2015-2016

Annual Program Evaluation

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

June 2017

The Stanislaus County Children and Families Commission

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

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

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

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

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

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Vito Chiesa - Board of Supervisors
David Cooper - Community Representative
Kathy Harwell, Vice Chair - Community Services Agency
Denise Hunt - Community Representative
Mary Ann Lee - Health Services Agency
Nelly Paredes-Walsborn - Community Representative
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Introduction

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

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

This Evaluation Report contains information on:

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

Strategic Plan Goals and Objectives

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

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

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

Children are eager and ready learners

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

Children are born healthy and stay healthy

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

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

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

Evaluation Purpose and Methodology

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

With these questions in mind, the goal of the evaluation process for the 2015-2016 fiscal year was to acquire, report, and analyze information, share that information with stakeholders (i.e., programs, community, funders), and then upon reflection, make recommendations based on the areas of strengths and areas that could improve to better serve target populations on both the Commission and program levels.

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

Data sources used for the evaluation include quarterly reports, outcome-based scorecards, budgets, invoices, and a participant demographic report (PDR). Two of the main tools utilized are the PDR database and the 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 toward planned outcomes by defining activities and reporting outputs and changes in participants.

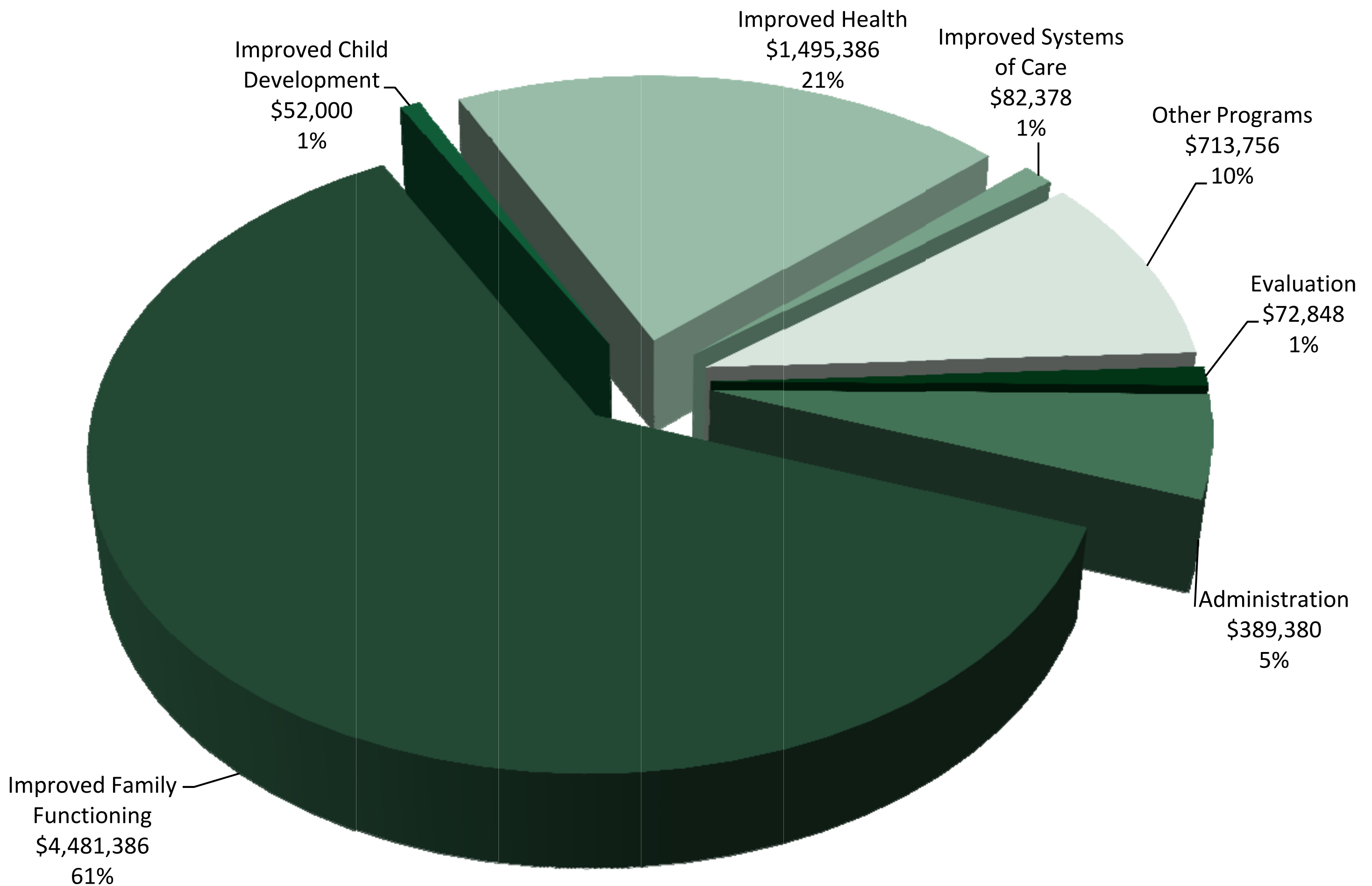
Program data was provided exclusively by the respective programs, and financial data and contract information were acquired from Commission records. Whenever possible, the contracted programs’ self-analysis was integrated into the evaluation, at times in their own words. All programs were also asked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

Changes in Reporting Categories and Definitions

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

For a number of years, the expenditure and program activity/outcome information required by the State has been unchanged. With this consistency in reporting, past local evaluation reports have been able to compare historical trends and changes in expenditures and program activity/outcomes. However, starting in the 2012-2013 fiscal year, reporting requirements were changed by the State. Service and expenditure categories were redefined and, in many cases, combined to ensure consistency between the reports of county commissions. These reporting changes limit the ability of this evaluation report to examine historical trends in expenditure, program activity/outcomes for result areas, and service. The trending charts and comparisons in this 2015-2016 report contain only four data points due to these new definitions now being used by the State.

Funding Distribution by Budget Category
Total: $7,287,186

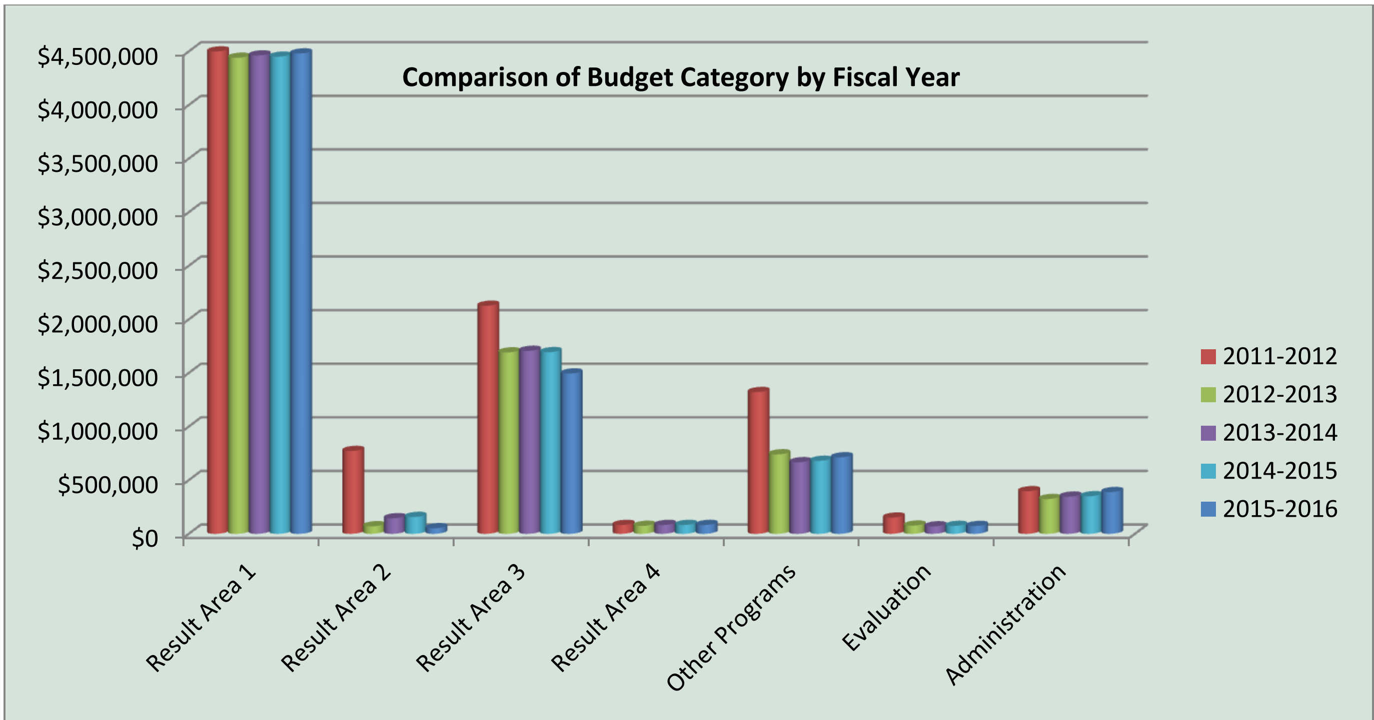


The 2015-2016 budget pie chart portrays the distribution of Commission funding by budget category.

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

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

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



<u>Total Budget</u>

2011-2012: $ 9,352,751

2012-2013: $ 7,420,001

2013-2014: $ 7,515,250

2014-2015: $ 7,490,083

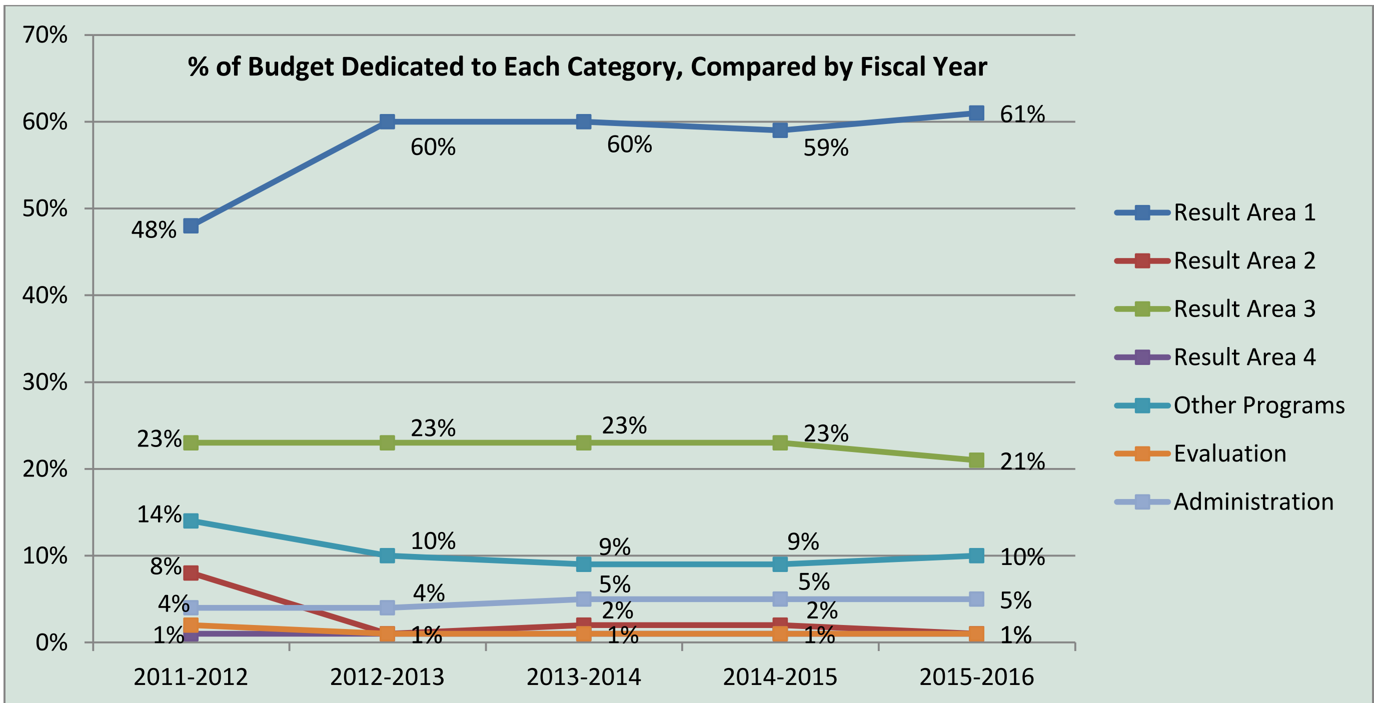
2015-2016: $7,287,186

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 2011-2012 through 2015-2016. The top graph (Graph 1) compares the ***amount*** of funding allocated to each result area (RA), and the bottom graph (Graph 2) compares the ***percentage of the total budget*** allocated to each of the result areas.

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

In '12-'13, RA 2 was appropriated a substantially lower *amount* of funding, as well as *percentage* of funding. This change was caused by the elimination of the Core 4 program, thereby decreasing the RA 2 budget allocation. Both funding amount and percentage of funding for RA 2 has remained steady after the '12-'13 decrease.

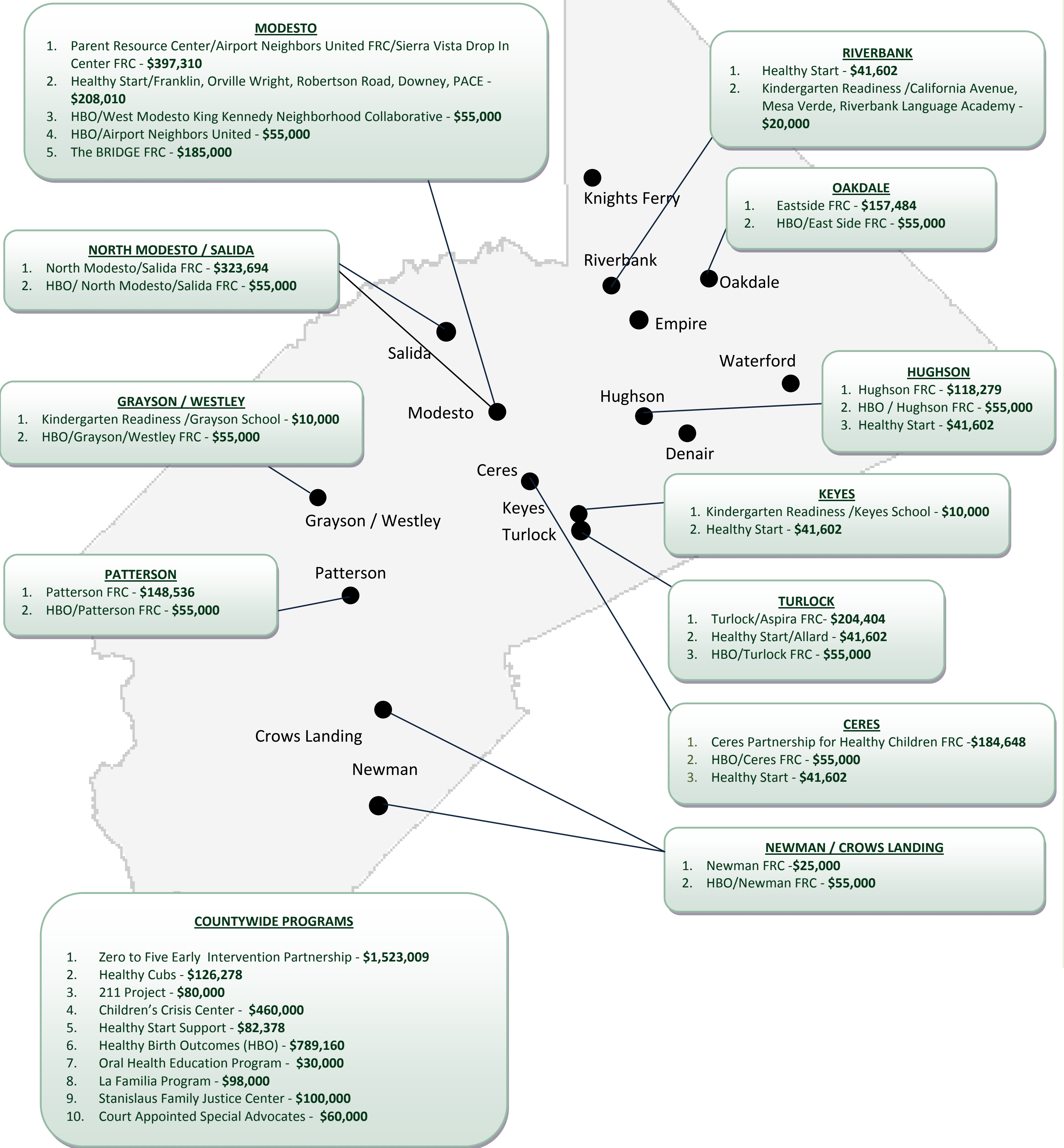
While the ***amount*** of funding dedicated to RA 3 decreased in '12-'13 and again in '15-'16, the ***percentage of the total budget*** has remained relatively consistent.

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

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

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

Stanislaus County Children & Families Commission
2015-2016 Programs



Program Budget Award by Location

Location	Program Budget Allocation	% of '15-'16 Program Budget*	% of County's Population**
Modesto	$ 900,320	32.7 %	39.2%
Turlock	$ 301,006	10.9 %	13.3%
Riverbank	$ 61,602	2.2%	4.4%
Ceres	$ 281,250	10.2%	8.7%
Newman/Crows Landing	$ 80,000	2.9%	2.0%
Grayson/Westley	$ 65,000	2.4%	.3%
Hughson (includes SE smaller towns)	$ 214,881	7.8%	1.3%
Oakdale	$ 212,484	7.7%	4.1%
Salida***	$ 378,694	13.8%	2.6%
Keyes	$ 51,602	1.9%	1.1%
Patterson	$ 203,536	7.4%	4.2%
TOTAL of location specific programs	$ 2,750,375		
Countywide Programs	$ 3,348,825		
TOTAL:	**$ 6,099,200**		

* Percent of Program Budget that is not allocated countywide

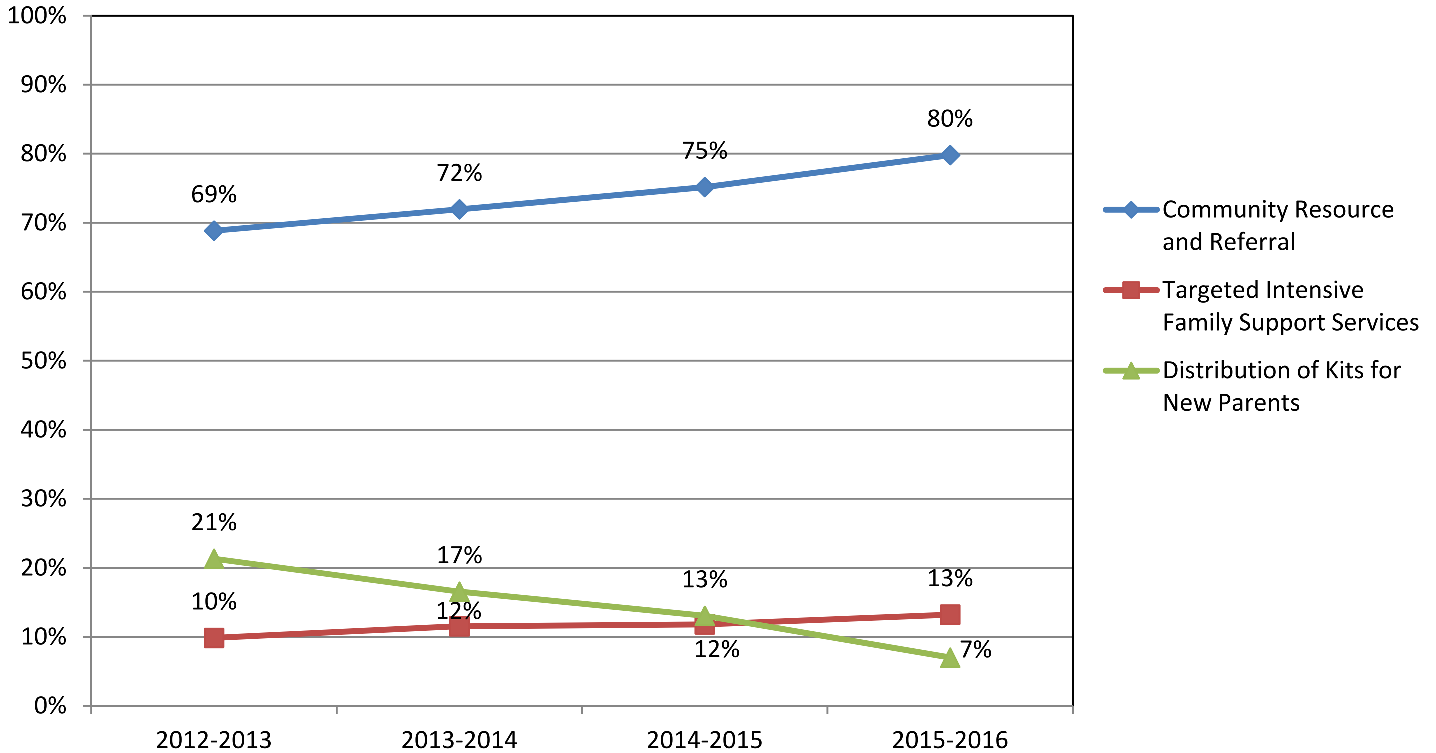
** State of California, Dept. of Finance, E-1 Population Estimates for Cities, Counties, and the State with Annual Percent Change – January 1, 2015 and 2016: Sacramento, CA, May 2014; https://suburbanstats.org, 2016

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

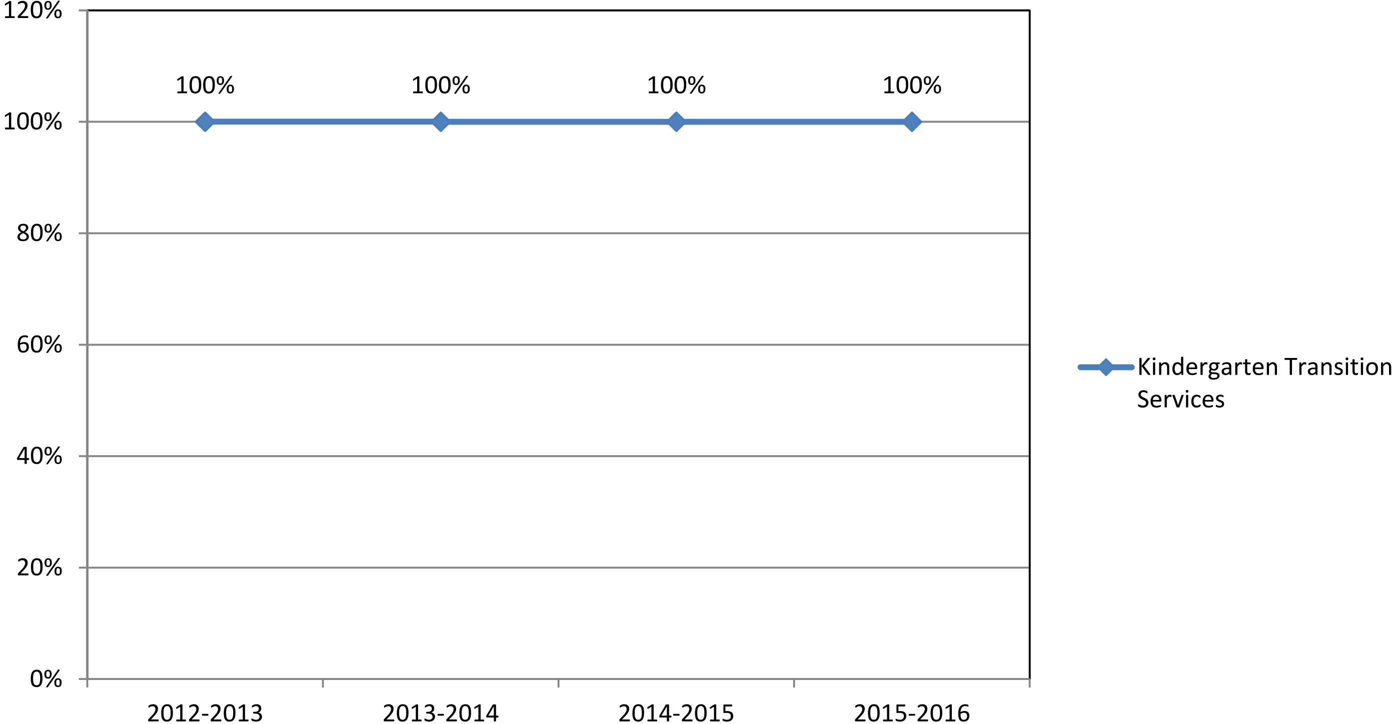
The map depicts the distribution of Stanislaus County Prop 10 funds allocated to programs by location within the county. The map illustrates the extent to which program services reach children 0-5 and their families countywide, and the number of programs in each area. The chart above shows the percentage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

A total of $3,348,825 was allocated to programs that operate throughout the county, making up 55% of the total program budget. These countywide programs reach all of the above locations, and many have developed partnerships in order to collaborate with location specific programs, thereby leveraging Prop 10 resources. The remaining 45% of the program budget is allocated to programs that operate within a specific community to best serve the needs of the children and families within that community. As illustrated in both the map, as well as the chart, there is a balance of countywide and location specific programs that form an extensive network spanning the county to provide services that impact the lives of Stanislaus County's children and families.

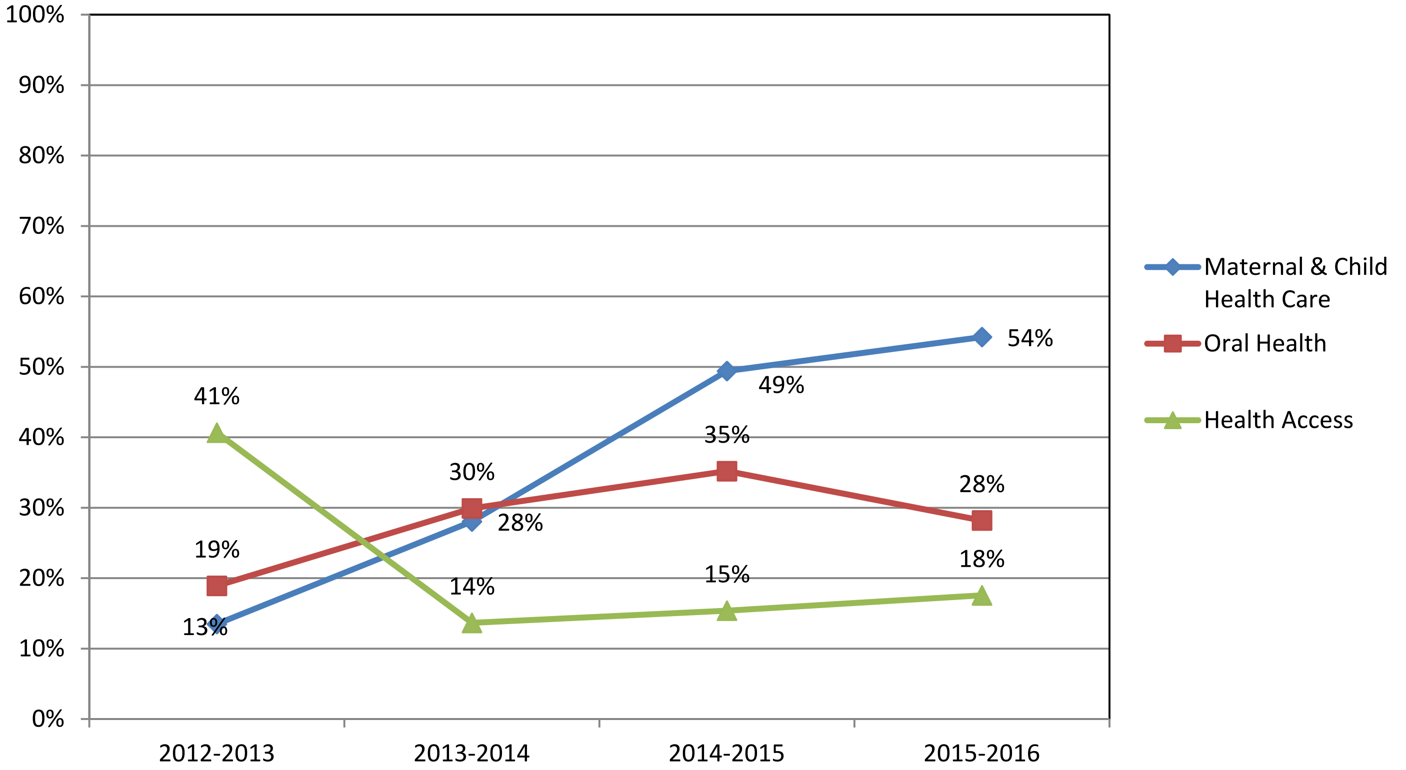
These graphs depict how the distributions of service categories in each result area compare from fiscal year '12-'13 through '15-'16. It should be noted that the percentages of most services rendered have stayed fairly consistent. However, changes have occurred as the focus of specific services has been emphasized or deemphasized as changes in community needs or priorities change.



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



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



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

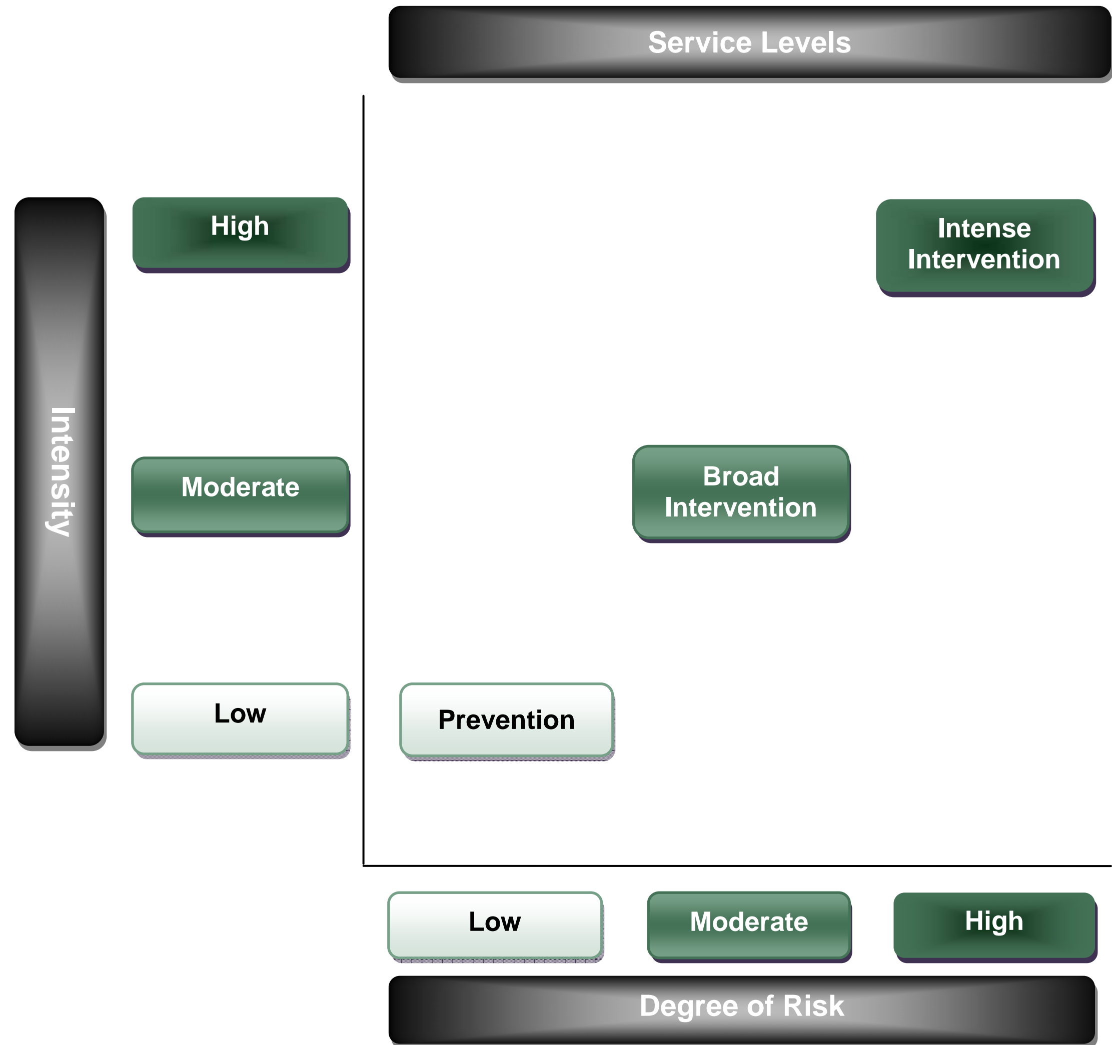
One of the Commission's funding strategies is to support a continuum of prevention and intervention programs that target all children 0-5 and their families in Stanislaus County. This means that Commission funds are working to benefit a spectrum of children from very low-risk to high-risk by providing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

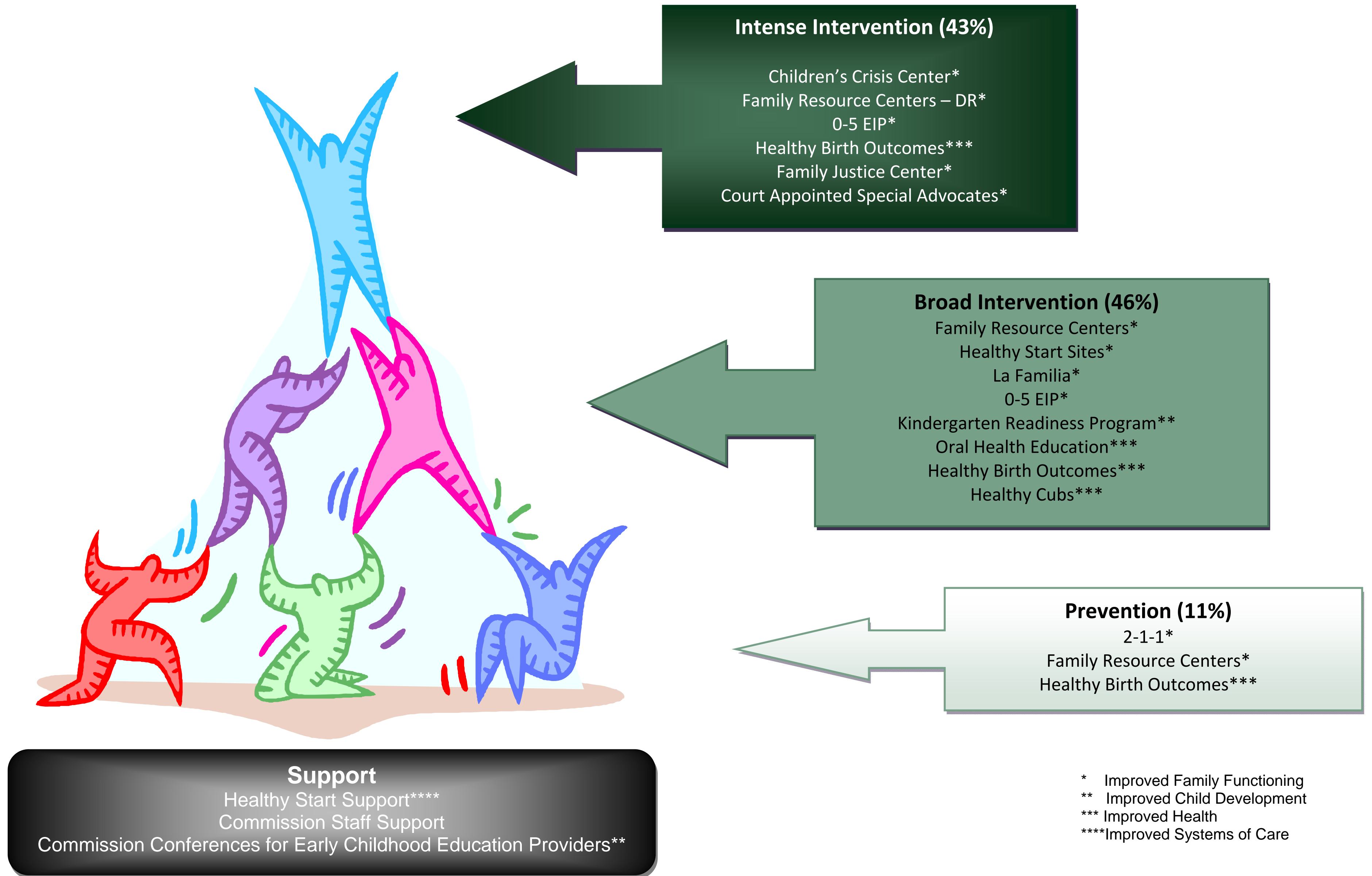
Service Levels

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

Service Level Pyramid

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





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

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

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

Participant and County Demographics

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

Race/Ethnicity Served and Participant Primary Language

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

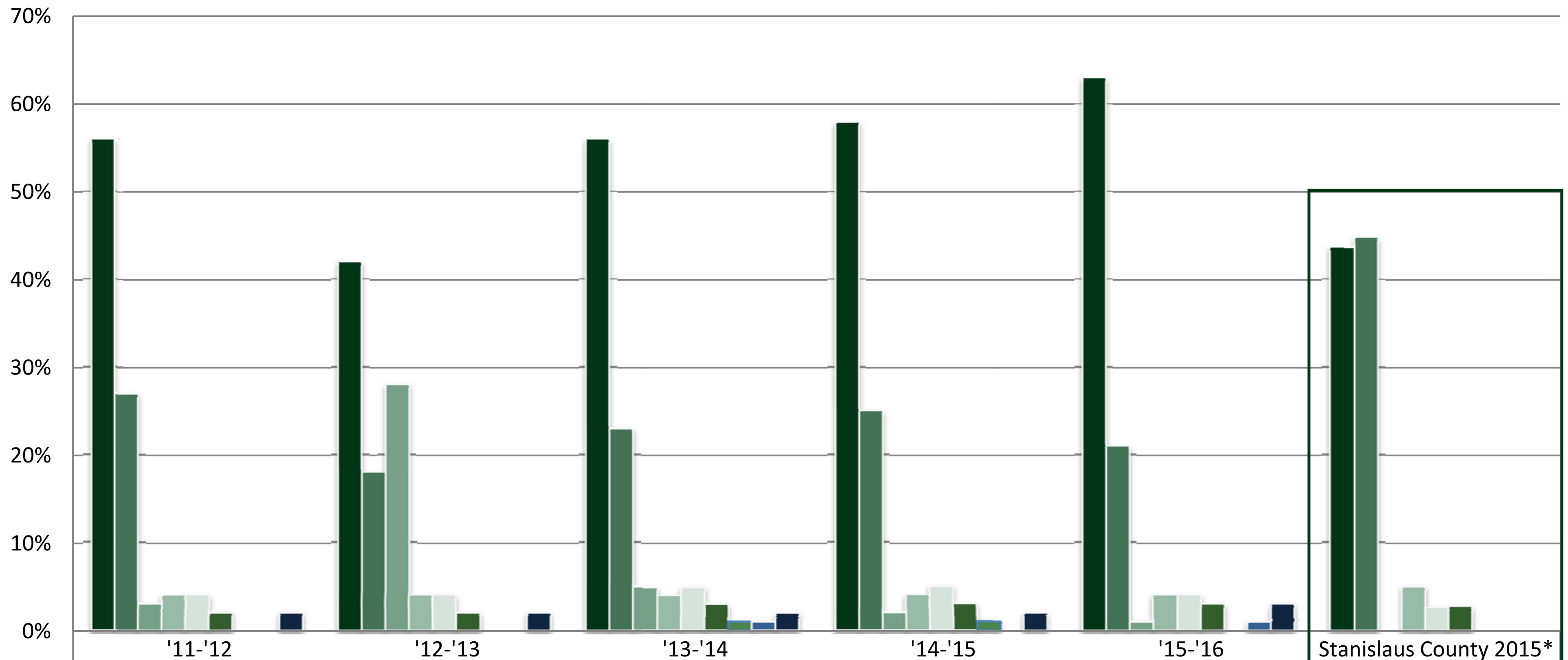
Participating Children Age Distribution

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

Infant Mortality Rate

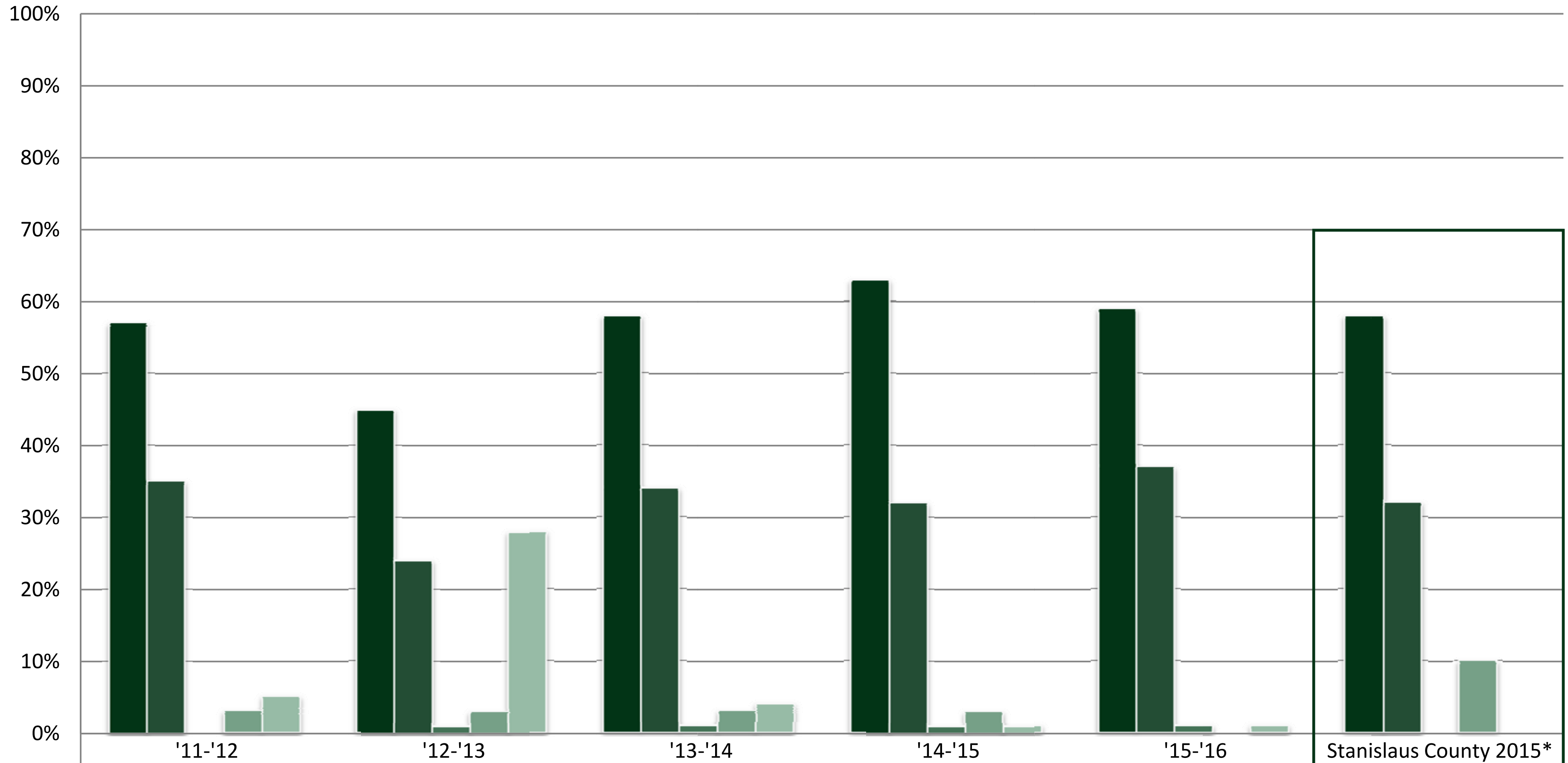
In general, infant mortality rates for Stanislaus County ethnic groups are higher than State group rates and the rates of all ethnic groups in our County tend to reflect the downward trends of the State as a whole. In 2016 Stanislaus County had slight increases in the Asian and White infant mortality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

Race/Ethnicity Served



	'11-'12	'12-'13	'13-'14	'14-'15	'15-'16	Stanislaus County 2015*
Hispanic	56%	42%	56%	58%	63%	44%
White	27%	18%	23%	25%	21%	45%
Unknown	3%	28%	5%	2%	1%	
Asian	4%	4%	4%	4%	4%	5%
African American	4%	4%	5%	5%	4%	3%
Multiracial	2%	2%	3%	3%	3%	3%
American Indian			1%	1%		
Pacific Islander			1%		1%	
Other	2%	2%	2%	2%	3%	

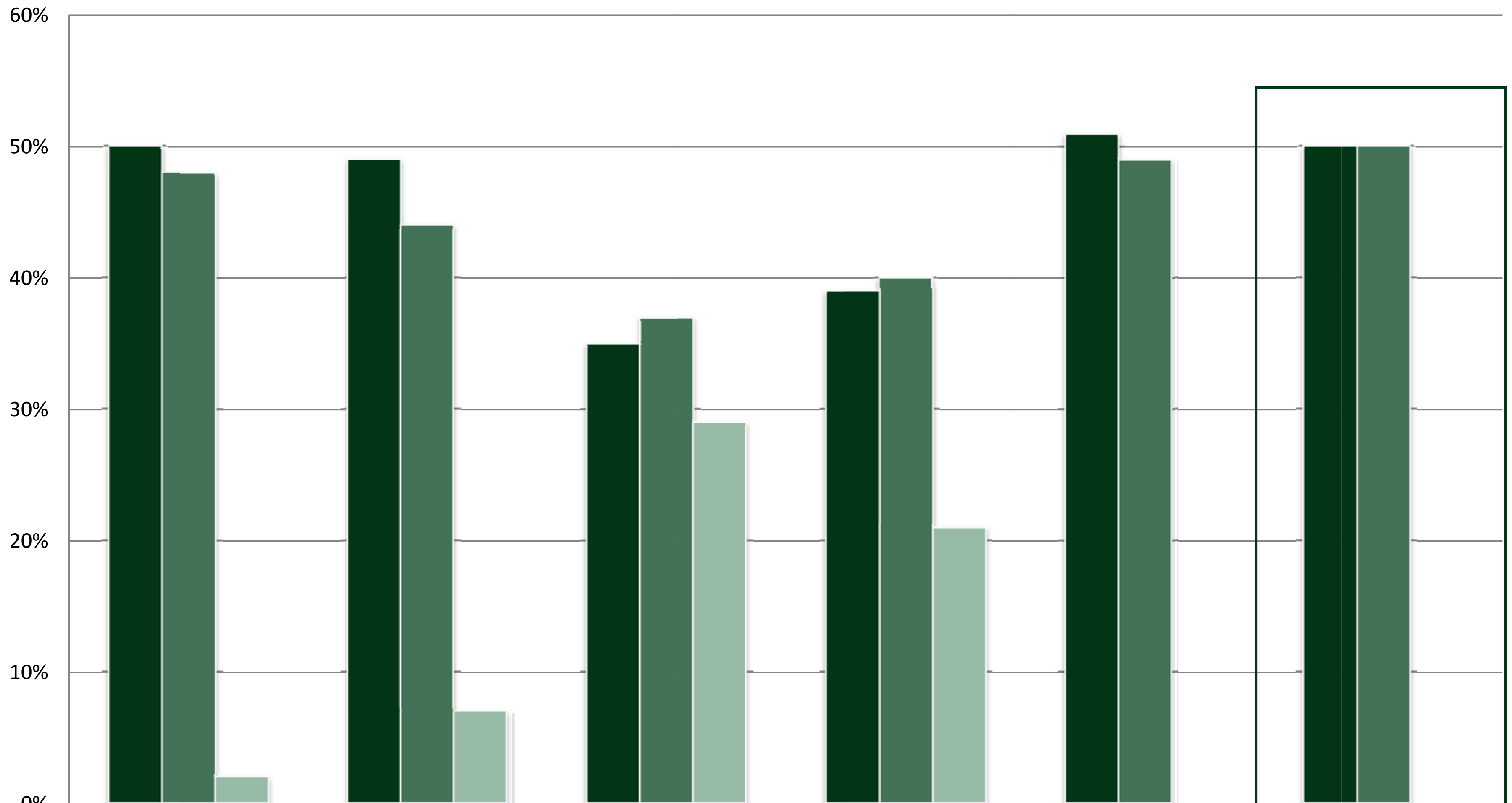
*State and County Total Population Projections by Race/Ethnicity and Detailed Age, California Department of Finance, 2014



	'11-'12	'12-'13	'13-'14	'14-'15	'15-'16	Stanislaus County 2015*
English	57%	45%	58%	63%	59%	58%
Spanish	35%	24%	34%	32%	37%	32%
Hmong		1%	1%	1%	1%	
Other	3%	3%	3%	3%		10%
Unknown	5%	28%	4%	1%	1%	

CFC data does not include provider capacity language data.

*U.S. Census Bureau, 2015 American Community Survey.



	'11-'12	'12-'13	'13-'14	'14-'15	'15-'16	Stanislaus County 2015*
0-2	50%	49%	35%	39%	51%	50%
3-5	48%	44%	37%	40%	49%	50%
Unknown	2%	7%	29%	21%		

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

Stanislaus County

Infant Mortality by Ethnicity

33
30
27
24
21
18
15
12
9
6
3

2012 2013 2014 2015 2016

All Races
Asian
Black
Hispanic
White

State

Infant Mortality by Ethnicity

13
12
11
10
9
8
7
6
5
4
3

2012 2013 2014 2015 2016

All Races
Asian
Black
Hispanic
White

Infant Death Rate per 1,000 Live Births

County Health Status Profiles, California Department of Public Health, 2012-2016

Result Area 1: Improved Family Functioning

Description

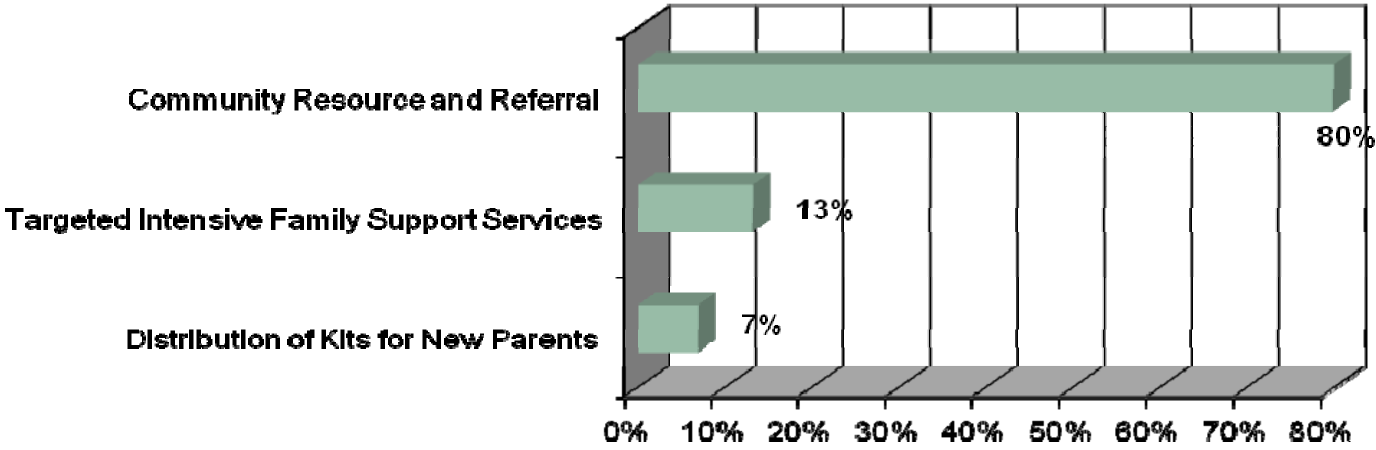
The goal of the Improved Family Functioning Result Area is to increase community capacity to support safe families. Included in this result area are programs that provide parents, families, and communities with relevant, timely, and culturally appropriate information, education, services, and support.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

Fifteen Prop 10 funded programs are categorized under Improved Family Functioning, and represent 61% of the 2015-2016 budget. Half of the programs are grouped under “Family Resource Centers with Differential Response services.”

The amount expended in this result area is 95% of the amount budgeted for fiscal year ‘15-‘16, 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 ‘15-‘16 Total Awards	FY ‘15-‘16 Expended
$4,481,386	$4,238,500 (95% of budget)

2015-2016
% of Total Services Provided in Family Functioning by Service Category



Result Area 1 Services and Service Delivery Strategies

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

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

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

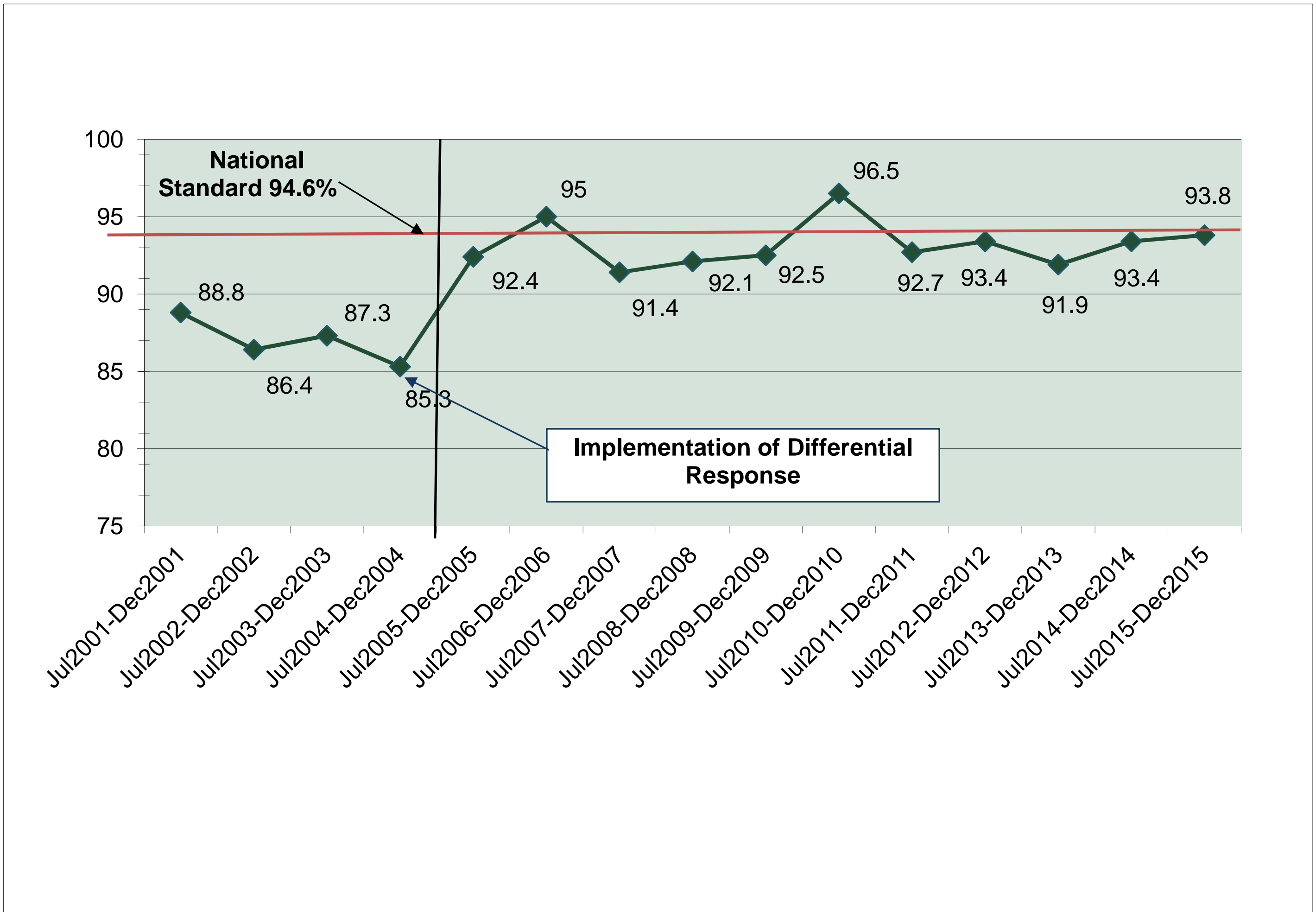
The Commission has employed the following services and service delivery systems to progress towards these objectives, to increase community capacity to support safe families, and contribute to the population result "Families are Safe":

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

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

Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2015 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, 1,711 children 0-5 were referred through differential response, and of those, the families of 68% of those children (1,170) engaged with the FRCs for family support services. This engagement and participation is a key component in assisting families who are at risk, and these DR activities contributed to the statistics shown below. In addition, all programs funded in this result area help support these outcomes.



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

- 11,185 children 0-5 received services designed to improve family functioning
- 291 children 0-5 received behavioral health services
- The parents of 2,666 children attended parenting education classes
- 121 early education sites received 2,704 hours of mental health consultation
- The families of 7,228 children 0-5 received resources or referrals to improve family functioning

- 19% of the children and families who received family support services (2,087/11,185) were engaged further through assessments
- 22% of those receiving family support services and who indicated a need (2,415/11,185) received more intensive services focused on improving child abuse risk factors

Mental Health Access and Improvements

- 86% of parents whose children are participating in mental health services (218/253) report a reduction in their child's mental health symptoms and improvements in child functioning
- 1,785 caregivers of children 0-5 were screened for depression and 434 were referred for mental health services as a result

Parents and Providers Skills Improvements

- 89% of parents participating in parent education (1,989/2,223) report an increase in skills or knowledge
- 96% of day care providers (65/68) report improved skills and confidence in working with difficult children after receiving mental health consultation
- 13% of dependent children ages 0-5 (7/56) under the jurisdiction of the court were placed in a safe, permanent home

Result Area 1: Improved Family Functioning

Program	Amount Expended in '15-'16 (% of '15-'16 allocation)	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2016)	Cumulative Amount Expended (7/1/2007-6/30/2016)	% of Cumulative Amount Expended
2-1-1	$ 73,670 (92%)	2,286	$ 32	$ 1,240,000	$ 1,138,817	92%
Court Appointed Special Advocates (CASA)	$ 58,134 (97%)	56	$ 1,038	$ 120,000	$ 116,792	97%
Children's Crisis Center	$ 460,000 (100%)	412	$ 1,117	$ 5,907,387	$ 5,211,757	88%*
El Concilio - La Familia	$ 94,251 (96%)	182	$ 518	$ 1,488,000	$ 1,356,746	91%
Family Justice Center	$ 97,665 (98%)	313	$ 312	$ 634,110	$ 612,342	97%
Healthy Start Sites	$ 416,020 (100%)	2,872	$ 145 (includes Support funding)	$ 6,538,637 (includes Support funding)	$ 6,506,471 (includes Support funding)	100%**
The Bridge (FRC)	$ 177,694 (96%)	245	$ 725	$ 1,635,000	$ 1,570,005	96%
Zero to Five Early Intervention (0-5 EIP)	$ 1,348,346 (89%)	1,367	$ 986	$ 17,198,160	$ 16,050,987	93%
Family Resource Centers (providing Differential Response Services) (7 contracts)	$ 1,512,719 (97%)	3,452	$ 438	$ 15,955,754	$ 14,888,988	93%
TOTAL	$ 4,238,500 (95%)	11,185	$ 379	$ 50,717,048	$ 47,452,906	94%

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

**Percentage is rounded to the nearest whole number. Actual percent is 99.5%.

2-1-1

Agency: United Way
Current Contract End Date: June 30, 2016

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, 2016	FY '15-'16 Award	FY '15-'16 Expended	Cumulative Amount Expended
$1,240,000	$80,000	$73,670 (92% of budget)	$1,138,817 (92% of budget)

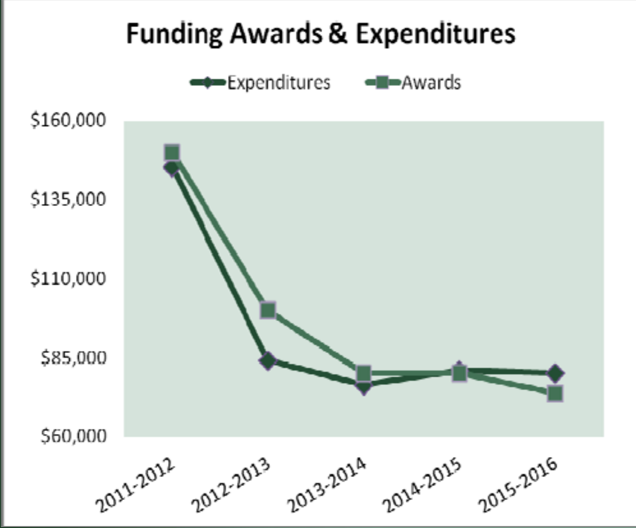
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (2,286 callers with a child 0-5)
$40,051	$32,569	$1,050	0%	$32

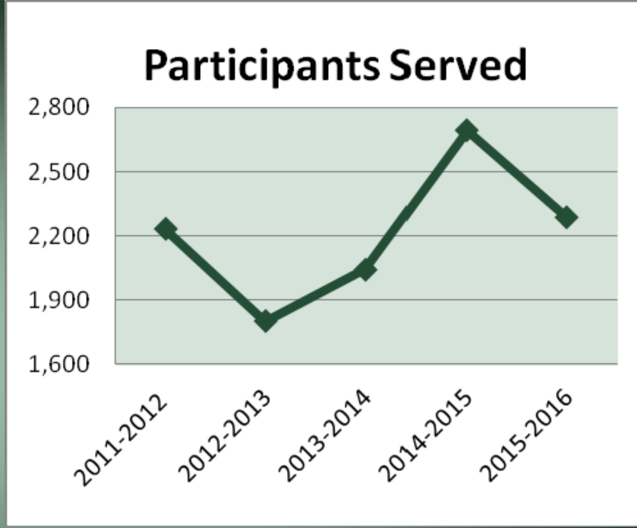
PARTICIPANT TYPE	% SERVED
Children 0-5	58%
53% <3; 47% 3-5	
Parents/Guardians	41%
Other Family	1%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	50%
White	26%
Black/African American	7%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	1%
Multiracial	4%
Other	5%
Unknown	5%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	84%
Spanish	16%
Hmong	-
Other	-
Unknown	-

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





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

Program Highlights

- Beginning in October of 2015, Stanislaus County 211 contracted with Fresno County (211 FC) to expand call coverage to Monday through Friday, 7 am-9 pm and Saturday and Sunday from 8 am-5 pm. This extension of coverage is a step forward to 211 Fresno County becoming a 24-hour call center. It is projected that contracting with 211 FC will result in a cost saving for the program. Follow up surveys indicate customer satisfaction with the outsourced call system is comparable to when United Way answered the calls locally.
- Only 24% of callers had families with a 0-5 child. This percentage remains below the goal of 33% despite efforts to target outreach to 0-5 families. However, website traffic continues to increase as participants, in ever-increasing numbers, use cell phones and other personal devices to obtain information they need.
- In 2015-2016, Stanislaus County 211 staff attended 15 outreach events and made 34 presentations to local agencies and organizations. 58,624 materials including 211 brochures, cards, inserts, posters and health insurance enrollment assistance flyers were distributed to local churches, medical clinics and facilities, day cares, agencies, organizations, etc.
- The following were common types of service requests in 2015-2016:
    - Housing / Shelter – 1,505 requests
    - Utility Bill Payment – 794 requests
    - Food / Meals – 788 request
    - Individual, Family and Community Support – 300 requests
    - Clothing/Personal/Household Needs – 287 requests
- The following were common types of referrals in 2015-2016:
    - Central Valley Opportunity Center – 679 referrals
    - Community Housing and Shelter Services – 670 referrals
    - Salvation Army Modesto Corps – 419 referrals
    - Inter-Faith Ministries – 250 referrals
    - Modesto Gospel Mission – 153 referrals

- Leveraging: 211 received $120,000 in funding from Stanislaus County Community Services Agency and $90,000 from Kaiser.
- Cultural Competency: Stanislaus County 211 has the following national origins and languages represented in the call center which helps callers to feel more comfortable when talking to staff. All other calls are assisted / handling through AT&T Language Line Services.
    1) Caucasian (3) – English speaking only
    2) Latino / Hispanic (20) – Spanish / English speaking
    3) Chinese (1) – Cantonese / English speaking
    4) Samoan (1) – Samoan / English speaking
    5) Mixed Ethnicity (2) – English / Spanish speaking

  211 staff attends cultural sensitivity training / meetings offered by the Latino Emergency Council / Community Round Table, the Stanislaus County Prevention Initiative Homelessness Action Council, and the Stanislaus Housing and Support Service Collaboration
- Collaborations: Stanislaus County 211 works with Stanislaus County agencies (OES, HSA, CSA, CAL-EMA, Advancing Vibrant Communities, Focus on Prevention, CSUS, American Red Cross, Latino Emergency Council, Stanislaus Housing and Supportive Services Collaborative; Turlock Community Collaborative) to strengthen the 211 Call Center for health and human resource referral assistance, emergency incidents, and disasters. Additionally, whenever possible, 211 refers callers to the closest Prop 10 funded family resource center or the closest stand alone program providing the needed service based on the caller's address/zip code. Such referrals promote collaboration and cooperation between Prop 10 funded agencies and other social service agencies.
- Sustainability: By supporting other counties in the development of their 211programs and by encouraging them to join the 2111 Central Valley Collaborative, 211 is strengthening its capacity by seeking funding as a collaborative, rather than competing for funding as individual entities. 211 is exploring opportunities to expand and tailor its services by working with Focus on Prevention and California State University, Stanislaus.
- The program shows very little activity in the area of health insurance enrollment due to the federal government's pre-emption in the field resulting from the implementation of the Affordable Care Act (ACA).

Prior Year Recommendations

2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• United Way of Stanislaus County continues to partner with United Way of Fresno and Interface Child and Family Services through outsourcing of Stanislaus County 211 calls. This collaboration not only provides call coverage but also collaborates with us to identify funding that can sustain both our 211 programs, share outreach strategies, and collaborate on database management.

2. Conduct targeted outreach to increase the number of callers with children 0-5.	• Stanislaus County 211 staff continues to target and provide outreach through presentations, material distribution and outreach events targeting families w/ children 0-5 as identified and recommended. Targeted areas included head starts, family resource centers, parent meetings, and family friendly events sponsored by schools and other community based organizations. • During this funding year, Stanislaus County 211 staff provided the following to increase activities specifically targeting families with children 0-5: - 10 presentations - 8 outreach events - 2,832 materials were distributed
3. Continue to focus on a regional approach to sustain the program, decrease costs, and obtain other funding.	• Over the last year, 211 worked to identify how to develop new funding streams for 211. We have determined that utilizing 211 to provide contracted services for other organizations would be an avenue that we pursue. We have had on-going conversations with the Stanislaus County Focus on Prevention Initiative Coordinator to act as a key partner for their System of Care Initiative (also known as the Homelessness Initiative). We have participated in several committees on-going meetings for the purpose of developing a strong community and financial partnership. • We have also initiated conversations with California State University Stanislaus on how 211 can play a vital part in their disaster response play by providing their students and families resource referrals and disbursement of information in the event of a disaster.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
211 callers have access to health and human service program information 24/7/365	100%	96% (9,092/9,422)
211 callers with children 0-5 have access to health and human service program information 24/7/365	100%	98% (2,250/2,286)

33% of callers have children 0-5.	33%	24% (2,286/9,422)
Callers with children 0-5 years are unduplicated callers	75%	98% (2,250/2,286)
Children 0-5 years whose caregivers request health insurance assistance with their children's application are provided with health plan enrollment assistance	100%	100% (2/2)
211 callers with children 0-5 who were contacted for follow-up report satisfaction with 211 services	80%	94% (297/317)
Callers with children 0-5 learn of the 211 services through outreach or advertisement.	50%	47% (1,065/2,286)
Callers' children 0-5 who previously did not have health insurance have health insurance within 45 days after calling 211	75%	100% (2/2)
211 callers with children 0-5 who are contacted for follow-up report having their needs met through referrals after calling 211	50%	71% (224/317)

Recommendations

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

Additionally, it is recommended that the program:

- Conduct targeted outreach to increase the number of callers with children 0-5.
- Continue to focus on a regional approach to sustain the program, decrease costs, and obtain other funding.
- Consider redesigning the 211 website to accommodate the increasing number of participants accessing the site for information.

CASA

Agency: Court Appointed Special Advocates (CASA)
Current Contract End Date: June 30, 2016

Program Description

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

Finances			
Total Award July 1, 2013 – June 30, 2016	FY '15-'16 Award	FY '15-'16 Expended	Cumulative Amount Expended
$120,000	$60,000	$58,134 (97% of budget)	$116,792 (97% of budget)

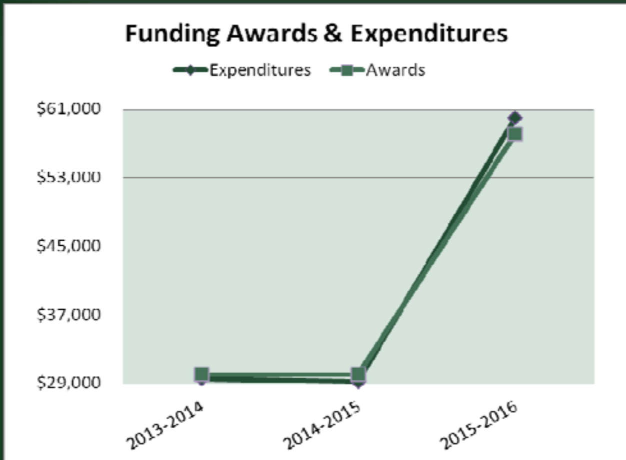
FY '14-'15 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Average Cost Per Child 0-5 (56)
$56,662	$1472	$0	0%	$1,038

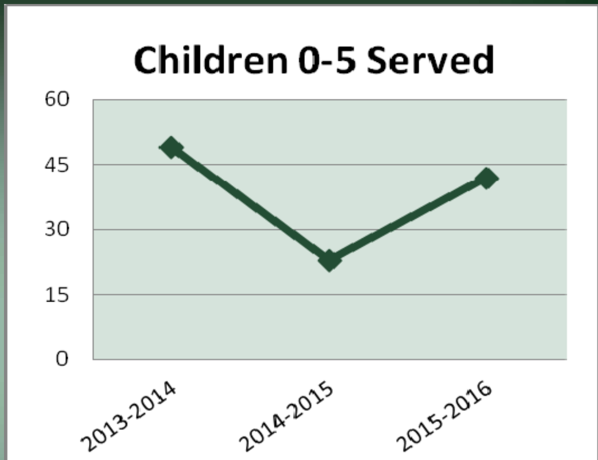
PARTICIPANT TYPE	% SERVED
Children 0-5	43%
48% <3; 52% 3-5	
Parents/Guardians	49%
Other Family	8%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	31%
White	57%
Black/African American	4%
Asian	4%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	4%
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	99%
Spanish	1%
Hmong	-
Other	-
Unknown	-

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





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

Program Highlights

- In 2015-2016, funding from the Commission permitted CASA to hire two full-time Case Managers who supervised additional volunteers who were able to provide advocate services to 56 children ages 0-5. In 2015-2016, Commission funding served 14 children who carried over from the previous year and allowed 42 new children to be served.

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

- Of the 7 children who obtained a permanent home in 2015-2016, all 7 children were reunited with their families.

- Leveraging: In 2015-2016, CASA received $49,683 directly from State and Federal government sources; $40,294 was received from local government sources, and $201,994 was generated by civic groups, foundations, and local fundraising events.

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

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

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

Prior Year Recommendations

2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Report on the number of 0-5 children served who were carried over from the previous fiscal year and the number of 0-5 children enrolled in the program during the reporting year.	• The number of 0-5 children served who were carried over from the previous fiscal year is 14. The number of 0-5 children enrolled in the program during the reporting year is 42.
2. Better tell the story of the outcomes of Commission funding.	• Please see item #12 of the annual report for a story of local outcomes.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 served	60	56
Children ages 0-5 will be placed in a safe, permanent home	25%	13% (7/56)
All new children ages 0-5 receive a developmental assessment	100%	55% (23/42)

Recommendations

Modify data gathering efforts to:

1. Track volunteer and staff hours spent advocating for children to better tell the story of the outcomes of Commission funding.

Children's Crisis Center

Agency: Children's Crisis Center
Current Contract End Date: June 30, 2016

Program Description

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

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

Finances			
Total Award March 15, 2002* – June 30, 2016	FY '15-'16 Award	FY '15-'16 Expended	Cumulative Amount Expended
$5,907,387**	$460,000	$460,000 (100% of budget)	$5,211,757 *(88 % of budget)

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

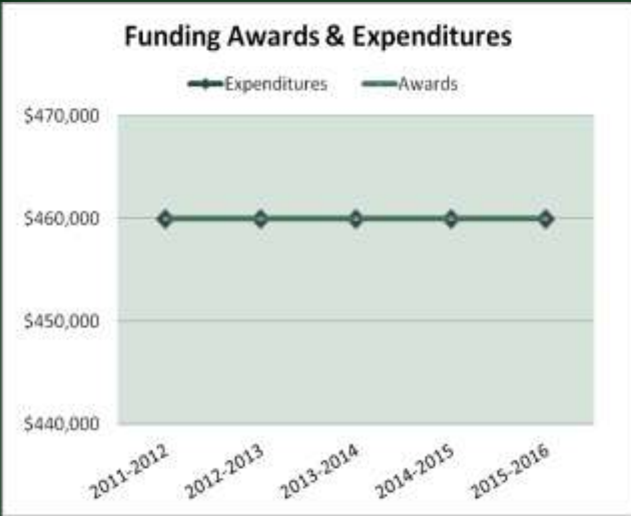
FY '15-'16 Budget / Expenditure Data			
Respite Care	Rent	Indirect Cost Rate	Average Cost Per Child 0-5 (412)
$460,000	$0	0%	$1,117

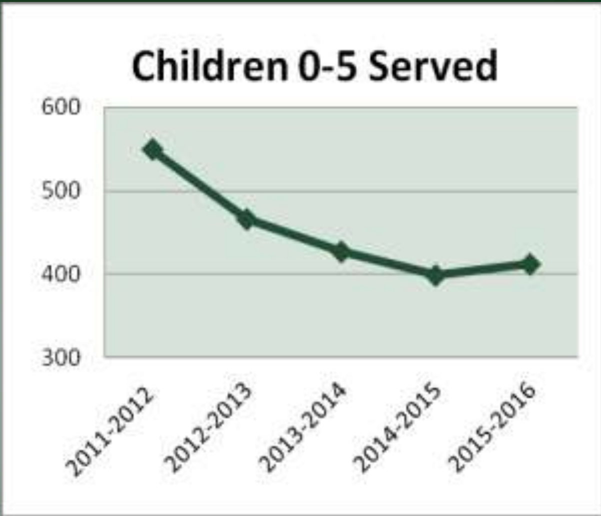
PARTICIPANT TYPE	% SERVED
Children 0-5	49%
69% <3; 31% 3-5	
Parents/Guardians	51%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	39%
White	27%
Black/African American	3%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	<1%
Multiracial	13%
Other	2%
Unknown	14%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	73%
Spanish	15%
Hmong	-
Other	-
Unknown	12%

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





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

Program Highlights

- In 2015-2016, CCC served 412 children with 69,842 hours of respite care during 13,381 days of child enrollment. The goals for all three of these measurements were exceeded: 400 children, 65,700 hours of respite care, and 12,298 days of child enrollment.
- Economies of scale forced the closure of Cricket's House in June of 2014. CCC has conducted a capital campaign to develop a new center on Kimble Street in Modesto in order to increase capacity in the Modesto area. Building plans have been submitted to the City of Modesto for final approval. Project completion is scheduled for November 2016. After securing Licensing's approval, respite shelter services at the Kimble Street site may commence as early as February of 2017.
- 201 children needing developmental assessments received such assessments and 17 of those children were referred for additional assessments and services. 75% of the 72 receiving a second assessment were documented over time as progressing in at least one developmental area.
- 72,859 nutritionally based meals and snacks were served to 399 disadvantaged high risk children ages 0-5.
- Family risk scores from the children served during the year indicate that 82% of families achieved a lower family risk score between their 3 month and 6 month evaluation periods.
- For four years, until November of 2014, CCC was an on-site partner at the Stanislaus Family Justice Center (SFJC). CCC's role in this alliance was to serve children who have been victimized directly or indirectly by physical or sexual abuse, and children fleeing domestic violence. CCC continues to serve as an off-site partner of the SFJC.
- Leveraging: In 2015-2016, the program received $1,637,329 directly from State and Federal government sources; $171,293 was received from local government sources, and $475,104 was generated by foundations and other charities.
- Cultural Competency: English and Spanish are the two most prominent languages spoken by Children's Crisis Center staff, as they are predominately the primary languages spoken by the target service population. Other primary languages spoken

by children, parents, and staff include Spanish, German, Portuguese, Laotian, Hmong, Thai, Cambodian, Hindi, Urdu, Punjabi, and ASL (American Sign Language).

- Collaborations: By working as an on-site and off-site partner of the Stanislaus Family Justice Center, CCC has strengthened its relationship with other community partners including law enforcement, the District Attorney's Office, CAIRE Center, Behavioral Health & Recovery Services, Haven's Women's Center and H.E.A.R.T. (Human Exploitation and Recovery Team). Court Appointed Special Advocates (CASA), BHRS's 0-5 Early Intervention Program, and the Health Services Agency's Healthy Cubs and Dental Disease Prevention Education Programs are other significant CCC collaborators.
- Sustainability: CCC lists 32 agencies as key partners/community leaders and has expanded its Key Champions list by 8. These key partners and community leaders will provide, or influence others to provide both cash and in-kind community support that will enable CCC to build the facility on Kimble Street in Modesto.

Prior Year Recommendations

2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the commission's financial support ends.	• The Children's Crisis Center continues to pursue funding sources consistent with the mission of the agency.
2. Continue to work on providing on-site medical assessments, vision services, and oral services.	• In partnership with Health Services Agency, two local pediatricians, Modesto 500 Lions and VIPS (Vision Impaired Persons Support), the Children's Crisis Center continues to offer health assessments, TB screenings, dental varnishings, dental education and vision screenings to children 0 – 5 years at Health & Safety Fairs held during the year. Additionally, health assessments and TB screenings are made available throughout the year on an "as needed" basis through our partnership with Douglas Chadwick, M.D. and Yvonne Brouard, M.D. • In the future, the Children's Crisis Center has plans to partner with Chris Ostrea, M.D. and Marilou Ostrea, M.D. to provide additional pediatric health services.
3. Consider re-establishing the on-site partnership with Stanislaus Family Justice Center.	• The Children's Crisis Center remains open to re-establishing some type of partnership with the Stanislaus Family Justice Center. During the Holidays of 2015, a preliminary discussion occurred between SFJC Executive Director Carol Shipley and CCC Assistant Director Brenda McDonald. However, at this time the Children's Crisis Center's focus is on utilizing its resources to expand our Modesto capacity through the development of Audrey's House.

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%	99% (408/412)
Children 0-5 indicate decreased risk for child abuse or neglect	80%	82% (140/171)
Children 0-5 demonstrate progress in social-emotional competence	No planned outcomes	73% (54/74)
Children 0-5 indicating need for additional developmental services received appropriate referrals	No planned outcomes	100% (13/13)
Enrolled children 0-5 who did not have a medical assessment prior to enrollment	No planned outcomes	14% (58/412)
Enrolled children 0-5 without a medical assessment received one	No planned outcomes	100% (58/58)

Recommendations

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

El Concilio – La Familia

Agency: El Concilio
Current Contract End Date: June 30, 2016

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, 2016	FY '15-'16 Award	FY '15-'16 Expended	Cumulative Amount Expended
$1,488,000	$98,000	$94,251 (96% of budget)	$1,356,746 (91% of budget)

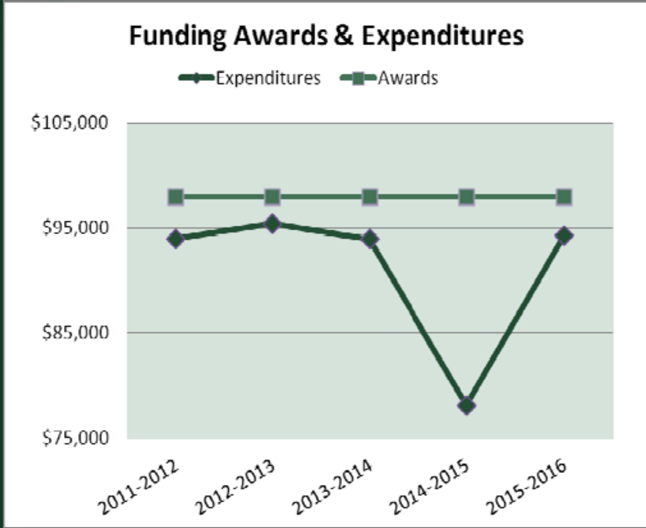
FY '15-'16 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (182)
$58,566	$27,146	10%	$518

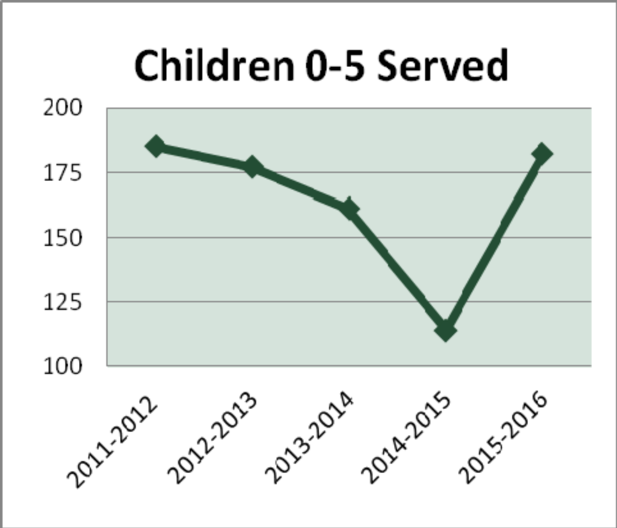
PARTICIPANT TYPE	% SERVED
Children	39%
30% <3; 70% 3-5	
Parents/Guardians	42%
Other Family	19%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	92%
White	7%
Black/African American	-
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	12%
Spanish	83%
Hmong	-
Other	5%
Unknown	-

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





For the most part, expenditures and numbers served remained consistent over the past 5 years. The decreases in both categories in 2014-2015 were due to a 2 month vacancy in the Mental Health Clinician position, but they increased to normal levels in 2015-2016.

Program Highlights

- Through this contract, a Mental Health Clinician is at the following locations once a week: Parent Resource Center (Modesto), Turlock Family Resource Center, Casa del Rio (Riverbank), Newman Family Resource Center, Ceres Healthy Start, and Hughson Family Resource Center. The majority of clients in this program are monolingual Spanish speakers with no access to medical or other health insurance. If clients are unable to attend appointments on the set dates and hours, the clinician will see them at another location (and occasionally at the client's home).
- Domestic violence is a theme that runs through most of this program's cases. Parenting and marital issues are the primary concerns of most participants.
- Transportation and child care continue to be the chief barriers for clients to make their appointments.
- To improve the system of care and assist clients in need of more specialized supports, program staff participates in the Latino Behavior Health Coalition with other experts in counseling specific to Latinos (Tele-Care, GVHC and others).
- Leveraging: In 2015-2016, the program received $167,000 from Behavioral Health and Recovery Services for targeted services to Latinos.
- Cultural Competency: The program has a bilingual/bicultural Spanish speaking Clinician. Most program participants are monolingual Spanish speakers.
- Collaboration: The La Familia program regularly works with Modesto City Schools, Ceres Unified School District, Turlock Family Resource Center, Casa del Rio, Turlock FRC, Parent Resource Center, Ceres Healthy Start, faith based organizations, Tele-Care, and Golden Valley Health Center.

- Sustainability: The program has received grants for services such as nutrition education, health insurance application access, and Cal-Fresh application assistance. To grow mental health counseling services, the program is researching its ability to accept Medi-Cal payments.

Prior Year Recommendations

2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• We are continuously working on sustainability by looking at options available to continue to provide access to mental health services in our community. We leverage through other partners and programs available to ensure clients have access to services and resources, we are constantly working on seeking additional funding to provide services that help families sustain themselves. Collaboration is instrumental and we continue to build relationships with Prop 10 contractors as well as other community agencies and organizations.

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	182 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% (182/182)
Children 0-5 whose caregivers receive individual counseling and indicate improvement with presenting issues.	65%	100% (182/182)
Children 0-5 whose caregivers receive group counseling and indicate improvement with presenting issues.	65%	96% (35/35)

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 become a Medi-Cal provider in order to increase revenues and increase the number of clients the program is able to serve.

Stanislaus Family Justice Center

Agency: Stanislaus Family Justice Center
Current Contract End Date: June 30, 2016

Program Description

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

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

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

Finances			
Total Award July 1, 2010 – June 30, 2016	FY '15-'16 Award	FY '15-'16 Expended	Cumulative Amount Expended
$634,110	$100,000	$97,665 (98% of budget)	$612,342 (97% of budget)

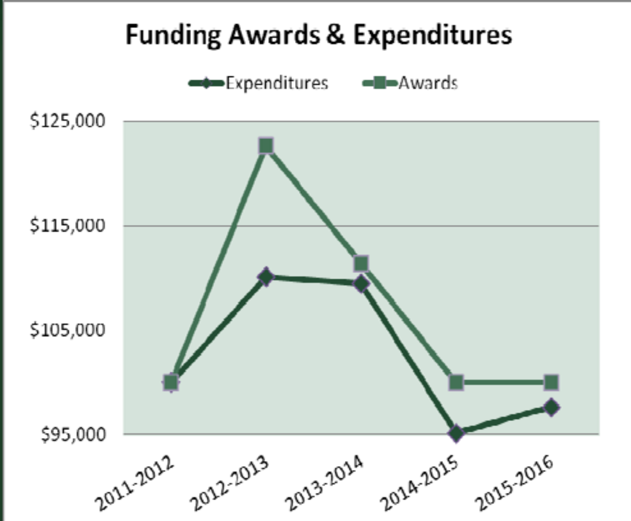
FY '15-'16 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (313)
$97,665	$0	3%	$312

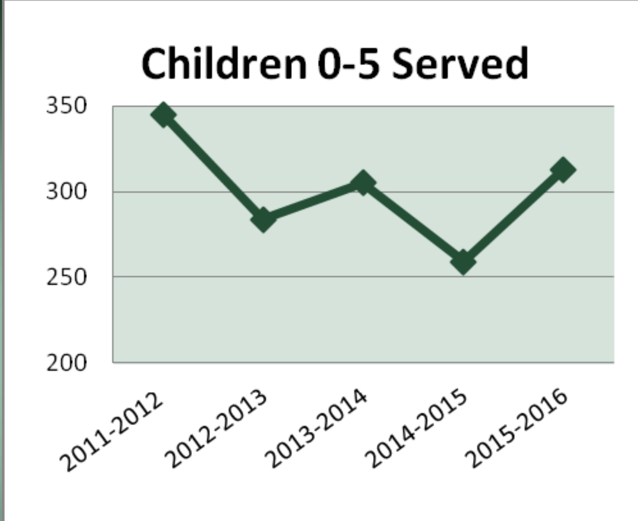
PARTICIPANT TYPE	% SERVED
Children	45%
42% <3; 658% 3-5	
Parents/Guardians	25%
Other Family	30%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	57%
White	27%
Black/African American	2%
Asian	-
Alaska Native/American Indian	1%
Pacific Islander	1%
Multiracial	10%
Other	1%
Unknown	1%

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

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





The program's funding was increased in '12-'13 to fund a legal assistance program. In '14-'15, funding was decreased as money for the legal assistance program was provided by a Federal grant. In recent years, the number of participants served has ranged between 350 and 250 due to the due to the more or less intensive nature of services required by participants.

Program Highlights

- In 2015-2016, 313 children age 0-5 were served at the Family Justice Center (target outcome 200 children). In addition, 173 caregivers of children age 0-5 received services. This is compared to 259 children age 0-5 and 141 caregivers of those children in 2014-2015.
- In 2015-2016, 1,481 unique services were provided to caregivers and their children age 0 – 5 (an average of 9.83 unique services per family), as compared to 1,387 unique services provided in 2014-2015.
- In 2015-2016, 28.4% of the families with children age 0-5 had safety plans in place, as compared to 27% in 2014-2015 (target outcome was 50%). In 2015-2016, 61.7% of the caregivers of children age 0-5 referred to or engaged in self-sufficiency services reported an increase in self-sufficiency skills, as compared to 61.7% in 2014-2015 (targeted outcome was 70%). These low outcomes may be the result of data not being shared between agencies co-located at the FJC. The program continues to work to improve data gathering.
- Over a year ago, FJC ended its childcare agreement with Children's Crisis Center (CCC) in order to be able to provide services with its own employee. In 2015-16, Kids Zone was a newly funded activity for Prop 10, as 156 unduplicated children age 0-5 (49.8%) served at the Family Justice Center participated in Kid Zone activities (targeted outcome was 85%). There were 642 unique visits by children age 0-5, with an average of 4.11 visits per child. As such, 49.7% of caregivers had their child(ren) age 0-5 enrolled in Kids Zone while the caregiver received supportive services at the Family Justice Center.
- The Family Justice Center received a donation of real property, Cricket's House, from the Christopher Walker Foundation. The facility houses supportive and therapeutic programs for children 0 – 17, and serves as a hub for the Art Restores Kids, Camp HOPE, and Camp Pacifica programs.

- Leveraging: In 2015-2016, FJC received $283,253 directly from State and Federal government sources; $182,143 was received from local government sources, and $247,005 was generated by civic groups, foundations, and local fundraising events.
- Cultural Competency: Because abuse is not limited to gender, income level, occupation, education level, ethnic or sexual preference, FJC serves people from all sectors of the county. A majority of the staff is bi-lingual Spanish and translation services are provided for clients that speak languages other than English. Program materials are provided in both English and Spanish.
- Collaboration: The operating model for the FJC is to co-locate partners providing services to victims of abuse. Agencies currently on-site at the FJC include CAIRE Center (Child Abuse Interviews, Referrals, and Evaluation), Community Services Agency, Haven Women's Center, Behavioral Health and Recovery Services, Child Protective Services, District Attorney, Civil Legal Attorney, Stanislaus County Sheriff, and VOICES of Stanislaus (VCS). The Domestic Violence Response Team for Stanislaus County is also housed at the FJC site.
- Sustainability: FJC continues to expand fundraising opportunities and events. In 2015-2016, the agency held "An Evening in Tuscany" fundraising dinner at the E. & J. Gallo Winery underground cellar and Art of Justice events which not only raised unrestricted charitable contributions for the agency, but also increased the awareness of the services and supports available to victims. FJC partners with the Sheriff's Department operating the California Office of Emergency Services (CalOES) Law Enforcement Specialized Units program, which provides support for the Domestic Violence Response Team (DVRT) co-located at the SFJC. FJC is also a key intervention program partner with the Edward Byrne Memorial JAG Grant, which is a 2 year, 10 month grant that began in March 2015. This grant has enabled the SFJC to expand the Art Restores Kids program countywide and implement both Camp HOPE and Camp Pacifica for children exposed to and/or victims of family violence. SFJC applied for and was awarded a 24-month grant starting April 2016 from the California Governor's Office of Emergency Services (Cal OES) for the Human Trafficking Victim Assistance Program. SFJC is the applicant agency, with Haven, Center for Human Services, and Without Permission as partners. Funding will expand services to Human Trafficking victims in Stanislaus County and will include a confidential shelter for human trafficking victims to be located at an undisclosed location in the county operated by Haven.

Prior Year Recommendations

2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Sustainability activities were further enhanced by the Executive Director and Board of Directors to focus on fund development/key partnerships with community members. The Grant Writing Consultant continues to seek additional funding, and spent a considerable amount of time on continuation applications to the Office on Violence Against Women grant programs. See below for leveraging information.
2. Work to increase the number and percentage of participants with safety plans in place.	• Because of confidentiality policies, it continues to be difficult to collect data from co-located partners regarding client safety planning, which results in underreporting of safety plans. Therefore, the Client Coordinator asks the caregiver and records her/his response to the question: "Do you have Safety Plan in place?"
3. Work to increase the number of parents who develop self-sufficiency skills.	• The Client Coordinator asks the caregiver and records her/his response to the question: "With the services you received so far at the Family Justice Center, do you feel that your self-sufficiency has improved or increased?"

4. Improve data gathering between agencies co-located at the FJC.	• Clients check-in at each visit with the Client Coordinator, who records which co-located partner the client will be meeting with and for what type of service. Client service data is then entered into a database that includes unduplicated client count, demographics, service types, and numbers of times clients has accessed service over a period of time. We also corrected our data reporting practices for Prop 10 by “zeroing out” our client count at the beginning of each fiscal year to get a more accurate count of unduplicated clients served per fiscal/grant year.

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	313
Children ages 0-5 whose families have a safety plan in place.	50%	28% (89/313)
Children ages 0-5 enrolled in Kids Zone and engaged in supportive services provided by co-located partners	85%	50% (156/313)
Caregivers of children served report an increase in self-sufficiency skills.	70%	62% (87/141)

Recommendations

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

Additionally, it is recommended that the program:

- Work to increase the number and percentage of participants with safety plans in place.
- Work to increase the number of children enrolled in the Kid Zone.
- Work to increase the number of parents who develop self-sufficiency skills.
- Improve data gathering between agencies co-located at the FJC.
- Meet deadlines for submitting required reports. (Two reports were submitted late in 2015-2016.)

Healthy Start Support

Agency: Stanislaus County Office of Education
Current Contract End Date: June 30, 2016

Program Description

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

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

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

Finances			
Total Award March 15, 2002 – June 30, 2016	FY '15-'16 Award	FY '15-'16 Expended	Cumulative Amount Expended
$6,538,637	$498,398	$498,398 (100% of budget)	$6,506,471 (100% of budget)

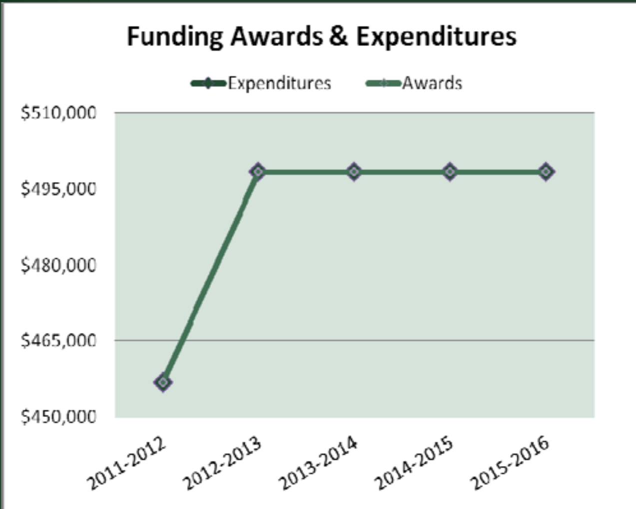
FY '15-'16 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (2,872)
$63,647	$18,731	$416,020	9.8% (excludes sites)	$174

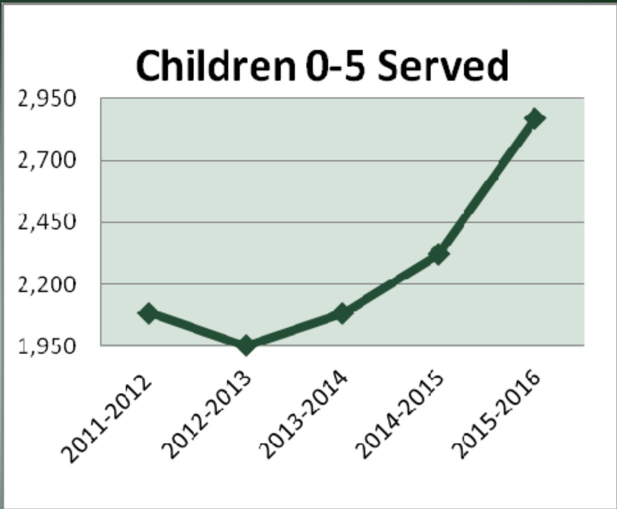
PARTICIPANT TYPE	% SERVED
Children	45%
49% <3; 51% 3-5	
Parents/Guardians	33%
Other Family	22%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	83%
White	11%
Black/African American	3%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	34%
Spanish	66%
Hmong	-
Other	-
Unknown	-

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





The funding increase in 2012-2013 reflects the addition of the Keyes site. The 0-5 children served has continually increased since 2012-2013 when a new data system was implemented resulting in more accurate unduplicated participant counts.

Program Highlights

- The 10 Healthy Start sites funded by the Commission are located at the following schools: Allard, Ceres, Downey, Franklin, Hughson, Keyes, Orville Wright, Petersen Alternative Center for Education (PACE), Riverbank, and Robertson Road.
- Free and reduced lunch eligibility continues to be an indicator of the socio-economic levels at the 10 sites. The percentage of students at sites who are eligible for free and reduced lunch ranges from 65.2% to 98.5%.
- The Hispanic/Latino population continues to be the largest ethnic group in each of the 10 school communities ranging from 56.2% to 83.6%.
- Pre and post-tests show increases of 76% for home literacy activities (reading to children, writing and coloring, and parental involvement).
- Use of the Family Support Outcome Survey (FSOS) has improved the accuracy and reliability of reported data.
- Succession planning and cross-training continue to be a challenge for the program.
- Leveraging: In 2015-2016, the ten Healthy Start sites received $366,130 directly from State and Federal government sources; $234,401 was received from local government sources, and $10,000 was generated by foundations.
- Cultural Competency: The largest ethnic group served continues to be Hispanic / Latino at all of the ten Healthy Start sites/districts. Materials and programs are culturally sensitive and provided in both Spanish and English.
- Collaboration: All sites work with FRCs in their community, other Prop 10 programs, and a myriad of other community organizations. The program reports the 10 funded sites collaborate with 106 different agencies.
- Sustainability: All ten Healthy Start school sites engage in various community capacity building efforts through their continued partnerships with local businesses, faith based and community organizations. Key Champions for each site are regularly revisited and revised due to ongoing personnel changes. It continues to be a priority for sites to present outcome results to their local school boards and to community members as a method to promote and market their program.

Prior Year Recommendations

2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• All sites continue to build new partnerships along with strengthening relationships with current community service organizations and businesses. Monthly collaborative meetings continue to allow sharing of best practices and new opportunities for partnerships. District Board and Community presentations are encouraged to provide individual and collaborative outcomes in efforts to build and cultivate key champions.
2. Address succession planning and cross-training at Healthy Start sites and SCOE.	• SCOE support staff is currently being trained on the FSOS process as a backup along with the quarterly collaborative reports required. Most HS sites have ability to assist one other or SCOE staff can assist any site in need.

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:		2,083 families 2,872 children
Families indicating increased knowledge of community resources	80%	95% (422/44)
Families indicating increased social/emotional support	80%	98% (285/291)
Families indicating decreased stress	80%	87% (485/558)
Families reporting progress towards positive family goals	80%	92% (541/588)
Families reporting improved parenting skills	80%	84% (423/504)
Families reporting increased confidence in their parenting ability	80%	97% (423/436)
Families/caregivers have knowledge and skills and are empowered to improve their children's health, nutrition, safety – as evidenced by:		
Families indicating increased knowledge to access health and wellness information for their children	80%	95% (421/444)
Caregivers passing CPR/First Aid course	80%	97% (115/119)

Recommendations

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

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

The BRIDGE

Agency: Sierra Vista Child and Family Services
Current Contract End Date: June 30, 2016

Program Description

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

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

Finances			
Total Award June 1, 2007 – June 30, 2016	FY '15-'16 Award	FY '15'16 Expended	Cumulative Amount Expended
$1,635,000	$185,000	$177,694 (96% of budget)	$1,570,005 (96% of budget)

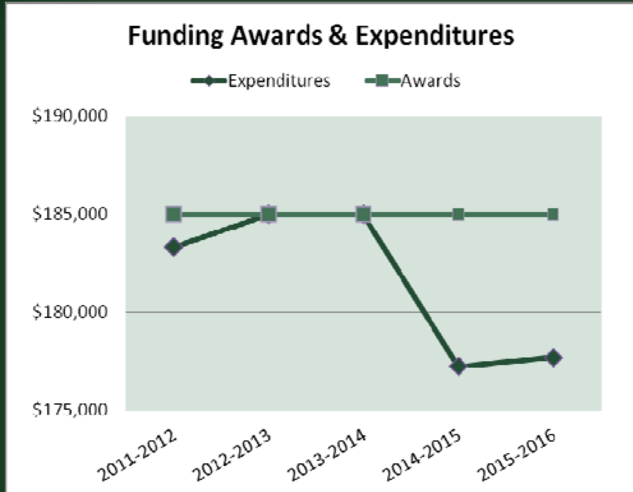
FY '15-'16 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (245)
$130,224	$31,316	$16,154	10%	$725

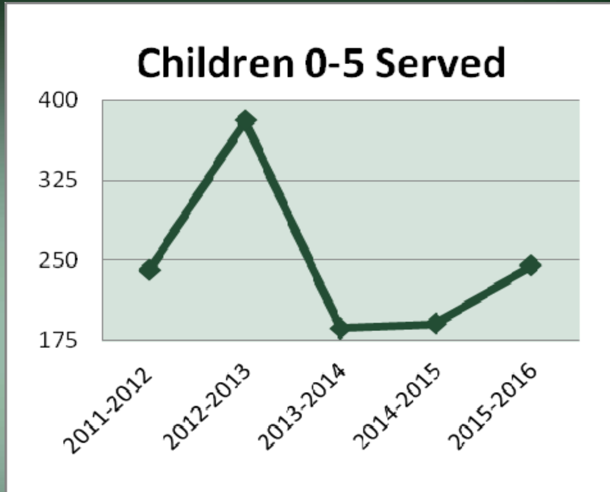
PARTICIPANT TYPE	% SERVED
Children	25%
43% <3; 57% 3-5	
Parents/Guardians	54%
Other Family	21%

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

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	-
Spanish	-
Hmong	19%
Other	81%
Unknown	-

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





The funding award for the BRIDGE has remained constant. Children served increased in '12'-13 as a result of the Commission working with The BRIDGE to emphasize outreach. The BRIDGE reports that the number of children served decreased in '13-'14 and '14-'15 due to reduced staff hours resulting from budget limitations created by the loss of other funding sources. The number of children 0-5 served increased in '15-'16 as a result of staff

Program Highlights

- The Bridge provided 3,718 hours for Family Support Services to 210 families representing 245 0-5 children. A total of 1,357 of hours of case management services were provided to 171 families and 90 caregivers of children 0-5.
- In 2015-2016, large outreach events were sponsored by The BRIDGE that focused on the health, education, and welfare of children. The events included a Back to School Picnic with school readiness materials and activities, a Holiday Celebration with books given as gifts, and a Cultural Faire to celebrate the SEA (Southeast Asian) culture and identify families who could benefit from BRIDGE services.
- While recognizing norms in the SEA community discourage public criticism, participant feedback has been very positive and indicates that The BRIDGE services are well used and appreciated. In the ten categories surveyed, respondents representing 369 0-5 children indicated a high satisfaction with services that ranged from 89% to 100%. Following a concerted effort by The Bridge staff, this continues an improvement in survey responses from a low of 71% in 2012-2013.
- The BRIDGE has experienced administrative and service delivery challenges due to expectation of clients that services be provided at participants' homes and in the field. The program has had some successes encouraging participants to access services at The Bridge site and other service access locations.
- Information reported by the program indicates no referrals were needed by children for mental health and developmental issues. Rather than a reflection of the mental health and appropriate development of SEA children, these statistics more likely point to a reluctance within the SEA community to admit the need for counseling and developmental services.
- The number of children served increased from 190 participants in '14-'16 to 245 in '14-'15, with a corresponding decrease in costs per child from $933 to $727. The BRIDGE has worked to change the service delivery model previously employed (which emphasized services being delivered in the home and individual support to clients for translation, transportation, and advocacy) to focus on group services offered on site in an effort to bring down costs and allow more participants to be served with the same level of resources.

- Leveraging: In 2015-2016, The BRIDGE received $79,890 from local government sources, $38,888 from the Cal Wellness Foundation, and $30,000 from Kaiser Permanente.
- Cultural Competency: It is critical in working with the SEA population that the staff be members of the SEA community and be respected by the community. Community members are involved in the hiring of staff to build capacity within the target population and to ensure staff reflects the target population. The BRIDGE staff provides services in Hmong, Cambodian and Laotian languages via staff that are both linguistically and culturally competent. Limited materials are available in the SEA languages; however, The BRIDGE has found several resources for health and parent education material in SEA languages and uses them regularly.
- Collaboration: The BRIDGE has a long history of collaborating with the Modesto Police, MID, PG&E, Probation, CSUS, Josie's Place, El Concilio, CSA, and others. The BRIDGE continues strong and active collaborations with King Kennedy, CVOC, and the Cambodian and Laotian Temples. Additionally, The BRIDGE has initiated collaborative relationships with several local Modesto City Schools campuses; Robertson Road, Kirschen, and Burbank. Lastly, The BRIDGE continues strong collaborations with Doctors offices, Social Security, Community Services Agency, providing linkages to and interpretation services for families.
- Sustainability: The BRIDGE's strategy is to continue to seek outside funding sources (grants, allocations, and other government support) to fund its current and future operations. The BRIDGE current utilizes funding through grants from BHRS Youth Leadership, California Wellness, CSA Calfresh, and Kaiser.

Prior Year Recommendations

2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Sierra Vista Child & Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fund raising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners in order to provide children and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services.
2. Decrease travel and staff costs by providing services at the center versus at the client's home.	• Staff was able to cut mileage costs tremendously compared to the previous two fiscal years. Staff traveled out less. Clients were invited to come to The Bridge via public transportation, their own vehicles, or a ride from a family or friend. Some who lived close were encouraged to walk to the center. Staff ensured that outside travel was not utilized unless it was mandatory to help with interpreting, translating, or case management at other sites, including home visits.

3. Continue to develop parent-child interactive activities that promote the interaction of caregivers and children.	• PEG has been a great success since it was reinstituted on February 24, 2015. BOTH parents and children make efforts to attend every Tuesday. Parents are influenced by the door prizes donated by Bed Bath and Beyond. However, it has been conveyed to them that the importance of parent-child interactive activities when caregivers are present is the most effective. It is proven to be effective because they have shown a better understanding of the various topics presented to them via video, presentations by Bridge staff, or guest presenters. • Last fiscal year parents requested more trainers on other topics that they would like to be educated on. The Bridge was able to invite new presenters to come in and educate them on various topics related to parenting and a path towards self-sufficiency. • Children are taught shapes, colors, sizes, numbers, and proper ways of socializing with other children. They are also provided healthy snacks.
4. Encourage the acculturation of the SEA community by providing services at the sites of partner social service organizations (like FRC's).	• When 0-5 families need to renew their Medi-Cal, The Bridge contacts the appropriate Medi-Cal renewal staff at other FRC's such as The Sierra Vista Drop-in Center or Hughson Family Resource Center. Efforts have been made by staff to refer clients to other FRC's for help. Bridge staff accompanies the SEA community to appointments at CSA, SSI, etc. endeavoring to not only assist the SEA community in accessing, but also in teaching the SEA community how to access and utilize said services themselves. Kristin Reza of Modesto Commerce Bank continued to come out and present. The plan is to continue to invite more professional guest speakers to come and educate parents/grandparents. It appears that the parents/grandparents are enjoying the training and have mentioned that they are a lot happier and feel that they understand the system more now that they have participated at The Bridge's PEGs.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 whose caregiver(s) received services during the year have caregivers who receive a Strength Based Assessment	70%	85% (209/245)
Children 0-5 referred the during year have caregivers who receive referrals, resources, or support services	80%	100% (92/92)

Children 0-5 have caregivers who receive ongoing case management	40%	98% (90/92)
Children 0-5 have caregivers who indicate an increase in parenting knowledge or skills after attending parenting education or support groups as measured by an increase in knowledge/skills through a survey or pre/post test	80%	86% (36/42)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	91% (75/82)
Children whose caregivers indicate a need will receive a mental health referral	90%	0% (0/0)
Children 0-5 whose families are assessed receive developmental screenings	55%	87% (71/82)
Children who indicate a need will be referred for further developmental assessment	90%	0% (0/0)
Children 0-5 served indicate increased time reading at home with family	60%	100% (10/10)
Children 0-5 who did not have health insurance when entering the program received assistance in obtaining health insurance	85%	0% (0/0)
Assessed children 0-5 who did not have health insurance are enrolled in a health insurance program within 90 days of intake	80%	0% (0/0)

Recommendations

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

Additionally, it is recommended that the program:

- Continue working to decrease travel and staff costs by providing services at the center versus at the client's home.
- Encourage members of the SEA community (when appropriate) to seek out and accept counseling and mental health services.
- Encourage the acculturation of the SEA community by providing services at the sites of partner social service organizations (like FRC's).

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

Agency: Stanislaus County Behavioral Health and Recovery Services
Current Contract End Date: June 30, 2016

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, 2016	FY '15-'16 Award	FY '15-'16 Expended	Cumulative Amount Expended
$17,198,160	$1,523,009	$1,348,346 (89 % of budget)	$16,050,987 (93% of budget)

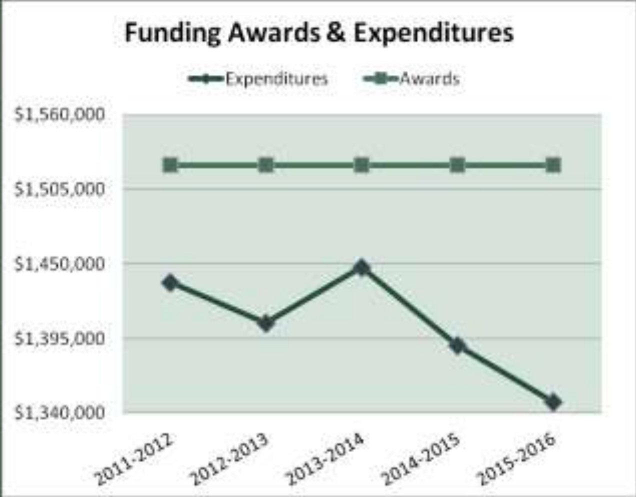
FY '15-'16 Budget / Expenditure Data			
BHRS	Sierra Vista	Cost Per Child 0-5 (1,367- includes parent ed.)	Cost per Service Hour (12,475)
$745,849	$602,497	$986	$108

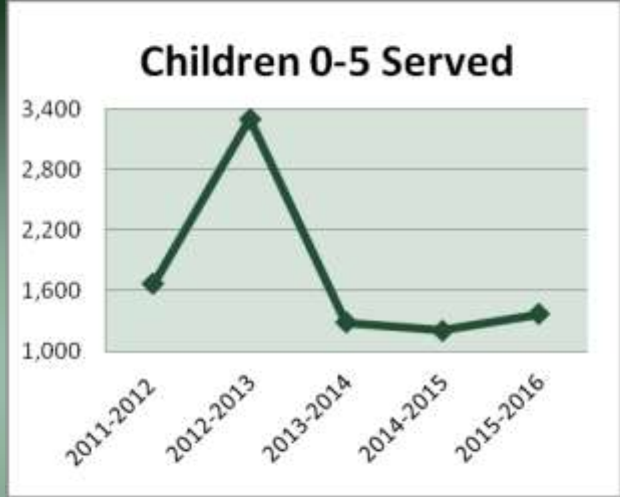
PARTICIPANT TYPE	% SERVED
Children	17%
20% <3; 80% 3-5	
Parents/Guardians	63%
Other Family	20%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	54%
White	41%
Black/African American	2%
Asian	2%
Alaska Native/American Indian	-
Pacific Islander	1%
Multiracial	-
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	64%
Spanish	32%
Hmong	-
Other	1%
Unknown	3%

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





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

Program Highlights

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

- The number of planned hours of service was met in two of four tracked areas. The number of planned clients and sites was met in three of the four track areas. The reduced number of service hours and numbers served was due to turnover and vacancies in the clinician classification.

Service	Planned Hours	Actual Hours
Outpatient mental health services	*4,500*	*3,354*
Parenting	*420*	*861*
Prevention	*9,000*	*5,506*
Consultation	*2,600*	*2,754*
Planned Total Hours	*16,520*	*12,475*
Service	**Planned Child Clients**	**Actual Child Clients**
Outpatient mental health services	*275*	*291*
Parenting	*650*	*784*
Prevention	*500*	*292*
Consultation	*70 Sites*	*121 sites*
Planned Total Clients/Sites	*1,425 Clients* *70 Sites*	*1,367 Clients* *121 Sites*

- Services are provided at a community level and participants reflect the ethnic distribution of the county. Staff members are multi-cultural. Services to children and families include direct observation, case management, linkage to other services, on-site observation, children's groups (including Little Tykes), parenting groups, and in-home support services.
- 54% of participants in this program were Hispanic. And while cultural norms of these families often attributes "shame" to the family accessing services, 0-5 EIP has been successful in providing services to this population and the program will continue to seek opportunities to reach out in the least intrusive ways.
- Clinicians and Case Managers provided preventative mental health services by regularly attending parent groups at the Airport Parent Resource Center, North Modesto Family Resource Center, Oakdale Family Support Network, West Modesto King Kennedy Neighborhood Collaborative, and Promotores meetings. Attending these meetings provided 0-5 EIP with opportunities to support and educate parents and to share information about community resources and other assistance to address any questions or concerns presented by a parent.
- Leveraging: In 2015-2016, the program received $737,344 directly from State and Federal government sources and $298,390 was received from local government sources.
- Cultural Competency: The 0-5 EIP program has bi-lingual, bi-cultural staff members who are sensitive to the multitude of cultural influences on families. Staff is regularly trained in cultural sensitivity. Additionally, staff serves on a committee called the Cultural Equity and Social Justice Committee, which meets on a monthly basis in order to bring awareness to the issue of culture. For Spanish-speaking families, 0-5 EIP has Spanish-speaking providers and representatives from various ethnic communities in Stanislaus County.
- Collaboration: 0-5 EIP continues to collaborate with a wide variety of partners, particularly with those partners where the focus is on family functioning such as Children's Crisis Center, Family Resource Centers, Family Justice Center, Stanislaus County Office of Education, Healthy Start, El Concilio, The BRIDGE, Parent Resource Centers, Court Appointed Advocates, Healthy Birth Outcomes, Community Services Agency - Child Welfare and Child and Family Services, Health Services Agency, School Districts, Stanislaus County Office of Education, Valley Mountain Regional Center, and Kinder Readiness Programs.
- Sustainability: Efforts by 0-5 EIP in this area focus on collaboration and relationship building with community partners, development of key champions, revenue enhancements by contracting with the educational system, and drawing down revenue from Medi-cal and Early Periodic Screening Diagnosis and Treatment. Key Champions for 0-5 EIP include the following: Family Resource Centers; Parent Resource Centers; Healthy Birth Outcomes programs; Stanislaus County Office of Education (SCOE); Modesto City Schools (MCS); County School Districts; Behavioral Health and Recovery Services (BHRS), Child Welfare, and Sierra Vista Child and Family Service.

Prior Year Recommendations

2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• This will be done by promoting 0-5 EIP during community events such as conferences, health/street fairs and education and training that is done by the program. • 0-5 EIP will continue to leverage funding - currently this is being done through BHRS funding as well as contracts through the SCOE. Both sources together with funding through the Commission allows for the 0-5 EIP to provide much needed services to our 0-5 families and providers. The program continues to promote and maintain collaborations in the community. Many collaborations and contacts are made throughout the fiscal year. Referrals for 0-5 EIP services are received from many sources in the community as well as education and training is provided to various sites and providers working with the 0-5 families.
2. Focus on increasing the number of children provided behavioral health services	• The 0-5 EIP was able to increase the number of children provided behavioral health services to 291 in order to meet the established milestone set for the year of 275.
3. Focus on increasing the number of depression screenings given to caregivers with children 0-5	• Although for 3rd & 4th quarter of '15-'16 the milestone for depression screenings administered was met with an 87% outcome, the program had difficulties during 1st and 2nd quarter which impacted the overall result for the year. The 0-5 EIP will be able to meet this milestone in the coming year.
4. Focus on increasing the number of caregivers participating in parent education classes	• Much work was done by the program in the area of parent education, with a total of 704 caregivers receiving education. The milestone of 650 parents per year was met for '15-'16.
5. Focus on increasing the number of children provided preventative behavioral health services	• Although there was an increase in the number of children provided preventative behavioral health services for this last fiscal year, the milestone of 500 children was not met. The 0-5 EIP was able to reach a total of 292 children for this last fiscal year. The program is currently not able to account for all of the preventative work we are doing in the community; continued talks need to take place to identify a means of accounting for these families and children being provided services.

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%	87% (253/291)
Clinical staff report improvements in participating children as measured by symptom checklists and improvement noted in client care plans	75%	92% (109/118)
Children 0-5 who are assessed have caregivers who receive depression screenings	65%	35% (102/291)
Participating parents report improvements in their relationship with their child	75%	91% (230/253)
Parents report a reduction of stress and risk factors	75%	94% (239/253)
Clinical staff report reductions in risk factors for participating families	70%	88% (26/29)
Parents report positive skill gains from training programs provided	85%	94% (591/629)
FRC staff report satisfaction with consultation and referral services provided by program	70%	100% (6/6)
Day care providers report improved skills and confidence in working with difficult children as a result of mental health consultation	80%	96% (65/68)
Providers report positive skill gains for training programs provided	80%	81% (79/97)
Providers report satisfaction with mental health consultation services	80%	85% (58/68)

Recommendations

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

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

- Children provided prevention services
- Hours spent providing prevention services
- Depression screenings given to caregivers with children 0-5

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, 2016

Program Description

In May 2005, the Children and Families Commission and the Community Services Agency (CSA) partnered to fund a network of Family Resource Centers (FRCs) to provide differential response (DR) and family support services to Stanislaus County communities. The intent was to provide families with children 0-5 and 6-17 and families at risk for child abuse/neglect with support services and a hub of resources. (DR is explained in more detail on the following page.) Originally, six contracts were awarded to serve Central/South Modesto, Ceres, Hughson and Southeast communities, Turlock, the Westside (Newman/Crows Landing, Grayson/Westley, and Patterson), and the Eastside (Oakdale/Riverbank). A seventh contract was awarded to serve North Modesto/Salida in May 2007. In the '10-'11 fiscal year, CSA was unable to provide monetary support for DR efforts, thereby eliminating DR funding for children over 5 years old. (Some sites were able to procure funding from different sources to continue that service.) CSA's funding for DR for children over 5 years of age was restored in the '11-'12 fiscal year.

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

Finances							
Total Award June 1, 2005 – June 30, 2016		FY '15-'16 Award		FY '15-'16 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)*
$15,955,753	$21,384,713	$1,559,356	$2,059,356	$1,512,719 (97%)	$2,012,719 (98%)	$14,888,988 (93%)	$20,272,861 (95%)

Cost per Child 0-5 to Commission (3,452) = $438

PARTICIPANT TYPE	% SERVED
Children	31%
50% <3; 50% 3-5	
Parents/Guardians	38%
Other Family	31%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	60%
White	26%
Black/African American	4%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	1%
Multiracial	4%
Other	4%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	71%
Spanish	28%
Hmong	-
Other	<1%
Unknown	<1%

An Investment In Communities
Family Resource Centers and Differential Response

During the last eleven years, the Commission has invested $15.9 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for '15-'16 represents 22% 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).

FRC Core Services

All funded DR-FRCs provide these core services

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.

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)

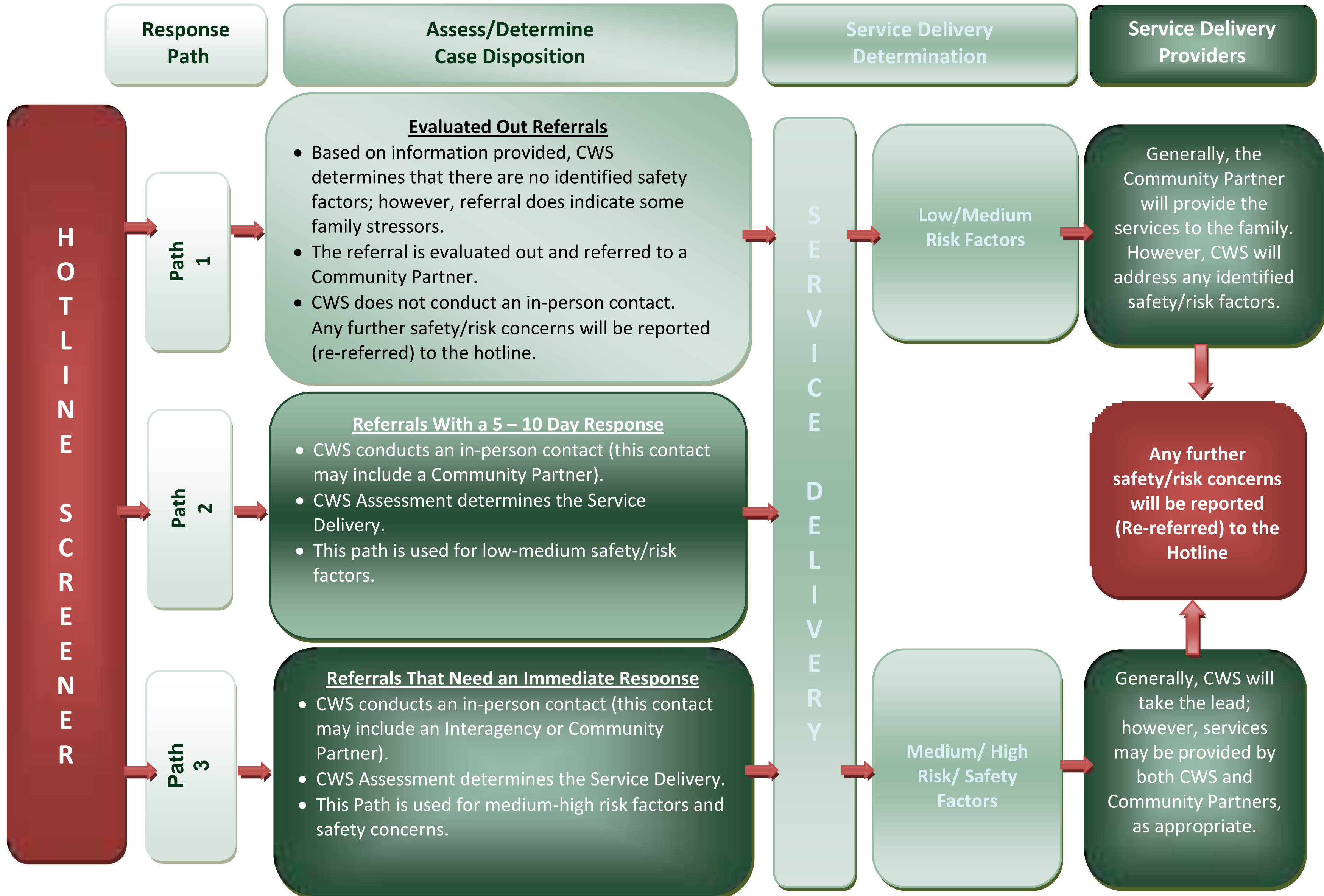
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated,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

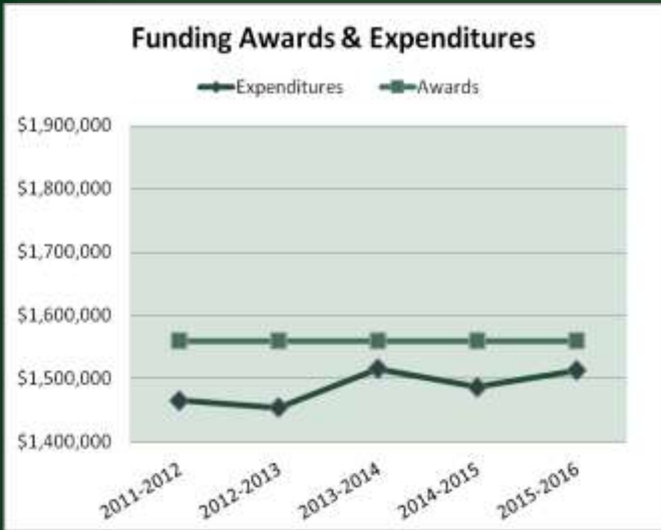
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal, Healthy Families, and Kaiser Kids within 90 days of the assessment. FRCs conduct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

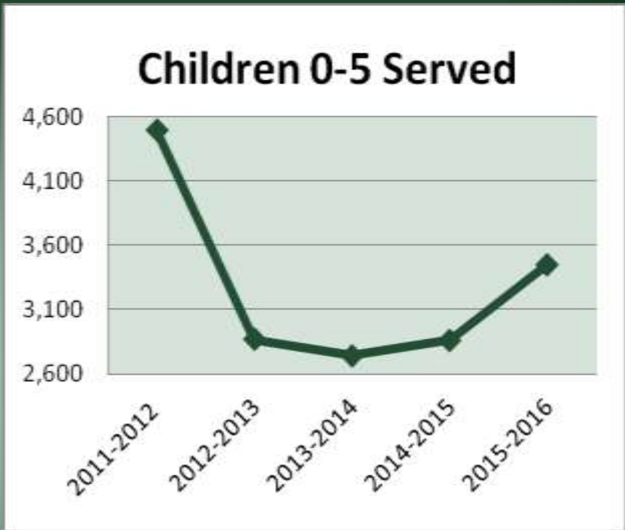
Differential Response is a strategy where community groups partner with the county's child welfare agency to respond to child abuse/neglect referrals in a more flexible manner (with three response paths instead of one). CSA's response to a referral depends on the perceived safety and risk presented. 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 the past five years. Children served decreased in '12-'13 when better data collection eliminated the duplication of participant counts. Numbers served had stabilized since that time but in '15-'16 there was a 21% increase in children 0-5 served. This increase might be a result of increased outreach and a focus by all programs to expand the types of activities offered at the FRCs.

Program Highlights

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

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

- ✓ Demographic Data Sheets – Excel spreadsheets developed by Commission staff in which programs input counts for services and the demographic data of participants; data is entered quarterly.
- ✓ Customer Satisfaction Surveys – Each FRC administers a customer satisfaction survey at least twice a year.
- ✓ Employee Satisfaction Surveys – Each FRC administers an employee satisfaction survey at least once a year.
- ✓ Family Development Matrix – This assessment is used every three months to track the progress a case managed family is making towards independence and resiliency. The periodic assessments can be compared to document changes in the family unit. (It should be noted that the State of California stopped funding the FDM the end of the '14-'15 fiscal year. The Commission assumed the costs of the FDM so FRC's could continue to track family outcomes.)
- ✓ Intake Forms/Logs – FRC's began using intake forms that collected consistent information. These coordinated intake forms allowed FRC's to collect and report data more consistently and accurately.
- ✓ ASQ-3 (Ages and Stages Questionnaire) – Every FRC uses the ASQ-3 to screen children 0-5 for developmental concerns.
- ✓ Burns Depression Screening – Every FRC uses this screening to assess depression indicators.

- As recommended in past years, the FRC's have focused on encouraging father involvement with classes, programs, and with their own children. FRC's have had mixed success, but mostly positive success, with their efforts to involve fathers.
- For more than a year, the FRC's have been involved in a father involvement collaborative learning network that brings organizations and community groups together to achieve positive mental health results and build protective factors against mental health problems for fathers in Stanislaus County. This is a recent concept in promoting interagency collaboration to reach fathers with mental illness or those at risk of mental illness and their families. The learning goal is increase broad father involvement as a way to improve mental health and related outcomes and reduce risk factors and promote protective factors for the subgroup of fathers who are at risk of a mental illness.
- FRC's report that more and more clients are coming to their agencies for assistance with one issue (clothing, food, utility assistance, etc.). Frequently, there is only one contact with the client and no assessment is able to be completed. Despite this difficulty, FRC's (especially those affiliated with Center for Human Services) need to focus on engaging with clients responding to a contact so assessments can be completed.
- Leveraging: As a group, in '14-15 the FRCs leveraged a total of $1,150,134 from local government sources and $550,352 was generated by civic groups, foundations, and local fundraising events.
- Cultural Competency: All DR-FRC's are committed to the continued development of cultural competency for staff. FRC's recruit and hire multicultural and bi-lingual staff to meet the needs of their diverse communities. A large number of bi-lingual Spanish staff, who provide mental health and case management services, are employed by FRC's. FRC's also employ staff with fluency in other languages including Cambodian, Laotian, Hmong, Farsi, and American Sign Language. FRC's also contract with the Language Line for translation for other languages. The FRC's provide direct services, literature, and presentations in threshold languages and in other languages as material is available. Staff at the FRC's is provided with ongoing cultural competency training in order to provide competent services to clients.
- Collaboration: FRC's have a developed an extensive number of collaborations with public, private, and non-profit agencies including: El Concilio La Familia Counseling, The BRIDGE, other Family Resource Centers, Healthy Birth Outcomes, Sierra Vista Child and Family Services, Parent Resource Center, Family Justice Center, Salvation Army, United Samaritans, Leaps and Bounds/Zero to Five Early Intervention Program, churches, city governments, Children's Crisis Center, 2-1-1, Healthy Starts, school districts, CalFresh Outreach Program, Center for Human Services, and California Connects.
- Sustainability: Each FRC has prepared a Sustainability Plan that contains the following elements: 1. Vision and Desired Results; 2. Identifying Key Champions and Strategic Partnerships; 3. Internal Capacity Building through development of a strategic planning process and (in some cases) accreditation; 4. Strategic Financing (including cost management and revenue enhancement); and 5. Establishing an Implementation Plan with Periodic Reviews. The FRC's have successfully developed Sustainability Plans and each year the FRC's report on the progress made in each of the 5 elements of the plan.

Prior Year Recommendations

In the 2014-2015 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	
2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. Each FRC has a coalition of Community Champions who help us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. • On Leveraging: The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. On Collaboration: Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRC. This movement of community will help ensure sustainability beyond our agency's involvement.
2. Focus on outreach to isolated groups and communities.	• At CP we provide outreach in the community and often engage in door-to-door outreach in those more isolated areas of Ceres.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• This year we had a clinician on site who was allocated to provide 6 hours a week of her time to our DR caregivers with children 0-5.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• We continue to engage with our referred DR families and always extend a personal invitation for them to attend our many community events held at our office and in the community. We also assist them with transportation to off-site events if needed. Our Family Advocate is also the facilitator of

	our School Readiness and Family Literacy class which encourages more DR families to attend.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• We continue to invite fathers to classes and events and are hoping to have more Parent Café's that will occur in the evening to allow more fathers to attend. We also will have at least one father/male role model specific event for families to attend.

EASTSIDE	
2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. Each FRC has a coalition of Community Champions who help us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. • On Leveraging: The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. • On Collaboration: Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRC. This movement of community will help ensure sustainability beyond our agency's involvement.
2. Focus on outreach to isolated groups and communities.	• We work hard to connect with the outlying areas of Knights Ferry and Valley Home. We have given presentations at the schools. We also participate in a vast array of community outreach events with the goal of reaching more and more of the community.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• We will continue to work with our Behavioral Health department to see how we can support this for adults. The FRC budget will not support the cost of a clinician, but we may be able to utilize clinical trainees to provide some services. We do have Medi-Cal Behavioral Health Counseling

	for Children 5-17 years old provided by our clinicians. IOT (Intensive Outpatient Treatment) is also provided at the FRC, which is a free substance abuse treatment group offered 3 nights per week.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• We increased engagement this year, last year we engaged 42% of the DR Children 0-5 Caregivers and this year we increased that percentage to 57%. We also added Parent Cafes to our lineup of classes. The cafes will focus on the Five Protective Factors. Our Family Advocate is also the facilitator of our School Readiness classes which encourages more DR families to attend.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• This year our Family Advocates engaged with 10 dads. We also had several dads bring their children to our school readiness classes. We encourage dads to attend our events as well. We also had 7 dads attend the community baby shower with their partners. With CHS as the lead for the Father Involvement Learning Network (FILN), we anticipate more father specific programming will develop at our FRC.

FAMILY RESOURCE CENTER	
2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• The Family Resource Connection continues to work on sustainability, leveraging, and collaboration. Both the Parent Resource Center and Sierra Vista continually seek new funding sources such as expanded fundraising, billable services, grants, and opportunities for contracting. FRC funding is used as a base both for both the agencies, which leverage funds to assist or help support existing programs as well as to expand services. The FRC's collaboration with organizations throughout the community serves to enhance client services and develop new ones. Existing relationships are valued and deepen as the agencies work together on various projects/programs. An example is the partnership with the CSU Stanislaus nursing department. Student nurses gain first-hand experience while working with clients. FRC clients benefit from the information and education given by the nursing students.
2. Focus on outreach to isolated groups and communities.	• Will continue to go to flea markets, parks, gas stations, grocery stores, laundromats, and door-to-door outreach to improve and maintain local connections. • Participating in weekend and evening outreach events and will continue to do so. • Giving presentations to schools and service providers in isolated communities continue. • Hosted special presentations on topics of importance to the community on site and at other sites.

3. Provide direct mental health services, rather than relying exclusively on referrals.	• Provide counseling on-site in collaboration with El Concilo. Child care provided by PRC. • When referrals are received, staff follows up with clients to make sure they engage with the other agencies and partners. • Through continued partnership with Sierra Vista, mental health services are provided at Sierra Vista thus breaking down barriers that may impact families.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• Continued use of the "Warm Interaction" to engage families especially at the Airport Office; facilitators even attended the last day of class to congratulate the client. • The "Warm Interaction" approach includes introductions, follow up calls, and sending cards. • Also use "orientation night" prior to start of class to help ease clients' apprehensions. • By hosting free markets, nutrition presentations, and health fairs, families can visit the center without feeling pressured to enroll in classes. • Offered Parent Cafes during which the Five Protective Factors are presented. Clients become more comfortable at the offices. • Offered a "mini" Connecting With Your Teen class in English. • Incentives such as emergency food bags, Christmas gifts, and healthy snacks during class will encourage attendance to classes. Currently doing and will continue. • Implemented a different approach to "selling" the 12-week parenting class as fun and engaging by using the topics to attract interest of parents. Brochures and schedules of classes are given to clients. • More training, such as role playing, to strengthen contacts/communication with clients. • Used ice breakers in the Connecting With Your Teen class to help parents and teens become better able to engage.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• In the Madres Amorosas (Loving Mothers), class facilitator continually encourages mothers to share with husbands/fathers (leaving the handouts in the bathroom for them to read). Also, mothers are encouraged to verbally share information with fathers, model positive parenting, and include the father in everyday activities. One father observed mother and child having fun and joined in. • Providing co-educational classes in creates opportunities for fathers and male caregivers to engage in services. • Community events such as health fairs and free markets were used to engage with fathers and men. Ex: Leaps and Bounds workshop at Community Connection Fair was offered, and Fathers Evening with guest speaker.

HUGHSON	
2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Sierra Vista Child & Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fund raising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners in order to provide children and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services. Specific to HFRC, the advisory board has continued to develop new fundraising opportunities. They have consistently increased their fundraising dollars each year.
2. Focus on outreach to isolated groups and communities.	• HFRC has increased our outreach efforts this year to include the isolated communities of Empire, Denair and Hickman. We are working toward opening a resource center in Waterford.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• Our staff clinicians provide mental health service and a support group on site.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• 96% of DR referred children had caregivers that responded to a contact.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• This year we held three events to promote father involvement. Additionally, the FRC participates in the Father Involvement Learning Network, an Innovations Project led by Center for Human services and funded by BHRS.

NORTH MODESTO / SALIDA	
2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Sierra Vista Child & Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fund raising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster

	financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners in order to provide children and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services.
2. Focus on outreach to isolated groups and communities.	• North Modesto/Salida FRC is working to identify the isolated groups and communities in the region it serves. Outreach efforts will emphasize these remote areas. The plan is to forge collaborative relationships with preschools, schools and faith based organizations in the identified areas that would be open to hosting services.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• North Modesto/Salida FRC provides direct mental health services on site for both 0-5 families and 6-17 families (other funding).
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• SVCFS holds a monthly leadership meeting with all four agency FRCs. Engagement is a regular agenda item as we evaluate what is working as well as explore new ideas. We are seeking training opportunities that are hoped to facilitate engagement with a diverse community.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• Two events were held that promoted father involvement. Additionally, the FRC participates in the Father Involvement Learning Network, an Innovations Project led by Center for Human services and funded by BHRS.

TURLOCK	
2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Aspiranet TFRC continues to work on sustainability, leveraging and collaboration. Aspiranet grant writers seek to continually expand resources and develop ways to raise unrestricted funds. Additional funding by other entities help support the efforts of the TFRC and collaboration with other agencies generate expanded resources for the families in our community. • A volunteer program has yet to be developed; however, it will be a priority in FY 16-17. An Advisory committee will be formed and comprised of members of the community and former recipients at the TFRC. A partnership with CSUS has already been established and will serve to assist in the volunteer program. • The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to assist in advancing our program objectives and best practices. • The TFRC is building leverage opportunities within the community and Aspiranet has already established donors from Bed Bath and Beyond, Walmart, Target, several small businesses in Turlock, Umqua and Wells Fargo Bank, and non-profit entities. The TFRC will soon be leveraging their clothing donations with Monte Vista Chapel. The TFRC

	receive food donations from the United Samaritans and Salvation Army and gift cards from Costco and Raleys. • Reaching beyond our Center and inviting other agencies to use our Community Center will serve to provide additional resources without incurring additional personnel cost.
2. Focus on outreach to isolated groups and communities.	• The TFRC has provided presentations to parents at Chatom Elementary School and Keyes Elementary. Targeted outlying areas for FY 16-17 include more community involvement in Keyes and outlying areas of Turlock. The Promotora program makes referrals to the TFRC and helps join families from the rural farming areas of Turlock with the TFRC.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• The TFRC has been able to provide consistent on-site Mental Health services since December of 2015. The TFRC clinician has provided invaluable assistance to several parents in crisis with children 0-5 since the first of the year. Additionally, our onsite clinician has been able to provide Social Work consultation and support with our DR clients.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• A welcome letter is used to help engage new DR parents. Family Liaisons use a warm, friendly approach and invite families to learn about our programs. During joint visits, family needs are initially assessed and a family liaison will bring a box of food, baby food or diapers to the second visit if that is one of their needs. Working more closely with CSA has contributed to an increase in joint visits. The TFRC invites all families to our events and invites them to community events as well. Getting the family connected is paramount to building resiliency and regular weekly check-ins serve to foster relationships and help families overcome barriers to engagement.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• The TFRC has made a concerted effort to involve fathers and male caregivers in the lives of young children as shown by our Nurturing Parenting classes and Mommy, Daddy and Me. Our third annual Fathers Day celebration engaged approximately 25 males. TRFR is currently involved in the Father Initiative with the Center for Human Services and plan to bring a Drum Circle to the TFRC this summer. • Parent Cafes also encourage male participation and are used in all of our classes.

WESTSIDE	
2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. Each FRC has a coalition of Community Champions who help

	us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. • On Leveraging: The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger donated $10,000 to help with food and nutritional support for the FRC and families. • On Collaboration: Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRC. This movement of community will help ensure sustainability beyond our agency's involvement.
2. Focus on outreach to isolated groups and communities.	• The Westside Family Resource Centers conduct a variety of outreaching in the community. Newman FRC has an Annual Block Party for the community to learn about the different resources available to them in the community as well as the FRC. The Newman FRC also participates in a variety of community events like Movies in the Park, Newman Fall Festival, senior and school events. Patterson FRC is part of many events that occur during the year like: Back to School Bash and Safety Fair, National Night Out, etc.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• The Westside Resource Centers currently has in-house mental health clinicians from the Center for Human Services, El Concilio and Leaps and Bounds. Mental health referrals are made to each of the agencies mentioned previously, but the actual counseling takes place at both the Patterson and Newman FRC. Families do not have to travel out of the Patterson or Newman community to receive services. Substance abuse counseling for adults or teens is also provided at the Patterson FRC for the Westside Community. This allows families on the Westside to travel a short distance to receive substance abuse counseling.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• The Westside Resource Centers are part of the Differential response program and participate in all mandated trainings and meetings. We are committed to collaborate with CSA and help reduce the recurrence of child abuse in the county by trying engage and serve as many DR families possible.

5. Promote the involvement of fathers and male caregivers in the lives of young children.	• The Westside FRCs have Fathers Day event to celebrate the importance of a father figure in the lives of their children. This year the Westside FRC joined the Father Involvement Learning Network (FILN) along with other partner agencies, school districts, FRCs and county programs to begin building a network that will help bring more and new services to father around the County. With the help of the FILN the Westside FRCs are committed to have some type service or group for fathers on the Westside of the County by the end of the 2016-2017 fiscal year.

Family Resource Centers 15/16 Annual Scorecard Data

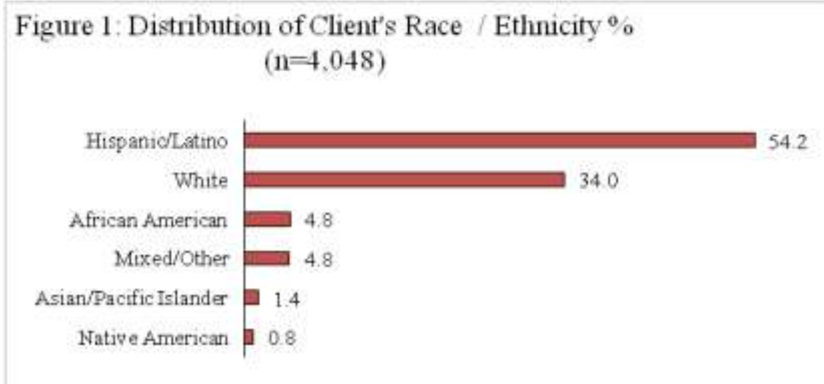
	Ceres Partnership		Eastside FRC		Family Resource Connection		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide an FDM Assessment to the caregivers of children 0-5 (DR & Non-DR).																
65% children 0-5's caregivers who responded to a contact will receive an FDM assessment	18%	96 / 520	32%	58 / 179	74%	608 / 827	85%	335 / 395	72%	248 / 346	68%	211 / 312	15%	44 / 302	56%	1,600 / 2,881
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (DR & Non-DR).																
80% of the children 0-5 whose caregivers receive an FDM assessed will have caregivers will receive depression screenings.	88%	84/96	100%	58/58	82%	500 / 608	96%	322 / 335	84%	208 / 248	58%	123 / 211	80%	35/44	83%	1,330 / 1,600
FRC staff or contracted staff will provide group and individual mental health counseling to caregivers of children 0-5. Improvement will be reported by clinician.																
96% of the children 0-5 whose caregivers receive GROUP counseling will, according to their clinician, indicate improvement with presenting issues	0%	0/0	0%	0/0	100%	29/29	100%	23/23	0%	0/0	83%	10/12	0%	0/0	97%	62/166
80% of the children 0-5 whose caregivers receive INDIVIDUAL counseling will, according to their clinician, indicate improvement with presenting issues	100%	18/18	67%	2/3	100%	13/13	100%	22/22	100%	15/15	89%	79/89	100%	6/6	93%	155 / 166

Family Resource Centers 15/16 Annual Scorecard Data Continued

	Ceres Partnership		Eastside FRC		Family Resource Connection		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide children 0-5, whose caregivers are assessed, with developmental screenings using the Ages & Stages Questionnaire (DR & Non-DR).																
65% of the children 0-5, whose caregivers receive an FDM assessment, will receive developmental screenings.	99%	95/96	47%	27/58	63%	306 /608	76%	254 / 335	53%	131 / 248	22%	46/211	66%	29/44	61%	968 / 1,600
FRC Staff or contracted staff will provide literacy / school readiness services (teaching adults literacy, distributing children's books, teaching adults how to read to children, etc)																
92% of children 0-5 who received literacy services will indicate increased time reading at home with family	100%	443 / 443	100%	89/89	98%	176 / 179	100%	190 / 190	100%	74/74	92%	187 / 204	100%	71/71	98%	1,230 / 1,250
97% of children 0-5 will be provided books	100%	443 / 443	100%	89/89	93%	167 /179	100%	190 / 190	100%	74/74	100%	204 / 204	100%	71/71	99%	1,238 / 1,250
75% of children 0-5 whose caregivers receive adult literacy services will self-report an increase in adult literacy skills	100%	266 / 266	93%	79/85	75%	205 / 273	100%	263 /263	100%	30/30	100%	4/4	100%	71/71	93%	918/992
FRC Staff will assist families in obtaining health insurance and with the enrollment of children 0-5 into a health insurance program within 90 days of first time contact or assessment.																
92% of the children 0-5 who did not have health insurance at the time of first contact will be enrolled in a health insurance program within 120 days of first contact	100%	42/42	100%	1/1	0%	0/1	100%	4/4	0%	0/0	100%	6/6	0%	11/11	98%	64/65

During the March 2012- July 1st 2016 period the Stanislaus Collaborative completed 5,762 assessments with 4,048 families using the FDM. This report presents the data collected in the FDM on these Families. The first section describes the demographic characteristics and baseline scores for families receiving first assessments in all agencies in the Stanislaus Collaborative. The second section presents the families' progress on 23 indicators of wellbeing from the first to second and third assessments. The third section presents conclusions at the collaborative level and the fourth section presents the same data disaggregated by agency.

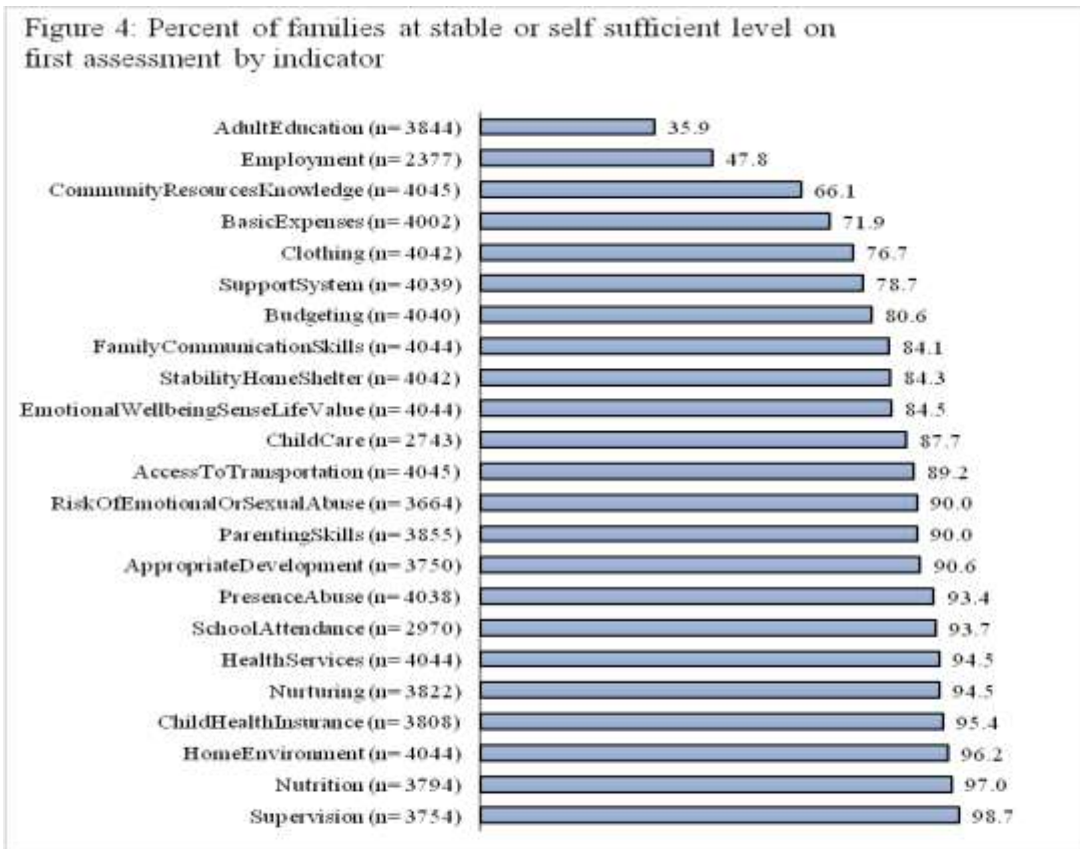
Figure #1: Distribution of Clients by Race/ethnicity



Between March 1st 2012 and June 2016, 4,048 families received an FDM baseline assessment at an agency in the Stanislaus Collaborative. About 54% of the families that received a first assessment reported a Hispanic or Latino ethnicity; 34% reported being of White/Caucasian (non Hispanic) descent; 5% identified as African American, 1.4% identified as Asian/Pacific islander, 1% reported being of Native American descent, and 5% of another or a mix of ethnicities (Figure 1).

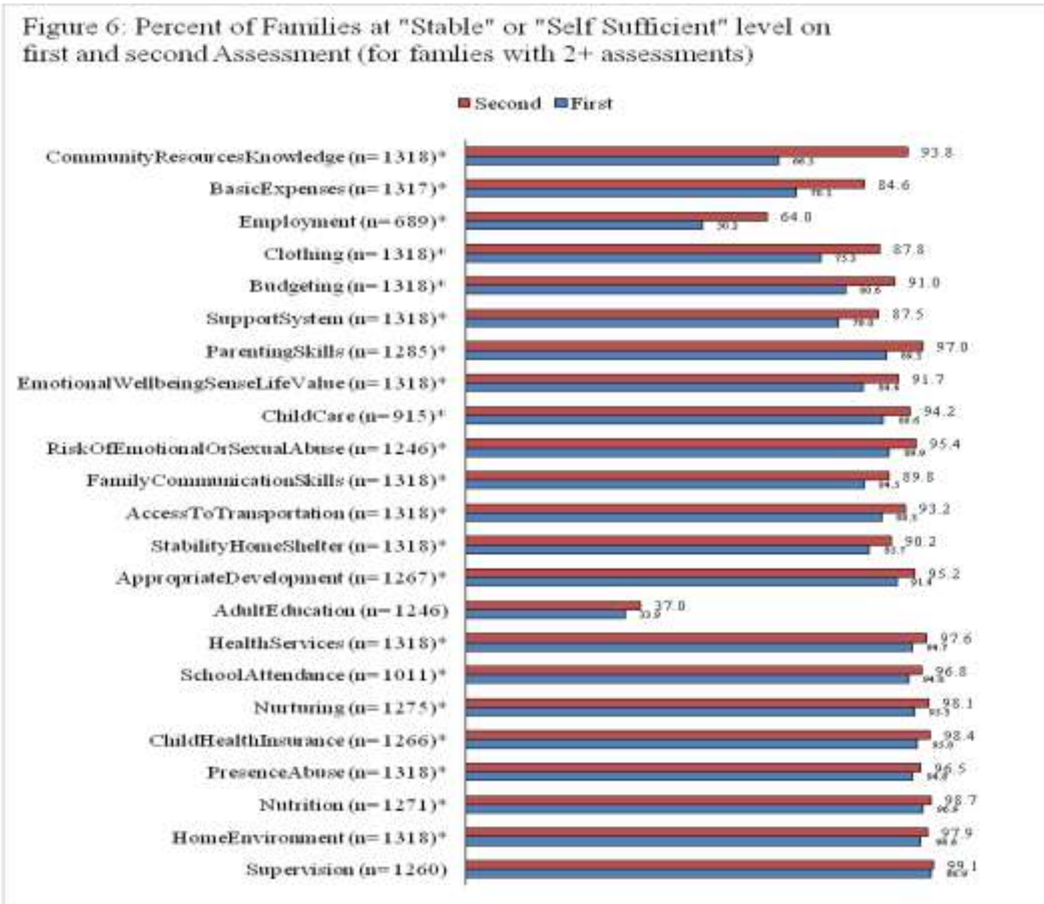
Every case that receives an FDM assessment participates in a dialogue with a caseworker to assess the family's strengths and challenges at the time of the assessment. The Stanislaus Collaborative uses 23 indicators to assess wellbeing. Each indicator is an ordinal measure reflecting a family's situation relative to that dimension of wellbeing. Families can be rated as "in crisis'; "at risk"; "stable"; and "self sufficient" depending on their situation at the time of the assessment. Indicators rated as "stable" or "self-sufficient" are considered strengths that can be leveraged to address the challenge areas on indicators rated as "'in crisis' or "at risk." Figure 4 presents the percentage of families that report being "stable" or "self-sufficient" in each of the 23 indicators used by the Stanislaus Collaborative.

Figure #4: Percent of Families as Stable or Self Sufficient at 1st Assessment



As figure 4 shows, only about 37% of the families served by the agencies in the Collaborative have score of "stable" or "self-sufficient" in the indicator of "Adult Education" at the time of the first assessment. Additionally, only about 48% are at the "stable" or "self-sufficient" level in the indicator of "Employment" and 66% on the indicator of "Community Resource Knowledge". Other indicators with relatively lower numbers of families rated as "stable" or "self sufficient" levels are those of "Basic Expenses" (71%); "Clothing" (77%), "Support System" (79%), and "Budgeting" (81%).

Figure 6: Percent of as Stable or Self Sufficient at 2nd Assessment



As figure 6 presents, cases that had at least 2 assessments, as a group, show significant improvements in many indicators between their first and second assessments. The greatest gains in the percentage of cases that scored at stable or self-sufficient on the second assessment when compared to the first assessment were observed in the indicators of "Community Resource Knowledge" "Basic Expenses" and "Employment" (with differences of 27; 15; and 14 percentage points respectively). For the indicators of "Clothing", "Budgeting" and "Support Systems" the gains were also significant (12; 10; and 9 percentage points respectively). All these differences were statistically significant at the .05 level using a pooled test of difference in proportions. (The star next to the indicator name in figures 6 shows if the difference between the baseline and last assessment was statistically significant at the .05 level.)

Recommendations

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

Additionally, it is recommended that Family Resource Centers:

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

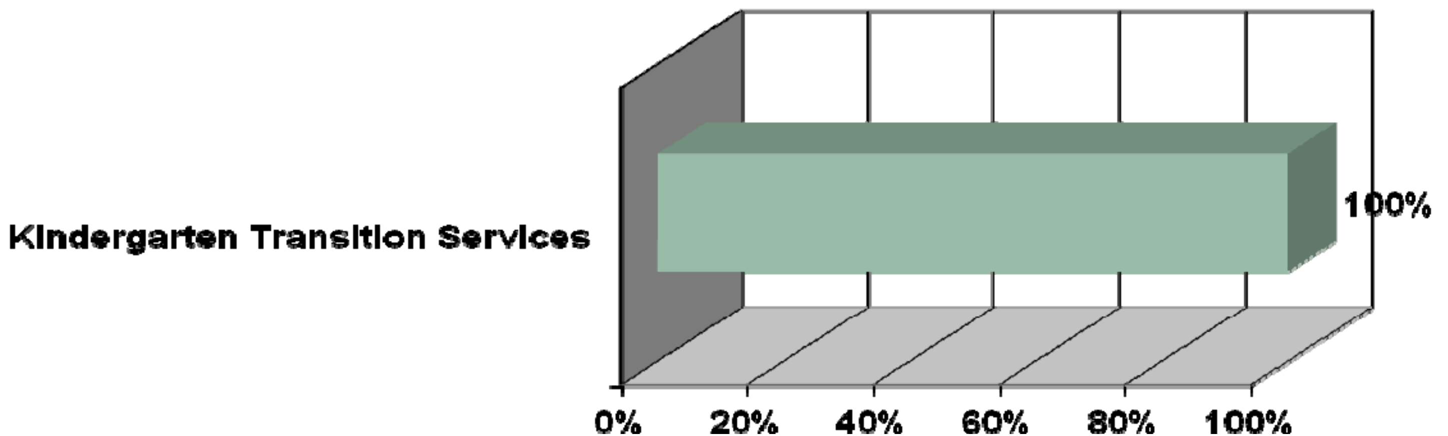
Result Area 2: Improved Child Development

Description

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

The Kindergarten Readiness programs are categorized under Improved Child Development and comprise less than 1% of the 2015-2016 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 ‘15-‘16 Total Awards*	FY ‘15-‘16 Expended*
$40,000	$35,559 (89% of budget)



Result Area 2 Services and Service Delivery Strategies

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

Desired Result: Children Are Eager and Ready Learners

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

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

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

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

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

- 166 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
- 64% of parents feel comfortable navigating the school system
- 51% of parents spend more than 20 minutes a day just talking to their child
- 73% of parents have increased knowledge on how they can help their child do well in school

Result Area 2: Improved Child Development						
Program	Amount Expended in '15-'16 (% of '15-'16 allocation)	Total # Children 0-5 Served	Cost per Child 0-5	Total Award To-Date (7/1/2012-6/30/2016)	Cumulative Amount Expended (7/1/2012-6/30/2016)	% of Cumulative Amount Expended
Kindergarten Readiness Program	$ 35,559 (89%)	166	$ 214	$ 160,000	$ 137,786	86%
TOTAL	$ 35,559 (89%)	166	$ 214	$ 160,000	$ 137,786	86%

Kindergarten Readiness Program

Agencies: The School Districts of Keyes Union, Patterson Unified, and Riverbank Unified
Current Contract End Date: June 30, 2016

Program Description

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

The KRP is currently operated in 3 school districts:

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

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

Finances			
Total Award July 1, 2012– June 30, 2016	FY '15-'16 Award	FY '15-'16 Expended	Cumulative Amount Expended
$ 160,000	$40,000	$35,559 (89% of budget)	$137,786 (86% of budget)

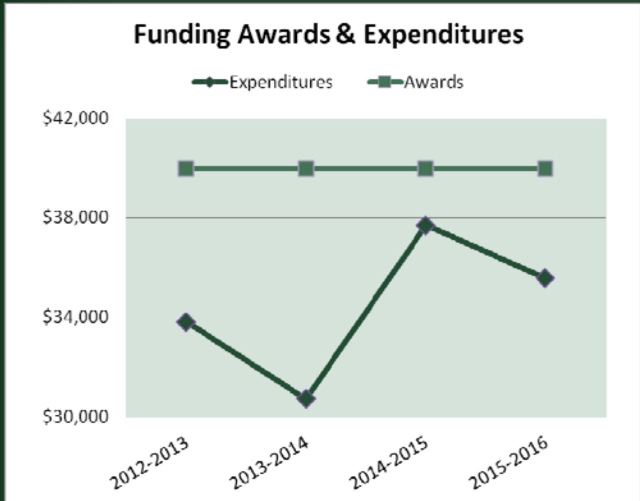
Cost per Child 0-5 (166) = $214

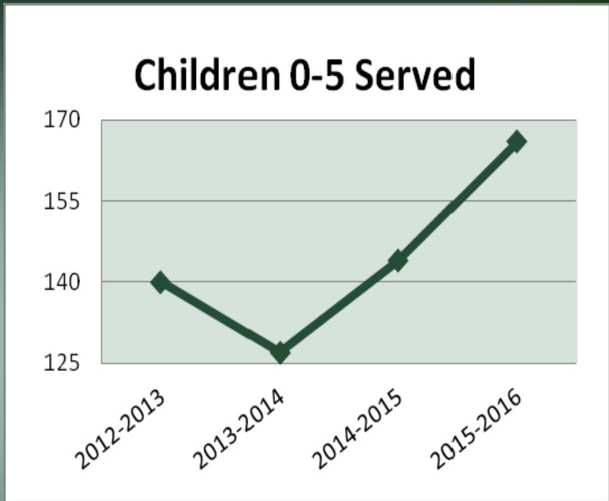
PARTICIPANT TYPE	% SERVED
Children	44%
100% 3-5	
Parents/Guardians	56%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	85%
White	7%
Black/African American	3%
Asian	4%
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	-
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	49%
Spanish	51%
Hmong	-
Other	<1%
Unknown	-

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





Funding is sufficient to serve 160 students in Kindergarten readiness programs that operate in the month of June. The reduction in the number of children served was due to a decrease in farm crops as a result of the drought (many of the families in the program are migrant farm workers) and due to Districts now offering Transitional Kindergarten. In recent years, programs have focused on outreach to increase the number of children served.

Program Highlights

- Operating characteristics of the Kindergarten Readiness Program include:
  - ✓ A four week Kindergarten transition camp is operated in the month of June at each school site.
  - ✓ Classes are staffed by at least one credentialed person and an aide (no more than 20 children per classroom).
  - ✓ Intensive instruction is given to children lacking basic Kindergarten skills. Parents are also provided with tools and strategies to address gaps during home instruction.
  - ✓ Two meetings are held for parents to learn about school expectations and the role that parents play in their children's education.
  - ✓ Visits to the school or public library are conducted for children. Parents to learn how to use the library.
  - ✓ All KRP sites employ bilingual staff and materials are in both English and Spanish. In addition, each site is designed to meet the cultural needs of that particular community.
- The vast majority of students served in the KRD program are Hispanic, English-language learners, and socioeconomically disadvantaged. Most have had limited social experiences beyond immediate family and few have any experience in a structured, formalized educational setting.
- With attendance in the Transitional Kindergarten Program rising each year, Kindergarten Readiness Programs have revised their curriculum so there is more of a learning distinction between the Kindergarten Readiness and Transitional Kindergarten.
- As recommended, the Grayson program emphasized outreach to ensure all 40 seats were occupied in '15-'16.
- Leveraging: Kindergarten Readiness Programs reported receiving in-kind contributions from their Districts. Riverbank School District leveraged a total of $7,762 in cash and in-kind contributions from the District and the City of Riverbank.

- Cultural Competency: Program teachers speak English and Spanish. Parent education classes are conducted both languages and class materials for parents were in English and Spanish.

- Collaboration: Programs collaborate with family resource centers and public libraries in their area, Sierra Vista, Behavioral Health and Recovery Services, KVIE public television, Healthy Start, Stanislaus County Office of Education, Prevention and Early Intervention (PEI), CHDP, WIC, Kinder FACTTS, Head Start, local health clinics, and their local school district.

- Sustainability: Key champions for the programs include school administrators, pre-K centers, PTA's, parents, and social services agencies. Schools are considering utilizing school funds to continue the programs should Commission funding be discontinued.

Program Challenges & Recommendations

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

GRAYSON	
2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• No response provided
2. Focus on outreach activities so all classroom seats are filled.	• Outreach activities included sending flyers home, calling families by phone, communicating with pre-school teacher for student referral, recruiting students during and after kindergarten registration, and reaching out to parents during other meetings for their own child or someone they may know that has an incoming Kindergartener.
3. Focus on improving parent outcomes.	• The focus was on supporting parents to develop their children's literacy during parent meetings and through the eight week Parenting Partners curriculum. Books were purchased and given to parents during these workshops along with ideas on how to increase literacy activities at home.

KEYES	
2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• The Kindergarten Readiness Program will continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue. The program will build on sustainability by continuing to increase community support through our target audience which is the families, teachers and community in the Keyes Union School district. We will continue to work with our Key Champions and Strategic Partnerships to build upon the program foundation. We

	are planning to continue collaborating with community resources such as the Keyes Public Library, Sierra Vista, and the Keyes Union School District as well as searching for new community resources with which we may collaborate.

RIVERBANK	
2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• RUSD and CASA del Rio have established a planning team that develops the parameters of the Kinder Camp. Some decisions may be made at the district level, others at the school level. The following is an overview of the Kinder Camp implementation process: o Planning Team: This team will decide who needs to be involved in the planning process. This is considered an opportunity to collaborate and to involve new or existing partners. The transition team includes the principal, other school leadership, counselor, social worker, transition coaches, parent involvement coordinators, Title I administrators, kindergarten teachers, and parents. o The program will continue to remain in operation as long as Prop 10 funds are available. In the event the funds are no longer available, the RUSD School Board will vote to appropriate general fund dollars to make up the difference in potential lost funds from Prop 10.

Planned Versus Actual Outputs / Outcomes

OUTPUTS / OUTCOMES	Grayson		Keyes		Riverbank		Total	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Children served in the Kindergarten Readiness Program	40	53 (133%)	40	37 (93%)	80	76 (94%)	**160**	**166 (104%)**
Parents will indicate that they feel comfortable navigating the school system	50%	45% (24/53)	50%	32% (12/37)	50%	93% (71/76)	50%	**64% (107/166)**
Parents will indicate that they spend more than 20 minutes a day just talking with their child	50%	17% (9/53)	50%	41% (15/37)	50%	79% (60/76)	50%	**51% (84/166)**
Parents will indicate an increase in knowledge on how they can help their child do well in school	50%	77% (41/53)	50%	27% (10/37)	50%	93% (71/76)	50%	**73% (122/166)**
Children served will finish the Kindergarten Readiness Program	85%	92% (49/53)	85%	97% (36/37)	85%	96% (73/76)	85%	**95% (158/166)**
Children served will show improvement (based on a pre/post evaluations)	No planned outcome	92% (49/53)	No planned outcome	95% (35/37)	No planned outcome	93% (71/76)	No planned outcome	**93% (155/166)**

Recommendations

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

Additionally, it is recommended that the sites focus on parent education so as to improve parent involvement outcomes.

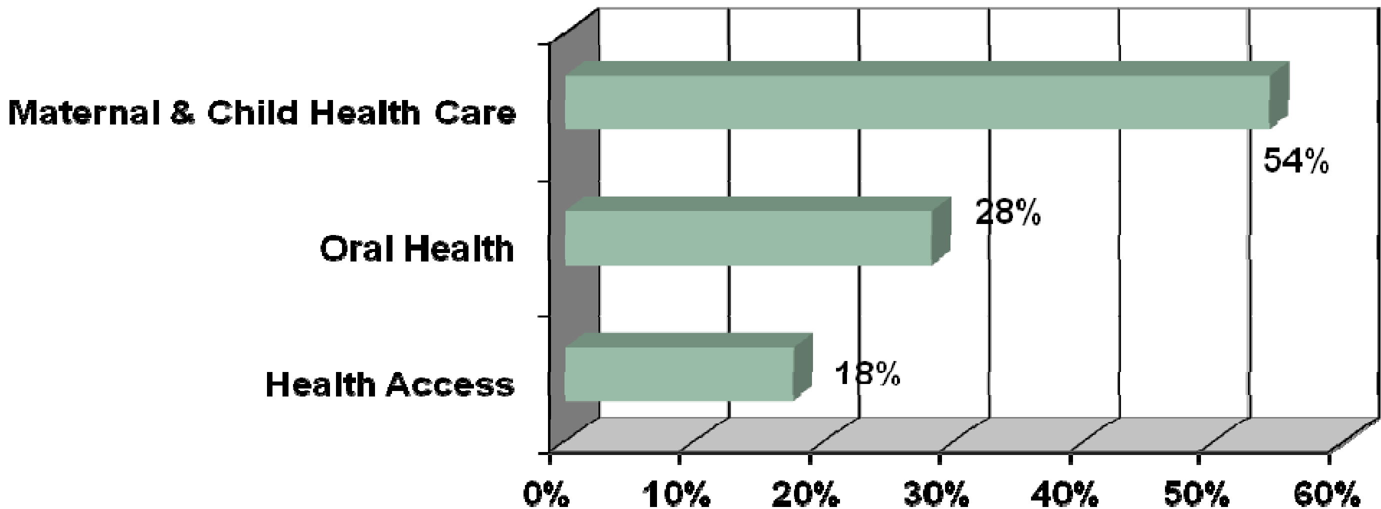
Result Area 3: Improved Health

Description

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

Three Prop 10 funded programs are categorized under Improved Health, representing 21% of the 2015-2016 budget. Although this Result Area remained the same percentage of the budget in recent years, there are on-going efficiencies and cost savings with the Healthy Cubs program that continue to contribute to a reduction of appropriations in this result area.

Finances – Improved Health	
FY '15-'16 Total Awards	FY '15-'16 Expended
$1,495,438	$1,441,921 (96% of budget)



Result Area 3 Services and Service Delivery Strategies

The services provided in Result Area 3 continue to promote optimal health for children 0-5 in Stanislaus County. The Improved Health Result Area remains a very important component in the Commission's strategic plan. Although the allocation of budget in this area has decreased over time, services are more efficient and effective and outcomes are even stronger in some areas. During the strategic planning process, the Commission confirmed the need for effective services in this Result Area after reviewing countywide statistics regarding the lack of health insurance, barriers to healthcare, and infant mortality rates.

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

Desired Result: Children Are Born Healthy and Stay Healthy

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

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

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

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

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

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

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

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

- 1,721 children 0-5 received services that focused on improved health
- 847 pregnant women received prenatal care
- 417 women (who were pregnant for the first time) participated in pregnancy support groups
- 1,076 home visits were made to at-risk pregnant women
- 239 applications for interim medical services for pregnant women and children 0-5 were completed and processed
- Caregivers of 729 children participated in health, nutrition, or safety programs

A Greater Number of Children Now Have Health Insurance

- 118 children 0-5 who did not have health insurance are now enrolled in a health coverage plan

More Pregnant Women and Children are Receiving Health Care

- 118 pregnant women and children 0-5 who did not have access to health care received medical attention either through interim health care or mobile health care

Children are Receiving Oral Health Care

- 633 children 0-5 received fluoride varnish
- 43 children 0-5 received a oral health screening

Children and Parents Have Knowledge and Tools for Better Oral Health

- 284 children received oral health instructions, educational materials, and toothbrushes and demonstrated brushing techniques
- 183 parents received oral health instructions, educational materials, and toothbrushes

Infants are Being Born Healthy

- 88% of the infants born to participants in a healthy birth program (205/233) were born term
- 82% of the infants born to participants in a healthy birth program (191/233) were born with a healthy weight (between 5 lbs. 5 oz. and 8 lbs. 13 oz.)
- 90% of the mothers in a healthy birth program (209/233) initiated breastfeeding

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

- 100% of the infants (101/101) were up-to-date on immunizations at one year and 100% had health insurance (101/101)
- 75% of participants (1,601/2,127 - duplicated) report making positive changes based on health, nutrition, and safety classes
- 100% of case managed families (24/24) reported making positive changes for themselves or children

Result Area 3: Improved Health						
Program	Amount Expended in '15-'16 (% of '15-'16 allocation)	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2016)	Cumulative Amount Expended (7/1/2007-6/30/2016)	% of Cumulative Amount Expended
Dental Disease Prevention Education (HSA)	$ 14,242 (47%)	633	$ 22	$ 130,000	$ 89,488	69%
Healthy Birth Outcomes	$ 1,340,012 (100%*)	850	$ 1,576	$ 16,388,356	$ 15,301,049	93%
Healthy Cubs	$ 57,667 (46%)	238	$ 242	$ 12,210,528	$ 6,004,476	49%
TOTAL	$ 1,411,921 (94%)	1,721	$ 820	$ 28,728,884	$ 21,395,013	74%

* Includes 2014-2015 expenditures that (according to generally accepted accounting principles) must be recorded in 2015-2016. The program did not exceed its $1,339,160 budget in 2015-2016.

Dental Disease Prevention Education

Agency: Health Services Agency
Current Contract End Date: June 30, 2016

Program Description

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

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

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

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

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

Finances			
Total Award October 27, 2009 – June 30, 2016	FY '15-'16 Award	FY '15-'16 Expended	Cumulative Amount Expended
$130,000	$30,000	$ 14,242 (47% of budget)	$89,488 (69% of budget)

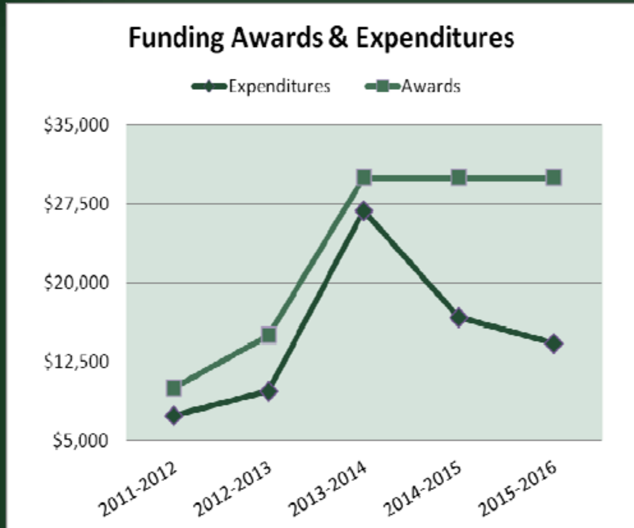
FY '15-'16 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (633)
$12,096	$1,015	$1,131	10%	$22

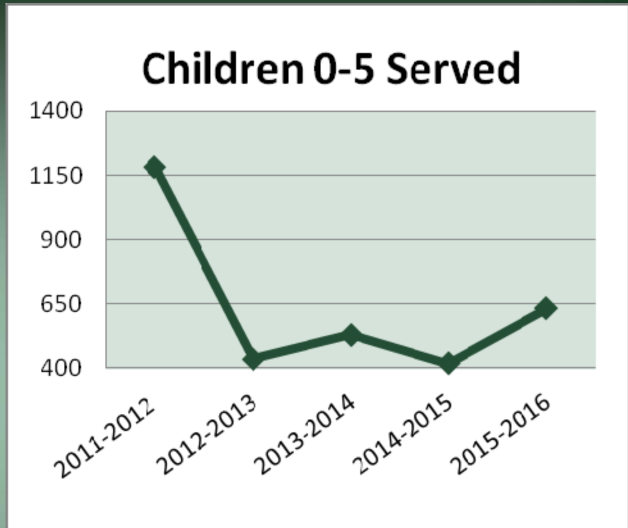
PARTICIPANT TYPE	% SERVED
Children	82%
34% <3; 66% 3-5	
Parents/Guardians	17%
Other Family	1%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	79%
White	8%
Black/African American	4%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	6%
Other	2%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	19%
Spanish	79%
Hmong	-
Other	1%
Unknown	1%

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





In '12-'13, Golden Valley Health Care Centers were unable (due to reduced funding) to host planned dental outreach activities. Being unable to use the activities to bring in participants, participation in the Dental Disease Prevention/Education Program fell off sharply in '12-'13. A slight increase in participants served was reported in '13-'14 when the program began offering varnish applications. Participants served have remained about the same in the last 4 years, with a slight increase in '15-'16. The program has struggled to expend its full award the past two years

Program Highlights

- The program is comprised of four components:
  1) Providing comprehensive dental disease prevention education to children, parents, and CBO employees
  2) Providing oral health screenings and applying fluoride varnish to children 0-5
  3) Assisting with the establishment of dental/medical homes for children 0-5
  4) Coordinating the applications of fluoride varnish at clinics
- 42 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.
- 284 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.
- 183 parents from all sites received oral health education and resources (including a list of local dental care providers). Additionally, parents received toothbrushes.
- 633 children 0-5 received fluoride varnish applications and a dental supply bag with: toothbrush, tooth cover, toothpaste, timer, dental floss and stickers.
- All 23 Kindergarten Readiness, Healthy Start, and Family Resource Center sites were offered the opportunity to hold children's dental education sessions and fluoride varnish clinics. Only 18 sites accepted the offer. Participation was reduced due to: a lack of interest on the part of the sites, because dental education was already being provided by site staff, no time was available to offer educational sessions or clinics, not enough education was provided to convince parents of the benefits of preventative care, etc.

- Leveraging: The program reported no leveraging of funds from any source.
- Cultural Competency: The program is taught in both English and Spanish using multiple learning modalities including: auditory, written and visual aids. All educational materials and handouts are offered in both English and Spanish. Additionally, the health educator is fluent in both English and Spanish. The program developed and utilizes a feedback survey in both English and Spanish.
- Collaboration: Program staff collaborates with child health services/programs within the Health Services Agency such as Child Health Disability Prevention (CHDP), Women Infants and Children (WIC), Maternal Child Adolescent Health (MCAH) and Healthy Birth Outcomes (HBO). The program also collaborates and coordinates with Kindergarten Readiness Program sites, Healthy Starts, and Family Resource Centers.
- Sustainability: Key champions identified by the program include: Public Health Services, Family Resource Centers, school sites, and Healthy Starts. Strategic partnerships identified by the program include: WIC, CHDP, Community Health Services, Family Resource Centers, school sites, Healthy Starts, Maternal Child and Adolescent Health and dental providers.

Prior Year Recommendations

2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• HSA will continue to work to achieve the Commission's priorities of sustaining, leveraging, and collaborating to ensure services continue after the Commission's financial support end. This year HSA investigated applying for the Dental Transformation Initiative Grant offer through the Department of Health Care Services (DHCS); however, HSA did not meet the eligibility requirements for application. HSA will continue to apply for additional funding as opportunities arise.
2. Continue providing train-the-trainer sessions so staff at the service delivery sites can teach the dental disease prevention curriculum.	• This year HSA provided oral health in-service to Healthy Start staff during their November collaborative meeting and during the April HBO quarterly meeting. These two venues have been very accommodating which allows HSA to provide the education to all 23 sites.
3. Research the possibility of obtaining Medi-Cal reimbursement for varnish applications.	• Due to substantial changes in Medi-Cal eligibility for children this year (i.e. expansion to include the undocumented), this activity was put on hold; HSA staff will continue to explore this possibility in FY 16/17.
4. Consider expanding services and prevention efforts to other sites (like WIC).	• The Dental Disease Prevention Program has expanded to WIC, Children's Crisis Center and First Step. Services will continue to be provided to these agencies in FY 16/17.
5. Develop strategies to increase the number of Kindergarten Readiness, Healthy Start, and FRC sites holding children's dental education sessions and fluoride varnish clinics.	• HSA staff plans to contact FRC and Healthy Starts sites earlier in the year for FY 16-17 to more easily secure a date for the education presentation and fluoride clinics.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health in-service	23	23 (42 staff)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for students	23	18 (284 students)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for parents	23	20 (183 parents)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive fluoride varnish application for students	23	18 (633 students)
Children receive an oral health screenings	No planned outcome	43

Recommendations

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

Additionally, it is recommended that the program:

- Continue to research the possibility of obtaining Medi-Cal reimbursement for varnish applications.
- Consider expanding services and prevention efforts to other sites (like WIC or Stanislaus READS! pilot schools).
- Develop strategies to increase the number of Kindergarten Readiness, Healthy Start, and FRC sites holding children's dental education sessions and fluoride varnish clinics.

Healthy Birth Outcomes (HBO)

Agency: Health Services Agency
Current Contract End Date: June 30, 2016

Program Description

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

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

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

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

Finances			
Total Award September 1, 2003 – June 30, 2015	FY '15-'16 Award	FY '15-'16 Expended	Cumulative Amount Expended
$16,388,356	$1,339,160	$1,340,012 (100%* of budget)	$15,301,049 (93% of budget)

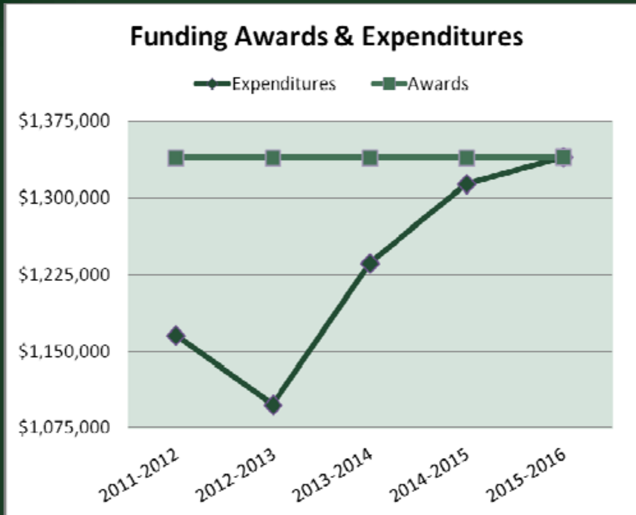
FY '15-'16 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Total Cost Per Participant
$740,952	$40,731	$489,864	10% of personnel	$1,576 (850)

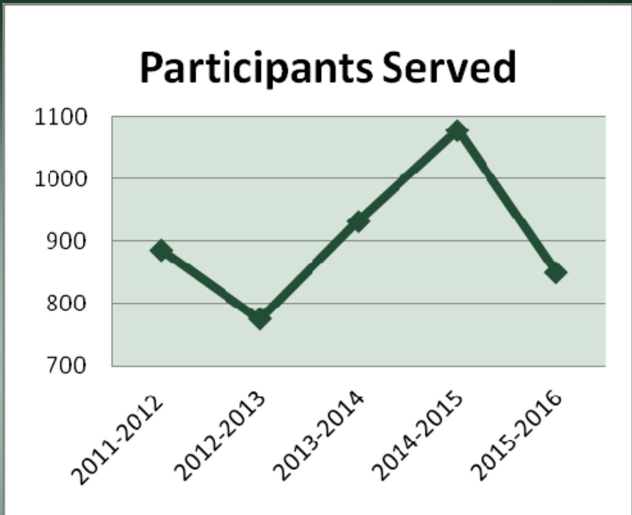
PARTICIPANT TYPE	% SERVED
Children	47%
100% <3	
Parents/Guardians	47%
Other Family	6%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	84%
White	11%
Black/African American	2%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	37%
Spanish	63%
Hmong	-
Other	-
Unknown	-

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





The numbers served in '12/'13 decreased partially because of better collection of unduplicated data and partially because birth rates declined. In '13/'14 and '14/'15, the program reported an increase in participants served due to increased outreach. In '15/'16 the numbers served decrease again due to participation decreases at each of the ten program sites, particularly Newman and North Modesto. The program has steadily been increasing its expenditure to award ratio.

Program Highlights

- The program uses a multidisciplinary team approach, where public health nurses lead the case management team of community health workers and social workers in providing intensive services to high risk mothers. Vacancies in public health nurse positions have required all HBO Community Health Workers and Social Workers to become case managers.
- Overall, HBO program participants have babies that are being born on time, at healthy weights. Participants are more likely to initiate breastfeeding and continue for six months; have infants who at one year of age are more likely to be current with immunizations, and have health insurance.
- 510 support sessions were held at ten community sites and 350 new pregnant women joined the program. 93% of mothers who completed satisfaction surveys stated that the groups met their needs.
- The Newman and North Modesto site struggled to enroll a minimum of 40 pregnant women during the year (Newman -22 and North Modesto-24). North Modesto has been encouraged to increase their outreach to the community. Newman struggles due to the limited population of pregnant women and staff medical leaves at the site.
- The HBO home visiting program has seen an increase in referrals from California Forensic Medical Group (CFMG), the agency contracted with the jail to provide medical services. Most of the women referred have limited resources, at high risk for substance use or psycho/social challenges. However about 40% of these cases are lost to care upon the woman's release.
- A concerning trend in the County is the rising rate of Congenital Syphilis. We have had several referrals for women positive for syphilis. The treatment regime for a pregnant woman requires her to return to the clinic every 7 days for 3 weeks. The treatment is very rigid and she is not allowed to miss the scheduled appointment or she must restart her treatment. This makes it very difficult for our clients.
- More than 73% of new pregnant mothers joining the ten HBO pregnancy support groups were in their first or second trimester on entry. Women are joining groups earlier in their pregnancies, which gives these mothers more time to learn self care and receive support during the prenatal period, thereby improving their odds of having healthy babies.

- More than 75% of participants indicated an increase in knowledge resulting from attending health education classes. New curriculum is being developed as women experiencing multiple pregnancies report the need for new information.
- The Persimmony data base implemented in 2015-2016 has been an operating challenge for staff. A back-up for the operator needs to be trained.
- Leveraging: In 2015-2016, the HBO program received $222,662 directly from State and Federal government sources.
- Cultural Competency: Classes are presented in English and Spanish, and the community component has Spanish speakers available for class presentations. Interpreters from the HSA volunteer program and HSA staff assist case management staff when they conduct home visits of Spanish speaking clients. Program materials are in Spanish and English, the two main languages used by program participants. Most recently, the program reached out to the Afghani refuge population.
- Collaboration: HBO has extensive collaborations with a wide variety of community partners: Stanislaus READS!, Shaken Baby, Lead Poisoning Prevention, Parent Resource Center, Center for Human Services, Sierra Vista, Zero to Five Early Intervention, Turlock Family Resource Center, El Concilio, Children's Crisis Center, TANF, Cal Fresh, Medi-Cal, Healthy Cubs, Dental Disease Prevention Education, Stanislaus County Office of Education Early Head Start, Stanislaus County Migrant Head Start, First Step, Drug Court, Community Housing and Shelter Services, Keep Baby Safe, GVHC, and the Women's, Infants, and Children's program.
- Sustainability: Key Champions for the program include the MCAH Advisory Board, Stanislaus Health Foundation, and the family resource centers. Strategic partnerships have been established with WIC, SCOE, March of Dimes, and the Child Lead Poisoning Prevention Program. The program has worked with FRC's to continue to leverage Commission funds and draw down Federal Funds to support ongoing activities. This work will continue in the upcoming FY. The case management portion of HBO continues to utilize Commission funding to bring in Federal funding to support programs.

Prior Year Recommendations

2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• No Response Provided
2. Continue to work with FRC's to maximize Medi-Cal Administrative Activities (MAA) funding	• Center for Human Services (CHS) FRCs (Ceres, Oakdale, Patterson, and Newman sites) are currently contracted with MAA. • West Modesto King Kennedy Neighborhood Collaborative and Aspiranet are not interested in MAA funding at this time. • Sierra Vista Child & Family Services and Parent Resource Center are receptive and we will continue to work with them in 16/17 FY.
3. Increase the number of expectant mothers who give up smoking and substance abuse during their pregnancy.	• Clients are encouraged to enter into or continue treatment programs for substance abuse and smoking cessation programs. Case managers received smoking cessation training to increase tools and knowledge in assisting mothers in quitting smoking.

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%	93% (247/265)
Women receiving case management services recommend the service to others	85%	100% (24/24)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	75% (1,601/2,127) (not a unique participant count)
Participants report having made changes based on what they learned in classes	60%	96% (2,050/2,127) (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%	79% (19/24)
Clients score 36 or greater on Caldwell HOME score (measurement of adequate environment for learning, implementing parental interventions, and change)	70%	67% (4/6)
Clients score 55 or greater on NCAST FEED (measurement of reciprocal behaviors between a mother and her child during the first 12 months)	70%	78% (7/9)
Clients score 50 or greater on the NCAST TEACH (measurement of caregiver-child interactions and communication)	70%	100% (7/7)
Participants deliver term infants	90%	88% (205/233)
Participants deliver infants weighing at least 5 lbs. 5 oz. and no more than 8 lbs. 13 oz.	90%	82% (191/233)
Participants initiate breastfeeding	50%	90% (209/233)
Participants breastfeed for at least 6 months	30%	68% (162/237)
Infants at one year of age have up-to-date immunizations	85%	100% (101/101)
Infants at one year of age have health insurance	85%	100% (101/101)
Clients admitting to substance use initiate treatment program	40%	38% (5/13)
Case managed women discontinue smoking during pregnancy	25%	29% (5/17)

Case managed clients who indicate a need for mental health services are referred	90%	67% (12/18)
Case managed clients who self report behavioral health issues at time of intake receive referrals to mental health services	90%	79% (22/28)
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:

- Continue to work with FRC's to maximize MAA funding.
- Increase the number of expectant mothers who give up smoking and substance abuse during their pregnancy.
- Train an employee to serve as a back-up operator for the Persimmony data base.

Healthy Cubs

Agency: Health Services Agency
Current Contract End Date: June 30, 2016

Program Description

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

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

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

Finances			
Total Award October 1, 2002 – June 30, 2016	FY '15-'16 Award	FY '15-'16 Expended	Cumulative Amount Expended
$12,210,528	$126,278	$57,667 (46% of budget)	$6,004,476 (49% of budget)

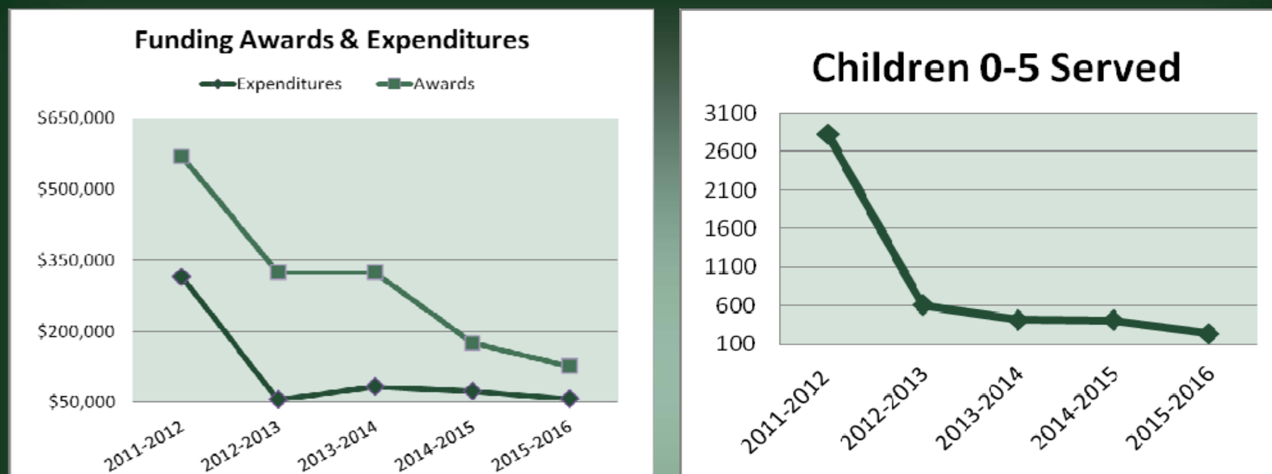
FY '15-'16 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Medical Claims	Indirect Costs	Cost Per Participant (238)
$12,632	$10,141	$32,912	$1,981.51	$242

PARTICIPANT TYPE	% SERVED
Children	14%
64% <3; 36% 3-5	
Parents/Guardians	86%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	74%
White	14%
Black/African American	1%
Asian	3%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	5%
Unknown	3%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	28%
Spanish	70%
Hmong	-
Other	-
Unknown	2%

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



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

Program Highlights

- The program paid $21,295 to providers for 238 beneficiaries.
- Healthy Cubs identified over $903 in claims that became eligible for payment under Medi-Cal due to the patient receiving retroactive Medi-Cal benefits.
- Program participants must apply for Healthy Cubs benefits at HSA’s Scenic campus. Applicants must bring proof of Medi-Cal eligibility.
- Medical services for participants are provided at HSA clinics, Golden Valley Health Centers, and Pathway Healthcare (Oakdale).
- Leveraging: By billing for Medi-Cal Administrative Activities (MAA), the program was able to generate $20,660 for community health needs.
- Cultural Competency: Approximately 74% of Healthy Cubs’ program beneficiaries are Hispanic. More than 70% of program beneficiaries list Spanish as their primary language. The program is adequately staffed to support the language needs of the majority of its applicants. In addition, Healthy Cubs staff has a list of employees working within the Health Services Agency to assist patients when translation services for other languages are needed.
- Collaboration: Healthy Cubs reports developing cooperative relationships with organizations throughout the county. Healthy Cubs provides program information to hospitals and medical providers in Stanislaus County as well as WIC, CHDP, and HSA medical clinics for distribution to uninsured patients meeting age and income criteria who need of primary care or obstetric services.
- Sustainability: The program generates MAA funding that is used to support this and other health programs. However, Healthy Cubs would be discontinued if Commission funding were to be eliminated.

Prior Year Recommendations

2014-2015 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• The Health Services Agency is a Federally Qualified Health Center Look-Alike (FQHC) and must provide uninsured patients that present for services at the 5 primary care clinics assessment for sliding fee scale or discounted charges. If the Healthy Cubs Program were no longer funded by the Commission, the remaining uninsured patients would be assessed for the sliding fee scale as any other uninsured patient who presents to these FQHC clinics.
2. Continue to analyze the impacts the Affordable Care Act (ACA) and the expansion of Medi-Cal will have on program operations and design.	• The Healthy Cubs staff continuously monitors state and federal legislation that may impact health coverage.

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	500	238
Applicants are beneficiaries of Healthy Cubs health care	400 / 67%	363 /100% (237/238)
Program participants convert to other health coverage	15%	22% (52/237)
Health fair and other presentations are given by Healthy Cubs staff	3	2
Accounts paid with Prop 10 funds are recovered from other payer sources	-	$0

Recommendations

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

Additionally, it is recommended that the program:

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

Result Area 4: Improved Systems of Care/Sustainable Systems

Description

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

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

Finances – Improved Systems of Care/Sustainable Systems	
FY '15-'16 Total Awards	FY '15-'16 Expended
$82,378	$82,378 (100% of budget)

Result Area 4 Services and Service Delivery Strategies

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

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

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

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

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

- ***Offer training and support for providers and contractors to build capacity and improve utilization of limited resources***
  Capacity building can occur at multiple levels, and the Commission supports this effort in a variety of ways. One way is through two Early Childhood Educator/Provider Conferences provided annually that are designed to train and support those

working daily with young children. Offering these conferences at no cost to participants remains a cost effective means to serve many with beneficial results. Another way is through the training and support Commission staff provides to contractors, including contractor trainings.

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

- ***Support leveraging opportunities within and outside of Stanislaus County***
  As Commission revenues diminish, supporting leveraging opportunities is critical to be able to sustain services and programs, as well as the results they are achieving. Leveraging resources within the county increases both the capacity of the leveraging program as well as that of the community in which the leveraging occurs. Resources are maximized, services are improved or enhanced, and community capacity increases as assets are capitalized upon. Human resources (both paid and volunteer), supplies, physical sites, and skills and knowledge from other community members and organizations can and are utilized to benefit children 0-5 and families served. Leveraging resources outside of the county, including state, federal, and private sources, is also an effective strategy to sustain results. During ‘15-‘16, programs leveraged Commission funding both within and outside of Stanislaus County.

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

- 96% of the surveyed attendees (406/423) rated the August 2015 and February 2016 ECE/Provider Conferences as good or excellent

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

- Improved collaboration amongst sites and services for 2,872 children 0-5 and their families
- Ten sites received technical assistance, coordination, and support with an 100% satisfaction rate

Increases in Leveraging Within and Outside of the County

Increase in Resources and Community Assets Leveraged Within the County

- 81% of the Commission contracted programs (18/21) report leveraging of community resources
- A total of over $2.4 million was leverage from inside sources in 2015-2016

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

- 76% of the Commission contracted programs (15/21) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County
- Nearly $5 million was leverage from outside sources in 2015-2016

Result Area 4: Improved Systems of Care (Sustainable Systems)			
Program/Activity	**Amount Expended in '15-'16**	**Amount Budgeted in '15-'16**	**% Expended in '15-'16**
Program Salaries & Benefits*	$ 91,251	$ 155,639	59%
Services, Supplies, County Cap*	$ 25,959	$ 39,395	66%
SCOE Healthy Start Support	$ 82,378	$ 82,378	100%
TOTAL	$ 199,588**	$ 277,412**	72%

*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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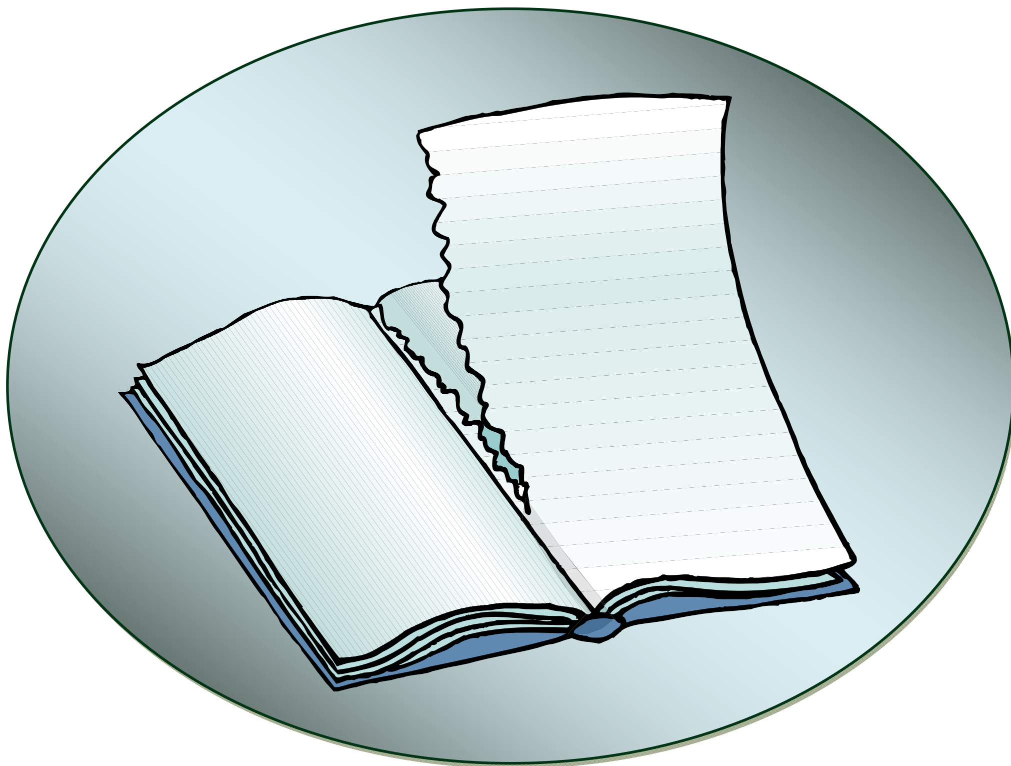

APPENDIX 1 - ACRONYMS

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

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

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

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