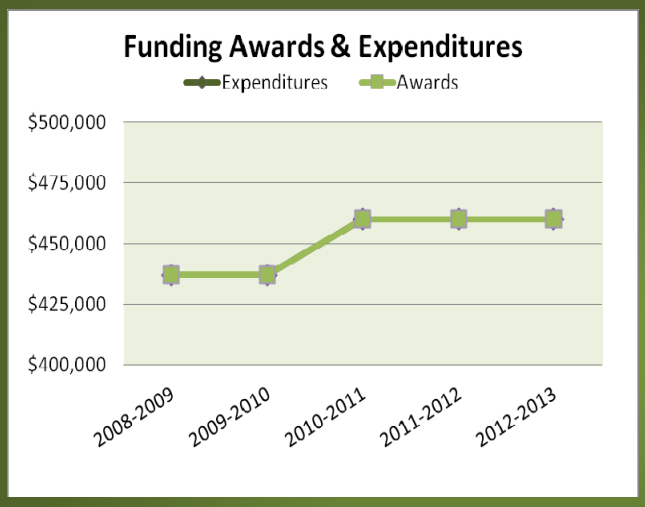
FY '12-'13 Budget / Expenditure Data			
Respite Care	Rent	Indirect Cost Rate	Average Cost Per Child 0-5 (466)
$442,500	$17,500	0%	$987

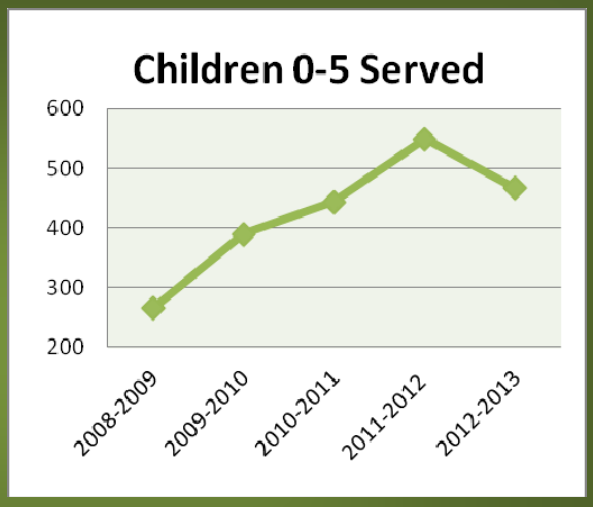
PARTICIPANT TYPE	% SERVED
Children	58%
(61% <3; 39% 3-5)	
Parents/Guardians	22%
Other Family	20%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	46%
White	29%
Black/African American	7%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	1%
Multiracial	1%
Other	-
Unknown	3%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	84%
Spanish	15%
Hmong	-
Other	1%
Unknown	-

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





Funding awards and expenditures have been consistent with the exception of a 5% increase beginning in '10-'11. The number of children served declined in '12-'13 due to more intensive (and therefore more expensive) services being delivered.

- In '12-'13, CCC served 466 children with 70,462 hours of respite care during 12,871 days of child enrollment. The goals for all three of these measurements were exceeded: 400 children, 65,700 hours of respite care, and 12,298 days of child enrollment.
- CCC has focused on relocating Marsha's House to the Ceres area in '12-'13, which has long been identified as being an underserved area of Stanislaus County. Work on the relocation continues and a permanent Ceres location is expected to be opened in '13-'14.
- 136 children needing developmental assessments received such serviceand 24 of those children were referred for additional assessments and services.
- 85,233 nutritionally based meals and snacks were served to 466 disadvantaged high risk children ages 0-5.
- Family risk scores from the 466 children served during the year indicate that 82% of families achieved a lower family risk score at the end of their evaluation periods.
- Leveraging: Most funding for the agency is derived from state and federal grant allocations and donations from foundations. $2,387,403 was received in '12-'13 from these sources.
- 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 Laotian, Hmong, Thai, Cambodian, Vietnamese, Punjabi, Hindi, Urdu, Portuguese and ASL (American Sign Language).
- Collaborations: For the past three years, CCC has been an on-site partner at the Stanislaus Family Justice Center (SFJC). CCC's role in this alliance is to serve children who have been victimized directly or indirectly by physical or sexual abuse, and children fleeing domestic violence. By working on-site at the FJC, CCC has strengthened its relationship with the other on-site 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). Ceres Partnership for Healthy Children, as well as Stanislaus Recovery Center (SRC), are two other significant CCC collaborators.

Prior Year Recommendations

2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue efforts to collaborate with other agencies.	• The Children's Crisis Center will strengthen its collaboration with Ceres Partnership for Healthy Children through the relocation of Marsha's House to Ceres, enabling Ceres Partnership for Healthy Children clients easier access to respite shelter care and support services. Key CCC administrative staff have already met with Ceres Partnership for Healthy Children staff to begin discussions on how Ceres residents could best benefit from the collaboration. • The Children's Crisis Center established a collaborative during 2012-2013 with Valley Recovery Resources, Redwood Family Center. CCC childcare specialists work on-site three afternoons a week at Redwood Family Center, engaging children in age-appropriate, developmental play while the parents rotate into the groups learning by example how to engage their child in play. While engaged in enrichment activities with their child(ren), they are also provided the opportunity to bond with other parents of same-age children. • In April 2013, the CCC formed a collaborative with the Modesto Junior College Foster & Kinship Care Education Program (FKCE). Through this collaboration, CCC parents are able to access additional parental support opportunities and bi-lingual educational classes focusing on the emotional, behavioral and developmental needs of their children. Classes are held throughout the year at several locations, including on-site at CCC's Cricket's House (Modesto) and CCC's Verda's House (Turlock). • As of June 30, 2013, the Children's Crisis Center has been adopted by Tiny Tim's, a fundraising auxiliary in existence for 40 years, previously associated with the Children's Home Society. The CCC is their new charity for all future fundraising activities. • The Children's Crisis Center is working with C.A.S.A. (Court Appointed Special Advocates) for Children of Stanislaus County in establishing a collaboration through which C.A.S.A. will utilize the CCC facilities for staff and volunteer trainings essential to providing services to children in our community. Trainings are scheduled on-site at CCC facilities beginning Fall 2013.
2. Continue seeking leveraging opportunities	• As we've done in past years, the Children's Crisis Center will continue to reach out and inform the community of our program.

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%	98% (458/466)
Children 0-5 indicate decreased risk for child abuse or neglect	80%	82% (304/370)
Enrolled children 0-5 assessed with DRDP progress in at least one developmental area	70%	80% (109/136)
Children 0-5 indicating need for additional developmental services receive appropriate referrals	No planned outcomes	100% (24/24)
Enrolled children 0-5 who did not need a medical assessment and/or TB screening	No planned outcomes	23% (109/466)
Enrolled children 0-5 without a medical assessment or TB screening received same	No planned outcomes	100% (109/109)

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:

- Reinforce partnerships with Valley Recovery Center and offer services at other Valley Recovery Center sites.

El Concilio – La Familia

Agency: El Concilio
Current Contract End Date: June 30, 2013

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, 2013	FY '12-'13 Award	FY '12-'13 Expended	Cumulative Amount Expended
$1,194,000	$98,000	$95,422 (97% of budget)	$1,090,403 (91% of budget)

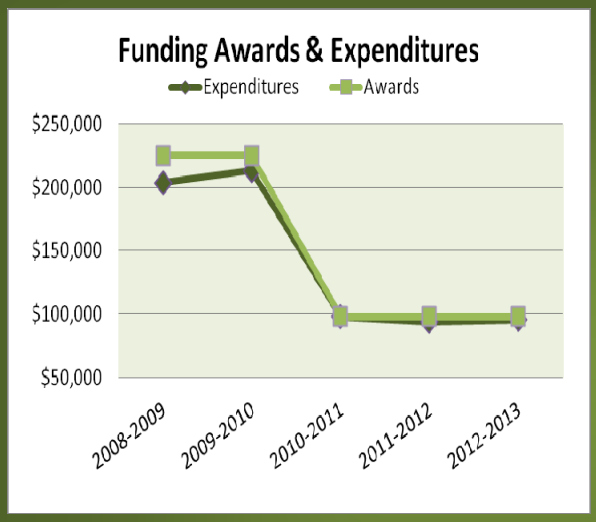
FY '12-'13 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (177)
$60,545	$34,877	10%	$539

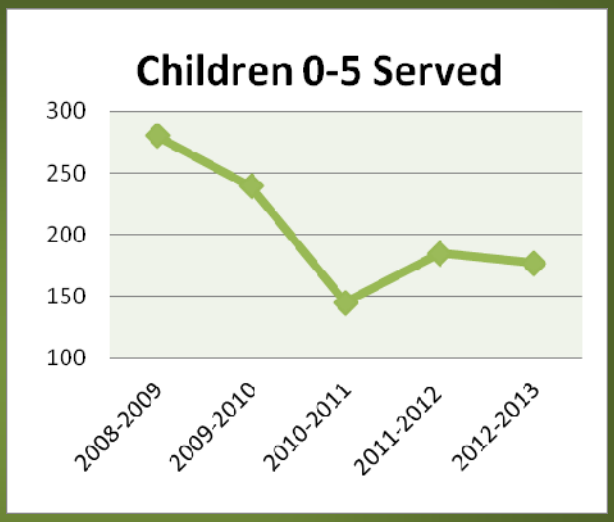
PARTICIPANT TYPE	% SERVED
Children	35%
40% <3; 60% 3-5	
Parents/Guardians	30%
Other Family	35%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	85%
White	11%
Black/African American	1%
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	3%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	16%
Spanish	76%
Hmong	-
Other	8%
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 by 56%. The number of participants served decreased by 48%. However, the number of children 0-5 served in '11-'12 and '12-'13 have been higher than the historic low of '10-'11.

Program Highlights

- Through this contract, a Mental Health Clinician is at the following locations once a week for four hour increments: Parent Resource Center (Modesto), 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.
- The La Familia Clinician is at the following locations once a week for two hours conducting support groups: Casa del Rio (Riverbank), Ceres Healthy Start, and Keyes Elementary School.
- The program had to discontinue services at the Turlock Family Resource Center when a space with privacy could no longer be provided. When the Turlock FRC locates to a new location with a private setting, the program may be able to reinstate services in Turlock.
- A waiting list has been established due to the increased need for mental health services.
- Leveraging: The program reports that Commission funds were not able to be leveraged.
- Cultural Competency: The agency's staff members are fluent in Spanish, Portuguese, and English. The agency enjoys credibility in the community through the effective operation of other programs and services utilized by residents. The vast majority of program participants are monolingual Spanish speakers.
- Collaboration: The La Familia program regularly works with Modesto City Schools, Ceres Unified School District, Keyes Unified School District, and faith based organizations.

Prior Year Recommendations

2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Look for opportunities to use Commission funds to leverage funds from government grants and private donations.	• We are always looking into opportunities for growth. We have applied for other grants, without any luck. El Concilio also receives funding through PEI Stanislaus County and is looking at possible collaboration efforts and increase our sources to provide more. We did obtain a grant to increase systems of care by providing information and resource for the affordable care act and financial literacy for those in need of the education and information.
2. Update the program's sustainability plan to ensure needed services can be provided in future years.	• We have revisited our sustainability plan and have done some updates.

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	177 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% (165/165)
Children 0-5 whose caregivers receive individual counseling and indicate improvement with presenting issues.	65%	100% (148/148)

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:

- Reestablish the program in Turlock when a private space can be located at the FRC or some other appropriate location and when clinician hours become available.

Stanislaus Family Justice Center

Agency: Stanislaus Family Justice Center
Current Contract End Date: June 30, 2013

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, 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), the 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, 2013	FY '12-'13 Award	FY '12-'13 Expended	Cumulative Amount Expended
$322,680	$122,680	$110,102 (90% of budget)	$309,995 (96% of budget)

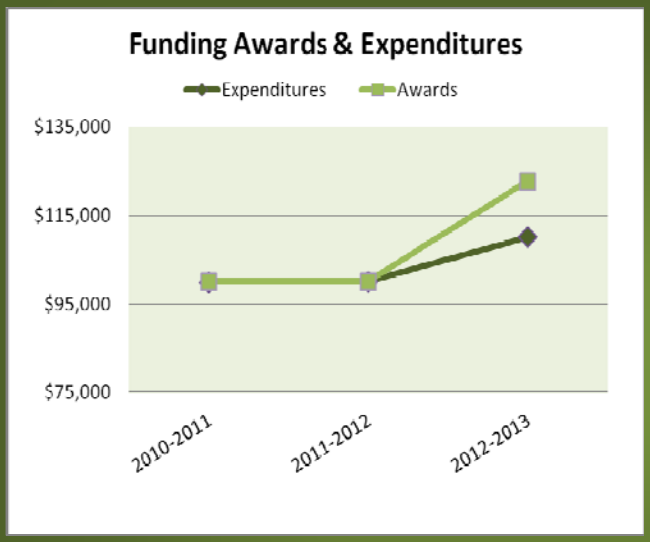
FY '12-'13 Budget / Expenditure Data			
Personnel Costs	Legal Services	Indirect Cost Rate	Cost Per Child 0-5 (284)
$97,344	$12,758	0%	$388

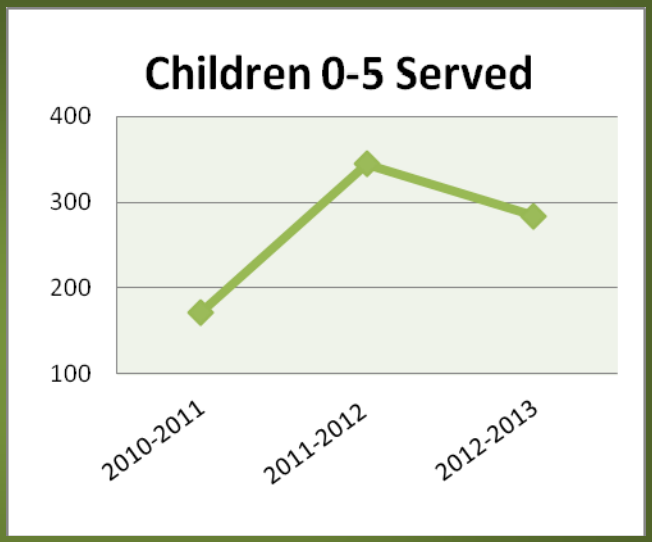
PARTICIPANT TYPE	% SERVED
Children	49%
43% <3; 57% 3-5	
Parents/Guardians	22%
Other Family	29%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	53%
White	24%
Black/African American	5%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	11%
Other	1%
Unknown	5%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	77%
Spanish	21%
Hmong	-
Other	-
Unknown	2%

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. 90% of the funding provided to the program was expended during the activity year. Participants served decreased in '12-'13 due to the more intensive nature of services provided in '12-'13.

Program Highlights

- The Family Justice Center model is identified as an evidence-based practice in the field of domestic and family violence and sexual assault intervention and prevention services. Documented and published outcomes of the model include reduced homicides, increased victim safety, increased empowerment for victims, reduced fear and anxiety for victims and their children, reduced recantation and minimization by victims, increased efficiency of services, increased prosecution of offenders, and dramatically increased community support for services to victims and their children.
- In '12-'13, 908 unique services were provided to caregivers and their children age 0 – 5, as compared to 567 unique services provided in '11-'12. Families with children age 0 – 5 received an average of 7.2 unique services per family, as compared to an average of 4.2 unique services in '11-'12. 62.6% of families had safety plans in place, compared to 21.5% in '11-'12.
- While only 16 participants were surveyed, respondents were overwhelmingly satisfied with the services received.
- For the last half of '12-'13, the Commission granted additional funds to the program to provide civil legal services. Assistance was provided to 54 caregivers with children age 0-5 (78 children total), resulting in 22 Temporary Restraining Orders (TRO) and 9 Permanent Restraining Orders (RO). There were also 12 custody modifications involving children age 0-5.
- Leveraging: The program was able to leverage $257,191 from Federal and local funding sources.
- 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 abuse services. Agencies currently on-site at the FJC include CAIRE Center (Child Abuse Interviews, Referrals, and Evaluation), Community Services Agency, Haven Women's Center, Children's Crisis Center, Behavioral Health and Recovery Services, Child Protective Services, District Attorney, Civil and Legal Attorney, Stanislaus County Sheriff, VOICES of Stanislaus (VCS), and the Modesto Police Department. The Domestic Violence Response Team for Stanislaus County is also housed at the FJC site.

Prior Year Recommendations

2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM RESPONSE
1. Focus on developing safety plans for families.	• We have improved our safety plan development. In 2012-13, 62.6% of the families had safety plans in place, compared to 21.5% in 2011-12.
2. Focus on training caregivers in self-sufficiency skills.	• The SFJC implemented a new Domestic Violence (DV) Empowerment Program on January 1, 2013. With funding from the Avon Foundation, a DV Empowerment Coordinator was hired to develop a program that provides comprehensive, integrated, & culturally sensitive self-sufficiency services to victims in Stanislaus County and helps survivors develop personal power, self-efficacy, & specific skills. Services include short and long term goal setting, financial literacy programs (individual and group), resume preparation, interview techniques, skills programs, ESL, educational planning, and scholarship resource assistance. The coordinator manages referrals for job training and employment opportunities, implements personal empowerment workshops, and enhances existing referral processes for need-based programs. She works with SFJC staff and members of the MDT of partners to identify and develop programs/services that can be offered to enhance survivor self-sufficiency.
3. Adhere to Commission policies and scope of work deadlines regarding reporting deadlines.	• We are continuing to improve in this area.
4. Continue sustainability efforts to ensure needed services can be provided in future years.	• Cindy Schneider, Director of Community Partnerships, is focused solely on Fund Development and Special Events. Karen Servas, contract Grant Writer, wrote several grants this past fiscal year to the Department of Justice to fund key components of SFJC activities. Funding awards will be announced to successful applicants in September 2013.
5. Continue development of productive collaborations.	• SFJC continues to collaborate with key strategic not-for-profit and government partners to deliver high quality, compassionate, and culturally-sensitive services to victims in Stanislaus County.

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	284
Caregivers of 0-5 children who were granted a temporary restraining order	No planned outcomes	22
Caregivers of 0-5 children who were granted a restraining order	No planned outcomes	9
Caregivers of 0-5 children served have a safety plan in place.	50%	63% (79/126)
Caregivers of children served report an increase in self-sufficiency skills.	70%	0% (0/126)

(Note: An instrument to measure increases in self-sufficiency is under development.)

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:

- Finalize development and implement tool to measure self-sufficiency efforts.

Healthy Start Support

Agency: Stanislaus County Office of Education
Current Contract End Date: June 30, 2013

Program Description

Ten Stanislaus County Healthy Start sites form a collaborative that connects children and families with the 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 that have children 0-5 that 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 supports the sites by making 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 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, 2013	FY '12-'13 Award	FY '12-'13 Expended	Cumulative Amount Expended
$5,043,443	$498,398	$498,398 (100% of budget)	$5,011,277 (99% of budget)

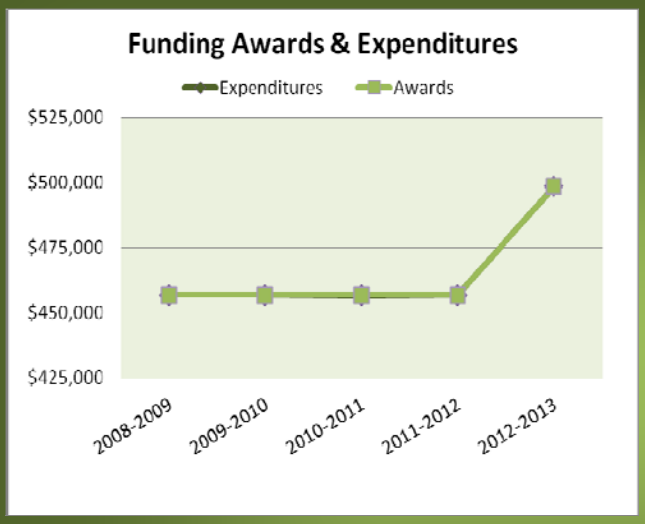
FY '12-'13 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (1,953)
$60,919	$21,459	$416,020	9.8% (excludes sites)	$255

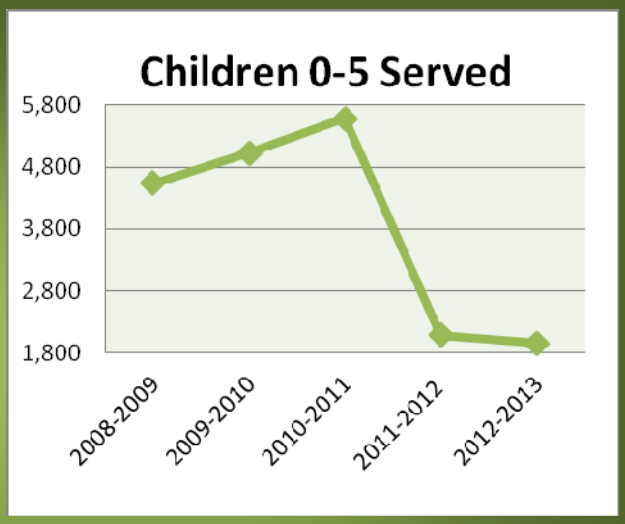
PARTICIPANT TYPE	% SERVED
Children	57%
49% <3; 51% 3-5	
Parents/Guardians	43%
Other Family	-

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	80%
White	12%
Black/African American	5%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	2%
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	44%
Spanish	55%
Hmong	-
Other	-
Unknown	-

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





The increase in funding awarded in '12-'13 resulted from the addition of the Keyes site. The children 0-5 served had increased substantially until '11-'12 when there was a significant drop (63%) in service. A revised reporting methodology caused the drop in children served in '11-'12 that continued into '12-'13 The revised methodology has 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 at sites eligible for free and reduced lunch ranges from 59.6% to 96.9%.
- The Hispanic/Latino population continues to be the largest ethnic group in each of the 10 school communities ranging from 52.4% to 80.9%.
- Pre and post-tests show increases in the range of 50%-80% for literacy scores involving 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.
- Leveraging: The program reported that no leveraging occurred.
- Cultural Competency: All 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.
- Collaboration: All sites work with FRCs in their community, other Prop 10 programs, and a myriad of other community organizations.
- Out of 459 caregiver survey responses, 98% were comfortable receiving help from a Healthy Start site.

Prior Year Recommendations

2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue using the Family Support Outcome Survey (FSOS) to record changes in families.	• All ten sites use this method of data collection to avoid duplication and allow them to measure the effectiveness of programs offered.
2. Consider standardizing the services provided at the sites and the types of data collected at the sites.	• Sites need to be able to customize services that meet the needs of their own individual communities. Although, outcomes are the same for every site. Data collection has been standardized by using the FSOS data collection tool.

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:		1,474 families 1,953 children
Families indicating increased knowledge of community resources	80%	89% (1,312/1,474)
Families indicating increased social/emotional support	80%	91% (1,341/1,474)
Families indicating decreased stress	80%	78% (1,150/1,474)
Families reporting progress towards positive family goals	80%	89% (1,312/1,474)
Families reporting improved parenting skills	80%	84% (1,238/1,474)
Families reporting increased confidence in their parenting ability	80%	97% (1,430/1,474)
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%	89% (1,311/1,474)
Caregivers passing CPR/First Aid course	80%	100% (91/91)

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.

The BRIDGE

Agency: Sierra Vista Child and Family Services
Current Contract End Date: June 30, 2013

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 very 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 assess 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, 2013	FY '12-'13 Award	FY '12'13 Expended	Cumulative Amount Expended
$1,080,000	$185,000	$185,000 (100% of budget)	$1,030,087 (95% of budget)

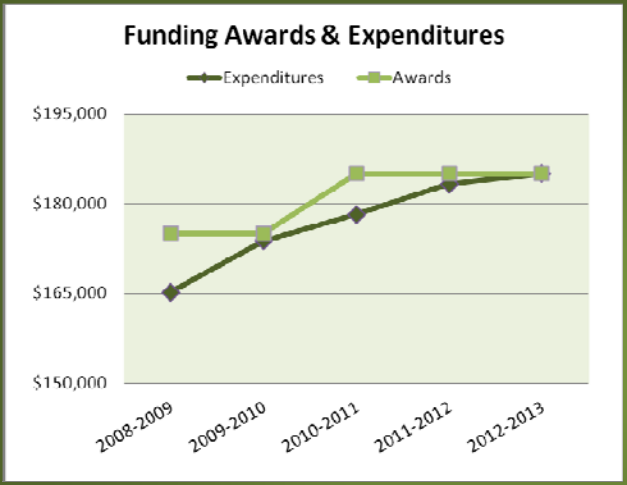
FY '12-'13 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (381)
$142,108	$26,074	$16,818	10%	$485

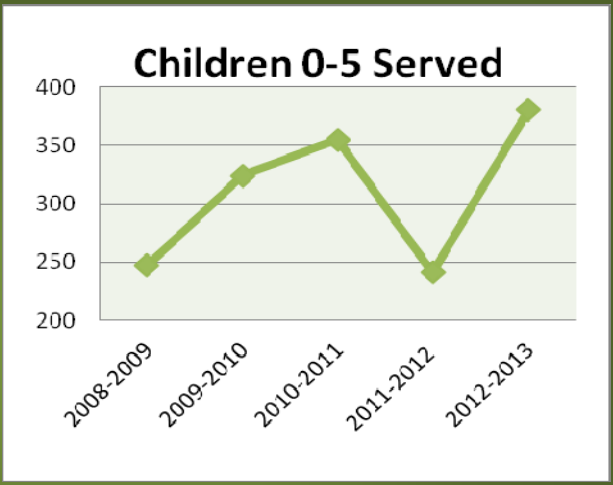
PARTICIPANT TYPE	% SERVED
Children	34%
46% <3; 54% 3-5	
Parents/Guardians	45%
Other Family	21%

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

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	-
Spanish	-
Hmong	26%
Other	74%
Unknown	-

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





Although the funding award for the BRIDGE has remained relatively constant, '12-'13 is the first year The BRIDGE has expended 100% of its budget. Children served increased in '12'-13 as a result of the Commission working with The BRIDGE to emphasize outreach.

Program Highlights

- Three large 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 the BRIDGE services.
- While overall participant feedback has been very positive and indicates that The BRIDGE services are well used and appreciated, survey respondents representing 217 0-5 children again gave "quality of services" the lowest excellent rating at 71%. This was an improvement from the 62% excellent approval rating for this category in '11-'12. It is suggested that The BRIDGE continue its work to improve this rating.
- The BRIDGE has notice a trend of young parents working in other areas (where jobs are more plentiful) and leaving the day-to-day care of their young children to grandparents.
- The BRIDGE has continued to operate a garden project so participants can grow their own snacks and learn about nutrition.
- Leveraging: The BRIDGE leveraged $212,569 of federal, state, and local dollars, matching by more than 115% the Commission funding award.
- 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 member involvement has resulted in the hiring of staff more closely aligned with the target population. Limited materials are available in the SEA languages which can be problematic. However, The BRIDGE has found several resources for health and parent education material in the SEA languages and uses them regularly.
- Collaboration: The BRIDGE has a long history of collaborating with the Modesto Police, MID, PG&E, Probation, CSUS, 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 interpreting services for families.

Prior Year Recommendations

2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Attempt to determine why, despite high participant satisfaction with services provided, participants ranked "quality of services received" so low. (NOTE: A 62% excellent rating for the "quality of services received" question was a notable exception.)	• A review of surveys from the 11-12 year indicates 100% of consumers completing a survey ranked quality of services as Excellent (62%) or Good (38%). No participations completing a survey ranked services as "Fair" or "Poor."
2. Continue to leverage Commission funds to bring more services to the SEA community.	• Sierra Vista continues to leverage Commission funds for The BRIDGE via grant writing efforts and community partnerships.
3. Continue collaboration efforts to facilitate inbound and outbound referrals for services.	• The Bridge maintains a close collaboration with the Drop in Center (due to proximity) and makes numerous referrals as needed. Additionally, The BRIDGE continues collaboration efforts with Prop 10 funded programs as well as other programs.
4. Continue sustainability efforts aimed at continuing services into the future.	• Employees of Sierra Vista, The BRIDGE's parent agency, will be receiving support over the next two and a half years from The Center of Collective Wisdom (John Ott and Rose Pinard) to strengthen internal capacity and address the adaptive dilemma of having limited resources to serve a community with growing needs. The BRIDGE will be part of the work to translate and integrate the Wisdom Transformation framework into their cultures and day to-day operations to help them improve and sustain positive behavioral health outcomes for the people they serve.

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 referred during the year have caregivers who receive a Strength Based Assessment	70%	85% (324/381)
Children 0-5 referred in the new year have caregivers who receive referrals, resources, or support services	80%	98% (207/211)
Children 0-5 have caregivers who receive ongoing case management	40%	40% (84/211)
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%	93% (13/14)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	82% (170/207)
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%	66% (137/207)
Children who indicate a need will be referred for further developmental assessment	90%	100% (7/7)
Children 0-5 served indicate increased time reading at home with family	60%	100% (30/30)
Children 0-5 who did not have health insurance when entering the program received assistance in obtaining health insurance	85%	90% 18/20
Assessed children 0-5 who did not have health insurance are enrolled in a health insurance program within 90 days of intake	80%	100% 14/14

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:

- The Bridge emphasizes translation and transportation services. Develop programs to support participants' independence and self-sufficiency.

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

Agency: Stanislaus County Behavioral Health and Recovery Services
Current Contract End Date: June 30, 2013

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, 2013	FY '12-'13 Award	FY '12-'13 Expended	Cumulative Amount Expended
$12,629,133	$1,523,009	$1,406,433 (92 % of budget)	$11,865,154 (94% of budget)

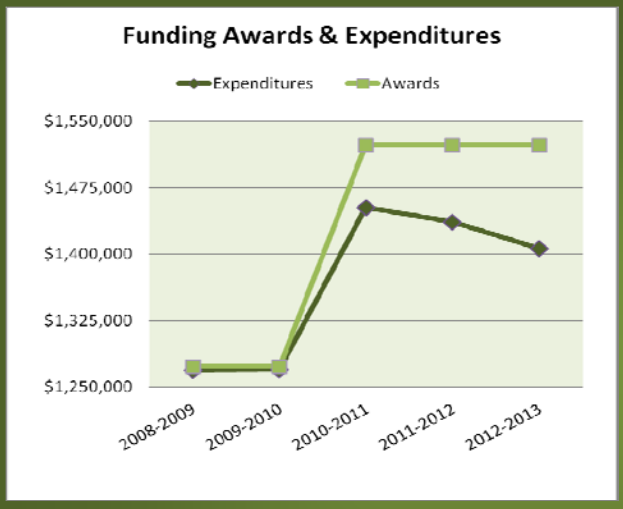
FY '12-'13 Budget / Expenditure Data			
BHRS	Sierra Vista	Cost Per Child 0-5 (3,299-includes parent ed.)	Cost per Service Hour (15,517)
$803,936	$602,497	$426	$91

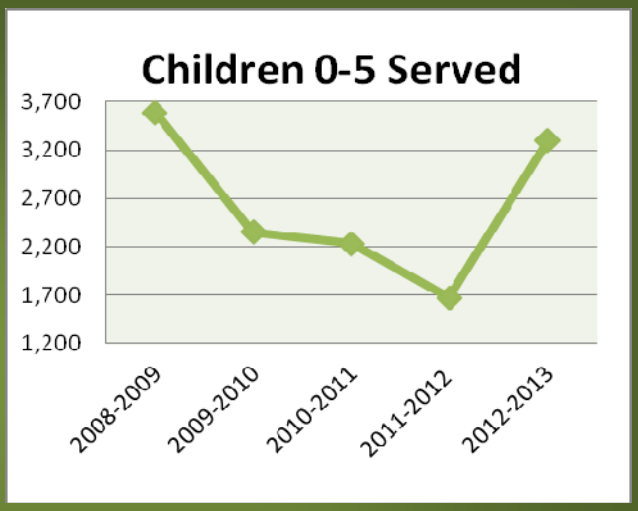
PARTICIPANT TYPE	% SERVED
Children	38%
61% <3; 39% 3-5	
Parents/Guardians	62%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	40%
White	35%
Black/African American	13%
Asian	5%
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	-
Other	7%
Unknown	-

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

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





The funding award for this program 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.

Program Highlights

- The target population of 0-5 EIP continues to be those children and families challenged by:
  - ✓ Poverty
  - ✓ Addiction and Domestic Violence
  - ✓ Complications from Drug Exposure in Utero
  - ✓ Medical Issues Including Asthma and Developmental Delays
  - ✓ Grandparents as Primary Parents
  - ✓ Abuse and Neglect
- 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 a delay in the hiring of clinicians. There was an increase in consultation service hours. The program believes this increase in consultation hours is a reflection of the poor economy in Stanislaus County.

Service	Planned Hours	Actual Hours
Outpatient mental health services	*4,500*	*3,262*
Parenting	*420*	*705*
Prevention	*9,000*	*8,456*
Consultation	*2,600*	*2,856*
Planned Total Hours	*16,520*	*15,279*

- 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.

- The need for parenting classes remains high as reflected by the number of requests that continue to be received. General parenting issues, including topics such as stress management and brain development, are regularly requested. Two new classes, “Grandparenting Again” and “Sibling Rivalry,” are now offered to the community.
- An additional workshop that focuses on teaching parents how to offer praise is also under development. This workshop utilizes skills that have been researched by UC Davis in their Parent Child Interactional Therapy study.
- Consultation services are reported to be effective at maintaining difficult children in day care settings and providing additional skills for day care providers. One area of continued frustration is in the desire for more consultation time at sites.
- In ’12-‘13, 0-5 EIP implemented a strategy to address children who have sensory processing and/or learning impairments. (Children exposed to abuse and to alcohol and drugs in utero frequently have these issues as well as children born with challenging temperaments.) The key concept in this approach is to teach children, their caregivers and teachers how to listen, to attend for a period of time, and to be calm and awake enough to participate in learning activities. The program, known as The Alert Program (AP), has been successful in promoting awareness of how to regulate arousal states and how to manage levels of alertness.
- Leveraging: Funds totaling $2,133,389 were leveraged in ’12-’13 through Medi-cal, EPSDT and other contracts through Head Start including; Migrant, Early Head Start, and Head Start. That is over $279,000 more than what was leveraged in the previous year.
- Cultural Competency: The 0-5 EIP program has bi-lingual, bi-cultural staff who is sensitive to the multitude of cultural influences on families. For Spanish-speaking families, 0-5 EIP has Spanish-speaking providers and representatives from various ethnic communities in Stanislaus County. Demographic information on clients served reflects the ethnic distribution of the county. The Leaps and Bounds program received an award for Cultural Competence Champion, on April 8, 2013 from the BHRS Cultural Oversight Committee.
- 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 Family Resource Centers, Children’s Crisis Center, El Concilio, and HBO programming. The following agencies rely upon specialized mental health assessment and treatment for children and parents: Health Service Agency, BHRS, Unified School Districts throughout the county, Valley Mountain Regional Center, Stanislaus County Office of Education, BHRS/MHSA (Mental Health Services Act) programming in the community, and Community Service Agency Child and Family Services. In ‘12-‘13, 0-5 EIP concentrated its consultation efforts at Head Start sites, family based day care, center based day care, and Modesto City Schools.

Prior Year Recommendations

2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to leverage Commission funds to increase services to the 0-5 population.	• 0-5 EIP continues to leverage funding and in '12-'13 generated $2,133,389 – which was over $279,000 more than what was leveraged in the previous year.
2. Continue the work activities described in the Sustainability Plan.	• A continued approach, which is in alignment with the strategic plan of BHRS, has been to encourage the support and ownership of social-emotional health promotion with community partners and neighborhoods. Additionally, agencies such as SCOE, Modesto City Schools, and other community partners, who are receiving behavioral health services are being made aware of the future decrease in revenue from the Children and Families Commission. • Collaborative relationships are the cornerstone of working relationships; these are found between practitioners, agencies and systems which share similar missions. We have learned over the last decade that in order to collaborate and/or consult with an agency, relationship building is vital in order for the collaboration and/or consultation to succeed. However, each time there is a change of providers, approach, or a primary contact, the relationship needs to be developed again. The most fruitful collaborations are those where a primary relationship is established over time between individuals and the sharing of resources has produced good results. A continued effort in sustaining relationships is a noteworthy investment towards sustainability beyond funding.
3. Continue to promote and develop collaborations throughout the community.	• We have continued to promote and maintain collaborations in the community.
4. Continue implementing the new computer data gathering system. Understand differences (if any) in how the old system and the new system report data.	• The program has continued to implement an internal computer data system.
5. Service level changes involving partners should be discussed with partners	• The program has continued with Prop 10 partners such as Family Resource Centers and HBO groups. There is no necessity to cut back on this service area.

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%	92% (128/139)
Clinical staff report improvements in participating children as measured by symptom checklists and improvement noted in client care plans	75%	88% (69/78)
Children 0-5 who are assessed have caregivers who receive depression screenings	65%	64% (158/247)
Participating parents report improvements in their relationship with their child	75%	98% (136/139)
Clinical staff report improvements in family relationships of participating families	75%	94% (67/71)
Parents report a reduction of stress and risk factors	75%	95% (132/139)
Clinical staff report reductions in risk factors for participating families	70%	81% (63/71)
Parents show a reduction in risk factors for abuse/neglect based on the Parental Stress Index	70%	83% (5/6)
Parents report positive skill gains from training programs provided	85%	95% (782/824)
Children demonstrate improvement in behavior within day care and social environments measured by parent	60%	95% (179/189)
Children demonstrate improvement in behavior within day care environment as reported by staff	60%	94% (266/283)
FRC staff report satisfaction with consultation and referral services provided by program	70%	100% (8/8)
Day care providers report improved skills and confidence in working with difficult children as a result of mental health consultation	80%	91% (67/74)
Providers report a willingness to continue to work with children with serious behavioral problems as a result of mental health consultation	75%	93% (69/74)
Providers report positive skill gains for training programs provided	80%	96% (53/55)
Providers report satisfaction with mental health consultation services	80%	97% (72/74)

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.

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, 2013

Program Description

In May 2005, the Children and Families Commission and 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, therefore eliminating the 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, 2013		FY '12-'13 Award		FY '12-'13 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)*
$11,277,684	$15,206,645	$1,559,356	$2,059,356	$1,454,428 (93%)	$1,953,925 (95%)	$10,374,136 (92%)	$14,265,001 (94%)

Cost per Child 0-5 to Commission (2,866) = $507

PARTICIPANT TYPE	% SERVED
Children	33%
49% <3; 51% 3-5	
Parents/Guardians	36%
Other Family	31%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	58%
White	30%
Black/African American	5%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	1%
Other	4%
Unknown	1%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	66%
Spanish	33%
Hmong	-
Other	1%
Unknown	-

An Investment In Communities
Family Resource Centers and Differential Response

During the last eight years, the Commission has invested over $10.5 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for '12-'13 represents 24% 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)

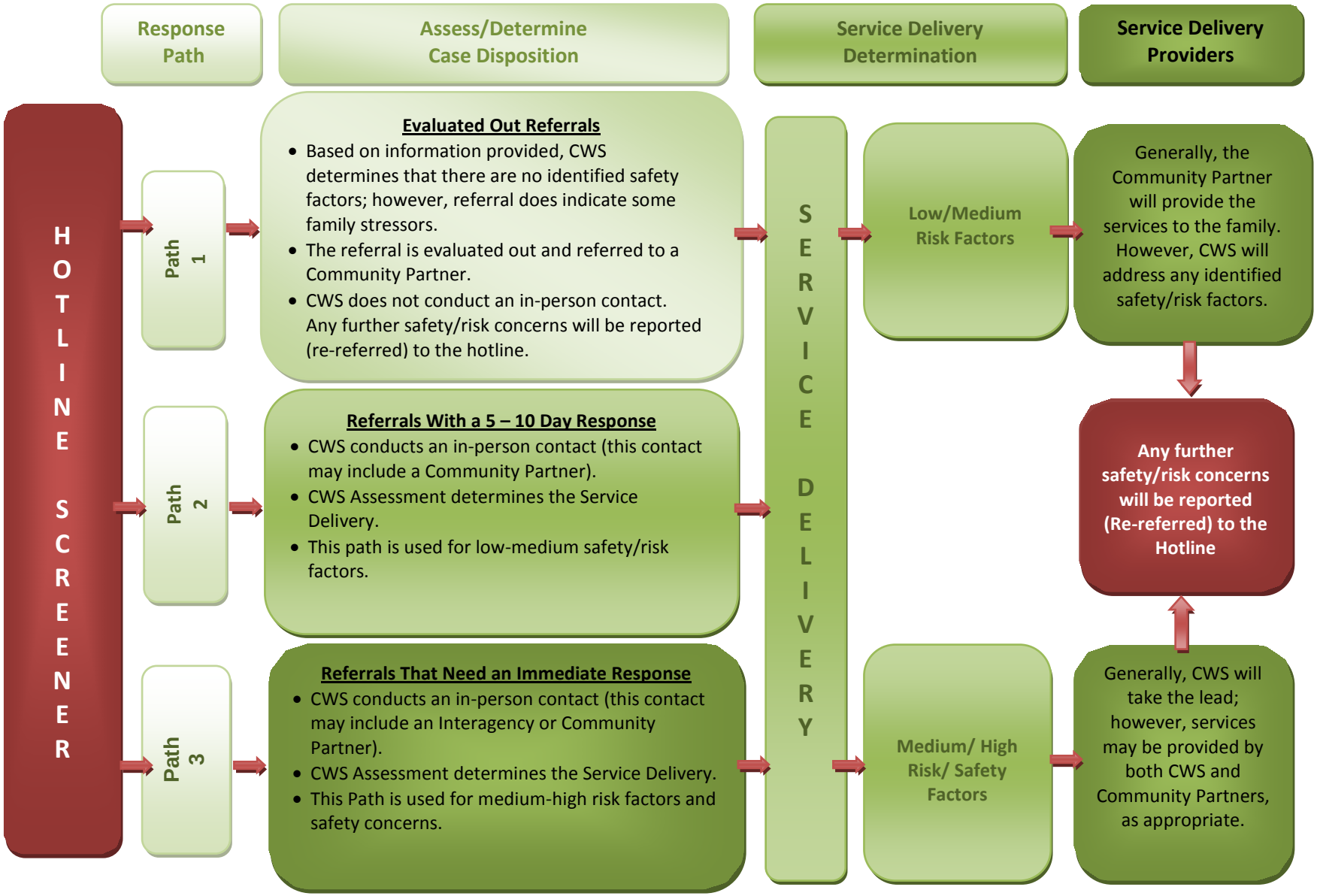
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated,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

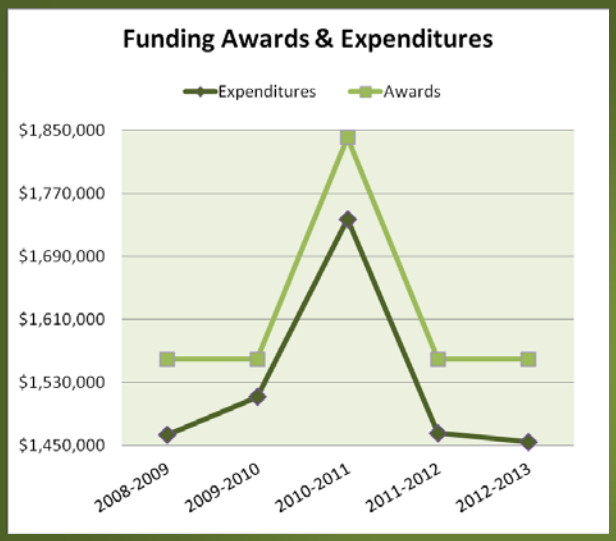
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal, Healthy Families, and Kaiser Kids within 90 days of the assessment. FRCs conduct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

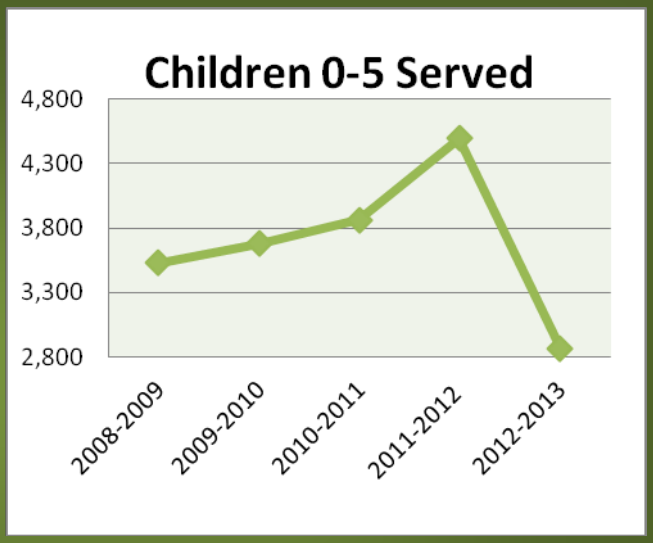
Differential Response is a strategy where community groups partner with the county's child welfare agency to respond to child abuse/neglect referrals in a more flexible manner (with three response paths instead of one). CSA's response to a referral depends on the perceived safety and risk presented. 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 money was unavailable for '10-'11. Children served rose continually until '12-'13 when better data collection eliminated the duplication of participant counts. Numbers served also declined because of increased difficulty in engaging referred families.

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 some 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; eight outcomes are addressed: 1) Caregivers have increased parenting knowledge, skills, and support 2) Caregivers are identified and linked to mental health services; 3) Mental health issues of caregivers are addressed and improved 4) Children receive early screening and intervention for developmental delays and other special needs; 5) Caregivers provide care that fosters their children's optimal development achievement; 6) Children possess literacy tools (books, skills); 7) Caregivers demonstrate improved literacy skills; and 8) 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.
- ✓ Intake Forms/Logs – Individual FRCs use intake forms and/or logs to capture data.
- ✓ 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.

- As a group, the FRCs leveraged a total of over $1.7 million in other resources – an increase of over $253,000 from the previous year. In addition, facility space, non-cash donations, and services are leveraged with Commission funding.

Prior Year Recommendations

In the 2011-2012 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	
2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Consistently apply the cost allocation plan to invoicing. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way.	• A cost allocation plan was developed, approved and utilized routinely in invoicing services this year. • For the joint FRC recommendations in this recent 2011-2012 FY report, we will look forward to working with our collaborative group regarding customer satisfaction protocols and other FRC services as proposed.
2. Continue to track and report on hours as well as numbers served. Consider holding discussions regarding appropriate and/or expected levels of services to create a more consistent level of services and costs per child across the county.	• For the joint FRC recommendations in this recent 2011-2012 FY report, we will look forward to working with our collaborative group regarding customer satisfaction protocols and other FRC services as proposed.

EASTSIDE	
2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Consistently apply the cost allocation plan to invoicing. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way.	• A cost allocation plan was developed, approved and utilized routinely in invoicing services this year. • For the joint FRC recommendations in this recent 2011-2012 FY report, we will look forward to working with our collaborative group regarding customer satisfaction protocols and other FRC services as proposed.
2. Continue to track and report on hours as well as numbers served. Consider holding discussions regarding	• For the joint FRC recommendations in this recent 2011-2012 FY report, we will look forward to working with our

appropriate and/or expected levels of services to create a more consistent level of services and costs per child across the county.	collaborative group regarding customer satisfaction protocols and other FRC services as proposed.

FAMILY RESOURCE CONNECTION	
2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Consistently apply the cost allocation plan to invoicing. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way.	• The Family Resource Connection will continue to apply the cost allocation plan as requested. We have consistently used the same customer satisfaction survey since the beginning of the contract, and will collaborate with other resource centers to ensure we are using a consistent customer satisfaction survey across our agencies.
2. Continue to track and report on hours as well as numbers served. Consider holding discussions regarding appropriate and/or expected levels of services to create a more consistent level of services and costs per child across the county.	• The Family Resource Connection will collaborate with other resource centers to develop common service protocols in order to have consistent cost per child and services across our resource centers. We will continue to track and report hours, as well as develop consistent report tools to track the number of clients served.

HUGHSON	
2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Consistently apply the cost allocation plan to invoicing. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way.	• Work in concert with the Commission and collaborating FRCs to develop a mutual customer satisfaction survey.
2. Continue to track and report on hours as well as numbers served. Consider holding discussions regarding appropriate and/or expected levels of services to create a more consistent level of services and costs per child across the county.	• Work group developed with representation from each collaborating agency to address services and consistency of reporting on SCOAARS.

NORTH MODESTO / SALIDA	
2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Consistently apply the cost allocation plan to invoicing. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way.	• Work in concert with the Commission and collaborating FRCs to develop a mutual customer satisfaction survey.
2. Continue to track and report on hours as well as numbers served. Consider holding discussions regarding appropriate and/or expected levels of services to create a more consistent level of services and costs per child	• Work group developed with representation from each collaborating agency to address services and consistency of reporting on SCOAARS.

across the county.	

TURLOCK	
2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Consistently apply the cost allocation plan to invoicing. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way.	• The FRCs will begin to hold discussions on the needs for the customer satisfaction surveys, what already exists, what questions we want to ask, etc. to be utilized in upcoming years.
2. Continue to track and report on hours as well as numbers served. Consider holding discussions regarding appropriate and/or expected levels of services to create a more consistent level of services and costs per child across the county.	• The FRCs came together on the Family Development Matrix Project. This project focused on the assessment tool utilized by the FRCs as a group. This tool has a data system that is utilized to gather and aggregate information countywide. The hope was/is that utilizing the FDM database would create a more viable and accurate level of service countywide. Continued, regular meetings include the leadership from all FRCs are recommended to continue progress on the consistent levels of service.

WESTSIDE	
2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Consistently apply the cost allocation plan to invoicing. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way.	• A cost allocation plan was developed, approved and utilized routinely in invoicing services this year. • For the joint FRC recommendations in this recent 2011-2012 FY report, we will look forward to working with our collaborative group regarding customer satisfaction protocols and other FRC services as proposed.
2. Continue to track and report on hours as well as numbers served. Consider holding discussions regarding appropriate and/or expected levels of services to create a more consistent level of services and costs per child across the county.	• For the joint FRC recommendations in this recent 2011-2012 FY report, we will look forward to working with our collaborative group regarding customer satisfaction protocols and other FRC services as proposed.

Planned Versus Actual Outputs / Outcomes

Family Resource Centers 12/13 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% of the caregivers of children 0-5 will have a first FDM assessment	30%	180/602	15%	45/296	75%	735/978	73%	235/321	79%	370/466	65%	146/223	17%	48/280	56%	1759/3166
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (DR & Non-DR).																
70% of the children 0-5 who are assessed will have caregivers who received depression screening.	78%	140/180	93%	42/45	83%	608/735	70%	165/235	69%	256/370	82%	120/146	63%	30/48	77%	1361/1759
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.																
70% of the children whose caregivers receive GROUP counseling will indicate improvement with presenting issues	0%	0/0	0%	0/0	94%	60/64	98%	60/61	100%	13/13	100%	3/3	0%	0/0	96%	136/141
65% of the children whose caregivers receive INDIVIDUAL counseling will meet mental health goals	0%	0/16	0%	0/0	95%	38/40	100%	4/4	93%	27/29	79%	15/19	13%	1/8	78%	85/109
FRC Staff will provide children 0-5, whose caregivers are assessed, with developmental screenings using the Ages & Stages Questionnaire (DR & Non-DR).																
55% of the children 0-5 whose families are assessed will receive developmental screenings.	62%	112/180	44%	20/45	67%	495/735	61%	144/235	55%	203/370	57%	83/146	63%	30/48	62%	1087/1759

	Ceres Partnership		Eastside FRC		Family Resource Connection		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
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)																
65% of children 0-5 who received literacy services will indicate increased time reading at home with family	81%	219/ 270	100%	80/80	99%	174/ 175	100 %	16/ 16	100 %	8/8	100 %	112/ 112	75%	48/ 64	91%	657/725
75% of children 0-5 will be provided books	100%	270/ 270	76%	61/80	100 %	175/ 175	100 %	16/ 16	100 %	8/8	100 %	112/ 112	100 %	64/ 64	97%	706/725
40% of children 0-5 whose caregivers attended adult literacy classes will increase literacy skills	70%	144/ 207	0%	0/0	67%	181/ 269	100 %	16/ 16	100 %	8/8	100 %	19/ 19	50%	1/2	71%	369/521
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.																
85% of the children 0-5, who did not have health insurance at the time of first contact, received assistance in obtaining health insurance	88%	71/ 81	100%	2/2	98%	45/ 46	90%	36/ 40	89%	8/9	100 %	2/2	75%	12/ 16	90%	176/196
80% of the assessed children 0-5, who did not have health insurance, will be enrolled in a health insurance program within 90 days of intake.	100 %	1/1	100%	2/2	90%	27/ 30	100 %	40/ 40	100 %	9/9	100 %	2/2	0%	0/0	96%	81/84

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 the Family Resource Centers work together to:

- Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way

Result Area 2: Improved Child Development

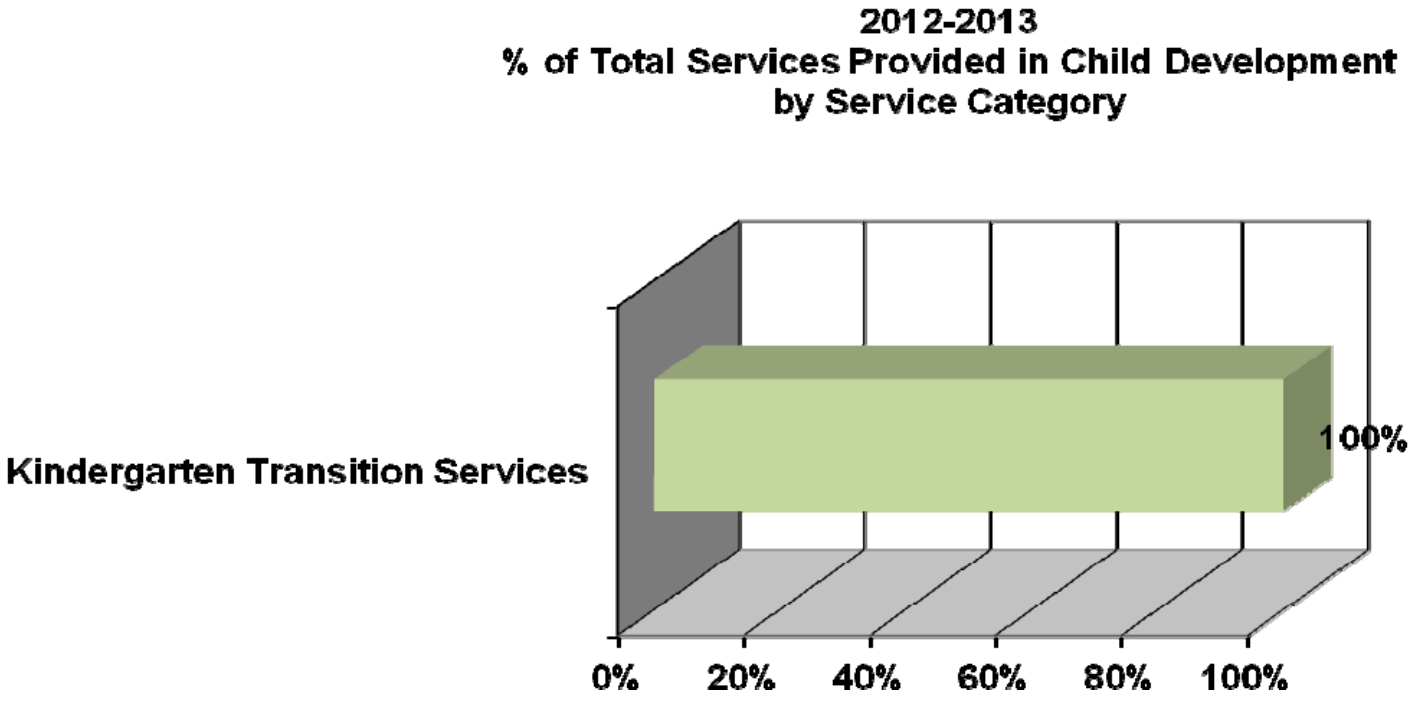
Description

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.

Four Prop 10 funded programs (only 3 operated as Turlock Unified declined the funding) are categorized under Improved Child Development, comprising less than 1% of the 2012-2013 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 '12-'13 Total Awards*	FY '12-'13 Expended*
$40,000	$33,818 (85% of budget)

*Includes only those contracts executed in '12-'13. Not all approved contracts were executed (Turlock Kindergarten Readiness Program, for example).



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 2.1 *Increase families' ability to get their children ready for school*
Objective 2.2 *Children 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.
- ***Other Child Developmental Services***
  Caregiver Quality Early Childhood Education (ECE) system improvement efforts are designed to support the implementation and integration of services primarily in Result Area #2. This could may include interagency collaboration, facility grants and supply grants to providers, support services to diverse populations, and database management and development.

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?

- 140 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

- 13% of the families had fully established home involvement at the end of the program
- 34% of the families had fully established school involvement at the end of the program
- 74% of the English Language Learners were ready for Kindergarten at the end of the program
- 84% of the English Speakers were ready for Kindergarten at the end of the program

Result Area 2: Improved Child Development						
Program	**Amount Expended in '12-'13** (% of '12-'13 allocation)	**Total # Children 0-5 Served** (or served through family members)	**Cost per Child 0-5**	**Total Award To-Date** (7/1/2007-6/30/2013)	**Cumulative Amount Expended** (7/1/2007-6/30/2013)	**% of Cumulative Amount Expended**
Kindergarten Readiness Program	$ 33,818 (85%)	140	$ 242	$ 40,000	$ 33,818	85%
TOTAL	$ 33,818 (85%)	140	$ 242	$ 40,000	$ 33,818	85%

Kindergarten Readiness Program

Agencies: The School Districts of Keyes Union, Patterson Unified, and Riverbank Unified
Current Contract End Date: June 30, 2013

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 in '12-'13.

The KTP is currently operated in 3 school districts (Turlock Unified declined $30,000 in funding in '12-'13):

- Keyes Union School District – Keyes Elementary School ($10,000)
- Patterson Joint Unified School District – Grayson Charter School ($10,000)
- Riverbank Unified School District – California Avenue and Rio Altura Elementary Schools ($20,000)

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, 2013	FY '12-'13 Award	FY '12-'13 Expended	Cumulative Amount Expended
$ 40,000	$40,000	$33,818 (85% of budget)	$33,818 (85% of budget)

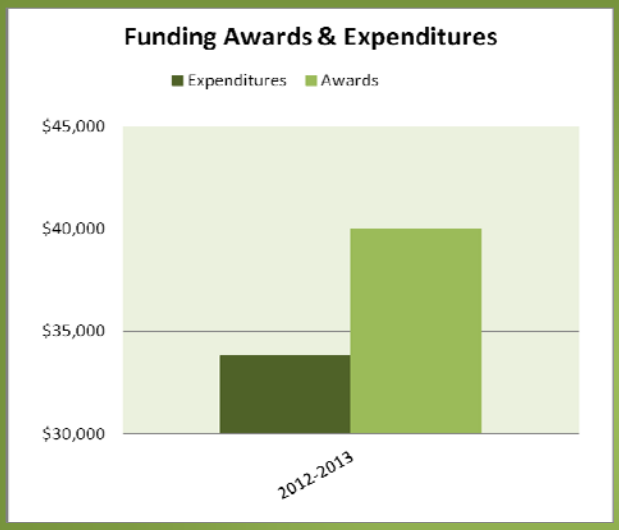
Cost per Child 0-5 (140) = $242

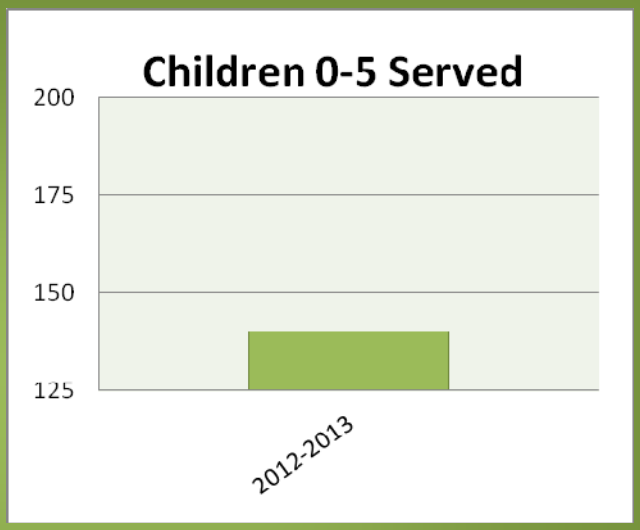
PARTICIPANT TYPE	% SERVED
Children	49%
100% 3-5	
Parents/Guardians	51%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	85%
White	11%
Black/African American	2%
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	29%
Spanish	69%
Hmong	-
Other	2%
Unknown	-

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





This program was originally one service combined with many other services offered within the Core 4 program. '12-'13 was the first year of funding for only the Kindergarten Readiness Program. Due to this change in funding and program design, the evaluation was "reset" to begin 7/1/12 so historical comparisons would not be unfairly and inaccurately represented.

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 and parents to learn how to use it.
- 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 into '12-'13.

Program Challenges & Recommendations

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

GRAYSON	
2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Consider establishing a sustainability plan so operations can be continued in future years.	• Due to coordinator funding stream, there was no allocation of time or funds to develop and establish a sustainability plan. • Grayson Charter School continues to increase and provide in-kind support in addition to program staff salary to assure the program is implemented to the full scope of work each year.
2. Continue to work towards building partnerships and coordinated services.	• A new partnership with the Patterson Library/Library was established to support the delivery of local Literacy resources to families.

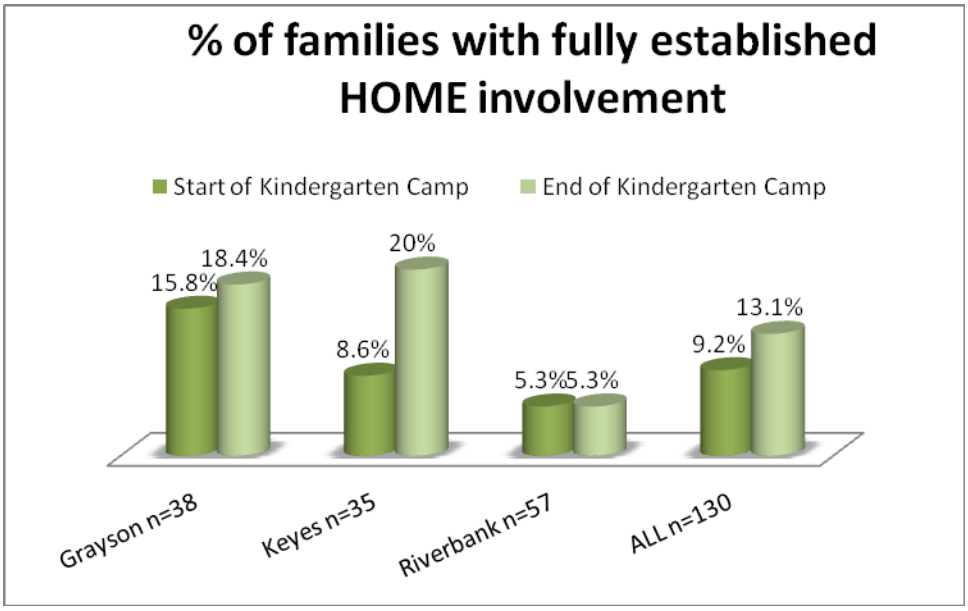
KEYES	
2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Consider establishing a sustainability plan so operations can be continued in future years.	• We do have a sustainability plan and I updated that plan this year to reflect the change in the program.
2. Continue to work towards building partnerships and coordinated services.	• We coordinated services with the school that greatly benefitted our Kinder Camp children and their families. • We also strengthened our partnership with Sierra Vista adding a Social Skills Group to both our Kinder Camp classes. • We continued our partnership with the Keyes library. The children loved the weekly story times at the library during Kinder Camp. • Our plans for next year are to continue to work towards building partnerships.

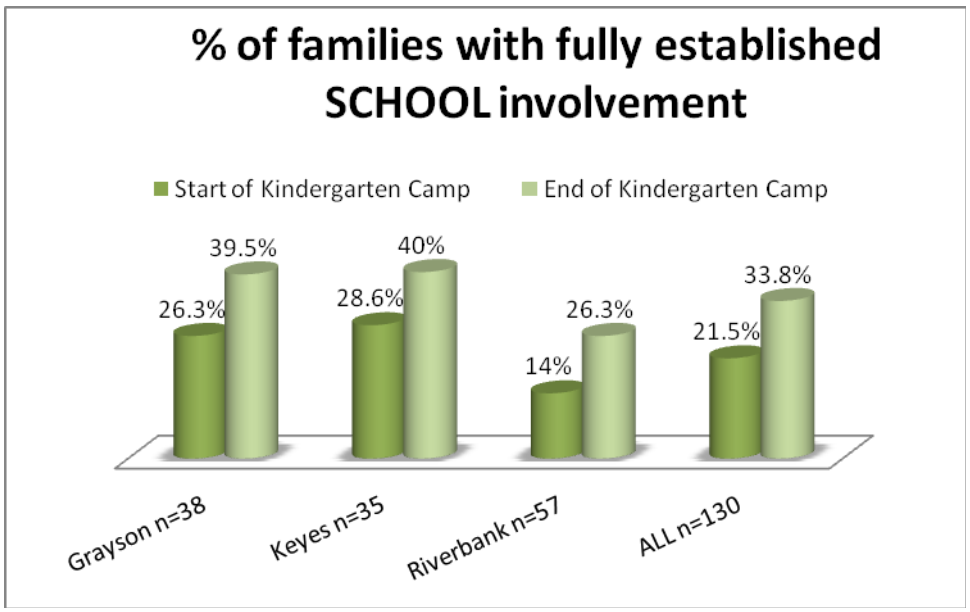
RIVERBANK	
2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Consider establishing a sustainability plan so operations can be continued in future years.	• Title I Funds are to be allocated to help supplement some of the programming and potentially provide future sustainability beyond any losses in future funding.

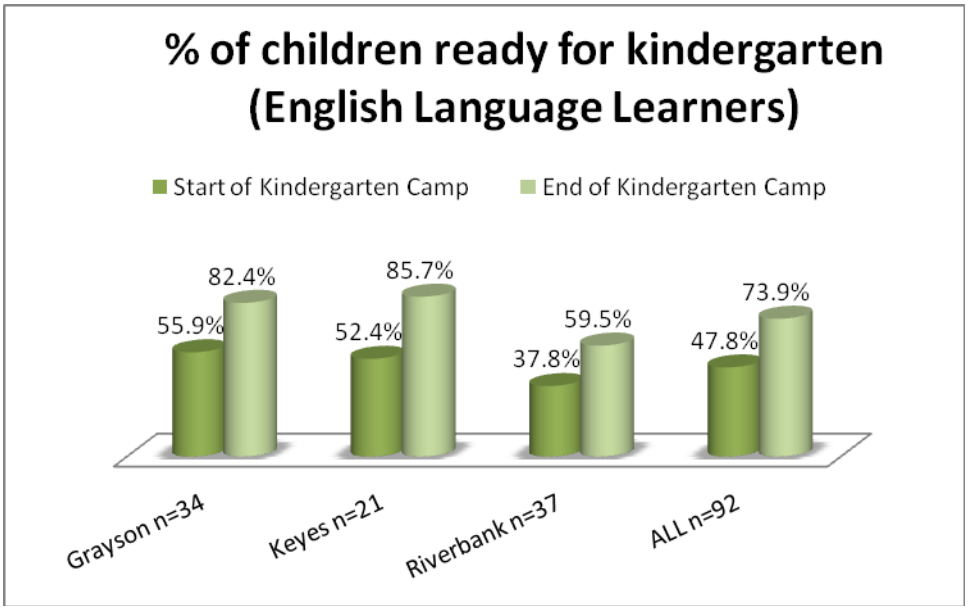
	• United Way funds will be written for in the future to help generate additional revenue. • Other alternative mini-grant opportunities will be sought out that allow for funds to be directed at kinder transition type programming in cooperation with RUSD, CASA del Rio, and other strategic community agency partners. • With the implementation of the Local Control Funding Formula (LCFF), the RUSD is also exploring potential options of whether or not it is compliant with using some of those funds to continue the Kindergarten Readiness Program.
2. Continue to work towards building partnerships and coordinated services.	• RUSD has a designated Coordinator who is responsible for convening the meetings and coordinating activities. The Coordinator works with the principal or an assistant principal. In some instances it may be the school counselor, the Title I parent involvement coordinator, or another school staff member who has an interest in this work. Title I funding will be used for some of the school transition activities while community partners access other resources. • There are several new non-profit social service based organizations that have been established in the Riverbank area recently, so there have been discussions with those organizations to help add more established partnerships and increase sustainability for the long term.

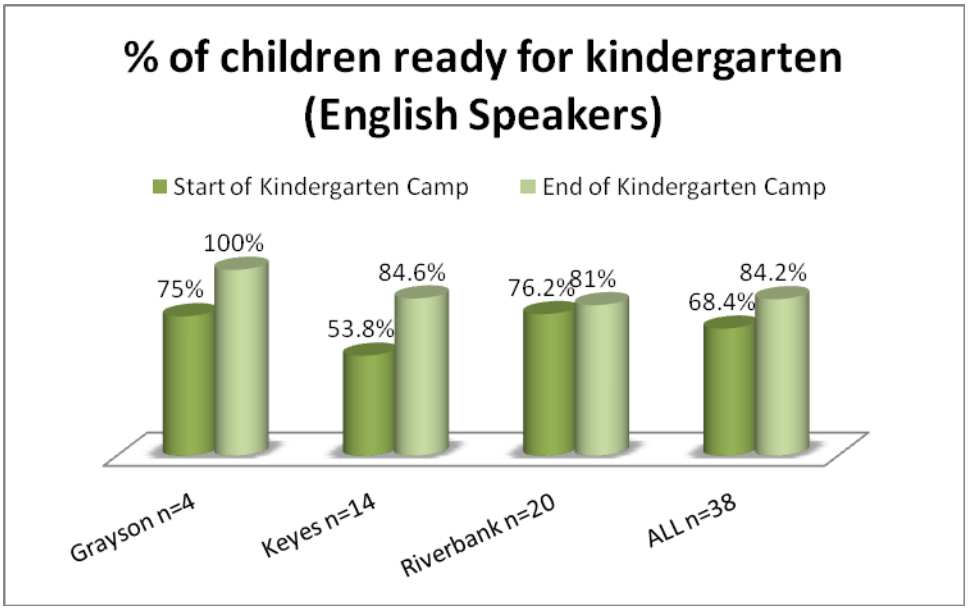
Planned Versus Actual Outputs / Outcomes

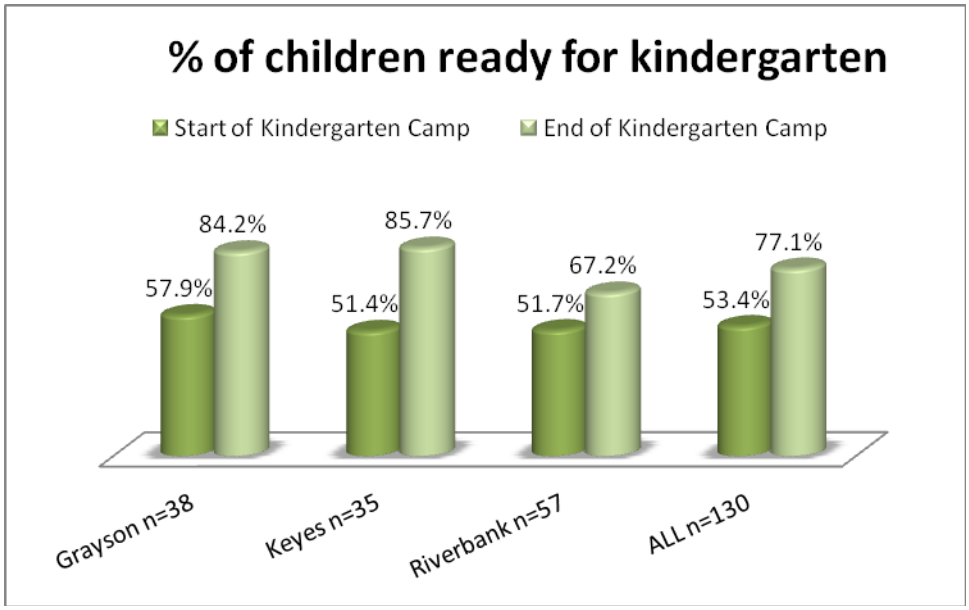
OUTPUTS / OUTCOMES	Grayson		Keyes		Riverbank		Total	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Children Served in Kindergarten Readiness Program	40	40 (100%)	40	39 (98%)	80	61 (76%)	**160**	**140 (88%)**


% of families with fully established HOME involvement
Start of Kindergarten Camp
End of Kindergarten Camp
15.8%
18.4%
8.6%
20%
5.3%
5.3%
9.2%
13.1%
Grayson n=38
Keyes n=35
Riverbank n=57
ALL n=130


% of families with fully established SCHOOL involvement
Start of Kindergarten Camp
End of Kindergarten Camp
26.3%
39.5%
28.6%
40%
14%
26.3%
21.5%
33.8%
Grayson n=38
Keyes n=35
Riverbank n=57
ALL n=130


% of children ready for kindergarten (English Language Learners)
Start of Kindergarten Camp
End of Kindergarten Camp
55.9%
82.4%
52.4%
85.7%
37.8%
59.5%
47.8%
73.9%
Grayson n=34
Keyes n=21
Riverbank n=37
ALL n=92





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 parents as a child’s first teacher. In particular, Riverbank should emphasize home involvement activities.
- Riverbank should focus on outreach activities so all classroom seats are filled.

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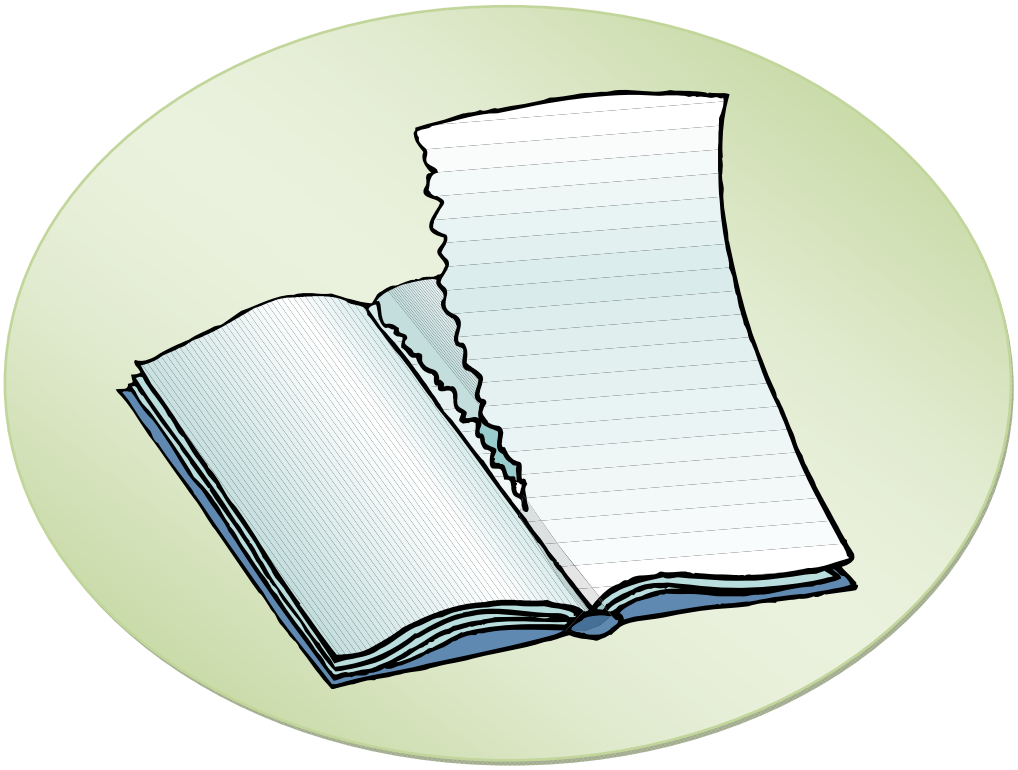


Result Area 3: Improved Health

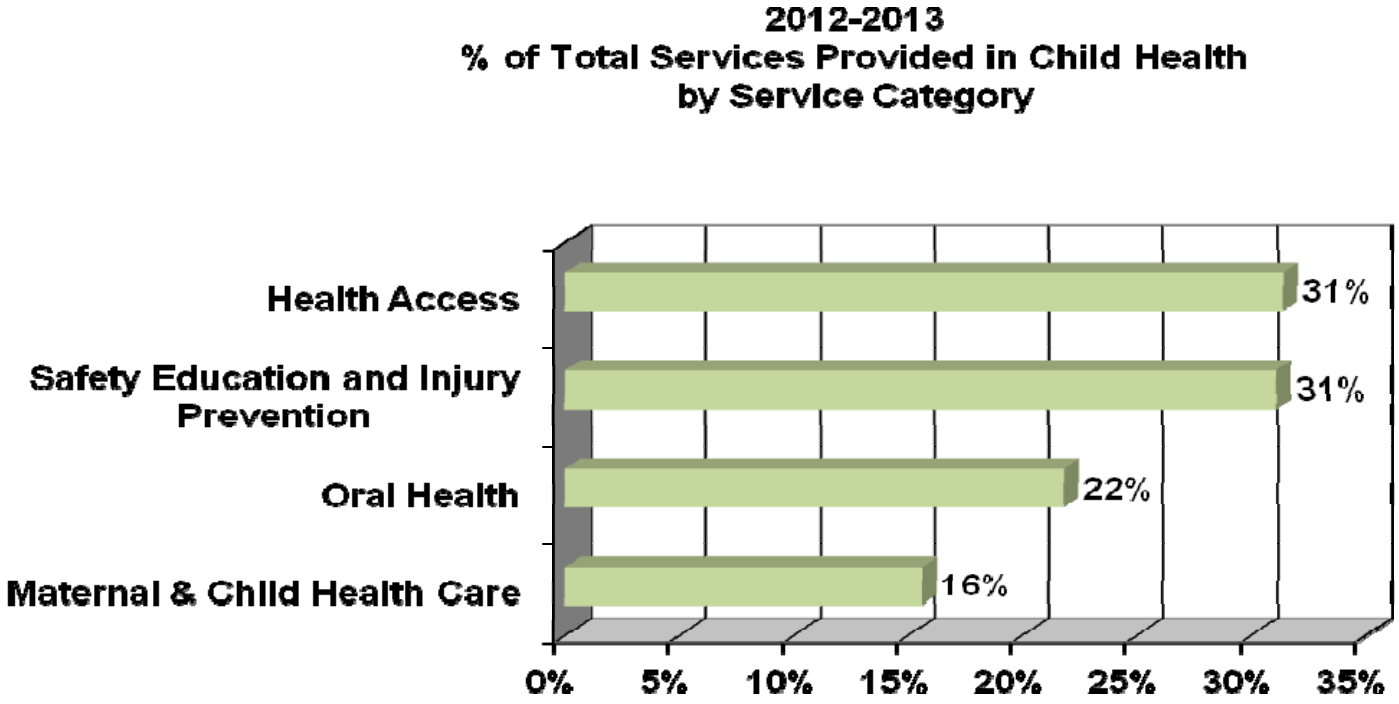
Description

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.

Four Prop 10 funded programs are categorized under Improved Health, representing 23% of the 2011-2012 budget. Although this Result Area has remained the same percentage of the budget as in '10-'11 and '11-'12, there was an additional decrease of $420,383 due to increased efficiencies and cost savings with the Healthy Cubs program. However, 69% of the budget for the Result Area was expended in '12-'13.

Finances – Improved Health	
FY '12-'13 Total Awards*	FY '12-'13 Expended*
$1,692,160	$1,171,103 (69% of budget)

* Funding and expenditures for the Lisa Project, a $15,000 one-time child abuse awareness effort, are not included in these figures.



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. It should be noted that Objective 3.4 was added to the Strategic Plan in February 2010 to highlight the importance of access and utilization of preventive and ongoing health care for our young children.

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 3.1 *High risk pregnancies result in healthy births*
Objective 3.2 *Increase community awareness and response to child health and safety issues*
Objective 3.3 *Increase/maintain enrollments in health insurance products*
Objective 3.4 *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 might be 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?

- 1,433 children 0-5 received services that focused on improved health
- 708 pregnant women received prenatal care
- 326 women (who were pregnant for the first time) participated in pregnancy support groups
- 1,158 home visits were made to at-risk pregnant women
- 932 applications for interim medical services for pregnant women and children 0-5 were completed and processed
- Caregivers of 343 children participated in health, nutrition, or safety programs
- 7,610 new parents were educated about Shaken Baby Syndrome

- Of those programs reporting on client satisfaction, the level of satisfaction ranged from a low of 78% to a high of 100%, with an average of 90% for the programs.
- Over 73% of the participants in Improved Health services were Latino/Hispanic; 16% were White; the majority of the remaining were unknown (5%)
- 88% of the participating children 0-5 without health insurance (932/1,055) were assisted with the application process

A Greater Number of Children Now Have Health Insurance

- 702 children 0-5 who did not have health insurance are now enrolled in a health coverage plan (75% of those receiving enrollment assistance)

More Pregnant Women and Children are Receiving Health Care

- 514 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 and Parents Have Knowledge and Tools for Better Oral Health

- 436 children received oral health instructions, educational materials, and toothbrushes and demonstrated brushing techniques
- 167 parents received oral health instructions, educational materials, and toothbrushes

Infants are Being Born Healthy

- 88% of the infants born to participants in a healthy birth program (141/160) were born healthy term
- 92% of the infants born to participants in a healthy birth program (148/160) were not low birth weight
- 80% of the mothers in the healthy birth program (128/160) initiated breastfeeding

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

- 98% of the infants (65/66) were up- to-date on immunizations at one year and 100% had health insurance (66/66)
- 85% of participants (1,177/1,378 duplicated) report making positive changes based on health, nutrition, and safety classes
- 100% of case managed families (29/29) reported making positive changes for themselves or children

New Parents Have Knowledge to Prevent Shaken Baby Syndrome

- 97% of parents who gave birth in ’12-’13 (7,610/7,824) were educated about SBS and have pledged not to shake their baby

Result Area 3: Improved Health						
Program	**Amount Expended in '12-'13** (% of '12-'13 allocation)	**Total # Children 0-5 Served** (or served through family members)	**Cost per Child 0-5**	**Total Award To-Date** (7/1/2007-6/30/2013)	**Cumulative Amount Expended** (7/1/2007-6/30/2013)	**% of Cumulative Amount Expended**
Dental Disease Prevention Education (HSA)	$ 9,679 (65%)	436	$ 22	$ 40,000	$ 31,676	79%
Healthy Birth Outcomes	$ 1,097,448 (82%)	776	$ 1,414	$ 12,370,876	$ 11,411,576	92%
Healthy Cubs	$ 55,846 (17%)	609	$ 92	$ 11,584,250	$ 5,790,144	50%
Shaken Baby Syndrome Prevention Program	$ 8,129 (63%)	8,581	$ 1	$ 178,587	$ 143,043	80%
TOTAL	$ 1,171,102 (69%)	10,402	$ 113	$ 24,173,713	$ 17,376,439	72%

Dental Disease Prevention Education

Agency: Health Services Agency
Current Contract End Date: June 30, 2013

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; 2) providing oral health screenings and applying fluoride varnish to children 0-5: and 3) assisting with the establishment of dental/medical homes for children 0-5.

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, 2013	FY '12-'13 Award	FY '12-'13 Expended	Cumulative Amount Expended
$40,000	$15,000	$ 9,679 (65% of budget)	$31,676 (79% of budget)

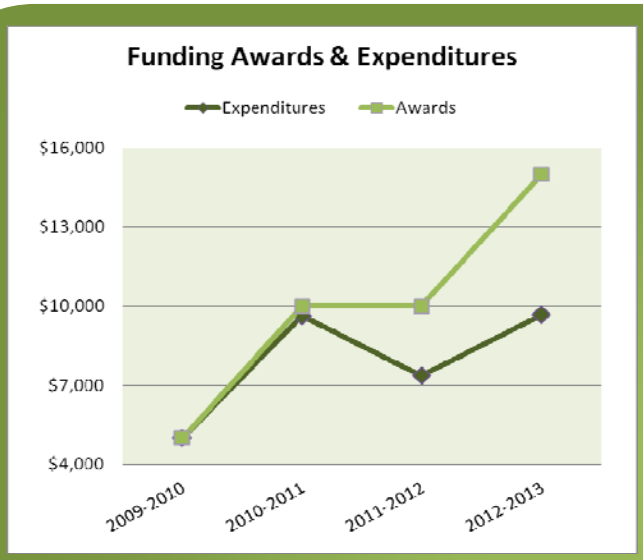
FY '12-'13 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (436)
$6,923	$2,756	$0	0%	$22

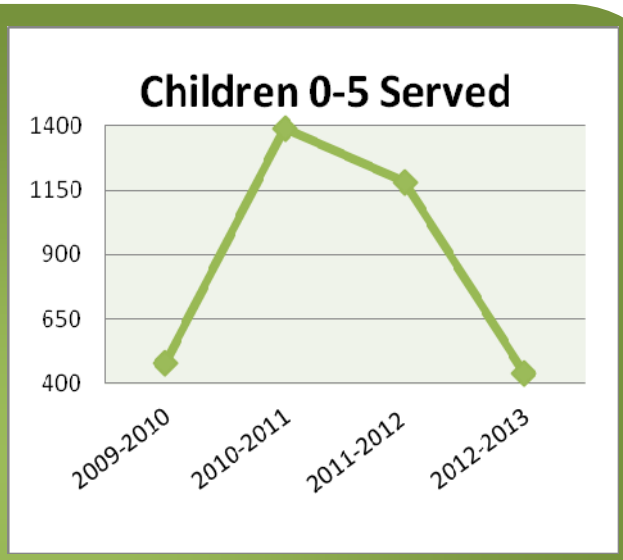
PARTICIPANT TYPE	% SERVED
Children	61%
14% <3; 86% 3-5	
Parents/Guardians	31%
Other Family	8%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	77%
White	16%
Black/African American	<1%
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	<1%
Other	1
Unknown	4%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	68%
Spanish	28%
Hmong	-
Other	1%
Unknown	3%

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. Due to funding limitations in '12-'13, Golden Valley Health Care Centers were unable to host planned dental outreach activities offering dental screenings and varnishes. Being unable to use the activities to bring in participants, participation in the Dental Disease Prevention/Education Program fell off sharply in '12-'13. It is not likely that Golden Valley dental outreach activities will be offered in future years.

Program Highlights

- Children were given an opportunity to practice brushing techniques on the puppet "Ali-Croc." A Sesame Street book, "Ready, Set, Brush," was also used to provide the children an opportunity to show what they learned in the lesson.
- 34 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.
- 436 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.
- 167 Parents from all sites received oral health education and resources. Additionally, parents with children 0-5 received toothbrushes, dental floss, toothpaste, and a brushing timer.
- 144 HBO moms received instructional sessions (i.e., Oral Health and Pregnancy and Dental Care for Your Baby).
- During Oral Health month, HBO Public Health Nurses (PHN) and Community Health Workers (CHW) received an instructional session on oral health education, so this information could be included in case management sessions with pregnant and parenting moms. PHN and CHWs provided education and distributed 144 adult tooth brushes, 144 youth tooth brushes, 100 infant tooth brushes, 50 timers, and 50 tubes of toothpaste.
- 436 children (0-5 yrs) received fluoride varnish application
- Leveraging: The program leveraged $2,000 from state and local sources.
- Cultural Competency: 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. Additionally, this program collaborated and coordinated with Kindergarten Readiness Program sites, Healthy Starts, and Family Resource Centers.

Prior Year Recommendations

2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Explore additional funding sources.	• HSA staff continues to look for grant funding opportunities, but due to limitations on funding we have not been able to find any funding opportunities as of yet.
2. Consider offering the program in languages other than English and Spanish.	• Currently our department only has bilingual staff, therefore offering the program in other languages is not possible at this time.

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	14	15 (34 staff)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for students	14	15 (436 students)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for parents	14	15 (167 parents)

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:

- Consider training Family Resource Center (FRC) staff so dental education can be provided to parents receiving FRC services.

Healthy Birth Outcomes (HBO)

Agency: Health Services Agency
Current Contract End Date: June 30, 2013

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 the 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, 2013	FY '12-'13 Award	FY '12-'32 Expended	Cumulative Amount Expended
$12,370,876	$1,339,160	$1,097,448 (82% of budget)	$11,411,576 (92% of budget)

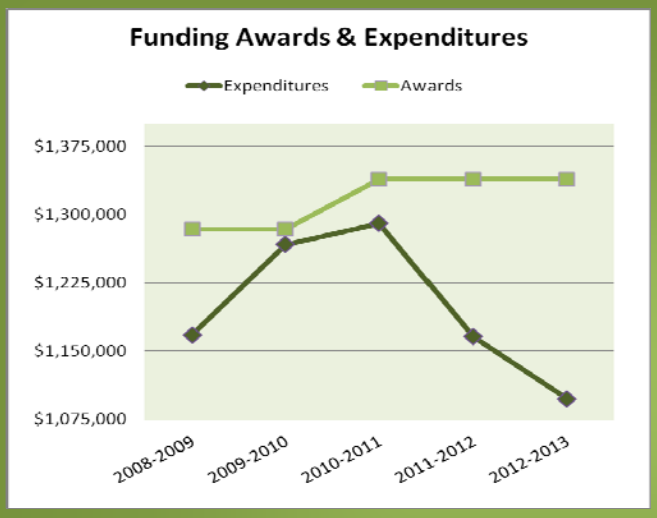
FY '12-'13 Budget / Expenditure Data						
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Cost Per Participant *Home Visits*	Cost Per Participant *Community Groups*	Total Cost Per Participant
$502,923	$81,479	$513,046	10% of personnel	$1,682 (232)	$1,217 (544)	$1,414 (776)

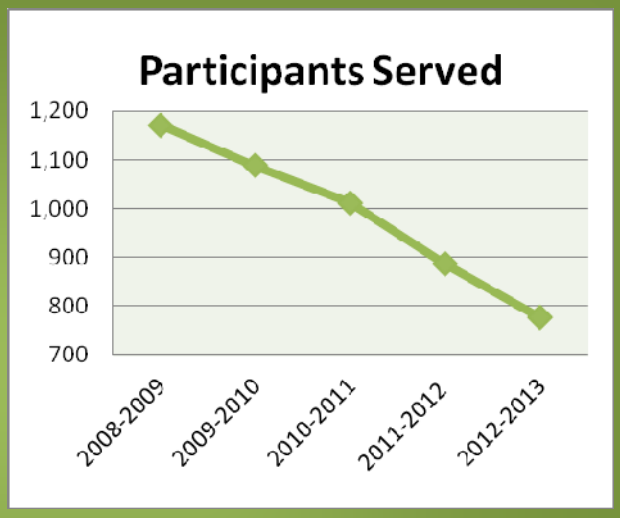
PARTICIPANT TYPE	% SERVED
Children	32%
100% <3	
Parents/Guardians	68%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	77%
White	25%
Black/African American	4%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	1%
Other	1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	33%
Spanish	66%
Hmong	-
Other	1%
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 have decreased each year, partially because of better collection of unduplicated data and partially because birth rates have declined.

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 in past years have required all HBO staff to become case managers. However, with the addition of two new nurses in HBO in 2012-2013, the Community Health Workers and Social Worker case loads have decreased and new cases are usually assigned to nurses with the goal of again providing multi-disciplinary team case management.
- 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 Oakdale were transferred from Oak Valley Family Support Network to the family resource center operated by Center for Human Services in July of 2012.
- 116 referrals were received for case management services in '12-'13 – a decrease from the prior year. The decrease in referrals can be attributed to the decreasing pregnancy rate, Public Health staff no longer doing door to door outreach, limited health fair participation, and the start of the Nurse Family Partnership program in '12-'13 which serves first time pregnant women through their pregnancy and the first two years of the child's life.
- More than 75% of new pregnant mothers joining the ten HBO pregnancy support groups were in their first or second trimester on entry. An increased number of women joined the groups earlier in their pregnancies as compared to the prior year, which gives these mothers more time to learn self care and receive support during the prenatal period that can help to improve their odds of having healthy babies.
- 56% of participants indicated an increase in knowledge resulting from attending health education classes in '12-'13. Staffing and instructor changes could have negatively affected this result. Also, women who have been in HBO for more than one pregnancy may also report not learning something new as the classes remain the same. New curriculum is being developed and old curriculum continues to be revised to increase this number.
- Leveraging: The HBO program leveraged $549,446 of federal and local dollars, which is 50% of actual expenditures in 2012-2013.

- Cultural Competency: Classes are presented in English and Spanish, and the community component has two 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.
- 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.

Prior Year Recommendations

2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to explore the best practices of other programs that outreach to fathers, and ways to increase participation.	• Fathers are welcome to attend the HBO support groups and classes. We have had fathers attend that were single parents caring for their baby. We encourage the FRC to include fathers in events. • We were not able to continue the father class this fiscal year.
2. Continue to survey and assess needs for training.	• The community partners were provided with the following trainings this year: o Facilitator training, Maternal Child Infant Health modules training, Infant Development o HBO mission and history/scope of work/report format training, Engagement tool/Best practices training
3. Continue the work planned through the Sustainability Project.	• As the Health Services Agency has experienced staffing and budget changes, the priority for seeking Public Health accreditation has changed. It will still be sought, but no current time frame exists. Staff training needs have been assessed with training provided based on assessment.

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%	99% (116/117)
Women receiving case management services recommend the service to others	85%	96% (28/29)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	56% (780/1,378) (not a unique participant count)

Participants report having made changes based on what they learned in classes	60%	85% (1,177/1,378) (not a unique participant count)
Case managed clients report having made self care behavior changes for themselves and/or children based on case management services	60%	100% (29/29)
Clients score 36 or greater on Caldwell HOME score (measurement of adequate environment for learning, implementing parental interventions, and change)	70%	85% (28/33)
Clients score 55 or greater on NCAST FEED (measurement of reciprocal behaviors between a mother and her child during the first 12 months)	70%	87% (20/23)
Clients score 50 or greater on the NCAST TEACH (measurement of caregiver-child interactions and communication)	70%	100% (13/13)
Participants deliver term infants	90%	88% (141/160)
Participants deliver infants weighing 2500 grams or more	90%	93% (148/160)
Participants initiate breastfeeding	50%	80% (128/160)
Participants breastfeed for at least 6 months	30%	56% (101/160)
Infants at one year of age have up-to-date immunizations	85%	98% (65/66)
Infants at one year of age have health insurance	85%	100% (66/66)
Clients admitting to substance use initiate treatment program	40%	35% (6/17)
Case managed women discontinue smoking during pregnancy	25%	33% (3/10)
Participants of substance abuse prevention/health education increase knowledge of prevention and health	n/a	0% No pre/post test collected
Case managed clients who indicate a need for mental health services are referred	90%	88% (24/27)
Case managed clients who self report behavioral health issues at time of intake receive referrals to mental health services	90%	33% (3/10)
Perinatal providers are reached to increase awareness of services available to pregnant/parenting women	20	20

Recommendations

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

Additionally, it is recommended that the program:

- Provide pre/post tests to participants of substance abuse prevention/health education classes to determine if participants increased knowledge of prevention and health
- Consider revising the curriculum of health education classes.

Healthy Cubs

Agency: Health Services Agency
Current Contract End Date: June 30, 2013

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, 2013	FY '12-'13 Award	FY '12-'123Expended	Cumulative Amount Expended
$11,584,250	$325,000	$55,846 (17% of budget)	$5,790,144 (50% of budget)

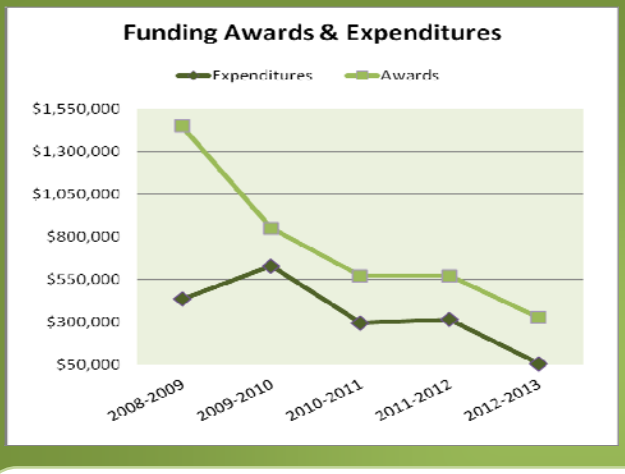
FY '12-'13 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Medical Claims	Indirect Costs	Cost Per Participant (609)
$54,517	$4,580	$-9,245	$5,993 (12%)	$92

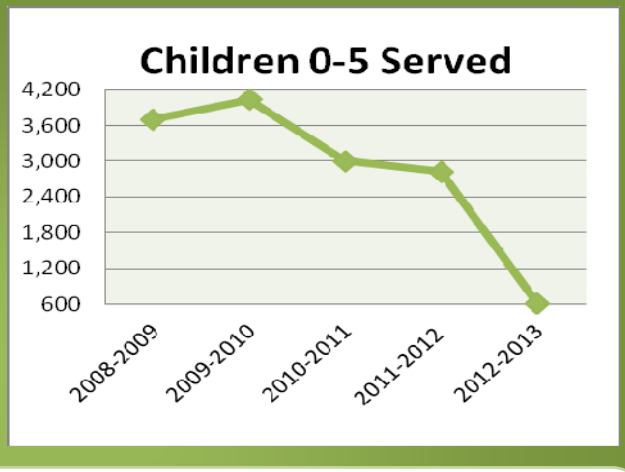
PARTICIPANT TYPE	% SERVED
Children	24%
75% <3; 25% 3-5	
Parents/Guardians	76%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	69%
White	16%
Black/African American	1%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	<1%
Multiracial	-
Other	5%
Unknown	7%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	51%
Spanish	42%
Hmong	-
Other	-
Unknown	7%

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 (particularly funds recovery). Although there were fewer numbers served in '12-'13 than in previous years, the percentage of those becoming the beneficiaries of Healthy Cubs after receiving an application and initial care was higher (78%) in '12-'13 compared to '08-'09 (69%). The program has reported that compliance with Healthy Cubs policies and the countywide efforts of other programs to enroll uninsured families in other health care plans have contributed, in a positive way, to the decrease in children 0-5 and pregnant women served.

Program Highlights

- The program paid $37,220 to providers for 365 medical visits.
- The vast majority of program recipients, 92%, fell between 0-130% of the Federal Poverty Guidelines; just 8% were in the 131-300% level, indicating that the program is successfully reaching its target population.
- Of the 431 program beneficiaries who were successfully converted to more comprehensive health coverage, 323 received Medi-Cal Restricted benefits along with Healthy Cubs to cover services not under Medi-Cal Restricted. 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 exceeded the goal of identifying and collecting $10,000 in claims previously paid that became eligible for payment under Medi-Cal. The program identified $66,595 of such claims, was able to collect $82,181 from providers, and had a cost avoidance of $10,347 in claims that were billed to the Healthy Cubs program by contracted providers for ancillary services. (Healthy Cubs denied payment when the claims were eligible for Medi-Cal payment.)
- Program participants must now apply for Healthy Cubs benefits at HSA's Scenic campus. Medi-Cal eligibility can no longer be verified by the use of a computerized program. Applicants must now bring proof of Medi-Cal eligibility.
- Leveraging: By billing for Medi-Cal Administrative Activities (MAA), the program was able to generate $202,343 for community health needs.
- Cultural Competency: Approximately 58% of Healthy Cubs' program beneficiaries are Spanish speaking. 95% of program beneficiaries either speak English or Spanish. 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 numerous organizations throughout the county. Health Cubs provides program information to all hospitals in Stanislaus County for distribution to uninsured patients meeting age and income criteria who need of primary care or obstetric services.

Prior Year Recommendations

2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Attend health fairs and make other presentations to expand outreach.	• During FY 2012-13, Healthy Cubs staff gave 14 presentations at health fairs and various organizations.
2. Provide cultural proficiency training to staff.	• Healthy Cubs staff participated in agency-wide cultural diversity trainings; in addition, we are working at continuing education.
3. Comply with contractual requirements regarding invoicing, data reporting, and routine inquiries.	• All quarterly reports and SCOARRS cards have been submitted timely for the FY 2012/2013 year. Due to staffing changes, invoices were delayed.

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	3,000	609
Applicants are beneficiaries of Healthy Cubs health care	1,200 / 40%	514 / 84% (514/609)
Program beneficiaries convert to other health coverage	25%	72% (401/554)
Health fair and other presentations are given by Healthy Cubs staff	2	14
$10,000 is identified for the funds recovery process	$10,000	$66,595
Accounts paid with Prop 10 funds are recovered from other payer sources	-	$82,181

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:

- Determine the impacts the Affordable Care Act (ACA) will have on program operations and design.

Shaken Baby Syndrome Prevention Program

Agency: Community Services Agency
Current Contract End Date: June 30, 2013

Program Description

Shaken Baby Syndrome (SBS) is a constellation of life threatening multi-organ injuries that result from violently shaking an infant or toddler. The Shaken Baby Syndrome (SBS) Prevention Program uses existing health care systems to educate parents and caregivers on SBS prevention. The program provides prevention related education to parents upon the birth of their child at one of the Stanislaus County birthing hospitals and includes the following:

1) Parents are shown the "Portrait of a Promise" training video that provides education on SBS and demonstrates effective ways to respond to an infant's crying.
2) A hospital health educator reviews the key components of SBS and infant crying with the parents.
3) Parents then sign a "commitment statement" never to shake their baby and to pass this mandate on to all other adults who will care for their baby.

When parents receive this information at the time of the birth of their child and make the commitment to never shake their baby, it creates a lasting impression that parents will more likely remember at a critical "life changing" moment.

The training is repeated/reinforced with families participating in the Healthy Birth Outcomes (HBO) program at Family Resource Center (FRC) sites. This program was implemented with the goal of reducing SBS injuries in children ages 0-5 through parent education**.** The program instructs parents that shaking an infant or child is never okay. Parents receive information about normal child development, including the role of crying for an infant, and the dangers of shaking a child and the ways to avoid that conduct. It is important that parents of all income levels and ethnic groups understand that the violent shaking of an infant or child can result in medically serious conditions, such as irreversible brain damage, and even death.

Finances			
Total Award July 1, 2007 – June 30, 2013	FY '12-'13 Award	FY '12-'13 Expended	Cumulative Amount Expended
$178,587	$13,000	$8,129 (63% of budget)	$143,043 (80% of budget)

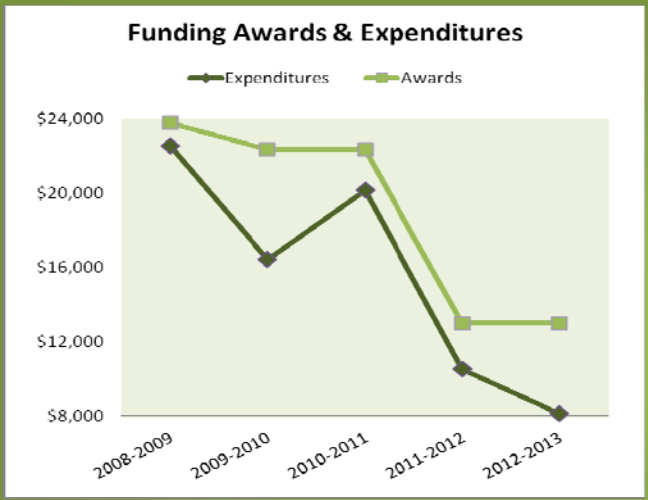
FY '12-'13 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost Per Parent Educated (8,673)
$0	$954	$7,175	0%	$1

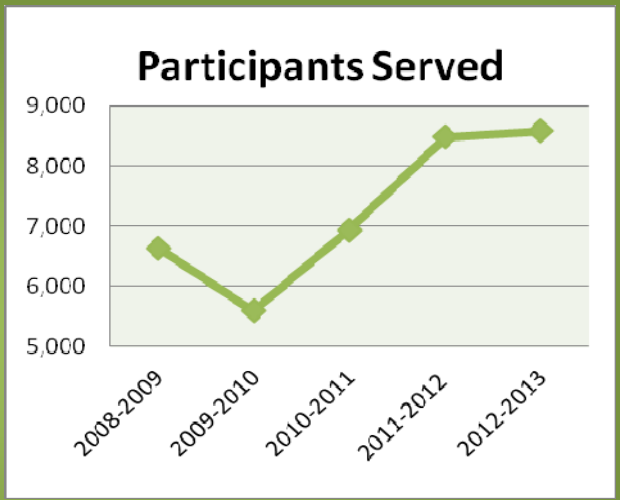
PARTICIPANT TYPE	% SERVED
Parents/Guardians	100%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Unknown	100%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
Unknown	100%

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





Even though expenditures for Shaken Baby decreased in '12-'13 from the prior year, the number of parents with newborns who were trained increased. This increase is due to the efforts of the birthing hospitals to provide the shaken baby training to all new parents.

Program Highlights

- The program has supported the consistent collection of data at hospitals and community sites. However, due to staffing shortages and a new computer tracking system, Memorial Hospital is no longer able to track numbers of parents educated.
- HBO has become a successful part of the SBS Prevention Program, educating new parents on the dangers of SBS. The goal for the number of parents served through HBO (400) was exceeded by more than double (971).
- SBS prevention training was provided to staff members at Healthy Starts, Family Resource Centers, and Child Welfare. Trained staff now can identify risk factors and symptoms of SBS and can act in accordance with their roles, such as making referrals to CPS.
- The bus advertising campaign creates awareness of SBS throughout the community, reaching a wide audience.
- With 8,581 parents educated on the subject of SBS, the cost per SBS educated parent is quite low at $1.
- Leveraging: None reported. However, 100% of the administrative personnel costs involved in program operations are paid by CSA and Sierra Vista. In addition, personnel involved with implementing the program at hospitals and community sites are provided in-kind. All birthing hospitals in the county participate actively in the SBS Prevention Program.
- Cultural Competency: Communication is critical during a child's birth and hospitals, by necessity, must have employees who speak a variety of languages. Trainers from the program and hospital employees can communicate with virtually anyone, of any culture, birthing a child in Stanislaus County.
- Collaboration: The SBS program has ongoing collaborations with the five birthing hospitals in Stanislaus County - Doctors Medical Center, Emmanuel Medical Center, Kaiser, Memorial Hospital, and Oak Valley Hospital. (However, Oak Valley Hospital's labor and delivery department closed during this fiscal year.) Another collaborative effort is the education of the prospective Stanislaus County foster parents who participate in the Foster Pride program. This education is a result of the ongoing partnership between the Shaken Baby Syndrome Prevention Program and the Adult Child and Family Services Division. Lastly, the Child Abuse Prevention Council, a forum open to the community, received regular information regarding the community impact of this program.

Prior Year Recommendations

2011-2012 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue with efforts to reach the important teen population by consistently reaching out to schools and teen organizations for opportunities.	Realizing that a diverse population would have the opportunity to tour the Lisa Project, SBS brochures were placed in the Lisa Project resource room. As it turned out, many High School youth were encouraged to tour the Lisa Project by their teachers, and had the opportunity to view and receive information from the SBS brochures.
2. Creating a Sustainability Plan for the program to help sustain positive outcomes.	The SBS staff continues to explore ways through grant opportunities and support from community stakeholders to create a sustainability plan for this program.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Parents are educated about SBS at a hospital setting	6,750	7,610
Parents are educated on SBS program at the HBO sites	400	971
80 % of prospective foster parents are educated about SBS	74 (80%)	92 (100%)
Documented SBS injuries in 2012-2013	0	1

Recommendations

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

Additionally, it is recommended that the program:

- Work with Memorial Hospital to refine their estimate of numbers served.
- Consider purchasing updated curriculum and equipment for hospitals.

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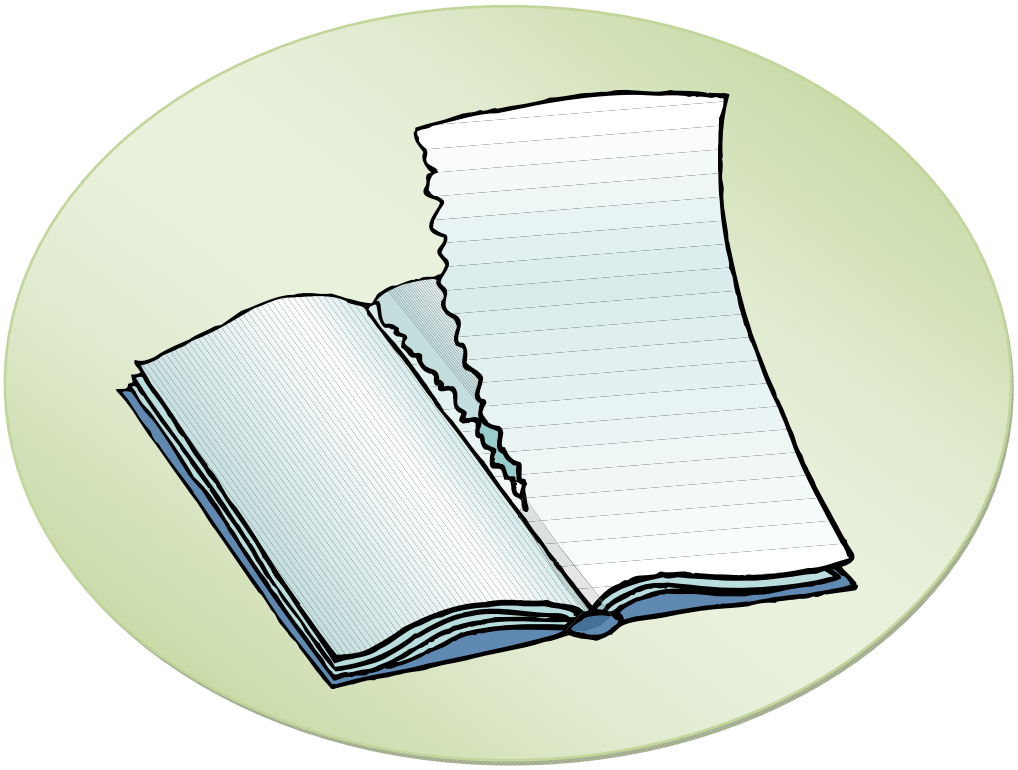

Result Area 4: Improved Systems of Care/Sustainable Systems

Description

In the April 2009 revision of the Stanislaus County Children and Families Commission Strategic Plan, Result Area 4 was changed from Improved Systems of Care to include Sustainable Systems. With this name change came a slightly different focus, from programs that fit into a category that improves systems of care, towards an emphasis on supporting and nurturing widespread and overarching collaboration, coordination, and leveraging. Programs that are funded specifically to improve coordination, leveraging, collaboration, or utilization of resources continue 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 2012-2013. 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 '12-'13 Total Awards	FY '12-'13 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, supports, manages, trains, and coordinates 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 4.1 *Improve collaboration, coordination, and utilization of limited resources*
Objective 4.2 *Increase the resources and community assets leveraged within the county*
Objective 4.3 *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, so contractors can monitor and evaluate their own programs.

- ***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 '12-'13, programs leveraged Commission funding both within and outside of Stanislaus County.

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

- 96% of the surveyed attendees (234/244) rated the February 2013 ECE/Provider Conference as good or excellent (data not available for November 2012 conference)

Improvements in Collaboration, Coordination, and Utilization of Limited Resources

Collaboration & Coordination

- 71% of the contractors collaborate with two or more Commission funded programs, averaging 4 per program
- Commission contracted programs report directly working with at least 180 other organizations, averaging 6 per contracted program

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

- Improved collaboration amongst sites and services for 1,953 children 0-5 and their families
- Ten sites received technical assistance, coordination, and support with an 83% satisfaction rate

Increases in Leveraging Within and Outside of the County

Increase in Resources and Community Assets Leveraged Within the County

- 67% of the Commission contracted programs (14/21) report leveraging of resources and community assets

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

- 48% of the Commission contracted programs (10/21) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County
- A total of over $4.7 million was leverage in 2012-2013

Result Area 4: Improved Systems of Care (Sustainable Systems)			
Program/Activity	**Amount Expended in '12-'13**	**Amount Budgeted in '12-'13**	**% Expended in '12-'13**
Program Salaries & Benefits*	$ 115,769	$ 176,948	65%
Services, Supplies, County Cap*	$ 32,476	$ 42,364	77%
SCOE Healthy Start Support	$ 82,378	$ 82,378	100%
TOTAL	$ 240,087**	$ 315,690**	76%

*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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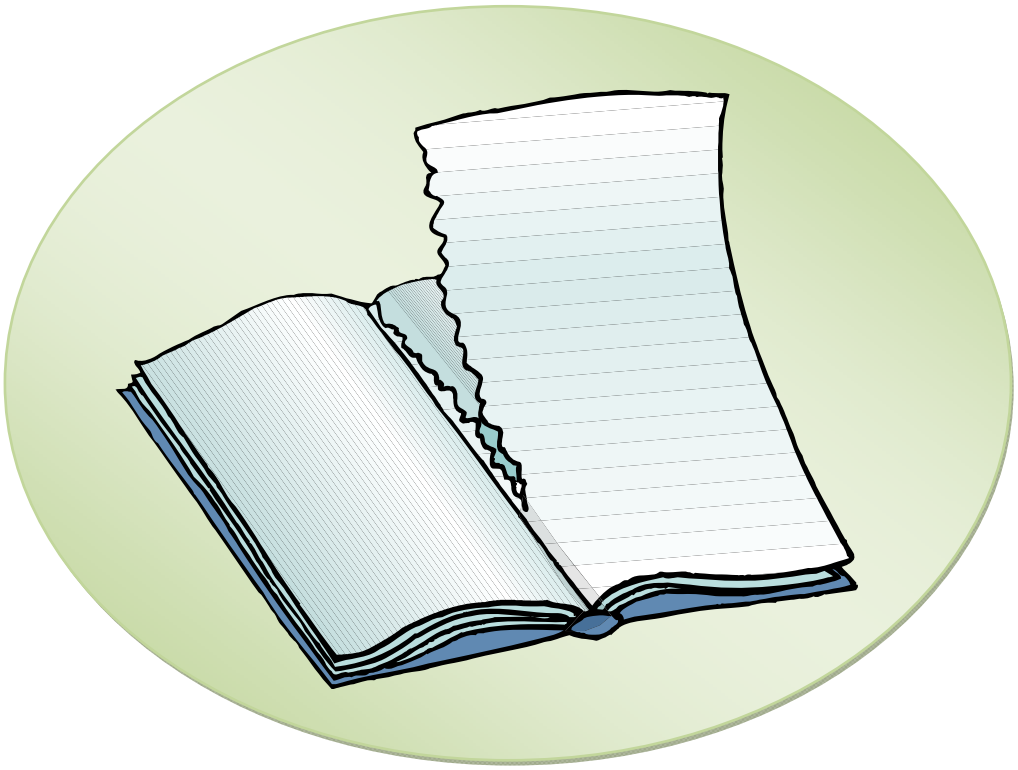
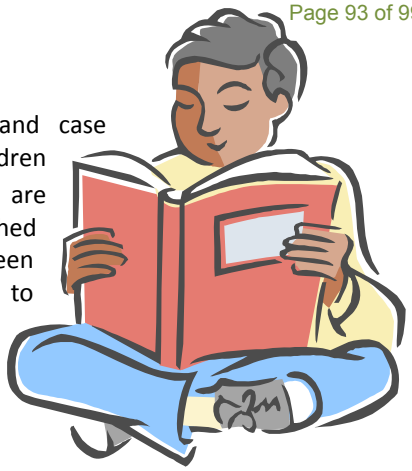




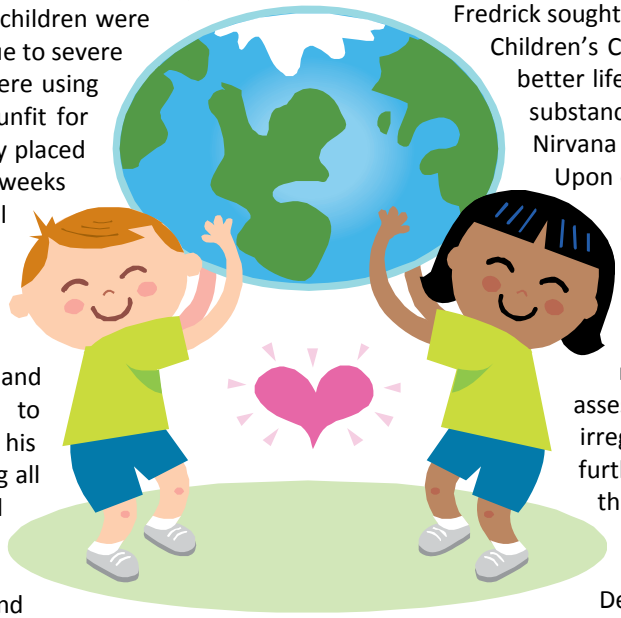
The following stories are told from the perspective of program managers, directors, and case managers to illustrate how Commission funded programs have touched the lives of children and families in Stanislaus – *they are stories within the Commission's larger story*. These are just a few of the many 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.

Children's Crisis Center

The Children's Crisis Center has continued to provide Respite Shelter services to Fredrick's children so that he can attend AA/NA meetings, counseling at Sierra Vista Children and Family Services, and seek out employment.

Fredrick is a 31 year old, single father of two children, Ricky (4 years) and Sophia (2 years). After being granted trial visits with his children, Fredrick came to the Children's Crisis Center in November 2012 looking for Respite Shelter services so he could continue his substance abuse treatment program, as mandated by Child Protective Services, and secure housing for himself and his children.

Previously, Frederick's children had been removed from his and his girlfriend's custody after Child Protective Services had been called out to their home due to concerns regarding an older child of his girlfriend's. Fredrick's children were immediately placed in protective care due to severe neglect, as both he and his girlfriend were using drugs and the home was found to be unfit for children. Fredrick's children were initially placed in a non-relative home for several weeks before being placed with a maternal aunt.



Fredrick has a long history of substance abuse. He began using prescription drugs as a teenager, and shortly thereafter became addicted to methamphetamines. Fredrick and his girlfriend began using together, spending all of their income from TANF and Food Stamps to support their daily addiction. At his own admittance, their drug usage consumed their life, and they often lacked food in their home to needed to provide nourishment for their children. Fredrick's youngest child, Sophia, was born drug exposed, testing positive for opiates at birth.

When Fredrick's children were removed from his care, Sophia was 2 months old and underweight, weighing only 8 lbs. She had had no medical care, was extremely thin, and subsequently diagnosed as failure to thrive. At one point it was also suspected that she may have Williams Syndrome because she was so thin and her eyes appeared to be bulging out.

Fredrick and his girlfriend were mandated to substance abuse treatment programs, but only Fredrick followed through. His girlfriend failed to comply, which eventually led to her parental rights being terminated. Fredrick enrolled in Nirvana Drug & Alcohol Institute and broke all ties with his girlfriend, against her pleas for him to drop out of program and let their children be adopted out. He also cut ties with all of his friends from his past.

Fredrick sought out Respite Shelter services at the Children's Crisis Center so he could provide a better life for his children by completing his substance abuse treatment program at Nirvana and securing long-term housing. Upon enrollment, however, Fredrick was without a physician to complete his children's medical assessments, so an appointment was scheduled with our volunteer pediatrician. As a result of Sophia's medical assessment, she was found to have an irregular heart beat and referred for further medical testing. Sophia was then diagnosed with a heart murmur.

Determined to win full custody of his children back, Fredrick complied with all program requirements as set forth by Child Protective Services, completing parenting classes and graduating from Nirvana.

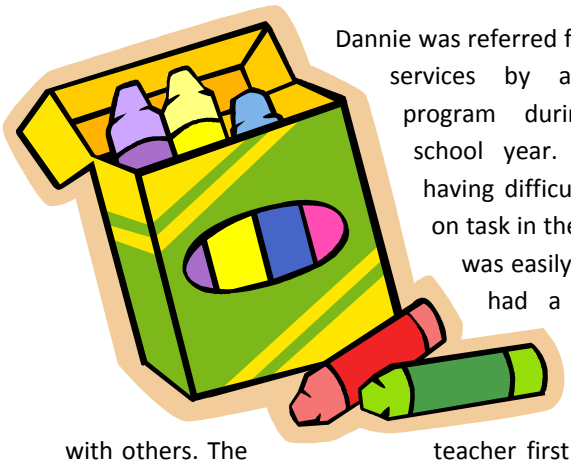
Fredrick moved out of Nirvana's residential home for fathers in April 2013, moving into his own duplex after securing housing through Section 8. The Children's Crisis Center has been able to secure donations of household furnishings to support Fredrick as he and the children get established in their own home.

The Children's Crisis Center has continued to provide Respite Shelter services to Fredrick's children so that he can attend AA/NA meetings, counseling at Sierra Vista Children and Family Services, and seek out employment. Fredrick has two years left on his probation (stemming from theft and possession charges), and is striving to reach his new goals of staying clean and sober and securing employment to support his family without relying upon government assistance.

Fredrick is very appreciative of the services he has received at the CCC, sharing that without the respite shelter care, his recovery would have been much more difficult. Fredrick has also noticed a significant change in his children's development, and often expresses how happy he is to see them being social, learning to communicate and express themselves in a positive way.

Fredrick has no other support other than community resources. Adopted at the age of 2 years, Fredrick's adoptive mother passed away several years ago, leaving him without any other family. However, Fredrick has overcome adversity, is making great strides on achieving self-sufficiency and has remained clean and sober.

Zero to Five Early Intervention



Dannie was referred for consultation services by a Head Start program during this past school year. Dannie was having difficulties remaining on task in the classroom; he was easily distracted and had a lot of issues around maintaining boundaries with others. The teacher first described him as having difficulty transitioning from the play yard to the classroom setting, was likened to a top full of excitement and exuberance. Dannie would crash into others around with no regard for their space or focus. An immediate suggestion was for the teacher to give Dannie something he could carry in and out of the classroom as a way to help experience being grounded. Within a week the consultant received a message from the teacher that the intervention was working wonderfully.

Upon a formal observation and meeting with Dannie's parents, it was revealed that Dannie had been severely physically abused by his mother and was exposed to drugs in utero. He currently resided with his biological father and stepmother, with limited visitations with his biological mother. The child presented with high emotional intensity, high activity level, and low frustration tolerance. The teachers in the classroom constantly needed to give him direction and monitor his behavior. He would bounce from activities and move so fast that he would often trip. Sensory integration issues needed to be addressed and structure developed to help him feel safe. Dannie was referred to the outpatient clinic at Leaps and Bounds for a full mental health assessment and treatment.

During the school year, the consultant worked with the teacher to implement several ideas to address the child's social and emotional needs. Some of the successful interventions included providing him with a specific place to sit on the carpet and strategies to help him calm him so that he stayed more engaged at circle and less time in the laps of his peers. The open communication between Head Start staff and Dannie's clinician at Leaps and Bounds was key in dealing with difficulties when they arose. This flow between providers aided in how best to intervene and coordinate planning between home, school and clinical settings. At this point work is ongoing, teachers and parents are engaged in providing a health social environment for him.

The open communication between Head Start staff and Dannie's clinician at Leaps and Bounds was key in dealing with difficulties when they arose. This flow between providers aided in how best to intervene and coordinate planning between home, school and clinical settings.

Parent Resource Center

""I feel like this agency has been 'my cane' or my 'third leg to stand on' because they have supported me so much. " Araceli, client

In 2008, a CPS call was made on a family in Modesto. It was a call that would connect a desperate mother to our agency in a way that would change her life forever and impact many of our staff member's lives as well.

For many of us, domestic violence is a problem that does not touch our lives directly; it is something that happens to "other people"; we hear about it, we feel sympathetic, we go along with our day and for most of us, this is where our domestic violence story ends. But in 2008, staff members at Parent Resource Center were introduced to a client who was NOT one of the lucky ones that could say domestic violence happens to "other people." To our client, Araceli, violence, anger and manipulation was a part of her daily life; and the lives of her two small innocent children.

This has been a long journey for Araceli, a journey she says was filled with "pain and learning." Today, 5 years after our first meeting, we share her struggles and triumphs with the hope it will inspire. With broken English, and through emotional tears, Araceli tells us how she grew up without a mother and a father in her life and how traumatic this was to her as a child. She also shares that, later as an adult, she swore to herself that she would do all she could to give her children what she didn't have as a child; what she felt was a "complete" family, with a mother AND a father.

As we tell this story we know that it is a story of domestic violence; but we also know that Araceli's journey is one of hope, perseverance, inspiration and the true power in the kindness of strangers. This amazing woman shares today that she does not know where she would be without the resources and kindness she found at Parent Resource Center.

Araceli, and her husband, came to PRC in 2008 to take parenting classes, a referral from CPS. This couple's history also included his taking anger management classes and her attending domestic violence classes at different agencies. At first, Araceli says she wasn't sure what to expect when she walked into Parent Resource Center for that first intake. But when she met one of our case managers, Maria, she instantly made a connection. And for the first time, Araceli shares, she felt she had met someone who would understand and be "on her side."

Her relationship with her husband was one of turmoil and fear; she felt her life was so confusing, so uncertain. The mental and physical abuse Araceli was enduring at the hand of her husband left her feeling helpless and desperate. As is with all domestic violence cases, the control of the abuser over the abused is central to the relationship. Every short-coming Araceli's husband may have felt about himself, he would somehow make "her fault." Every challenge with the children was her fault. When he pulled her by the hair and she complained of the pain, he said that he was not pulling her hair, just "holding" her hair and that SHE was moving and causing her own pain; again, everything was her fault. There was no way for Araceli to process her husband's behavior; as with many domestic violence victims she started to believe that maybe everything WAS her fault. His explosive anger would result in verbal and physical abuse followed by actions that would leave her completely confused; after the abuse he would sometimes say things like "now get ready, we are going out," acting as if nothing had just happened. Araceli says her self esteem was extremely low and without the support of PRC she would not have been able to carry on.

There was a cycle, she explained, where he would get angry, blame her for everything that went wrong, abuse her and then kick her, and the children, out of their home; leaving them with nothing. This happened over and over again. There was a time, she remembers, when he kicked them out without even shoes on her young son's feet. On her knees, Araceli begged her husband to let her at least get some clothes and shoes for the kids but he wouldn't even let her back in the house.

Araceli fell into a deep depression. Several times she felt she was just "at the end," unable to carry on, not even for her children's sake. One time in a fit of rage, her husband held a knife to her and twice, Araceli tried to commit suicide. Most

of us can only imagine living with this level of fear.

So we wonder, what caused the change? What caused the shift in our client's thinking about her life path? Until now, Araceli had been drawing her strength from her Aunt and the support she was getting from the Parent Resource Center staff. Then, tragically, her Aunt, no longer able to live with her own abusive husband, committed suicide. As if a rug was pulled out from underneath Araceli's feet, her world felt as though it would collapse. But with Parent Resource Center's help and perhaps some Divine Intervention, Araceli held strong and instead of giving in to the pressures of what she was going through, she looked at the death of her Aunt as an example; as if she was looking into a mirror. Knowing what she did of her Aunt's struggles with domestic violence, knowing that she did NOT want to go down the same path, and knowing that she had the support of the PRC staff, she found the strength to set a different course for her life.
Finally in early 2013 she found the strength to leave her husband, permanently. The struggles continue as they have shared custody of their two small children. But now, as she looks back, she can't imagine going down that path again. She knows now that there is help for her and that she doesn't have to be alone.

Through PRC this client has been able to see some amazingly positive changes in her life. With the assistance of PRC this client has been able to find help with temporary housing, emergency food stamps and legal assistance. Although she has had some setbacks, she is very much on her way to finding her path to independence and happiness.

About PRC, Araceli has this to say, "Every day I am so grateful to have Parent Resource Center, as well as my case manager, in my life. I cannot see myself without this agency. And I have overcome so many obstacles that I had never imagined I would be able to. I have gained inner strength from both my case manager and counselor. I have grown to respect myself, fight for my children, and show the world "who" I really am, as a sister, an aunt, a friend, and a neighbor. But most importantly I am now able to have confidence that I am a good mother to my children!"

"I feel like this agency has been "my cane" or my "third leg to stand on" because they have supported me so much. I consider PRC my family and will go to them when I am doing great or when I'm feeling bad. I feel so much love from everyone and that makes me and my children happy. I thank everyone from the bottom of my heart for guiding me to the life I now have and that is happiness and peace. Thank you!!"

There was a moment in our interview together where Araceli said to us that "you (the PRC staff) should know that what you are doing here at PRC is not just a job; you are changing lives." After her making this comment we told Araceli, "Yes, those that work at PRC do their job, not just for a paycheck but because they love the work they do." To which Araceli said, quite simply, "It shows."

Orville Wright Healthy Start

Rocio is a 22 year old single mom who moved to Modesto from the Bay area. Rocio has taken advantage of almost every program and service offered by Healthy Start FRC. Rocio is anxious and eager to learn and to improve the quality of life for both her 3 year old daughter Natalia and herself. Rocio has completed program services such as The Latino Literacy Class, The Incredible Years Parenting Course, attends all Second Cup of Coffee Parent meetings and volunteered at numerous Healthy Start events including our Health and Safety Fair. Our Airport Community is very proud of Rocio's accomplishments this year including completing her second year at Modesto Junior College. Rocio and Natalia are one of many examples of the impact that Healthy Start FRC services and the difference the Commission funded programs bring to our local communities in Stanislaus County.

"Healthy Start classes like Incredible Years have provided me with the fundamental information to feel confident as a parent." Rocio Villegas, parent of a 3 year old pre-school student

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. **CAPIT**.....Child Abuse Prevention, Intervention, and Treatment
11. **CARES**.....Comprehensive Approaches to Raising Educational Standards Project
12. **CBCAP**.....Community-Based Child Abuse Prevention
13. **CBOs**.....Community Based Organizations
14. **CCC**.....Children's Crisis Center
    Funded Program: Respite Care
15. **CDBG**.....Community Development Block Grant
16. **CDC**.....Center for Disease Control
17. **CFC**.....Children and Families Commission
18. **CHA**.....Community Health Assessment
19. **CHDP**.....Child Health and Disability Prevention Program
20. **CHIS**.....California Health Interview Survey
21. **CHS**.....Center for Human Services
    Funded Programs: Westside Family Resource Centers, Eastside Family Resource Center
22. **CHSS**.....Community Housing and Shelter Services
23. **CPHC**.....Ceres Partnership for Healthy Children
24. **CPS**.....Child Protective Services
25. **CPSP**.....Comprehensive Prenatal Services Program
26. **CSA**.....Community Services Agency
    Funded Programs: Family Resource Centers
27. **CVOC**.....Central Valley Opportunity Center
28. **CWS**.....Child Welfare Services

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

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