



**Annual  
Program  
Evaluation  
2017-2018**

**April 2019**

## The Stanislaus County Children and Families Commission

Following voter approval of Proposition 10 in November 1998, the Stanislaus County Children & Families Commission was established by the Stanislaus County Board of Supervisors on December 8, 1998. The Commission operates as an independent County agency. In July 2018, the Commission adopted the use of First 5 Stanislaus to align with nomenclature used by nearly all local commission and the State commission.

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

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

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

### Commissioners

Vicki Bauman - School Representative

Ignacio Cantu, Jr. - Community Representative

Vito Chiesa - Board of Supervisors

David Cooper - Community Representative

Kathy Harwell, Chair - Community Services Agency

Mary Ann Lilly-Tengowski - Health Services Agency

Nelly Paredes-Walsborn, Vice Chair - Community Representative

George Skol - Community Representative

Julie Viashampayan, MD - Public Health Officer



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## Introduction

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

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

This Evaluation Report contains information on:

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

## Strategic Plan Goals and Objectives

In its 2018-2020 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 was done?,” “How well was it done?,” and “Is anyone better off?” are answered in this evaluation.

With these questions in mind, the goal of the evaluation process for the 2017-2018 fiscal year was to acquire, report, and analyze information, share that information with stakeholders (i.e., programs, community, funders), and then upon reflection, make recommendations based on the areas of strengths and areas that could improve to better serve target populations on both the Commission and program levels.

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

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

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

## Changes in Reporting Categories and Definitions

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

For a number of years, the expenditure and program activity/outcome information required by the State has been unchanged. With this consistency in reporting, past local evaluation reports have been able to compare historical trends and changes in expenditures and program activity/outcomes. However, for the 2017-2018 fiscal year, reporting requirements have changed. Service and expenditure categories were redefined and, in many cases, combined to ensure consistency between the reports of county commissions. These reporting changes limited the ability of this evaluation report to examine historical trends in expenditure, program activity/outcomes for result areas, and service levels in 2017-2018. For this report, the reader will not see a series of trending charts and comparisons that have been included in past reports. It is the intention of First 5 Stanislaus staff to again include trending charts and comparisons in the 2018-2019 report when there will be at least two data points to compare.

# Community Impact Dashboard 2017-2018

## Invested...

over \$7.2 million in the community



## Reached...

28,414 children, parents and providers



## Provided...

parent education and support to the parents of 2,811 children



## Served...

the families of 1,386 children participated in literacy services



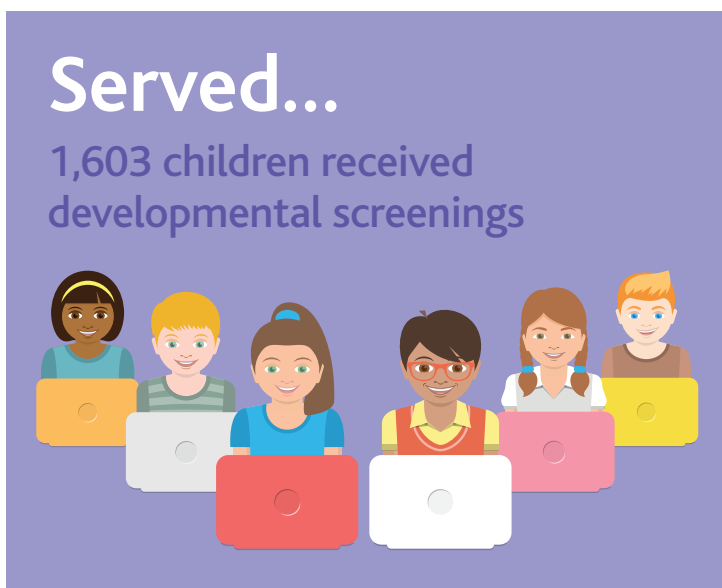
## Provided...

509 pregnant women with pregnancy education and support



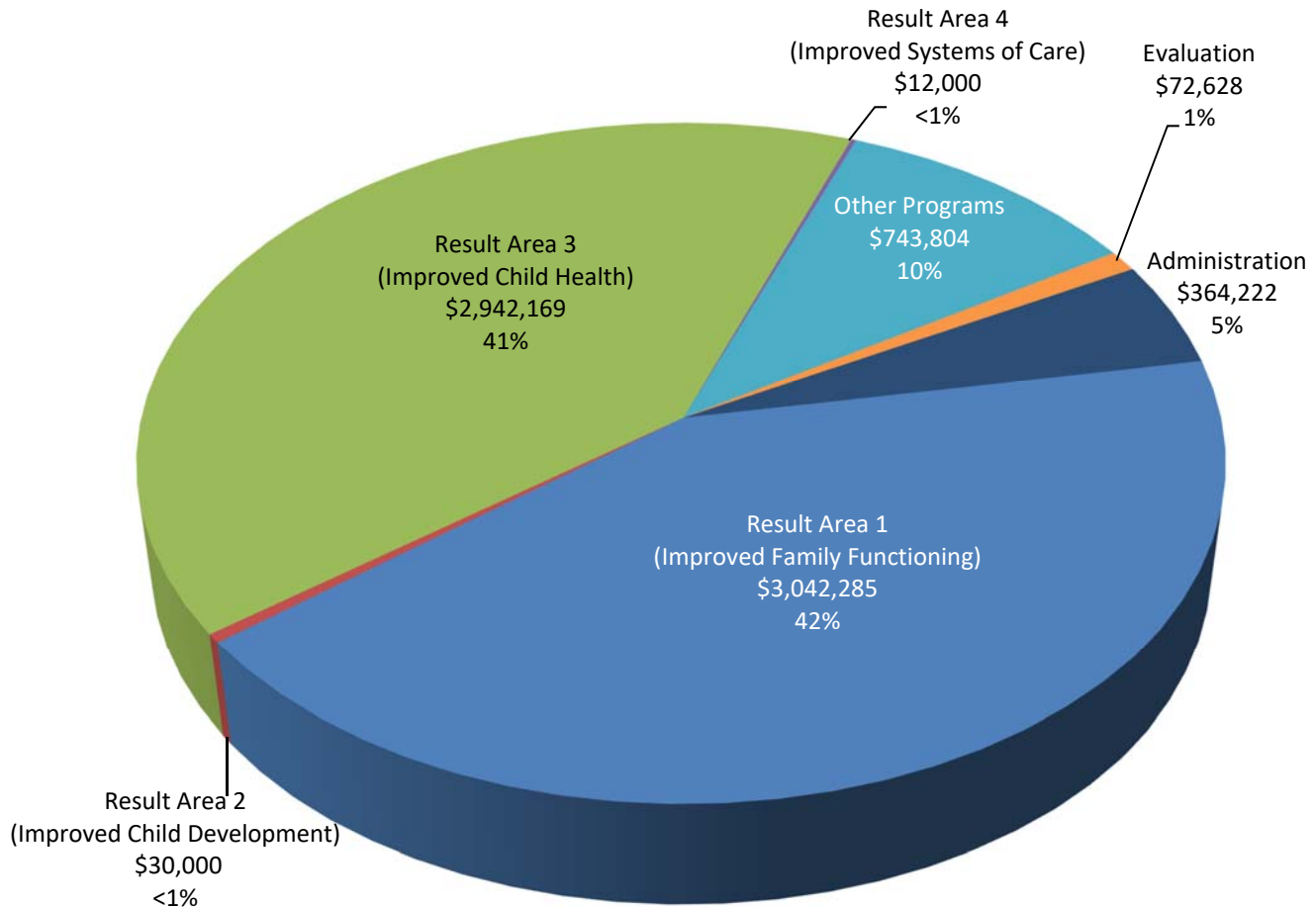
## Served...

1,603 children received developmental screenings



## Funding Distribution by Budget Category

**Total: \$7,207,108**



The 2017-2018 budget pie chart portrays the distribution of Commission funding by budget category.

### **Program Categories:**

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

### **Other Programs Category:**

“Other Programs” consists of Commission and Stanislaus County charges that support programs, and the funds appropriated for program adjustments. This category makes up 10% of the budget and supports the work that the programs are doing throughout the fiscal year.

### **Administration and Evaluation Categories:**

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

The graphs on the next page compare the distribution of the Stanislaus County Children and Families Commission total budget by fiscal year from 2013-2014 through 2017-2018. The first graph (Graph 1) compares the ***amount*** of funding allocated to each result area (RA), and the second graph (Graph 2) compares the ***percentage of the total budget*** allocated to each of the result areas.

Graph 1 illustrates that for the past five fiscal years, the Commission has consistently appropriated the largest *amount* of funding to RA 1 (Improved Family Functioning). In fiscal year 17/18, First 5 California redefined service and expenditure category reporting requirements for county commissions. This resulted in the Zero to Five Early Intervention Partnership (0-5 EIP) program that was previously reported in RA 1 to be reported in RA 3. This change in reporting substantially decreased the total amount and percentage of Commission funds reported in RA 1.

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

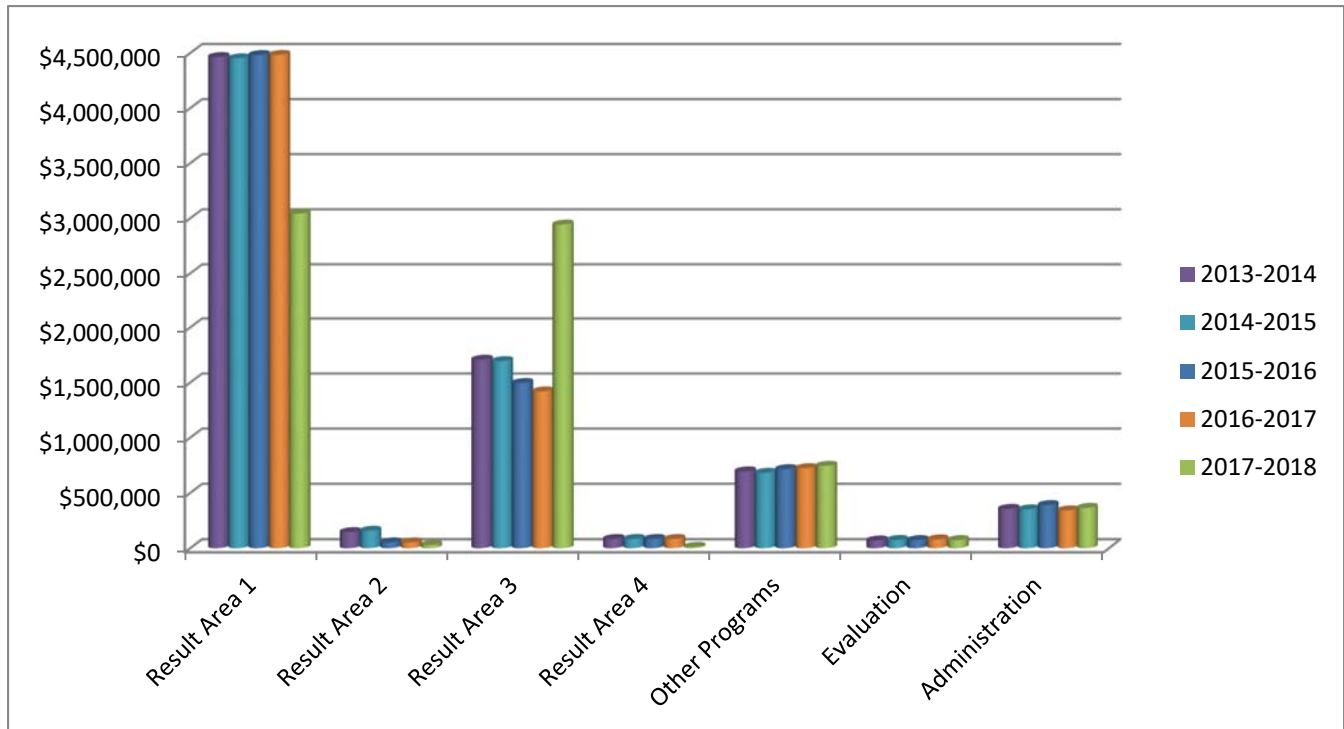
Both the amount of funding and percentage of the total budget dedicated to RA 3 decreased in 15/16 and 16/17. The decreases were a result of the Healthy Cubs program requesting less funding due to the implementation of Health Care Reform and Medi-Cal expansion. As noted above, a change in reporting requirements resulted in the amount and percentage of the Commission funds reported in RA 3 to increase significantly for 17/18.

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 Early Care and Education conferences reported in this result area focuses on supporting and nurturing widespread and overarching collaboration, coordination, and leveraging. However, there are also activities sponsored by the Commission, such as Commission staff time spent supporting funded programs, that are also focused on these areas but are categorized under “Other Programs.” When reporting to First 5 California, these activity expenditures are reported under RA 2, but since they are not contracted programs, they remain in “Other Programs” for local budget and expenditure reporting.

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

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

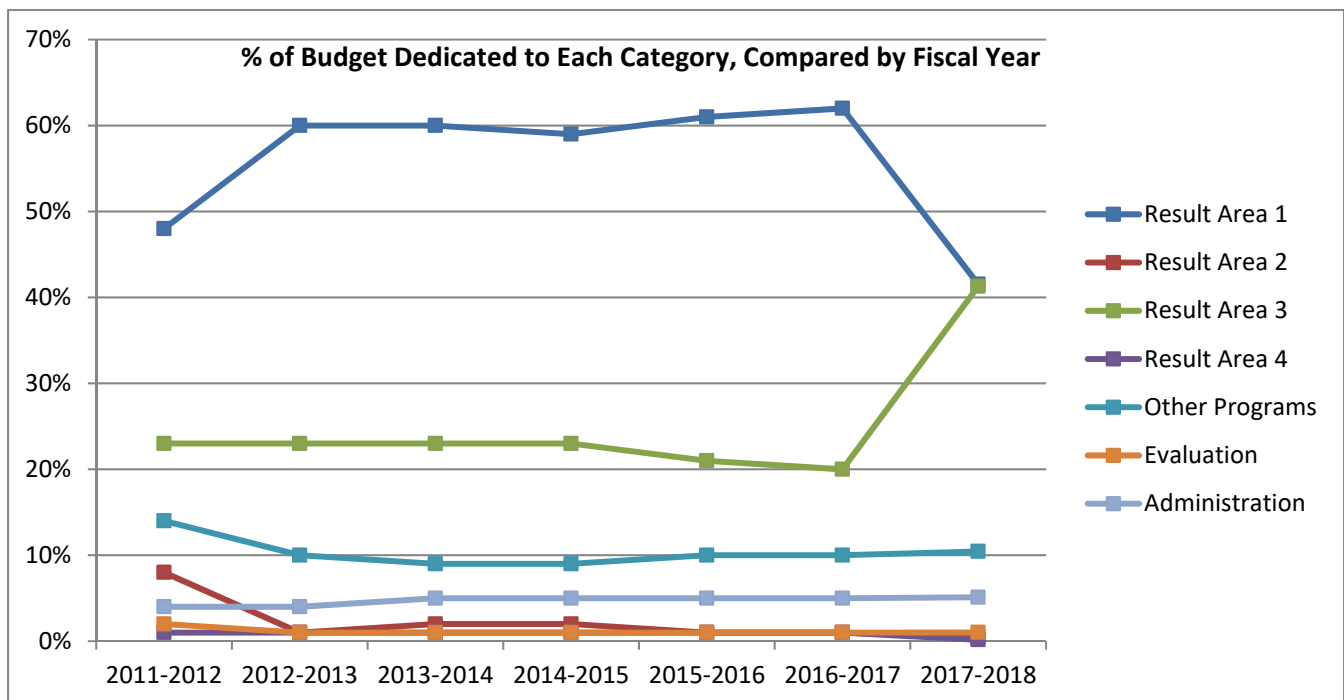




#### Total Budget

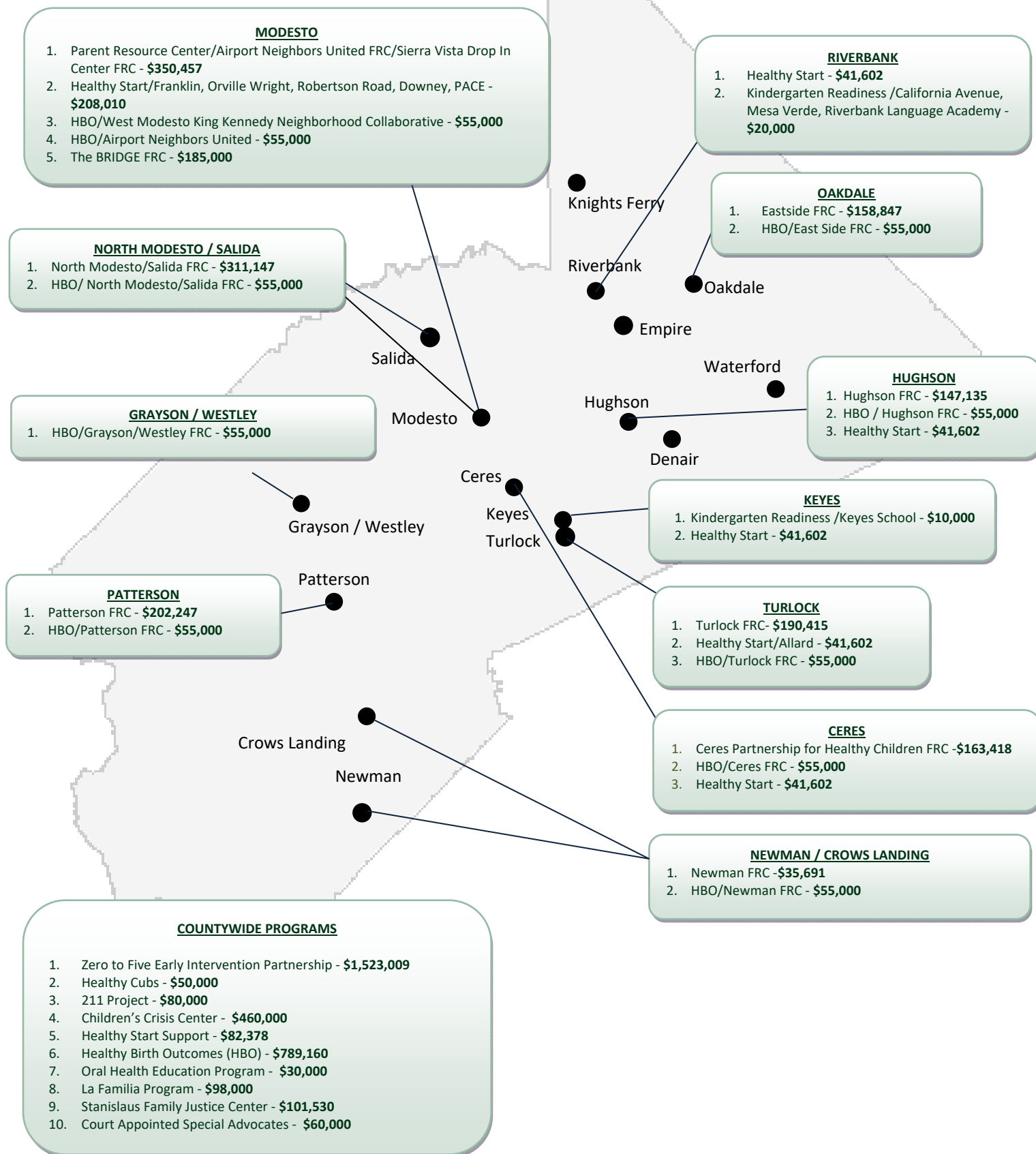
2013-2014: \$ 7,515,250  
 2014-2015: \$ 7,490,083  
 2015-2016: \$ 7,287,186  
 2016-2017: \$ 7,178,774  
 2017-2018: \$ 7,207,108

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



## STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION

### 2017-2018 PROGRAMS



## Program Budget Award by Location

Location	Program Budget Allocation	% of 17/18 Program Budget*	% of County's Population**
Modesto	\$ 853,467	31.1 %	38.8%
Turlock	\$ 287,017	10.5 %	13.4%
Riverbank	\$ 61,602	2.2%	4.5%
Ceres	\$ 260,020	9.5%	8.7%
Newman/Crows Landing	\$ 90,691	3.3%	2.1%
Grayson/Westley	\$ 55,000	2%	.3%
Hughson (includes SE smaller towns)	\$ 243,737	8.9%	1.4%
Oakdale	\$ 213,847	7.8%	4.2%
Salida***	\$ 366,147	13.4%	2.5%
Keyes	\$ 51,602	1.9%	1.0%
Patterson	\$ 257,247	9.4%	4.1%
<b>TOTAL of location specific programs</b>	<b>\$ 2,740,377</b>		
<b>Countywide Programs</b>	<b>\$ 3,274,077</b>		
<b>TOTAL:</b>	<b>\$ 6,014,454</b>		

\* 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, 2017 and 2018: Sacramento, CA, May 2018; <https://suburbanstats.org>, 2018

\*\*\* 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. The percentage of funding allocated to the Stanislaus County cities and towns continues to align 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 outlying areas of the county are located farther from many community resources and have greater need for services in their community for their residents.

A total of \$3,274,077 was allocated to programs that operate throughout the county, making up 54% of the total program budget. These countywide programs reach all of the above locations, and many have developed partnerships in order to collaborate with location specific programs, thereby leveraging Prop 10 resources. The remaining 46% of the program budget is allocated to programs that operate within a specific community to best serve the needs of the children and families within that community. As illustrated in both the map, as well as the chart, there is a balance of countywide and location specific programs that form an extensive network spanning the county to provide services that impact the lives of Stanislaus County's children and families.

## Intensity of Services and Service Levels

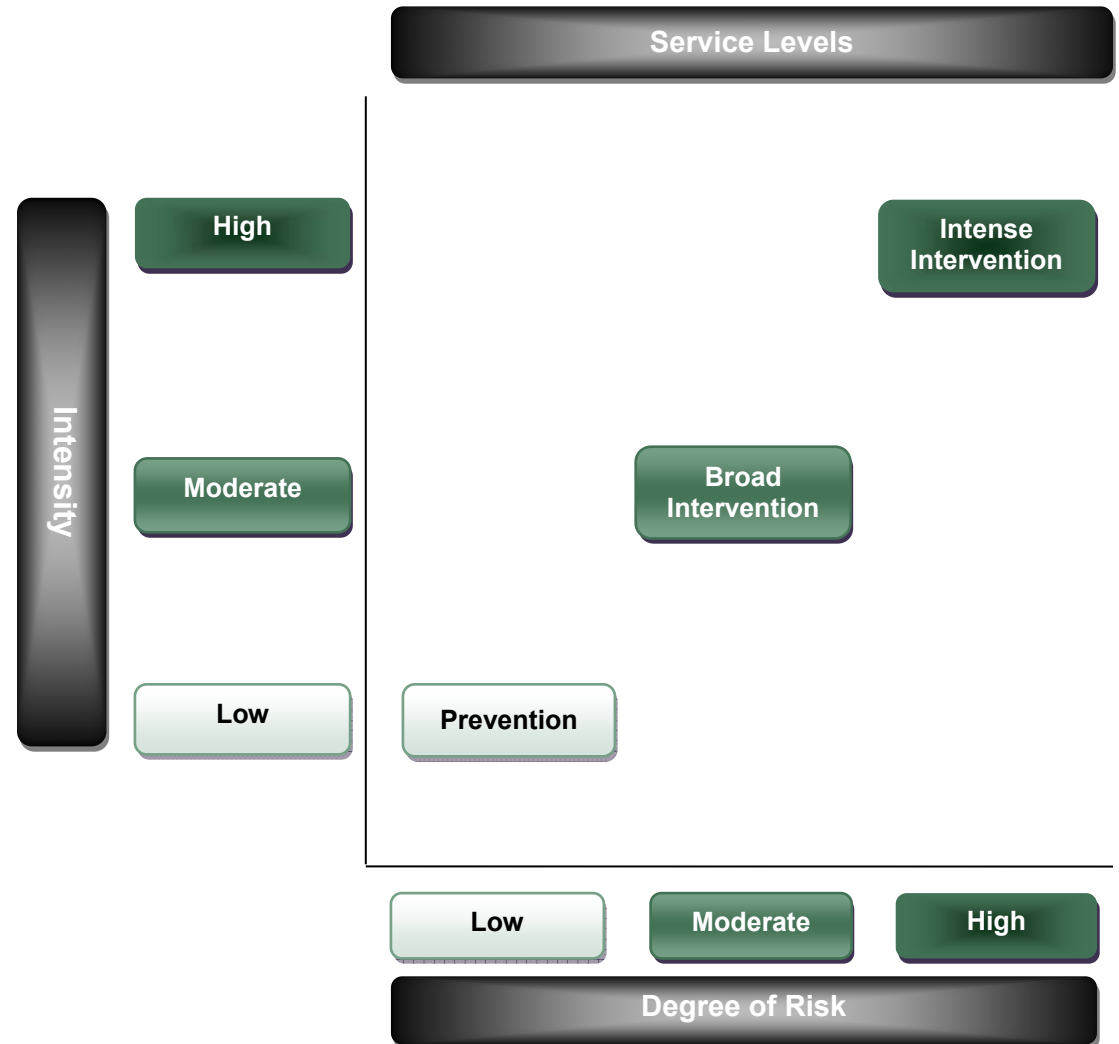
One of the Commission's funding strategies is to support a continuum of prevention and intervention programs that target all children 0-5 and their families in Stanislaus County. This means that Commission funds are working to benefit a spectrum of children from very low-risk to high-risk by providing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

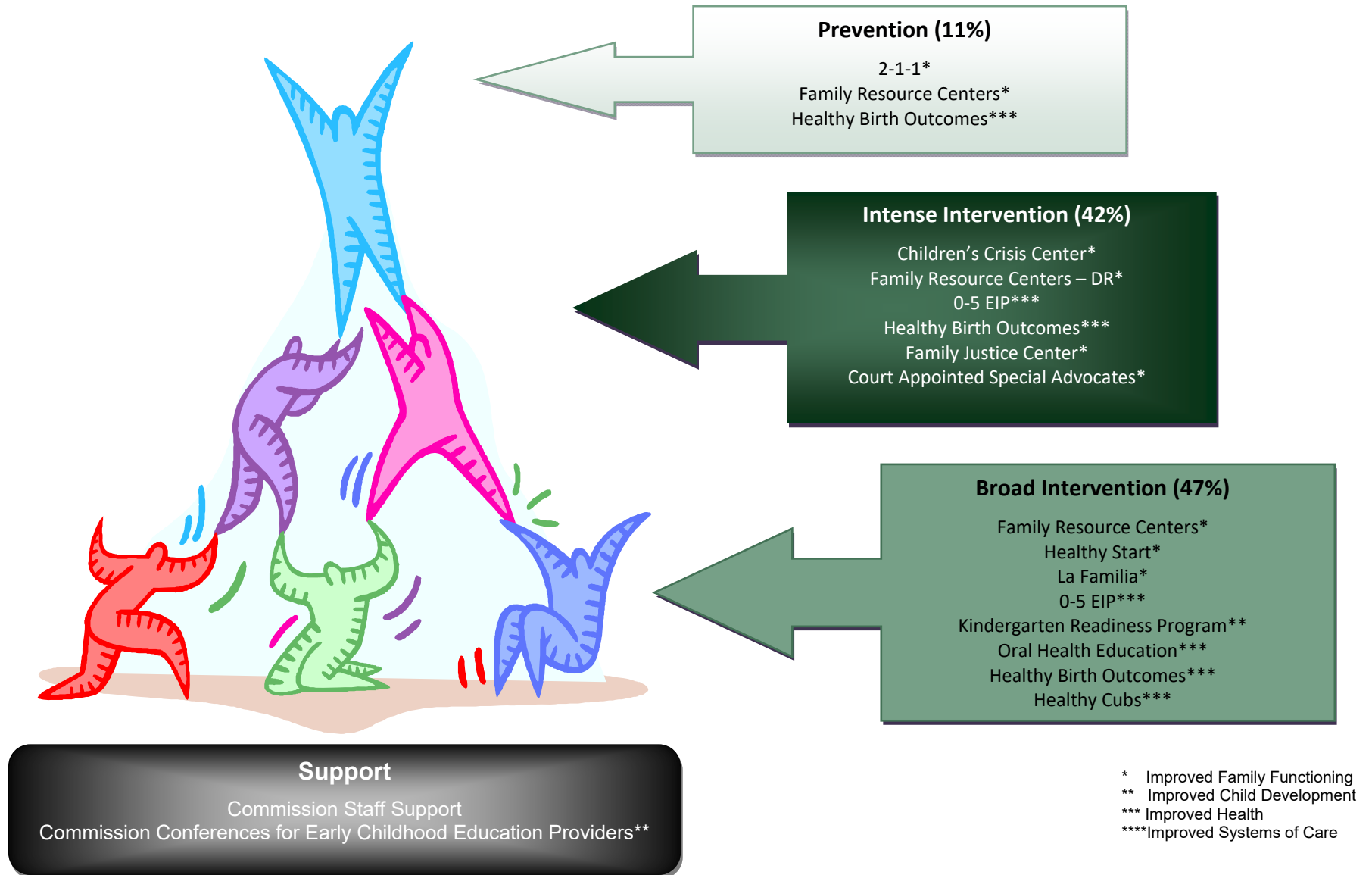
### Service Levels

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

### Service Level Pyramid

The pyramid image on the next page illustrates how Commission funds are extended across the range of service levels, and the distribution of the budget in relation to service levels. Approximately 47% of the program budget is dedicated to Broad Intervention, while 42% goes towards Intense Intervention and 11% to Prevention services. The percentage dedicated to all three categories has remained 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 and risk of not thriving

**Broad Intervention:**

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

**Intense Intervention:**

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

## Participant and County Demographics

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

### Race/Ethnicity Served and Participant Primary Language

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

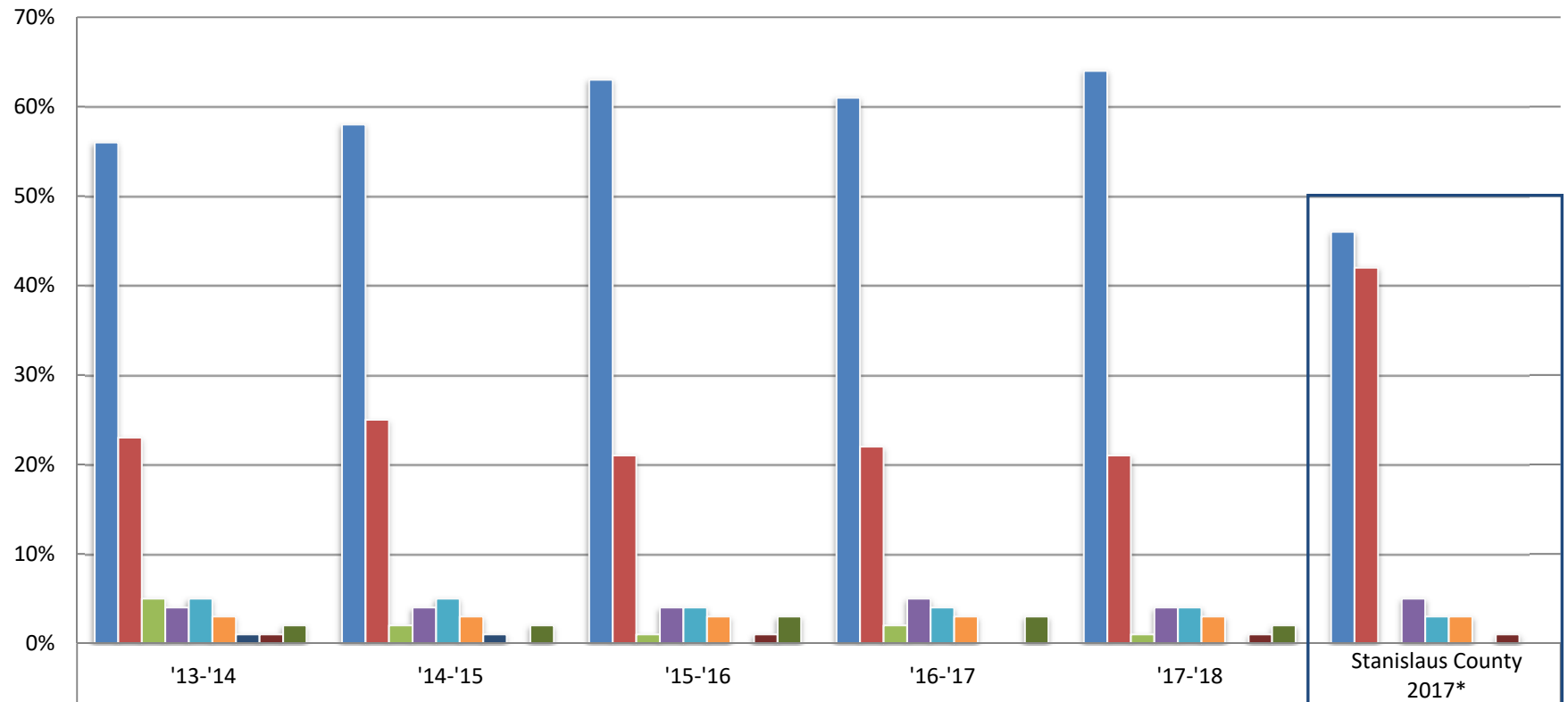
### Participating Children Age Distribution

This chart shows the age distribution of children participating in Prop 10 funded programs. In FY 17/18 the programs equally served children ages 0 through 2 and children ages 3 through 5. In 13/14 and 14/15, the percentage of children 0-5 whose age was unknown was high due to 211 not collecting age information for a significant number of children as a result of a data gathering issue the program corrected in 15/16).

### Infant Mortality Rate

In general, infant mortality rates for Stanislaus County ethnic groups are higher than State group rates and the rates of all ethnic groups in our County tend to reflect the downward trends of the State as a whole. In 2018 Stanislaus County had a slight increase in the Asian infant mortality rate. State statistics show infant mortality rates for Blacks are demonstrably higher than other groups. Stanislaus County figures more than mirror this trend. Infant mortality rates for Blacks in Stanislaus County are significantly higher than other groups, as well as being significantly higher than the State rate for Blacks. The Black infant mortality rate decreased slightly in 2016 and decreased drastically in 2017 and again in 2018. (There was a sharp increase of Black infant mortality in Stanislaus County in 2014 and 2015 which is partially due to the relatively small numbers of Blacks in Stanislaus' general population. A few cases of Black infant mortality can significantly negatively impact rates reported in Stanislaus' Black population for those years. This may be why the Black infant mortality rate appears to have decline since those unusually high years.)

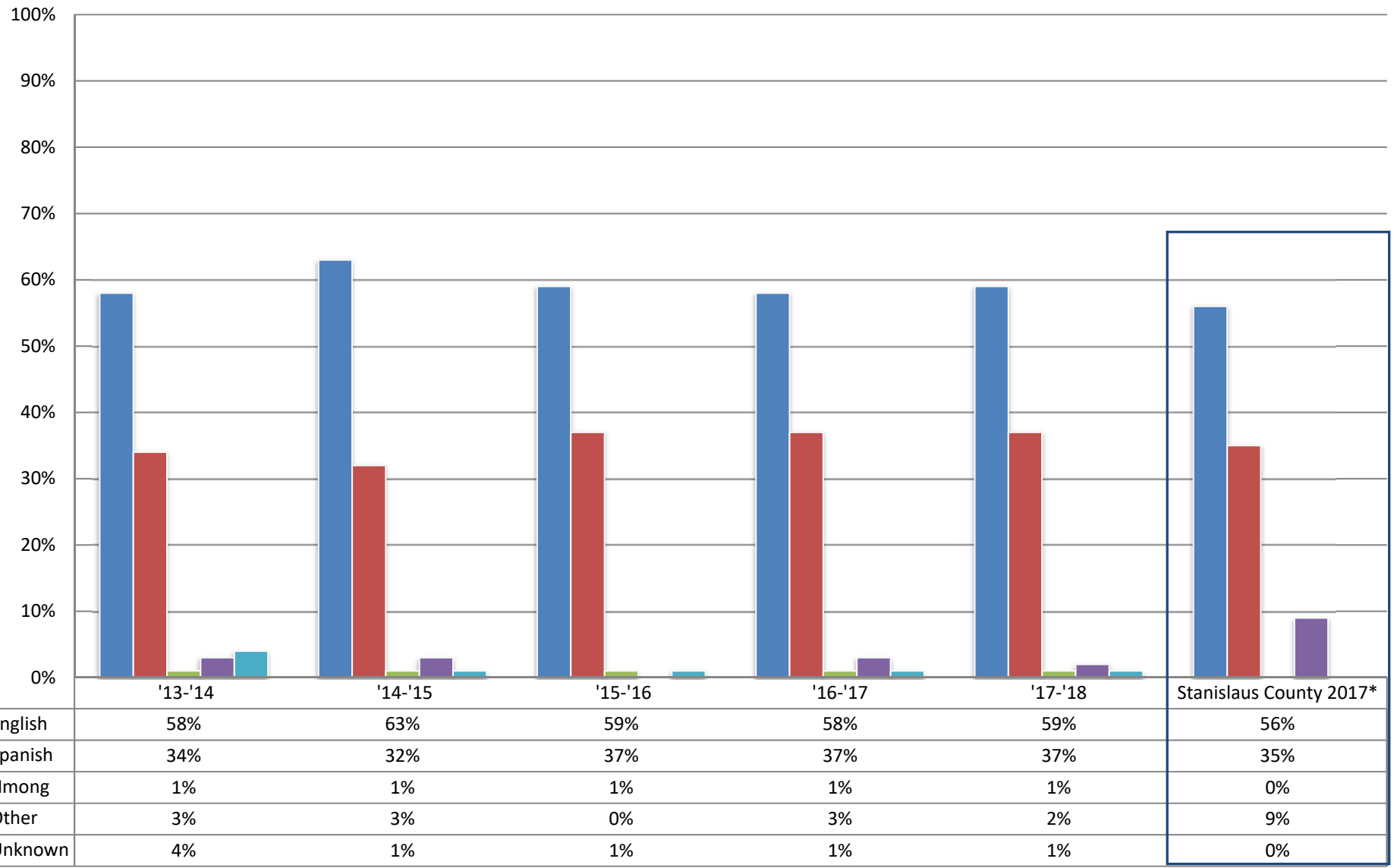
## Race/Ethnicity Served



Hispanic	56%	58%	63%	61%	64%	46%
White	23%	25%	21%	22%	21%	42%
Unknown	5%	2%	1%	2%	1%	0%
Asian	4%	4%	4%	5%	4%	5%
African American	5%	5%	4%	4%	4%	3%
Multiracial	3%	3%	3%	3%	3%	3%
American Indian	1%	1%	0%	0%	0%	0%
Pacific Islander	1%	0%	1%	0%	1%	1%
Other	2%	2%	3%	3%	2%	0%

\*U.S. Census Bureau, 2017 American Community Survey.

## Participant Primary Language

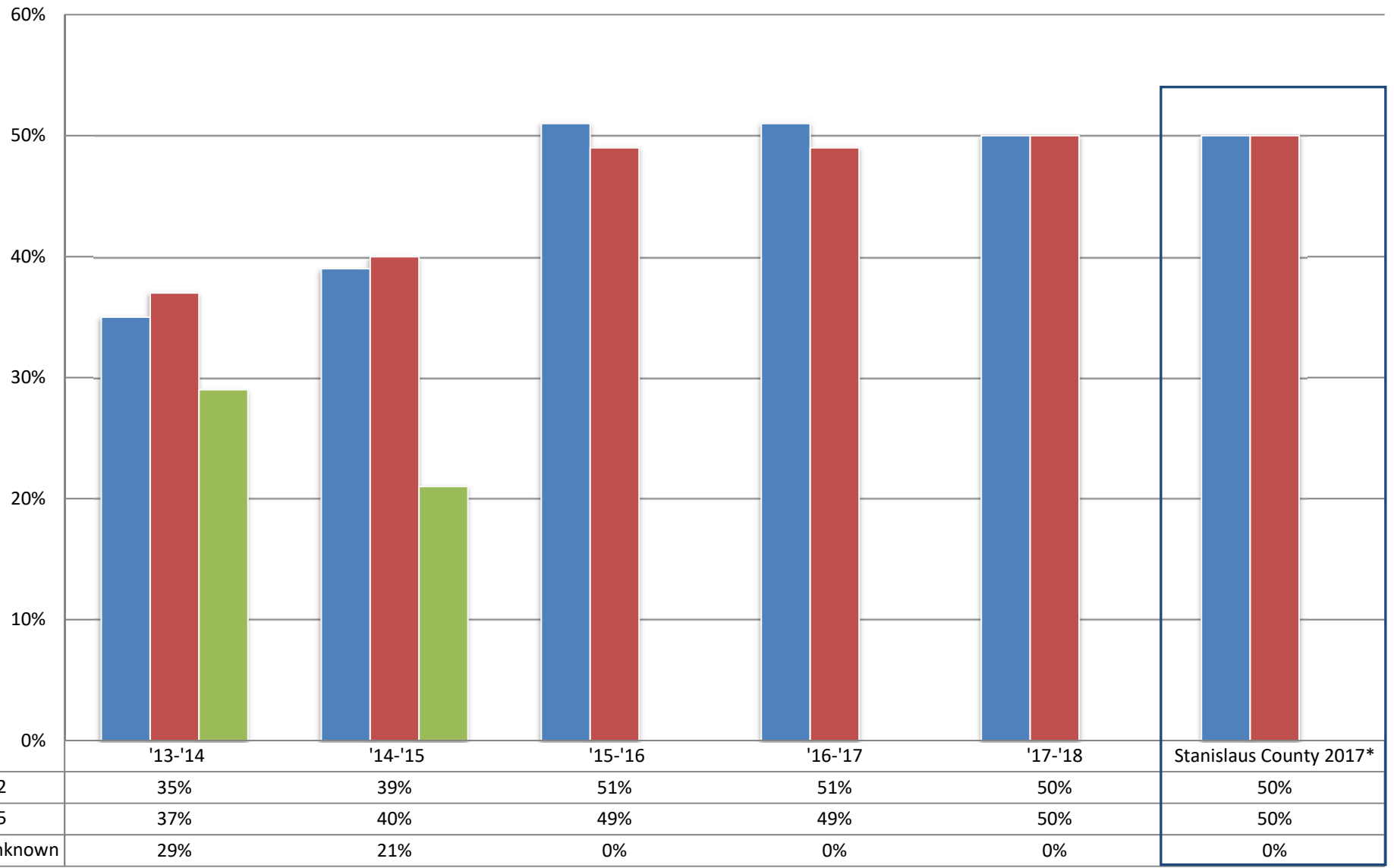


CFC data does not include provider capacity language data.

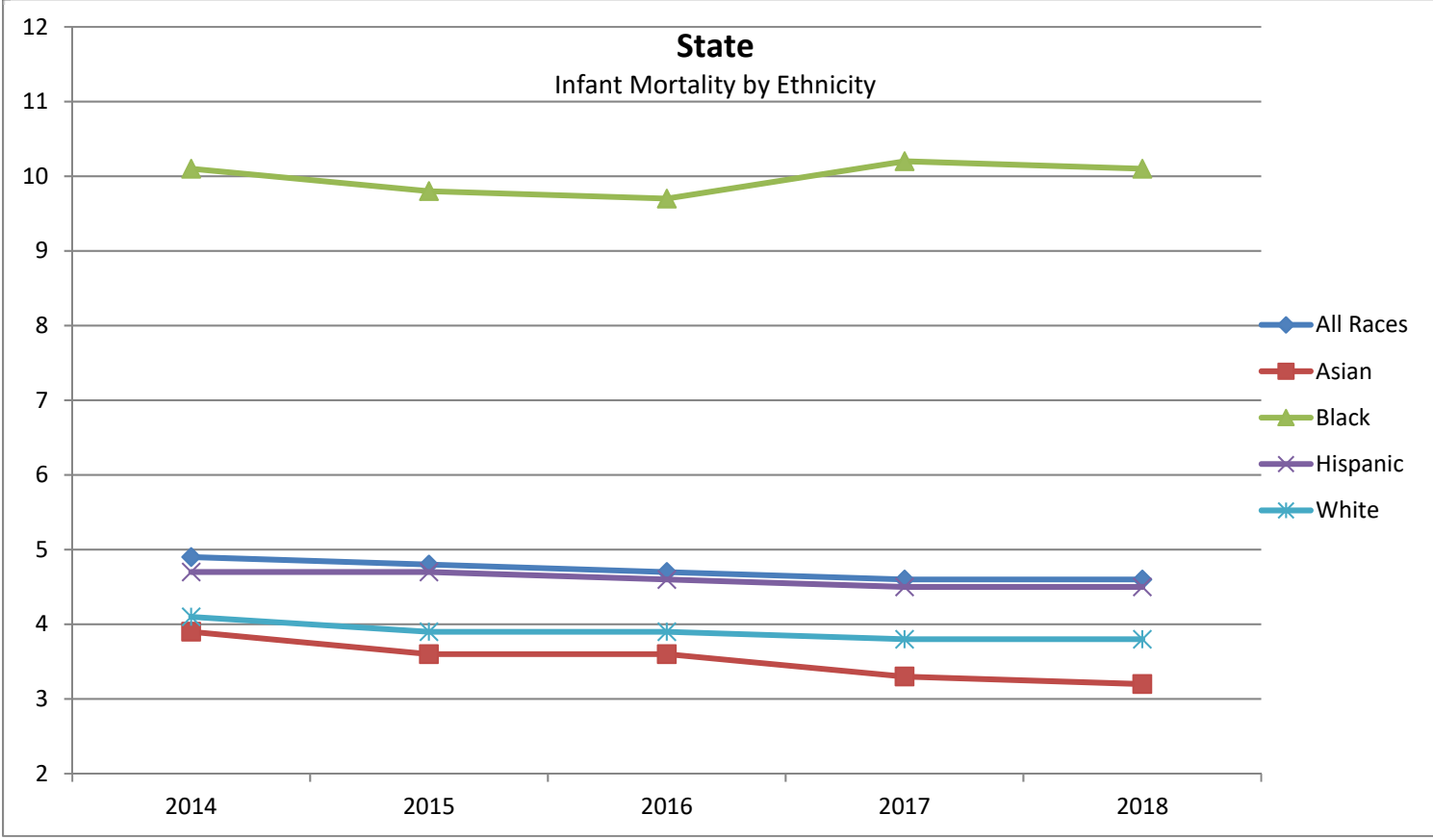
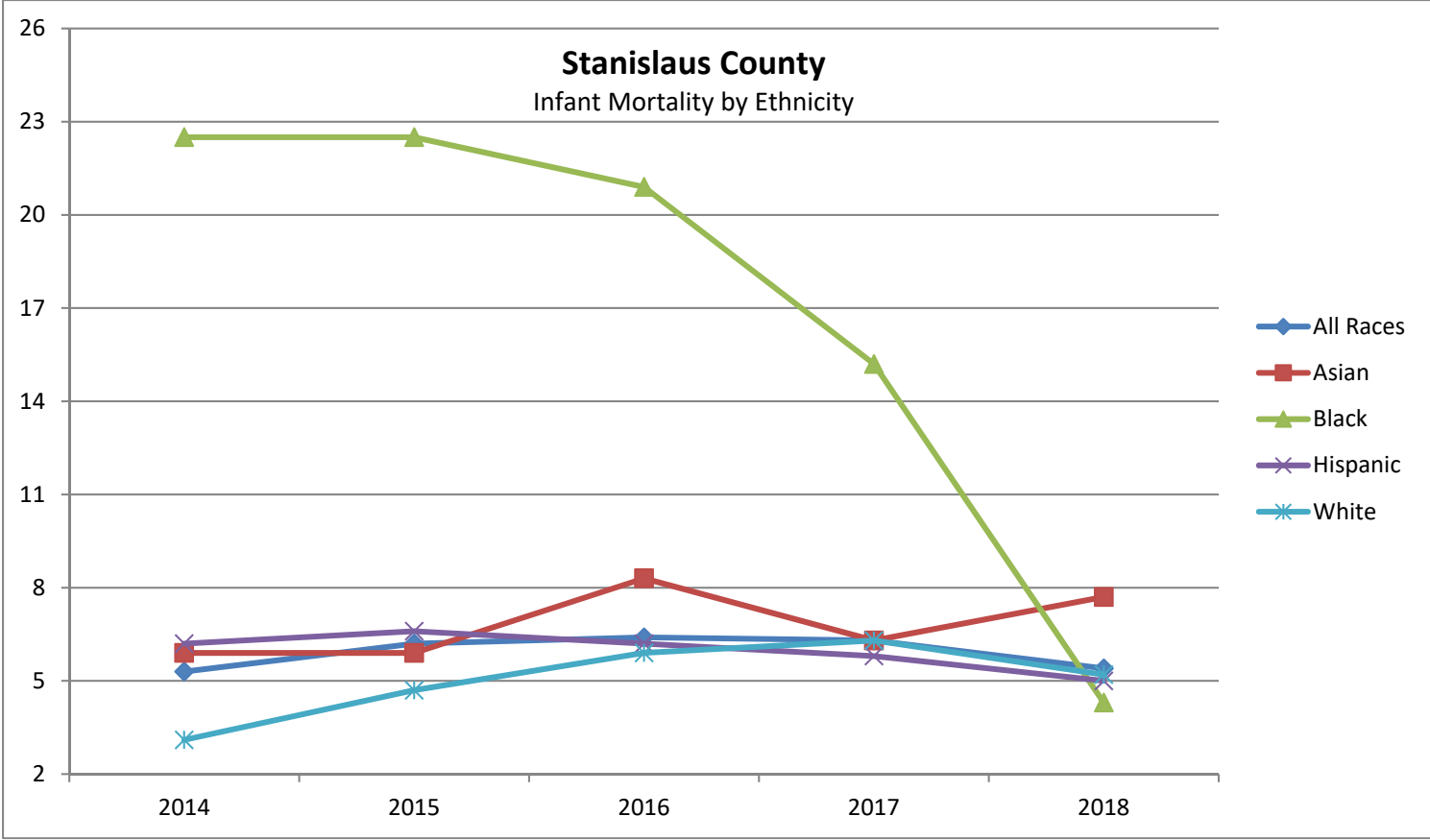
\*U.S. Census Bureau, 2017 American Community Survey.



## Participating Children Age Distribution



\*State and County Total Population Projections by Race/Ethnicity and Detailed Age, California Department of Finance, 2018



Infant Death Rate per 1,000 Live Births  
County Health Status Profiles, California Department of Public Health, 2014-2018;

## Result Area 1: Improved Family Functioning

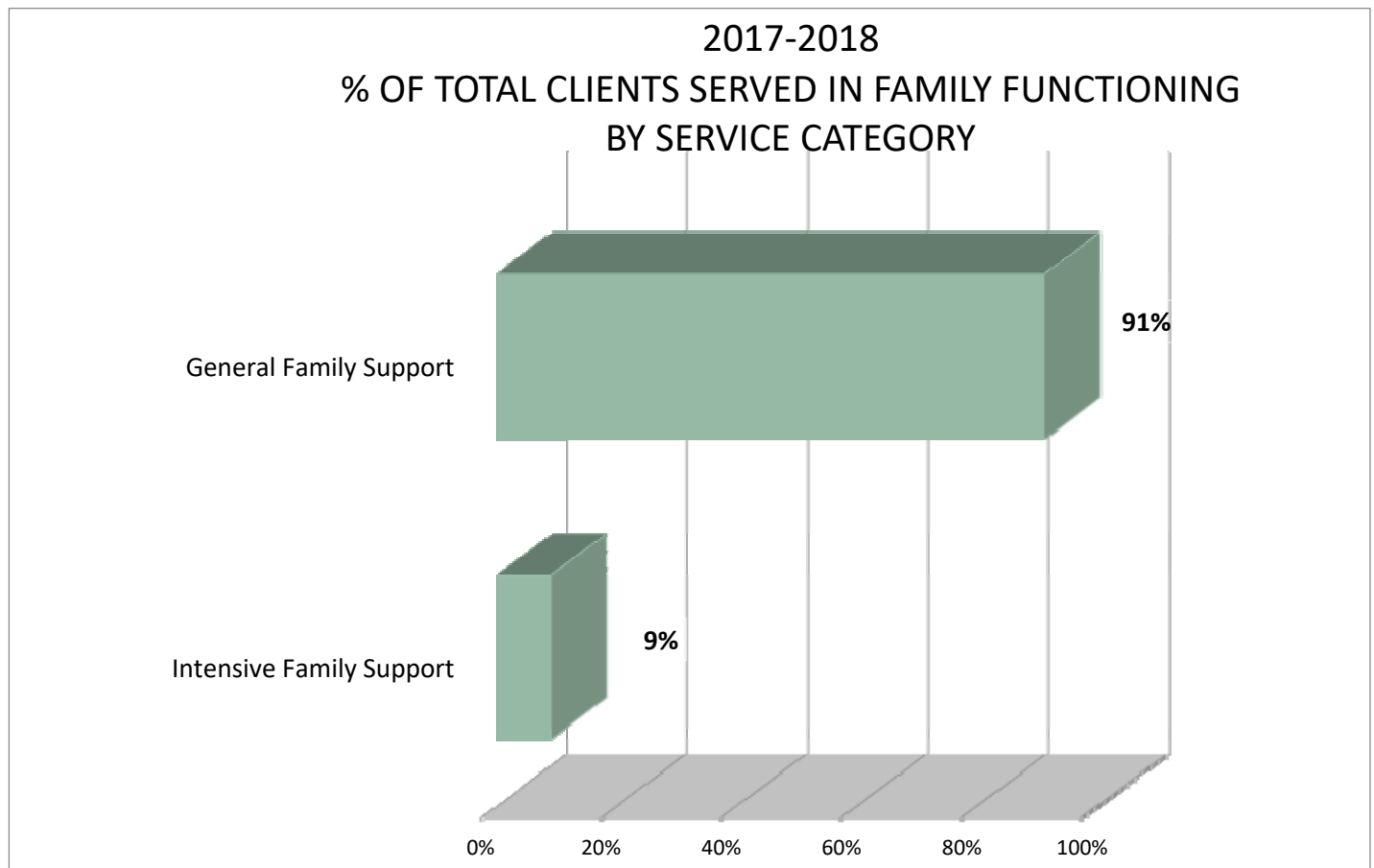
### Description

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

Fourteen Prop 10 funded programs are categorized under Improved Family Functioning, and represent 42% of the 2017-2018 budget. Half of the programs are grouped under "Family Resource Centers with Differential Response services."

The amount expended in this result area is 97% of the amount budgeted in this result area for fiscal year 17/18, 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 17/18 Total Awards	FY 17/18 Expended
\$3,042,285	\$2,958,974 (97% of budget)



## Result Area 1 Services and Service Delivery Strategies

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

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

#### *Objectives:*

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

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

- ***General Family Support***

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

- ***Intensive Family Support***

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.

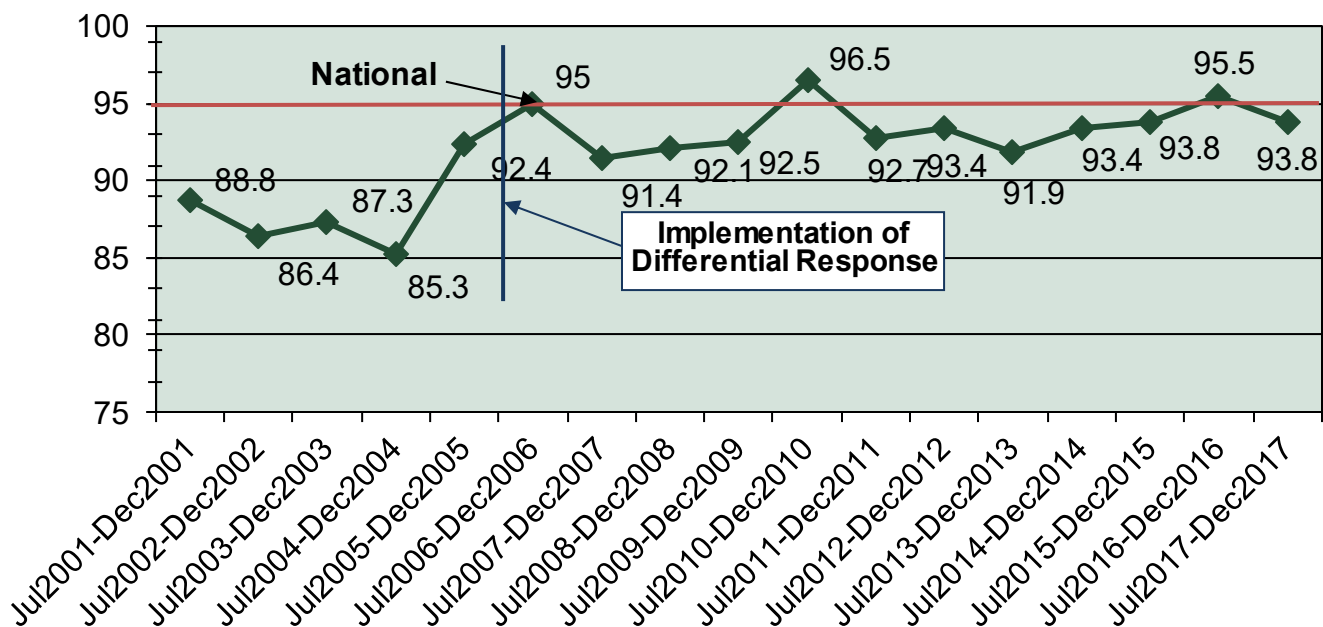
The services are offered by a spectrum of providers, from community based family resource workers to mental health clinicians. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals),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

### Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2017 for children 0-5. Stanislaus County exceeded the National Standard of 94.6% “no recurrence” of maltreatment within 6 months of a substantiated report in 2006, 2010 and 2016 after the implementation of Differential Response (DR) through FRCs. The rate has dropped in subsequent years, but it has never fallen below the rate before DR was implemented. In 2010, the rate of “no recurrence” of maltreatment was at the highest rate it has ever been in over a decade. Although there are many factors that contribute to this population indicator of “no recurrence” rate, 1,160 children 0-5 were referred through differential response, and of those, the families of 54% of those children (630) engaged with the FRCs for family support services. This engagement and participation is a key component in assisting families who are at risk, and these DR activities contributed to the statistics shown below. In addition, all programs funded in this result area help support these outcomes.

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

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



How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
<ul style="list-style-type: none"> <li>• 8,396 children 0-5 received services designed to improve family functioning</li> <li>• The parents of 2,811 children attended parenting education classes</li> <li>• The families of 6,758 children 0-5 received resources or referrals to improve family functioning</li> <li>• 399 children 0-5 experienced improvements in their family environment after being enrolled in respite childcare</li> <li>• 1,085 children 0-5 whose caregiver participated in literacy services received a book</li> </ul>		
<ul style="list-style-type: none"> <li>• 25% of the children and families who received family support services (2,128/8,396) were engaged further through assessments</li> <li>• 28% of those receiving family support services and who indicated a need (2,405/8,396) received more intensive services focused on improving child abuse risk factors</li> </ul>		
<ul style="list-style-type: none"> <li>• 89% of parents participating in parent education (1,923-2,098) report an increase in skills or knowledge</li> <li>• 36% of dependent children ages 0-5 (26/72) under the jurisdiction of the court were placed in a safe, permanent home</li> <li>• 93% of children 0-5 whose caregiver received literacy services (1,290/1,386) increased time reading at home with their family</li> <li>• 100% of children 0-5 whose caregivers receive individual counseling and indicated improvement with presenting issues (230/231)</li> </ul>		

## Result Area 1: Improved Family Functioning

Program	Amount Expended in 17/18 (% of 17/18 allocation)	Total #Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2018)	Cumulative Amount Expended (7/1/2007-6/30/2018)	% of Cumulative Amount Expended
<b>2-1-1*</b>	\$ 67,302 (84%)	1,800	\$ 37	\$ 1,401,159	\$ 1,287,278	92%
<b>Court Appointed Special Advocates (CASA)</b>	\$ 54,130 (90%)	72	\$ 752	\$ 240,000	\$ 228,654	95%
<b>Children's Crisis Center</b>	\$ 460,000 (100%)	399	\$ 1,153	\$ 6,827,387	\$ 6,131,757	90%**
<b>El Concilio - La Familia*</b>	\$ 99,358 (101%)	121	\$ 821	\$ 1,684,000	\$ 1,552,323	92%
<b>Family Justice Center*</b>	\$ 86,027 (85%)	302	\$ 285	\$ 835,640	\$ 797,300	95%
<b>Healthy Start***</b>	\$ 496,329 (99.6%)	2,640	\$ 188	\$ 7,535,433	\$ 7,501,198	99.5%
<b>The Bridge (FRC)</b>	\$ 184,955 (99.9%)	183	\$ 1,011	\$ 2,005,000	\$ 1,939,959	97%
<b>Family Resource Centers (providing Differential Response Services) (7 contracts)</b>	\$ 1,510,873 (97%)	2,879	\$ 525	\$ 19,074,468	\$ 17,881,765	94%
<b>TOTAL</b>	\$ 2,958,974 (97%)	8,396	\$ 352	\$ 39,603,087	\$ 37,320,235	94%

\* Includes prior year adjustments that were recorded in 2017-2018 according to generally accepted accounting principles. La Familia did not exceed its budget for 2017-2018.

\*\* 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.

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

## 211

**Agency:** United Way  
**Current Contract End Date:** June 30, 2018

### Program Description

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

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

Finances			
Total Award July 1, 2007 – June 30, 2018	FY 17/18 Award	FY 17/18 Expended*	Cumulative Amount Expended
\$1,401,159	\$80,000	\$67,302 (84% of budget)	\$1,287,278 (92% of budget)

\* Includes prior year adjustments that were recorded in 2017-2018 according to generally accepted accounting principles.

FY 17/18 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (1,800 callers with a child 0-5)
\$40,250	\$26,289	\$763	0%	\$37

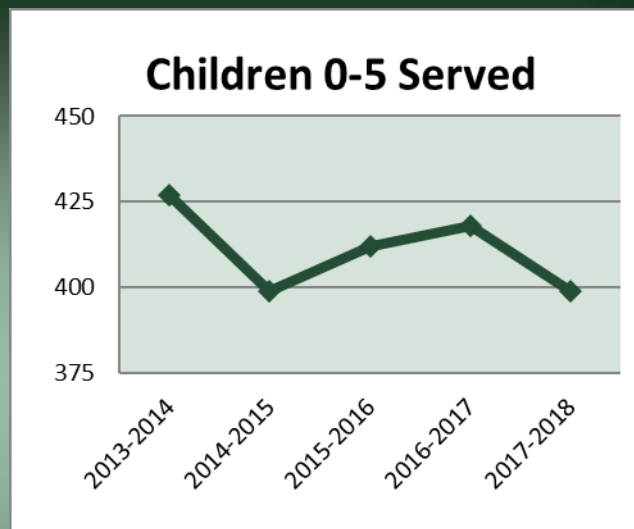
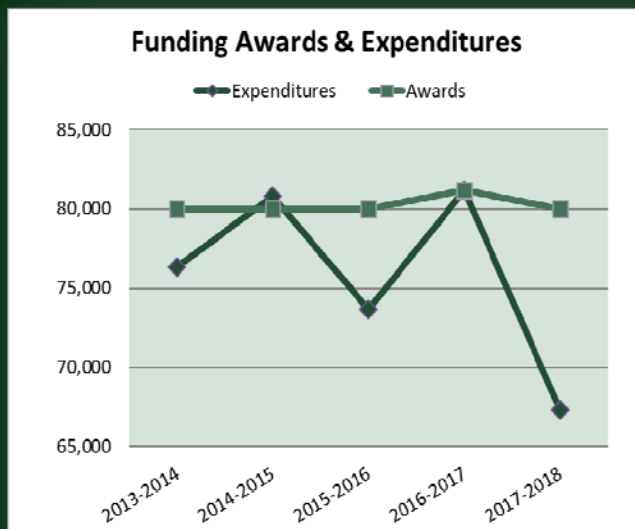
PARTICIPANT TYPE	% SERVED
Children 0-5	57%
56% <3; 44% 3-5; <1% unknown	
Parents/Guardians	41%
Other Family	2%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	49%
White	30%
Black/African American	9%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	1%
Multiracial	5%
Other	2%
Unknown	2%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	87%
Spanish	13%
Hmong	-
Other	-
Unknown	<1%



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



211 has struggle to consistently expend the award amount over the past several years. The program expended 93% of its award in FY 17/18 but due to a prior year technical adjustment it appears to have expended significantly less. Participants served in 15/16 and 16/17 increased over those served in 14/15 due to an emphasis on outreach to encourage use of the program. The decreased number of participants served starting in 17/18 reflects a State-wide trend across 211 programs. People are preferring to access services through the internet or phone applications instead of calling the call center.

### Program Highlights

- Only 23% of callers had families with a child 0-5. This percentage remains below the goal of 33% despite efforts to target outreach to 0-5 families. However, website traffic continues to increase as participants, in ever-increasing numbers, use cell phones and other personal devices to obtain information they need.
- In 2017-2018, Stanislaus County 211 staff attended 16 outreach events and made 24 presentations to local agencies and organizations. Over 16,028 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 2017-2018:
  - Housing / Shelter / Rent – 4,097 requests
  - Food / Meals – 2,277 requests
  - Utility Bill Payment – 2,229 requests
  - Health Care – 1,109 requests
  - Legal, Consumer and Public Safety – 1,085 requests
- The following were common types of referrals in 2017-2018:
  - Stanislaus County Community Services – 1,920 referrals
  - Central Valley Opportunity Center – 1,795 referrals
  - Salvation Army Modesto Corps – 1,464 referrals
  - Community Housing and Shelter Services – 1,445 referrals
  - Modesto Gospel Mission – 653 referrals
- 3,378 unduplicated visitors received information about health and human service program information via the 211 website.
- Leveraging: 211 received \$80,000 in funding from Stanislaus County Community Services Agency and \$90,000 from Kaiser.

- **Cultural Competency:** All of Stanislaus County 211's call operators are bi-lingual (English / Spanish) making the dialogue more proficient between the caller and the call specialist. All other languages are handled through the AT&T Language Line Services to provided translation services as needed. Additionally, staff participating in cultural sensitivity training / meetings offered by the Latino Emergency Council / Emergency Communications Council, the Stanislaus County Prevention Initiative Homeless Outreach team, the Stanislaus Housing and Support Service Collaboration and the Stanislaus County Office of Emergency Services.
- **Collaborations:** Stanislaus County 211 continues to collaborate with many agencies / programs throughout the county to educate staff, clients and the community through presentations, material distribution and attendance at scheduled outreach fairs / events in the community. In addition, United Way and Stanislaus County 211 has partnerships already in place with local organizations including Stanislaus County agencies (OES, HSA, CSA, Cal-EMA), Advancing Vibrant Communities, Latino Community Roundtable / Latino Emergency Council, Stanislaus CBO Collaborative, Stanislaus County Focus on Prevention, Stanislaus Housing and Supportive Services Collaborative / Continuum of Care, Turlock Community Collaborative Meeting.
- **Sustainability:** Stanislaus County 211 continues to solidify its partnership and participation with the Stanislaus County Focus on Prevention Initiative. Through Focus on Prevention, an Outreach and Engagement Access Center was developed. The Access Center is a place where individuals and families who are at risk of being homeless or currently homeless can access resources. Stanislaus County 211 will play a role in providing referrals to individuals utilizing the Access Center. There is currently discussion of utilizing Stanislaus County 211 as a means to conduct housing assessments for clients who cannot travel to the center or who need additional confidentiality when completing a sensitive assessment. By participating in these discussions, Stanislaus County 211 is positioning itself to continue to be an asset to the community. In addition, the program has created an additional avenue of engagement with parents and children who are in need. By developing the 211 website and pursuing a phone app, the program is responding to the culture of the community which expects to access information and resources by utilizing a phone or computer. Technology advancement helps keep Stanislaus County 211 relevant in today's society and helps ensure the sustainability of the program.
- The program has had 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) and Medi-Cal expansion.

### Prior Year Recommendations

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>• We continue to solidify a partnership and participation with the Stanislaus County Focus on Prevention Initiative. We are currently in discussion of utilizing Stanislaus County 211 as means to conduct housing assessments for clients who cannot travel to the center or who need additional confidentiality when completing a sensitive assessment. By participating in these discussions, we are placing Stanislaus County 211 in a position to continue to be an asset to our community. In addition, we have also created additional avenue of engagement with parents and children who are in need.</li> </ul>
2. Conduct targeted outreach to increase the number of callers with children 0-5.	<ul style="list-style-type: none"> <li>• 211 staff continue to target and provide outreach through presentations, material distribution and outreach events to increase the number of callers' w/ children 0-5.</li> <li>• Targeted 0-5 outreach included presentations to FRC parent meetings and classes (HBO, Mommy &amp; Me, etc.); Head Start, Healthy Start and Preschool parent meetings; School Events (Dias de Los Niños, Family Fun Nights, Year-End Spring Fling).</li> </ul>

3. Continue to focus on a regional approach to sustain the program, decrease costs, and obtain other funding.	<ul style="list-style-type: none"> <li>We continue to pursue collaborative projects with other 211 programs in the Central Valley which includes joint marketing efforts.</li> </ul>
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### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
211 callers have access to health and human service program information 24/7/365	100%	96% (7,503/7,796)
211 callers with children 0-5 have access to health and human service program information 24/7/365	100%	97% (1,749/1,800)
33% of callers have children 0-5	33%	23% (1,800/7,796)
Callers with children 0-5 years are unduplicated callers	75%	97% (1,811/1,864)
Children 0-5 years whose caregivers request health insurance assistance with their children's application are provided with health plan enrollment assistance	100%	100% (3/3)
211 callers with children 0-5 who were contacted for follow-up report satisfaction with 211 services	80%	91% (115/126)
211 website visitors who identify having a child 0-5 will have access to health and human service program information 24/7/365	No Planned Outcome	87% (215/247)
Callers with children 0-5 learn of the 211 services through outreach or advertisement	50%	63% (1,138/1,800)
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%	72% (91/126)

## 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 conduct targeted outreach to increase the number of callers with children 0-5.

## Children's Crisis Center

**Agency:** Children's Crisis Center  
**Current Contract End Date:** June 30, 2018

### Program Description

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

The Respite Childcare Program is offered from five locations strategically located to serve low income and underserved neighborhoods throughout Stanislaus County. Shelters are located in the cities of Modesto, 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, 2018	FY 17/18 Award	FY 17/18 Expended	Cumulative Amount Expended
\$6,827,387**	\$460,000	\$460,000 (100% of budget)	\$6,131,757*** (90 % of budget)

\* This date reflects an award to the Stanislaus County Office of Education (SCOE) under a Master Contract. Children's Crisis Center (CCC) began subcontracting under the Master Contract for SCOE as of January 2003.

\*\* Total includes awards granted to SCOE under a prior Master Contract, which included subcontracts to CCC prior to contracting directly with CCC.

\*\*\*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

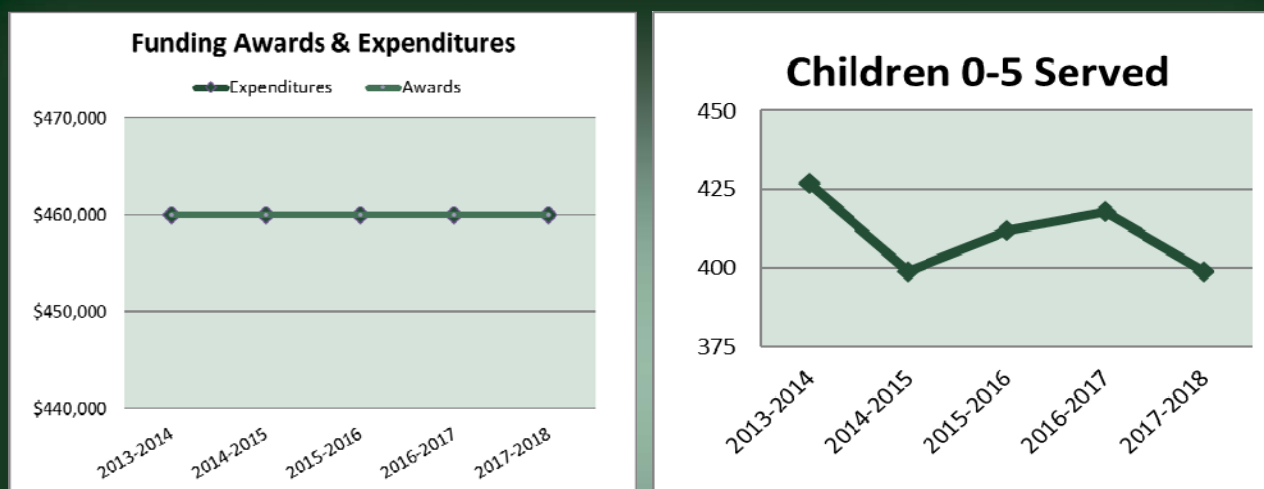
FY 17/18 Budget / Expenditure Data			
Respite Care	Rent	Indirect Cost Rate	Average Cost Per Child 0-5 (399)
\$460,000	\$0	0%	\$1,153

PARTICIPANT TYPE	% SERVED
Children 0-5	35%
56% <3; 44% 3-5	
Parents/Guardians	33%
Other Family	32%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	55%
White	23%
Black/African American	4%
Asian	1%
Alaska Native/American Indian	<1%
Pacific Islander	-
Multiracial	14%
Other	2%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	91%
Spanish	8%
Hmong	-
Other	1%
Unknown	-

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



Funding awards and expenditures have been consistent throughout this period. The number of children served declined in 14/15 due to more intensive (and therefore more expensive) services being delivered. The number served increased starting in 15/16 due to the program securing increased licensing capacity at the Oakdale site. While the number of children served declined in 17/18, the number of service hours/enrollment days remained consistent with 16/17. This demonstrates the children served needed additional respite care.

### Program Highlights

- In 2017-2018, CCC served 399 children with 73,187 hours of respite care during 13,415 days of child enrollment. The goals for two of the three of measurements were exceeded: 65,700 hours of respite care, and 12,298 days of child enrollment.
- Economies of scale forced the closure of Cricket's House in June of 2014. CCC conducted a capital campaign to develop a new center on Kimble Street in Modesto in order to increase capacity in the Modesto area. Respite shelter services at the Kimble Street site commence in October of 2017. The site is licensed to served 12 infants/toddlers and 18 preschool age children.
- 175 children needing developmental assessments received such assessments and 60 of those children were referred for additional assessments and services. 95% of the 96 children receiving a second assessment were documented over time as progressing in at least one developmental area.
- 95,148 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 81% of families achieved a lower family risk score between their 3 month and 6 month evaluation periods.
- Leveraging: In 2017-2018, the program received \$2,350,251 directly from State and Federal government sources; \$85,881 was received from local government sources, and \$622,816 was generated by foundations and other charities.
- Cultural Competency: CCC maintains a culturally competent and diverse workforce. CCC currently possesses staff able to communicate (both written and oral) in the following languages: Spanish, German, Portuguese, Laotian, Hmong, Thai, Cambodian, Hindi, Urdu, Khami, Punjabi, and American Sign Language (ASL). Additionally, staff trainings are provided that focus on multicultural considerations and topics confronting impoverished families.
- Collaborations: CCC works in collaboration with community partners from both the non-profit and for-profit sectors in Stanislaus County to meet the needs of their clients. These partners include Modesto Police Department, Sheriff's Office, Stanislaus County District Attorney's Office, Stanislaus County Community Services Agency, Haven Women's Center, Stanislaus County Housing Authority, Modesto City Schools, Turlock Unified School District, Oakdale Joint Unified School District, Ceres Unified School District, Stanislaus County Library, Stanislaus County Department of Workforce Development,

Stanislaus County Behavioral Health & Recovery Services, Stanislaus Family Justice Center, United Way, Stanislaus Safe Kids, and various hospitals, medical clinics, sober living facilities, homeless shelters, civic groups, faith based organizations and local businesses.

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

### Prior Year Recommendations

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the commission's financial support ends.	<ul style="list-style-type: none"> <li>• The Children's Crisis Center continues to pursue funding sources consistent with the mission of the agency, as evidenced by new foundations and charitable giving sources listed this year (i.e. Sunlight Giving Foundation).</li> <li>• The Children's Crisis Center's collaboration with other community partners continues to expand as well. Our collaboration with CSA has become stronger through our increasing on-site presence, expanding FCV program and case collaborations; collaborations with other community partners has increased through participation in special events (Health &amp; Safety Fairs), speaking presentations, case consults, and professional referrals.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Children 0-5 who received respite care are from families progressing towards their Respite Priority Certification service plan goals	90%	97% (387/399)
Children 0-5 indicate decreased risk for child abuse or neglect	80%	81% (159/197)
Children 0-5 demonstrate progress in social-emotional competence	No planned outcomes	85% (91/96)
Children 0-5 indicating need for additional developmental services received appropriate referrals	No planned outcomes	88% (60/68)
Enrolled children 0-5 who did not have a medical assessment prior to enrollment	No planned outcomes	13% (52/399)
Enrolled children 0-5 without a medical assessment received one	No planned outcomes	100% (52/52)

## Recommendations

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



## Court Appointed Special Advocates

Agency: Court Appointed Special Advocates (CASA)

Current Contract End Date: June 30, 2018

### 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 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, 2018	FY 17/18 Award	FY 17/18 Expended	Cumulative Amount Expended
\$240,000	\$60,000	\$54,130 (90% of budget)	\$228,654 (95% of budget)

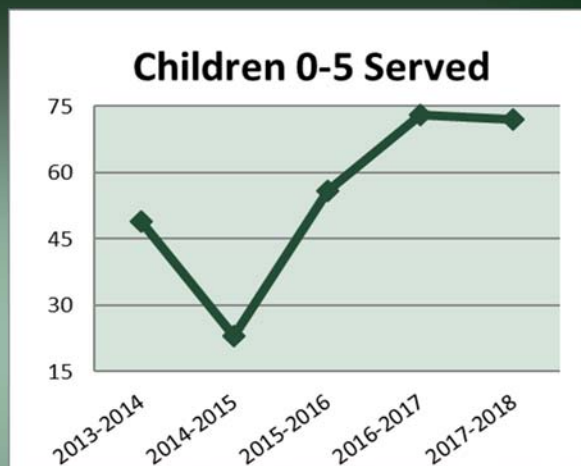
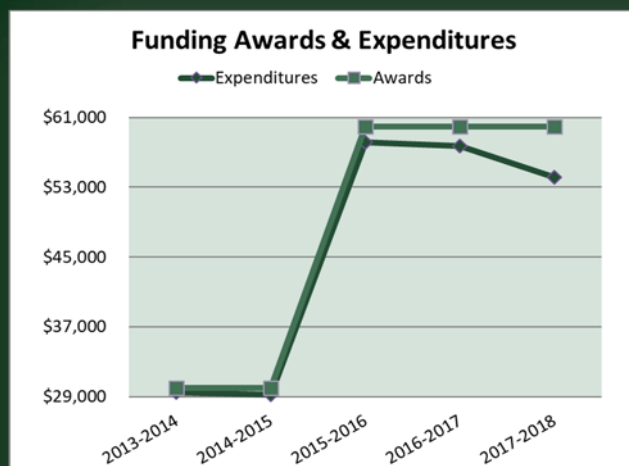
FY 17/18 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Average Cost Per Child 0-5 (72)
\$54,130	\$0	\$0	0%	\$752

PARTICIPANT TYPE	% SERVED
Children 0-5	44%
54% <3; 46% 3-5	
Parents/Guardians	48%
Other Family	8%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	25%
White	49%
Black/African American	8%
Asian	<1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	18%
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	91%
Spanish	8%
Hmong	-
Other	1%
Unknown	-

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



The 13/14 fiscal year was the first year CASA received Commission financial support, consequently all the children newly enrolled in the program were included in the year's enrollment statistics. As children may be served for 18 months before leaving the program, only new children enrolled in 14/15 were included in the second year's statistics. The addition of a second Case Manager in 15/16 resulted in an increase in new children served.

### Program Highlights

- In 2017-2018, new advocates were assigned to the Commission funded Case Managers, resulting in more 0-5 children being served (72 children 0-5 were served in 2017-2018 and of those 35 were new cases). The existing two Case Managers are close to reaching full caseloads and will soon be unable to serve additional children until existing cases have been closed by the Court.
- Children served receive personal advocacy services within the court system, leading to better case coordination between all 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 56% of children served resulting in more effective services for each of these children through an Individualized Family Service Plan, Individualized Education Plan, 504 plan or other interventions and supports.
- CASA staff and advocates continue to complete Ages and Stages Questionnaire (ASQ) assessments for the children being served by the program. This developmental tool helps staff and advocates determine if additional services are need for each child and appropriate referrals are made when determined necessary.
- Of the 26 children who obtained a permanent home in 2017-2018, 12 children were reunited with their families, 9 were adopted, and 5 were placed with a guardian.
- Leveraging: In 2016-2017, CASA received \$101,374 directly from State and Federal government sources; \$48,826 was received from local government sources, and \$149,355 was generated by civic groups, foundations, and local fundraising events.
- Cultural Competency: CASA provides training to staff and advocates on cultural and gender 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.

- **Collaborations:** CASA has a consistent and interactive relationship with SCOE and the Children's Crisis Center who have provided training on Special Education law and the laws pertaining to youth in care and how those laws relate to education. The Parent Resource Center has provided information to help our advocates that are interacting directly with biological parents. In addition, CASA works very closely with Community Services Agency on all aspects of the cases assign to their advocates.
- **Sustainability:** Commission funding accounts for 12% of CASA's total budget. Approximately 38% of CASA's funding came from State and Federal sources. CASA actively seeks out other funding sources throughout the year, including applying for various local and national grants. CASA creates and participates in several annual fundraising events that typically account for a significant percentage of CASA's annual budget.

### Prior Year Recommendations

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Modify data gathering efforts to track the number of referrals made for each child.	<ul style="list-style-type: none"> <li>• We continue to have a close partnership with Head Start and work diligently to get our foster youth enrolled in their programs.</li> <li>• A spreadsheet is being created to record all referrals initiated by CASA for children 0-5 with regards to Head Start, VMRC, CSOC, or other programs. We also initiate IEP assessments for children 3-5 years old that may qualify for services that we will track.</li> </ul>
2. Continue to focus on completing ASQs with all CASA clients. If a child has already recently received an ASQ from another agency, document and report that information.	<ul style="list-style-type: none"> <li>• There are a multitude of reasons that the ASQs may not be completed for each and every child, including the lack of cooperation from the foster home, social worker, or even the biological parents. Our ability to complete the ASQs is hampered as there is not a specific mandate (or court order) requiring caregivers or social worker participation. Our hope is that the expectation of 100% participation can be adjusted going forward.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 served	60	72
Children ages 0-5 will be placed in a safe, permanent home	25%	36% (26/72)
All new children ages 0-5 receive a developmental assessment	100%	46% (16/35)
Volunteers and staff will spend time advocating for children 0-5 served	No planned outcome	1,976 hours

## 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:

- Track the number of resource referrals advocates make for each child.

## El Concilio – La Familia

Agency: El Concilio

Current Contract End Date: June 30, 2018

### 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 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.

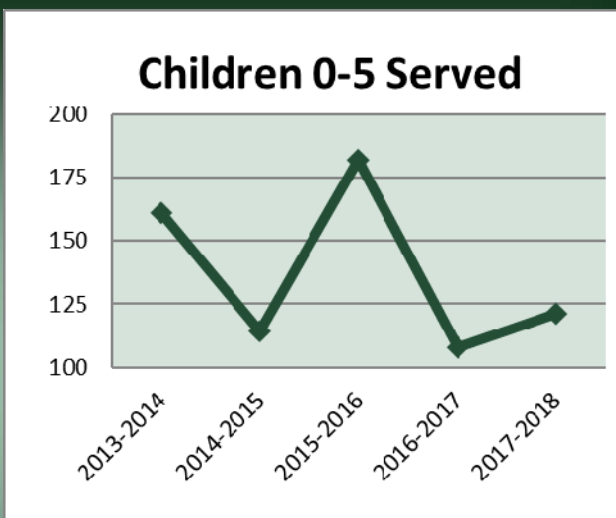
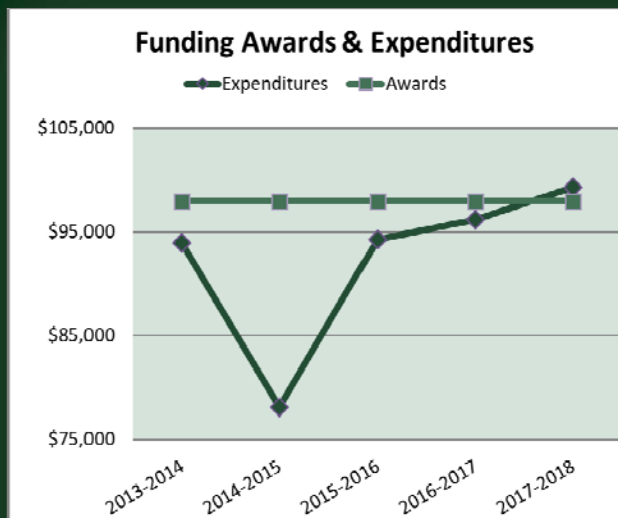
Finances			
Total Award July 1, 2006 – June 30, 2018	FY 17/18 Award	FY 17/18 Expended *	Cumulative Amount Expended
\$1,684,000	\$98,000	\$99,358 (101% of budget)	\$1,552,323 (92% of budget)

FY 17/18 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (121)
\$65,618	\$33,740	10%	\$821

\* Includes prior year adjustments that were recorded in 2017-2018 according to generally accepted accounting principles. The program did not exceed its budget.

PARTICIPANT TYPE		RACE/ETHNICITY		PERCENTAGE (ALL PARTICIPANTS)		LANGUAGE		PERCENTAGE (ALL PARTICIPANTS)	
	% SERVED								
Children	37%	Hispanic/Latino		86%		English		8%	
57% <3; 43% 3-5		White		7%		Spanish		92%	
Parents/Guardians	41%	Black/African American		-		Hmong		-	
Other Family	22%	Asian		1%		Other		-	
		Alaska Native/American Indian		-		Unknown		-	
		Pacific Islander		6%					
		Multiracial		-					
		Other		-					
		Unknown		-					

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



For the most part, expenditures have remained consistent over the past 5 years. The decreases in 14/15 were due to a 2-month vacancy in the Mental Health Clinician position. The program expended 99.9% of its 17/18 award and did not exceed budget, however due to a prior year technical adjustment it appears to have slightly increased total expenditures. The decrease in number served in 16/17 and 17/18 was a result of fewer clients seeking services due to their concerns related to their immigration status.

### Program Highlights

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

- **Sustainability:** The program has received a subgrant for “Healthy and Ready for the Future” providing enrollment assistance to children and their families into Medicaid, Children’s Health Insurance Program (CHIP) or the marketplace, when eligible and in need of health insurance.

### Prior Year Recommendations

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>• Leveraging partnerships that we currently partner with.</li> </ul>
2. Focus on improving attendance in group counseling sessions.	<ul style="list-style-type: none"> <li>• La Familia is working on outreach efforts with partners in our community and with various agencies in the community, drastically increased participants attendance.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
The caregivers of children 0-5 will be screened for depression or other mental health issues.	158 children	77% (121)
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% (121/121)
Children 0-5 whose caregivers receive individual counseling and indicate improvement with presenting issues.	65%	100% (121/121)
Children 0-5 whose caregivers receive group counseling and indicate improvement with presenting issues.	65%	100% (12/12)

## Recommendations

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

Additionally, it is recommended that the program:

- Continue to focus on improving attendance in group counseling sessions.



## Stanislaus Family Justice Center

**Agency:** Stanislaus Family Justice Center  
**Current Contract End Date:** June 30, 2018

### 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 FJC. 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, 2018	FY 17/18 Award	FY 17/18 Expended*	Cumulative Amount Expended
\$835,640	\$101,530	\$86,027 (85% of budget)	\$797,300 (95% of budget)

\* Includes prior year adjustments that were recorded in 2017-2018, according to generally accepted accounting principles.

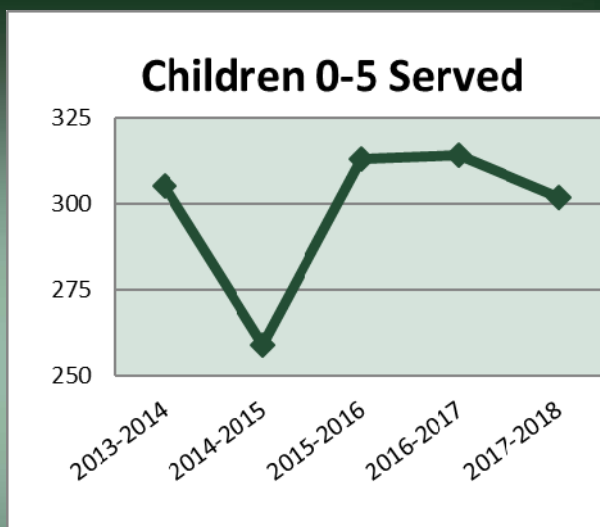
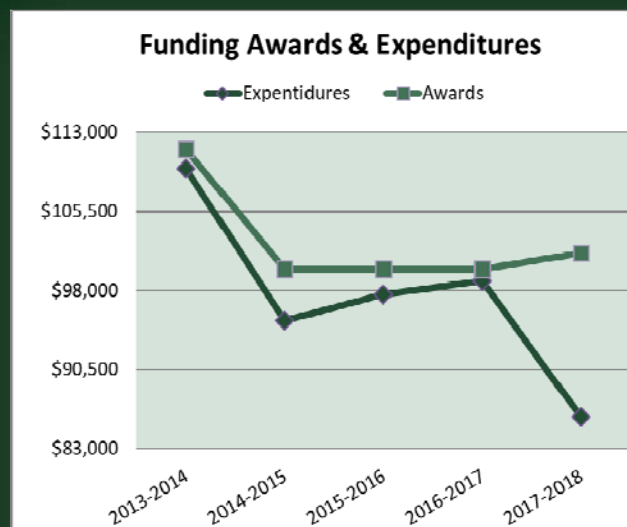
FY 17/18 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (302)
\$84,732	\$1,295	0%	\$285

PARTICIPANT TYPE	% SERVED
Children	49%
46% <3; 54% 3-5	
Parents/Guardians	22%
Other Family	29%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	60%
White	19%
Black/African American	4%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	13%
Other	1%
Unknown	2%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	80%
Spanish	17%
Hmong	-
Other	1%
Unknown	2%

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



In 14/15, funding was decreased as money for the legal assistance program was provided by a Federal grant. While it appears, FJC expended significantly less than its award in 17/18, it actually expended 94%. A technical adjustment for prior year expenditures resulted in the lower reported amount. In recent years, the number of participants served has ranged between 325 and 250 due to the more or less intensive nature of services required by participants.

### Program Highlights

- In 2017-2018, 302 children age 0-5 were served at the Family Justice Center (target outcome 200 children). In addition, 169 caregivers of children age 0-5 received services.
- In 2017-2018, 2,373 unique services were provided to caregivers and their children age 0-5 (an average of 14 unique services per family), as compared to 2,279 unique services provided in 2016-2017. The significant increase in unique services provided is a reflection of the program's effort to improve data gathering.
- In 2017-2018, 42% of the families with children age 0-5 had safety plans in place, as compared to 22% in 2016-2017. While the program didn't meet the target outcome of 50%, it did significantly improve compared to the prior fiscal year.
- Leveraging: FJC received \$509,380 directly from State and Federal government sources; \$207,633 was received from local government sources, and \$342,533 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 program staff is bi-cultural and bi-lingual in English and Spanish. 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 domestic violence, sexual assault, child abuse, and elder abuse. Agencies currently onsite include CAIRE Center (Child Abuse Interviews, Referrals, and Evaluation), Community Services Agency, Haven Women's Center, Behavioral Health and Recovery Services, Child Protective Services, Stanislaus County District Attorney, Stanislaus County Sheriff, Without Permission, and Modesto Police Department. The Domestic Violence Response Team for Stanislaus County is housed at the FJC site. FJC partners with Center for Human Services to provide services for youth and adult victims of human trafficking, sexual assault and sexual exploitation.

FJC, Haven Women's Center, and Without Permission share volunteer referrals and resources to best serve our clients. Through Chaplaincy (Navigators), awareness and events, the two organizations are sharing the message of collaboration and victim services.

- **Sustainability:** SFJC continues to expand fundraising opportunities and events. In 2017-2018, the agency held its second annual golf tournament at Spring Creek Golf and Country Club (September 2017), and the Art of Justice event (March 2018). Fundraising events raise not only unrestricted charitable contributions for the agency, but also increase the awareness of the services and supports available to victims of domestic violence, dating violence, sexual assault, stalking, sex trafficking, and elder abuse. SFJC continued to partner with the Sheriff's Department on the California Governor's Office of Emergency Services (Cal OES) Law Enforcement Specialized Units program, which provides support for the Domestic Violence Response Team (DVRT) co-located at the SFJC. The Sheriff's Office new 3-year continuation grant began January 1, 2018 through December 31, 2020.

### Prior Year Recommendations

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> <li>• Stanislaus Family Justice Center (FJC) will continue to seek grant funding to support and expand fund development activities during the 2018-2019 year. Carol Shipley, Executive Director, continues to work with the board on expanding sustainability activities over the next 3 years. One of the key steps was to move the FJC to a larger facility on J Street to include more partners to improve services for victims and their children.</li> <li>• The FJC is an inherently collaborative agency. A multidisciplinary team of partner agencies, both from the government, private sector, and not-for-profit areas participate in the FJC, bringing resources to the table including funding their respective staff to co-locate at the FJC.</li> <li>• The FJC is very active in leveraging funds and resources. Currently, over 10 funding streams/entities provide support to the FJC and its partner agencies. This include charitable contributions; local, state, and federal grants; foundation grants; and in-kind support.</li> </ul>
<p>2. Continue to focus on increasing the number and percentage of participants with safety plans in place.</p>	<ul style="list-style-type: none"> <li>• Because of confidentiality policies, it continues to be difficult to collect data from co-located partners regarding client safety planning, which in past years resulted in underreporting of safety plans. Therefore, the Client Coordinator continues to ask the caregiver during intake "Do you have a Safety Plan in Place?" and records her/his response to the question.</li> </ul>
<p>3. Continue to focus on increasing the number of children enrolled in the Kid Zone.</p>	<ul style="list-style-type: none"> <li>• There was a 15% decrease in the number of unduplicated children participating in Kids Zone from 2016-2017 (198 children) to 17/18 (172 children). However, unique visits increased 4% from 668 to 693, which means while less unduplicated children were served by Kids Zone staff, they have more unique visits on average than the previous year.</li> </ul>

<p>4. Continue to improve data gathering between agencies co-located at the FJC.</p>	<ul style="list-style-type: none"> <li>• 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 per. We also corrected our data reporting practices 3 years ago for First 5 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.</li> </ul>
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### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Children receive services that reduce the risk of repeat child maltreatment	200	302
Children ages 0-5 whose families have a safety plan in place	50%	42% (126/302)
Children ages 0-5 enrolled in Kids Zone and engaged in supportive services provided by co-located partners	85%	53% (172/302)
Caregivers of children served report an increase in self-sufficiency skills	70%	51% (86/169)

### Recommendations

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

Additionally, it is recommended that the program:

- Continue to focus on increasing the number of children enrolled in the Kid Zone.
- Continue to focus on improving the number of caregivers who report an increase in self-sufficiency.

## Healthy Start Support

**Agency:** Stanislaus County Office of Education  
**Current Contract End Date:** June 30, 2018

### 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, 2018	FY 17/18 Award	FY 17/18 Expended	Cumulative Amount Expended
\$7,535,433	\$498,398	\$496,329 (99.6% of budget)	\$7,501,198 (99.5% of budget)

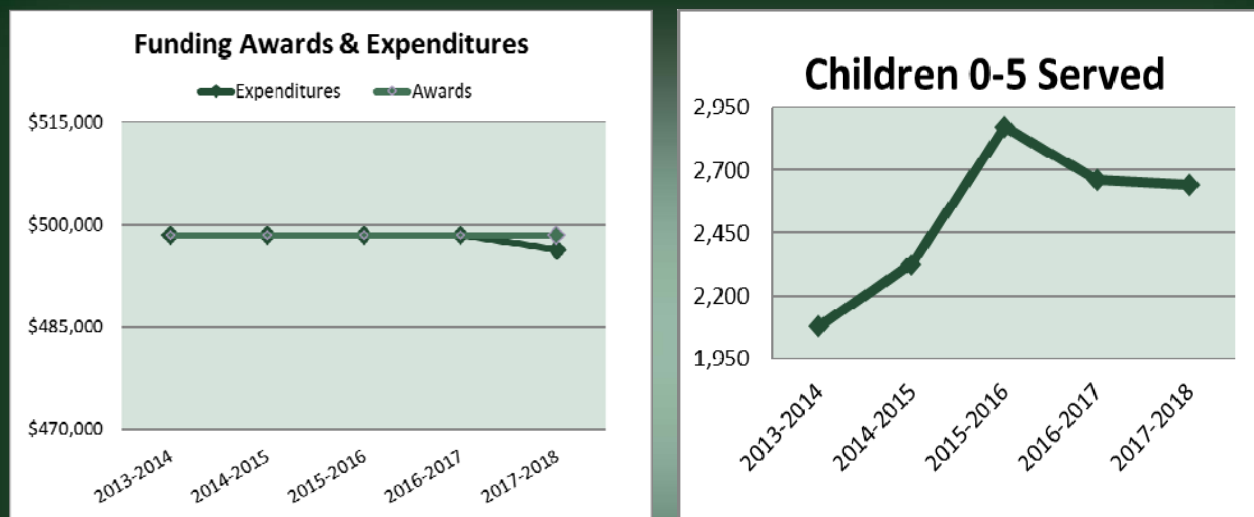
FY 17/18 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (2,640)
\$46,655	\$33,654	\$416,020	9.8% (excludes sites)	\$188

PARTICIPANT TYPE	% SERVED
Children	41%
47% <3; 53% 3-5	
Parents/Guardians	32%
Other Family	27%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	81%
White	13%
Black/African American	1%
Asian	2%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	2%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	37%
Spanish	61%
Hmong	-
Other	2%
Unknown	-

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



Funding for the program has remained stable for the past five years. The children 0-5 served has continually increased since 12/13 when a new data system was implemented resulting in more accurate unduplicated participant counts. The number served in 16/17 and 17/18 declined slightly from the program high in 15/16.

### 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 53.7% to 99.5%.
- The Hispanic/Latino population continues to be the largest ethnic group in each of the 10 school communities ranging from 56.7% to 80.9%.
- Pre- and post-tests show increases of 75% for home literacy activities (reading to children, writing and coloring, and parental involvement).
- Use of the Family Support Outcome Survey (FSOS) has improved the accuracy and reliability of reported data but the tool is complicate and time consuming to use.
- Leveraging: In 2016-2017, the ten Healthy Start sites reported receiving \$446,019 directly from State and Federal government sources, local government sources, and in-kind services or goods generated by participating school sites.
- Cultural Competency: The largest ethnic group served continues to be Hispanic / Latino at all of the ten Healthy Start sites/districts. Materials and programs are culturally sensitive and provided in both Spanish and English. Most staff are bilingual or have bilingual support available as needed.
- Collaboration: All sites work with FRCs in their community, other Prop 10 programs, and a myriad of other community organizations. The program reports the 10 funded sites collaborate with 120 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

2017-2018 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>With the 10% budget reduction going into effect for 2018-2019, SCOE Healthy Start Support is working to absorb the impact to our sites (direct services) as much as possible. School sites are working with their site/district administrators to recruit support from other funding sources to support continued services where possible.</li> </ul>
2. Continue to address succession planning and cross-training at Healthy Start sites and SCOE.	<ul style="list-style-type: none"> <li>With the program coordinator out on maternity leave during fourth quarter and annual reports, the second staff member who was trained last year was able to complete the reports in her absence; demonstrating that SCOE Healthy Start Support has been successful in addressing cross-training and succession training.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Families with children 0-5 have support systems, social emotional systems, and decreased stress - as evidenced by the following:		2,065 families 2,640 children
Families indicating increased knowledge of community resources	80%	96% (399/416)
Families indicating increased social/emotional support	80%	95% (198/209)
Families indicating decreased stress	80%	95% (497/523)
Families reporting progress towards positive family goals	80%	97% (486/501)
Families reporting improved parenting skills	80%	94% (443/471)
Families reporting increased confidence in their parenting ability	80%	98% (402/410)
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%	96% (399/416)
Caregivers passing CPR/First Aid course	80%	100% (135/135)

## Recommendations

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



## The BRIDGE

**Agency:** Sierra Vista Child & Family Services  
**Current Contract End Date:** June 30, 2018

### Program Description

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

The BRIDGE provides culturally sensitive and knowledgeable services to the very reticent SEA population. The population has a history of poor service utilization, but The BRIDGE is a trusted service provider for the SEA community and has been successful in bringing in young SEA families with children 0-5. The BRIDGE provides focused outreach to inform families of the various programs offered and has hired younger, second generation outreach workers to identify families needing services. Additionally, 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, 2018	FY 17/18 Award	FY 17/18 Expended	Cumulative Amount Expended
\$2,005,000	\$185,000	\$184,955 (99.9% of budget)	\$1,939,959 (97% of budget)

### FY 17/18 Budget / Expenditure Data

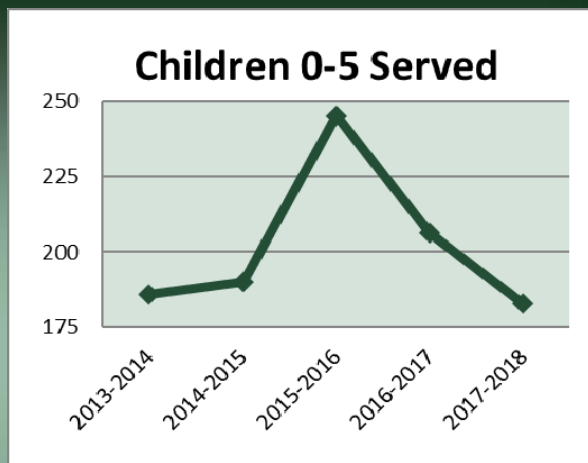
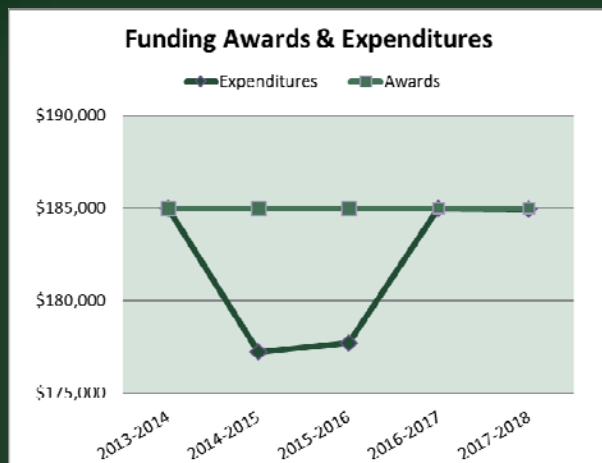
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (183)
\$138,450	\$30,038	\$16,467	10%	\$1,011

PARTICIPANT TYPE	% SERVED
Children	22%
51% <3; 49% 3-5	
Parents/Guardians	57%
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	37%
Other	63%
Unknown	-

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



The funding award for The BRIDGE has remained constant. The BRIDGE reports that the number of children served decreased starting in 13/14 due to reduction of staff hours resulting from budget limitations created by the loss of other funding sources. The number of children 0-5 served increased in 15/16 as a result of staff focusing on outreach and engagement efforts. The loss of the Youth Advisor Program during the 16/17 year resulted in a decrease to 0-5 served in 16/17 and 17/18.

### Program Highlights

- The Bridge provided 3,104 hours for Family Support Services to 198 families representing 183 children 0-5. A total of 1,110 of hours of case management services were provided to 119 families representing 143 children 0-5.
- In 2017-2018, large outreach events were sponsored by The BRIDGE that focused on the health, education, and welfare of children. The events included a Back to School event where school readiness materials were distributed and literacy activities were held and a Holiday Celebration with books given as gifts. The BRIDGE also partnered with Center for the Human Services and other local agencies on establishing the Father Involvement Learning Network (FILN). In addition, the BRIDGE's father focused Parent Café, which it offers quarterly, continues to be well attended.
- 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 183 children 0-5 indicated a high satisfaction with services that ranged from 91% to 100%.
- The BRIDGE continues to experience 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 has continued to decline since 15/16 from 245 to 183 in 17/18, with a corresponding increase in costs per child from \$727 to \$898. The BRIDGE has worked to change the service delivery model previously employed (which emphasized services being delivered in the home and individual support to clients for translation, transportation, and advocacy) to focus on group services offered on site in an effort to bring down costs and allow more participants to be served with the same level of resources. Unfortunately, in 16/17, The BRIDGE lost its long time Youth Advisor whose role included working with children 0-5 in the afterschool program. This, in addition to reducing staff's hours to 30 hours week, contributed to the decline in children 0-5 serviced.

- **Leveraging:** In 17/18, The BRIDGE received \$53,245 from local government sources and \$15,000 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. The BRIDGE participates in the monthly Cultural Competency Equity and Social Justice Committee (CCESJC) facilitated by Stanislaus County BHRS. Additionally, Sierra Vista Child & Family Services employs a Director of Cultural Competency who oversees all aspects of cultural diversity within the agency, including holding bi-monthly Bilingual staff meetings and bimonthly cultural competency meetings specifically structured to support staff providing services to families whose primary language is one other than English.
- **Collaboration:** The BRIDGE has a long history of collaborating with the Modesto Police Department, MID, PG&E, Probation, CSUS, Josie's Place, El Concilio and others. The Bridge continues strong and active collaborations with King Kennedy, CVOC, Clients' Rights Advocates, Modesto Commerce Bank, and the Cambodian and Laotian Temples. The SAACR (Stanislaus Asian American Community Resource) has reached out to The Bridge and has collaborated. Additionally, The Bridge has collaborative relationships with several local Modesto City Schools campuses; Robertson Road, Kirschen, and Burbank. Lastly, The Bridge maintains collaborations with other youth groups from BHRS PEI. The Bridge continues strong collaborations with doctors' offices, social security, community services agency, providing linkages to and interpreting services for families. The Bridge has created new relationships with other agencies or businesses such as the Self-Help Federal Credit Union, United Way, Public Health Advocates, Doctor's Medical Center, Stanislaus County Library, and Valley Mountain Regional Center. The Bridge has also collaborated with Health Plan of San Joaquin.
- **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 has begun working with a volunteer grant write to search out and apply for new grants focused on serving The BRIDGE's client base. The BRIDGE current utilizes funding through grants from CSA CalFresh and Kaiser.

### Prior Year Recommendations

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>• The Bridge is actively working with a volunteer grant-writer, Linda Gillispie, to search and apply for new grants to focus on the elders, children, traditional instruments, gardening, and youth. The Bridge currently utilizes CalFresh and Kaiser funding. A Kaiser intern will come out to The Bridge in August 2018 and hold a focus group. The focus group will be a Community Health Needs Assessment for Stanislaus County. The Bridge will utilize the information and needs that are identified and search for potential funding that will address those needs.</li> </ul>
2. Continue working to decrease travel and staff costs by providing services at the center versus at the client's home.	<ul style="list-style-type: none"> <li>• The staff decreased mileage costs by traveling less. Clients were invited to come to The Bridge via public transportation, their vehicles, or a ride from a family or friend. Some who lived close were encouraged to walk to the center. Staff ensured that outside travel was not utilized unless it was necessary to help with interpreting, translating, or case management at other sites, including home visits. Staff provided bus passes to clients are able utilize public transportation. Efforts are being made to educate and refer clients to transportation agencies that accept Medi-Cal.</li> </ul>

3. Encourage the acculturation of the SEA community by providing services at the sites of partner social service organizations (like FRC's).	<ul style="list-style-type: none"> <li>When families with 0-5 children need to renew their Medi-Cal, the Bridge assists clients with the renewal. Older children of the clients are asked to come in, with the client's permission so that they can see the process. This is to ensure that future renewal packets are filled out by the client and their children who is knowledgeable with certain basic questions/ requirements.</li> </ul>
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### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 whose caregiver(s) received services during the year have caregivers who receive a Strength Based Assessment	70%	96% (176/183)
Children 0-5 referred during the year have caregivers who receive referrals, resources, or support services	80%	100% (124/124)
Children 0-5 have caregivers who receive ongoing case management	40%	41% (51/124)
Children 0-5 have caregivers who indicate an increase in parenting knowledge or skills after attending parenting education or support groups as measured by an increase in knowledge/skills through a survey or pre/post test	80%	93% (90/97)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	100% (113/113)
Children whose caregivers indicate a need will receive a mental health referral	90%	0% (0/0)
Children 0-5 whose families are assessed receive developmental screenings	55%	100% (113/113)
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% (116/116)
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:

- Work to increase the number of caregivers who receive case management services.
- Work to increase the number of children 0-5 consistently receiving services.

## Family Resource Center Countywide Summary

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

**Current Contract End Date:** June 30, 2018

### Program Description

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

All FRC's provide the following core services: community resources and referrals, strength based assessments and case management, parent education and support groups, school readiness information dissemination, 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, 2018		FY 17/18 Award		FY 17/18 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)
\$19,074,468	\$25,903,429	\$1,559,357	\$2,459,357	\$1,510,873 (97%)	\$2,365,733 (96%)	\$17,881,765 (94%)	\$24,620,498 (95%)

*Cost per Child 0-5 to Commission (2,879) = \$525*

PARTICIPANT TYPE	% SERVED
Children	30%
46% <3; 53% 3-5	
Parents/Guardians	38%
Other Family	32%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	63%
White	25%
Black/African American	3%
Asian	1%
Alaska Native/American Indian	<1%
Pacific Islander	-
Multiracial	3%
Other	1%
Unknown	3%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	65%
Spanish	34%
Hmong	-
Other	-
Unknown	1%

## An Investment In Communities

### Family Resource Centers and Differential Response

During the last thirteen years, the Commission has invested \$19 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for 17/18 represents 26% of the Commission's total program budget and 51% of the budget allocated to Improved Family Functioning. This investment is based on both published national research about DR and FRCs, as well as the results that Stanislaus County has experienced. The Commission is funding what works within an effective structure.

#### What Works

##### ***Family Resource Centers***

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

##### ***Shared Principles***

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

##### ***Key Characteristics***

- Integrated
- Comprehensive
- Flexible
- Responsive to community needs

##### ***Differential Response***

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

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

##### ***Effective Structure***

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



### **Family Development Matrix and Case Management (Improved Family Functioning)**

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

### **Parent Education and Support Groups (Improved Family Functioning)**

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

### **Community Outreach**

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

### **FRC Core Services**

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

### **Behavioral Health Services/ Depression Screenings (Improved Family Functioning)**

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

### **Developmental Screenings/Preparation for School (Improved Child Development)**

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

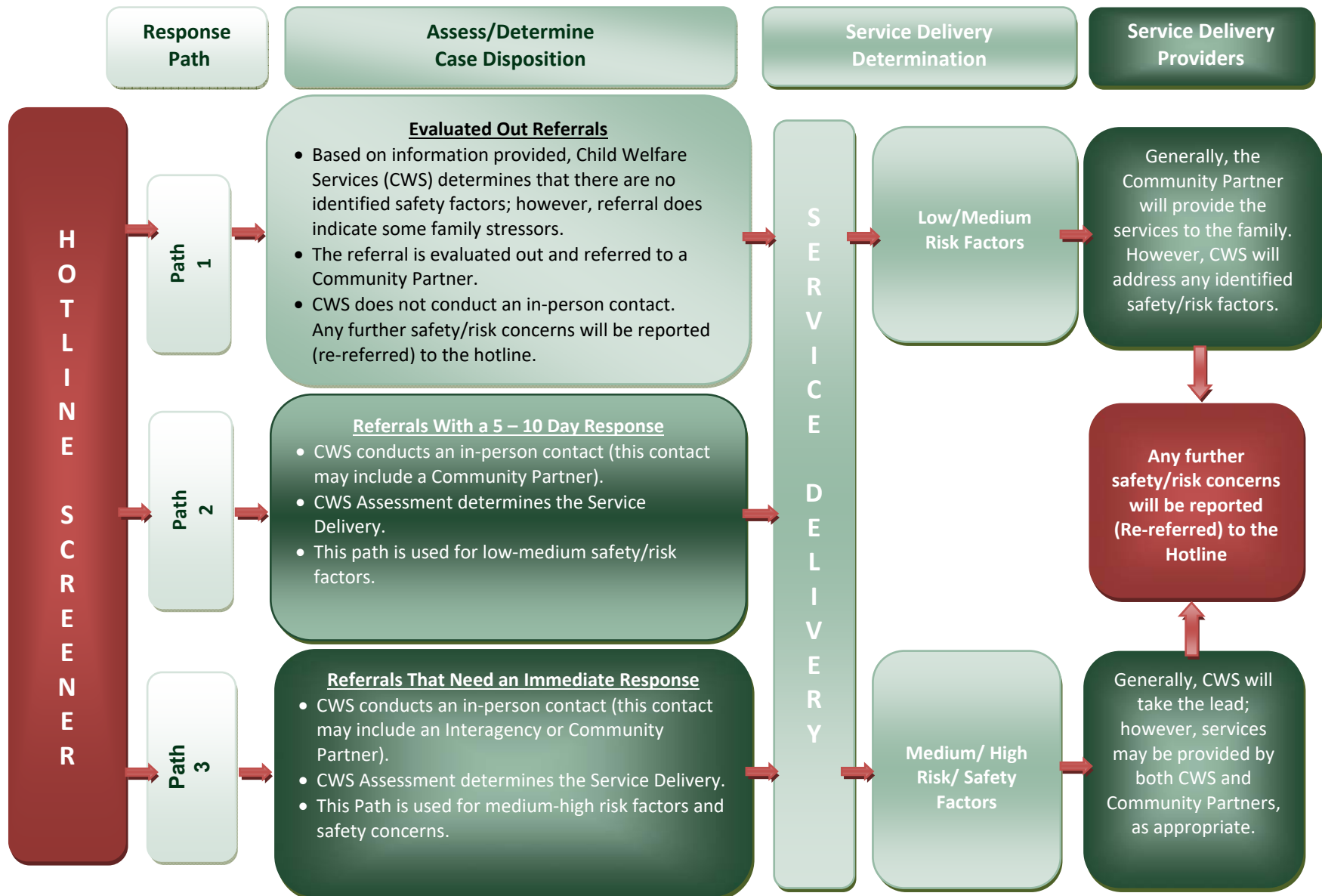
### **Health Insurance Enrollment Assistance (Improved Health)**

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

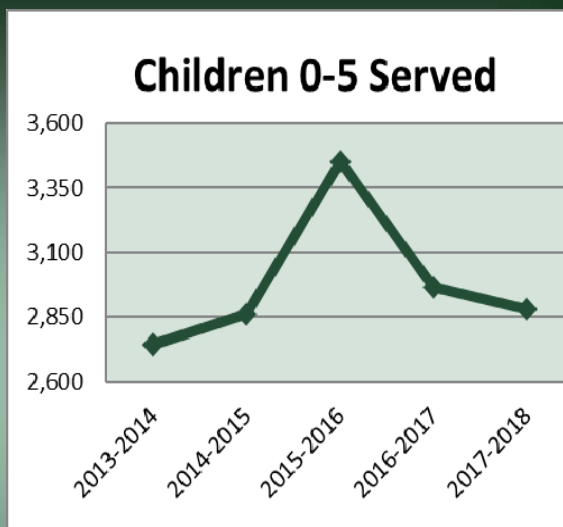
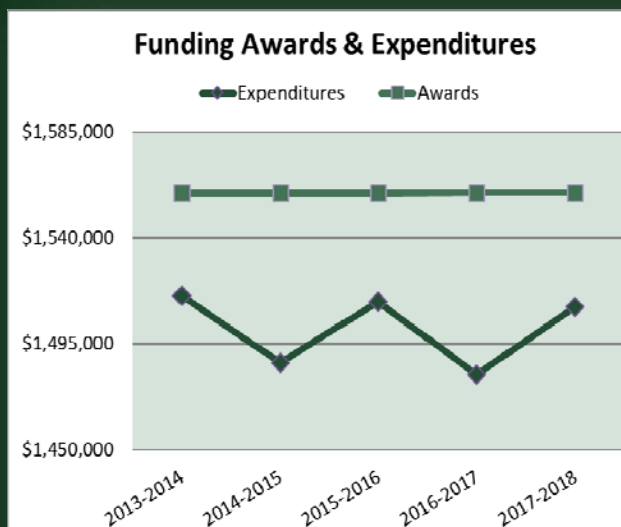


Differential Response is a strategy where community groups partner with the county's child welfare agency to respond to child abuse/neglect referrals in a more flexible manner (with three response paths instead of one). CSA's response to a referral depends on the perceived safety and risk presented.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

## Stanislaus Differential Response Paths



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



Commission funding for Countywide FRCs has remained stable for the past five years. FRC expenditures have also remained stable (averaging 96% of award). Numbers served has been stable but in 15/16 there was a 21% increase in children 0-5 served. This increase might be a result of increased outreach and a focus by all programs to expand the types of activities offered at the FRCs. While the number of children 0-5 served decreased in 16/17 and 17/18 the numbers are more in line with numbers served over the past five years.

### Program Highlights

- In 2017-2018, CSA added an additional \$400,000 to the FRC program for the provision of after care services. CSA began referring clients who closed out their family unification and family maintenance cases with CSA to FRCs for after care support. The intent of after care services is to increase awareness of and utilization of community resources by referred clients.
- In addition to collaborating with others in the region, the FRCs work together through the Multidisciplinary Team (MDT) within Stanislaus County. The MDT consists of providers of Differential Response services from each FRC. The Team has been meeting twice monthly since the inception of FRCs. The MDT members discuss cases, protocol, and best practices, as well as share successes and challenges.
- Each FRC partners with a wide and unique spectrum of agencies, businesses, and community organizations to serve the needs of the children and families it serves. The list of partnerships is extensive, and continues to grow as one of the critical roles of the FRCs is to link children and families to community resources. As the FRCs have become established and trusted in the communities, they are now considered hubs of services, and partnerships and collaboration are the cornerstones for this development.
- Each FRC utilizes unique tools for evaluation and operational purposes. However, the following are the common tools all FRCs use:
  - ✓ SCOARRS (Stanislaus County Outcomes and Results Reporting Sheet) - Completed on a quarterly basis throughout the fiscal year; six milestones are addressed: 1) Caregivers' assets and needs are assessed; 2) Mental health issues of caregivers are assessed; 3) Mental health issues of caregivers are addressed; 4) Children receive early screening and intervention for developmental delays and other special needs; 5) Children possess literacy tools (books, skills) and caregivers demonstrate improved literacy skills; and 6) Children 0-5 are enrolled in health insurance. The SCOARRS lists the strategies each program uses to reach milestones, and the indicators that show progress towards the milestones and planned outcomes.

- ✓ Demographic Data Sheets – Excel spreadsheets developed by Commission staff in which programs input counts for services and the demographic data of participants; data is entered quarterly.
  - ✓ Customer Satisfaction Surveys – Each FRC administers a customer satisfaction survey at least twice a year.
  - ✓ Employee Satisfaction Surveys – Each FRC administers an employee satisfaction survey at least once a year.
  - ✓ Family Development Matrix (FDM) – This assessment is used every three months to track the progress a case managed family is making towards independence and resiliency. The periodic assessments can be compared to document changes in the family unit. (It should be noted that the State of California stopped funding the FDM at the end of the 14/15 fiscal year. The Commission assumed the costs of the FDM so FRCs could continue to track family outcomes.)
  - ✓ Intake Forms/Logs – FRCs began using intake forms that collected consistent information. These coordinated intake forms allowed FRCs to collect and report data more consistently and accurately.
  - ✓ ASQ (Ages and Stages Questionnaire) – Every FRC uses the ASQ-3 to screen children 0-5 for developmental concerns.
  - ✓ Burns Depression Screening – Every FRC uses this screening to assess depression indicators.
- As recommended in past years, the FRCs have focused on encouraging father involvement with classes, programs, and with their own children. FRCs have had mixed success with their efforts to involve fathers. FRCs continue to develop strategies to engage father involvement.
  - The FRCs have been involved in a father involvement collaborative learning network that brings organizations and community groups together to achieve positive mental health results and build protective factors against mental health problems for fathers in Stanislaus County. This concept is to promote interagency collaboration to reach fathers with mental illness or those at risk of mental illness and their families. The learning goal is to increase broad father involvement as a way to improve mental health and related outcomes and reduce risk factors and promote protective factors for the subgroup of fathers who are at risk of a mental illness.
  - Leveraging: As a group, in 17/18 the FRCs leveraged a total of \$1,036,801 from local government sources and \$570,653 was generated by civic groups, foundations, and local fundraising events.
  - Cultural Competency: All DR-FRCs are committed to the continued development of cultural competency for staff. FRCs recruit and hire multicultural and bi-lingual staff to meet the needs of their diverse communities. A large number of bi-lingual Spanish staff, who provide mental health and case management services, are employed by FRCs. FRCs also employ staff with fluency in other languages including Cambodian, Laotian, Hmong, Farsi, and American Sign Language. FRCs also contract with the Language Line for translation for other languages and interpreters as needed. The FRCs provide direct services, literature, and presentations in threshold languages and in other languages as material is available. Staff at the FRCs is provided with ongoing cultural competency training in order to provide competent services to clients.
  - Collaboration: FRCs have developed an extensive number of collaborations with public, private, and non-profit agencies including: El Concilio La Familia Counseling, The BRIDGE, other Family Resource Centers, Healthy Birth Outcomes, Family Justice Center, Salvation Army, United Samaritans, Leaps and Bounds/Zero to Five Early Intervention Program, churches, city governments, Children's Crisis Center, 2-1-1, Healthy Starts, school districts, CalFresh Outreach Program, and California Connects.
  - Sustainability: Each FRC has prepared a Sustainability Plan that contains the following elements: 1. Vision and Desired Results; 2. Identifying Key Champions and Strategic Partnerships; 3. Internal Capacity Building through development of a strategic planning process and (in some cases) accreditation; 4. Strategic Financing (including cost management and revenue enhancement); and 5. Establishing an Implementation Plan with Periodic Reviews. The FRCs have successfully developed Sustainability Plans and each year the FRCs report on the progress made in each of the 5 elements of the plan.

### Prior Year Recommendations

In the 2016-2017 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	
2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale / Eastside, Westside / Newman / Patterson and Ceres. The agency will work to advance best practices and strong partnerships, as well as connect to larger, regional or national funding opportunities that support family strengthening work. Locally, CHS has been successful at promoting regional fund-raising events to increase our unrestricted funding, as well as utilizing MAA Medi-Cal as an additional resource to support FRC work.</li> <li>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.</li> <li>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.</li> </ul>
2. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	<ul style="list-style-type: none"> <li>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 Advocates also encourage DR families to attend our School Readiness program and Parent Cafés. We continue to see an increase in DR families attending the café events.</li> </ul>
3. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	<ul style="list-style-type: none"> <li>We continue to engage fathers and male caregivers in the lives of young children through various programs and services. Our Dad's Group has been very well attended; normally 15-17 fathers attend our group each time. Ceres Partnership has partnered with Stanislaus county Library to further strengthen the role of fathers in their children's lives. Through this</li> </ul>

	<p>partnership, we are able to encourage fathers to take an active role in their children's lives through music and reading. Additionally, we combined the Bootcamp for New Dads program with our community baby shower to welcome all expecting mothers and fathers into motherhood and fatherhood. Additionally, with CHS as the lead for the Father Involvement Learning Network (FILN), we have been learning more about best practices for father engagement and connecting some of our fathers to county-wide father involvement activities and events.</p>
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EASTSIDE	
2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> <li>On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. The agency will work to advance best practices and strong partnerships, as well as connect to larger, regional or national funding opportunities that support family strengthening work. Locally, CHS has been successful at promoting regional fund-raising events to increase our unrestricted funding, as well as utilizing MAA Medi-Cal as an additional resource to support FRC work.</li> <li>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.</li> <li>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</li> </ul>
<p>2. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.</p>	<ul style="list-style-type: none"> <li>Engagement of DR referred families was challenging this year. We made contact with 79% of the DR Children 0-5 but were only able to further engage 21% of those. It was more difficult for a variety of reasons (work, school, lack of need by the family) to get families to connect with us. We received several Path 2 referrals but were contacted for very few joint visits and received some referrals indicating the social worker was not interested in a joint visit. We would like to continue to work on engagement strategies with CSA and foster an environment of partnership in support of family</li> </ul>

	strengthening. Our Parent Cafes increased our engagement with families and we saw 61 Caregivers of 0-5 children and 35 Caregivers of children 6-17. Our Family Advocate is also the facilitator of our School Readiness classes and Parent Café Groups which encourages more DR families to attend.
3. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	<ul style="list-style-type: none"> <li>This year our Family Advocates engaged 6 dads. We encourage dads to attend all of our events and classes. We had 7 dads attend the community baby shower with their partners. We also hosted a Bootcamp for new Dads during our Community Baby Shower. With CHS as the lead for the Father Involvement Learning Network (FILN), we have been learning more about best practices for father engagement and connecting some of our fathers to county-wide father involvement activities and events.</li> </ul>

FAMILY RESOURCE CONNECTION	
2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>The partnership between Parent Resource Center and Sierra Vista Drop-In Center for the Family Resource Connection project continues to work on the Commission's priorities of financial sustainability, leveraging, and collaboration. Both PRC and SVCFS staff continue to find new funding sources to maintain services for families, ensure no duplication of services, and have a community presence. PRC has renewed funding from Kaiser to give access to Medi-Cal services to clients as well as educate families on the importance of healthy eating. PRC also renewed funding from City of Modesto CDBG to offer a parenting class to low-income residents of Modesto. Funding has been awarded for Fiscal Year 2018-2019 from Stanislaus County CDBG to offer a parenting class to residents in the unincorporated areas of the county. Sierra Vista Drop-In has been awarded funds to provide workforce development as well as expanding its mental health services. We maintain open communications via phone and email as well as meet periodically to ensure funding and expenses remain on track as well as to discuss new services that can be offered to the community.</li> </ul>
2. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	<ul style="list-style-type: none"> <li>The PRC Airport Neighborhood office continued to use "orientation night" prior to start of class to help ease clients' apprehensions. This continues to be successful in building attendance and completion rates.</li> <li>Offered a six-part "mini" parenting class in Spanish to introduce the agency and services to parents in the Airport neighborhood.</li> <li>Continue to involve class facilitators in more DR home visits to provide more direct and firsthand information about classes. This will create a more impactful connection with DR clients.</li> <li>Continue to offer clients incentives such as emergency food and bread, holiday gifts, healthy snacks during class, diapers, formula, and shoes to encourage class attendance. Access to</li> </ul>

	<p>the clothes closet is provided.</p> <ul style="list-style-type: none"> <li>• Continue to promote parenting class as fun and engaging by using topics to attract interest of parents. Brochures and schedules of classes are given to clients.</li> <li>• “Ice breaker” activities continue to be used in class to help parents stay engaged in parenting classes.</li> <li>• Listening to the immediate needs of the client to help reduce stressors and then provide the best applicable services/resources.</li> <li>• Host free markets, nutrition presentations, and health fairs families can visit the center without feeling pressured to enroll in classes or services.</li> </ul>
3. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	<ul style="list-style-type: none"> <li>• Continue to offer co-ed English class in evenings which primarily attracts fathers.</li> <li>• Family-oriented activities such as holiday celebration, Community Connection Fair and HBO baby shower were scheduled on Saturdays. This was a big change, which allows fathers to participate with their families. The FRC will continue to schedule activities in this manner as appropriate.</li> <li>• Continue to utilize community events such as health fairs and free markets to engage with fathers and male caregivers.</li> <li>• Both PRC and Sierra Vista continue to be active partners in the Fatherhood Involvement Network through Center for Human Services.</li> <li>• Continue to utilize staff members who directly participate in the Fatherhood Involvement Network as speakers during parenting and HBO classes.</li> <li>• Opened up prenatal support group to mothers and fathers. Program changed name from “Mommies to Be” to “Sweet Beginnings” to reflect this change.</li> <li>• PRC received additional funding from sources outside the Children &amp; Families Commission and Community Services Agency to offer two additional co-ed parenting classes to assist in increasing male involvement.</li> </ul>

### HUGHSON

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>• Sierra Vista Child &amp; Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fundraising). SVCFS consistently seeks to leverage new</li> </ul>



	and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services. Specific to HFRC, the advisory board has continued to develop new fundraising opportunities. They have consistently increased their fundraising dollars each year. In December 2017 The FRCs increased Kaiser funding to \$80,000 to provide services to families who do not meet criteria under this project.
2. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	<ul style="list-style-type: none"> <li>We have continued staff engagement training and applied new protocols for making DR home visits; this FY we conduct two home visit attempts before a phone call attempt.</li> </ul>
3. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	<ul style="list-style-type: none"> <li>Father involvement continues to be a priority. Last year we hosted a father's parent education group and each year at our client Christmas event we have hosted activities geared specifically to engaging fathers.</li> </ul>

NORTH MODESTO / SALIDA	
2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>Sierra Vista Child &amp; Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fundraising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services.</li> </ul>
2. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	<ul style="list-style-type: none"> <li>We continue to focus on engagement; we are attempting additional home visits to increase the probability of establishing contact. We are looking into media forms that can be used to promote our center more efficiently.</li> </ul>
3. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	<ul style="list-style-type: none"> <li>We work in collaboration with Sergio Lara from CHS and have attempted different father centered activities at our site. We started a fathers group but were unable to maintain attendance.</li> </ul> <p>This year at Holiday events, father participation was encouraged, the event promoted father involvement with father/ parent geared interactive activities.</p>



	<ul style="list-style-type: none"> <li>This year we plan on creating events that will incorporate the whole family and will be provided at times that are more accessible to fathers based on information gathered from our clients.</li> </ul>
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### TURLOCK

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>Aspiranet TFRC continues to work to achieve Commission's priorities of sustaining, leveraging, and collaborating to ensure services continue after the Commission's financial support end. The TFRC continues to participate in the Commission's ongoing strategic planning towards sustaining funding streams towards the continued support of the FRC's. Aspiranet grant writers continually seek to expand resources and develop ways to raise funds. Additional county funders serve to support the FRC expenses. Collaboration with other agencies generates expanded resources for the families in our community. TFRC applied for a larger grant from the CSA for Cal Fresh services; however, TFRC did not win the grant. TFRC continues to apply for additional funding and seek out other needed county programs.</li> <li>An advisory board has been developed and had its first fundraiser. Unfortunately, it was not as successful as we had planned. Scaling down the event may result in a better outcome. Our volunteer program has been successful and we plan to increase use of volunteers to include mentoring.</li> </ul>
2. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	<ul style="list-style-type: none"> <li>We continue to discuss ways to improve engagement strategies at the TFRC. Developing a standardize transition joint hand off would be of benefit. Staff report joint visits that range from "staff told to go without a CSA worker to I'll meet you there" and not show or telephone the Family Liaison. We will work collectively towards improved CSA/TFRC/family interactions. Also, timing is crucial, if a family is in crisis and are resilient enough to move forward there needs to be a way to demonstrate that just having contact with an outside agency was enough to elicit the support needed at the time.</li> <li>Inviting families to events at the TFRC helps to assist families in overcoming barriers to engagement. We continue to provide smaller monthly events to promote engagement.</li> </ul>
3. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	<ul style="list-style-type: none"> <li>TFRC continue developing monthly engagement activities that are of interest to both Father's and Mother's. We continue to involve fathers and male caregivers in the activities focused on family engagement. TFRC continues to be involved in the Father Initiative with the Center for Human Services. Parent Cafés continue to involve male participation and are conducted following our Nurturing Parenting course.</li> </ul>

WESTSIDE	
2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. The agency will work to advance best practices and strong partnerships, as well as connect to larger, regional or national funding opportunities that support family strengthening work. Locally, CHS has been successful at promoting regional fund-raising events to increase our unrestricted funding, as well as utilizing MAA Medi-Cal as an additional resource to support FRC work.</li> <li>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.</li> <li>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</li> </ul>
2. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	<ul style="list-style-type: none"> <li>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 to engage and serve as many DR families possible</li> <li>This fiscal year there has been an increase in DR joint visits which have helped to increase engagement with clients. The joint visits have not been consistent, but have been more frequent.</li> </ul>
3. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	<ul style="list-style-type: none"> <li>The Westside FRCs have Father's Day events to celebrate the importance of a father figure in the lives of their children. Fathers are encouraged to attend any group that their children are participating in. The Westside FRC's continue to be part of the Father Involvement Network in Stanislaus County. As the funding for the Father Initiative comes to an end next fiscal year we will begin to explore on other ways to encourage and involve father in the lives of their children.</li> </ul>

## Planned Versus Actual Outputs / Outcomes

## Family Resource Centers 17/18 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Parent Resource Center		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide an FDM Assessment to the caregivers of children 0-5 (AC, DR & Non-DR).																
65% children 0-5's caregivers who responded to a contact will receive a second FDM assessment	8%	65 / 804	17%	38 / 220	37%	245 / 667	35%	104 / 298	43%	118 / 275	34%	144 / 418	20%	103 / 229	26%	818 / 2,910
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (AC, DR & Non-DR).																
80% of the children 0-5 whose caregivers receive an FDM assessed will have caregivers will receive depression screenings	63%	41/65	95%	36/38	88%	221 / 250	100%	104 / 104	100%	118 / 118	23%	33 / 144	40%	18 / 103	75%	571 / 764
FRC staff or contracted staff will provide group and individual mental health counseling to caregivers of children 0-5. Improvement will be reported by clinician.																
96% of the children 0-5 whose caregivers receive GROUP counseling will, according to their clinician, indicate improvement with presenting issues	N/A	0/0	N/A	0/0	100%	16/16	100%	24/24	100%	14/14	100%	8/8	N/A	0/0	100%	62/62
80% of the children 0-5 whose caregivers receive INDIVIDUAL counseling will, according to their clinician, indicate improvement with presenting issues	100%	14/14	N/A	0/0	100%	5/5	100%	17/17	100%	18/18	98%	41/42	100%	14/14	99%	109 / 110

## Family Resource Centers 17/18 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Parent Resource Center		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide children 0-5, whose caregivers are assessed, with developmental screenings using the Ages & Stages Questionnaire (AC, DR & Non-DR).																
65% of the children 0-5, whose caregivers receive a second FDM assessment, will receive developmental screenings	100%	65/65	87%	33/38	78%	194 / 250	100%	104 / 104	100%	118 / 118	100%	144 / 144	60%	27 / 103	90%	685 / 764
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%	292 / 292	96%	52/54	98%	119 / 122	100%	139 / 139	100%	113 / 113	93%	161 / 173	100%	88/88	98%	964 / 981
97% of children 0-5 will be provided books	100%	292 / 292	100%	54/54	90%	110 / 122	100%	139 / 139	100%	113 / 113	100%	173 / 173	100%	88/88	99%	969 / 981
75% of children 0-5 whose caregivers receive adult literacy services will self-report an increase in adult literacy skills	100%	292 / 292	100%	48/48	89%	256 / 287	100%	169 / 169	100%	140 / 140	95%	120 / 126	100%	88/88	97%	1,113 / 1,150
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	N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0	N/A	0/0	80%	4/5	N/A	0/0	80%	4/5

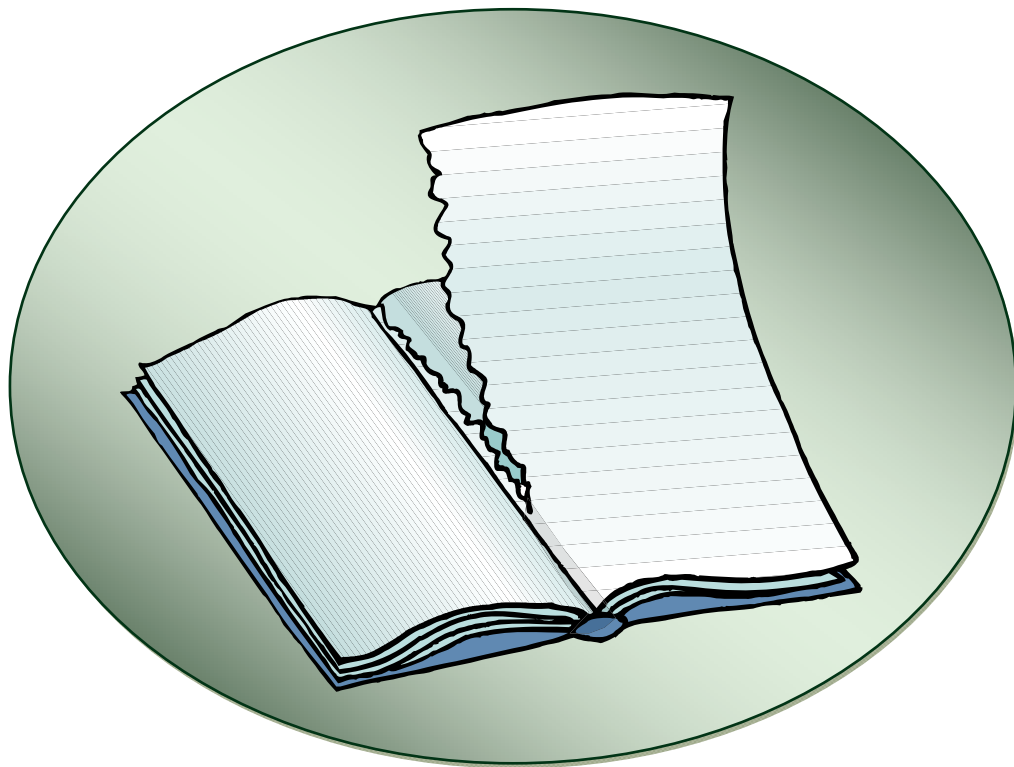
## Recommendations

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

Additionally, it is recommended that Family Resource Centers:

- Continue to focus on completing second FDM assessment with case managed clients.

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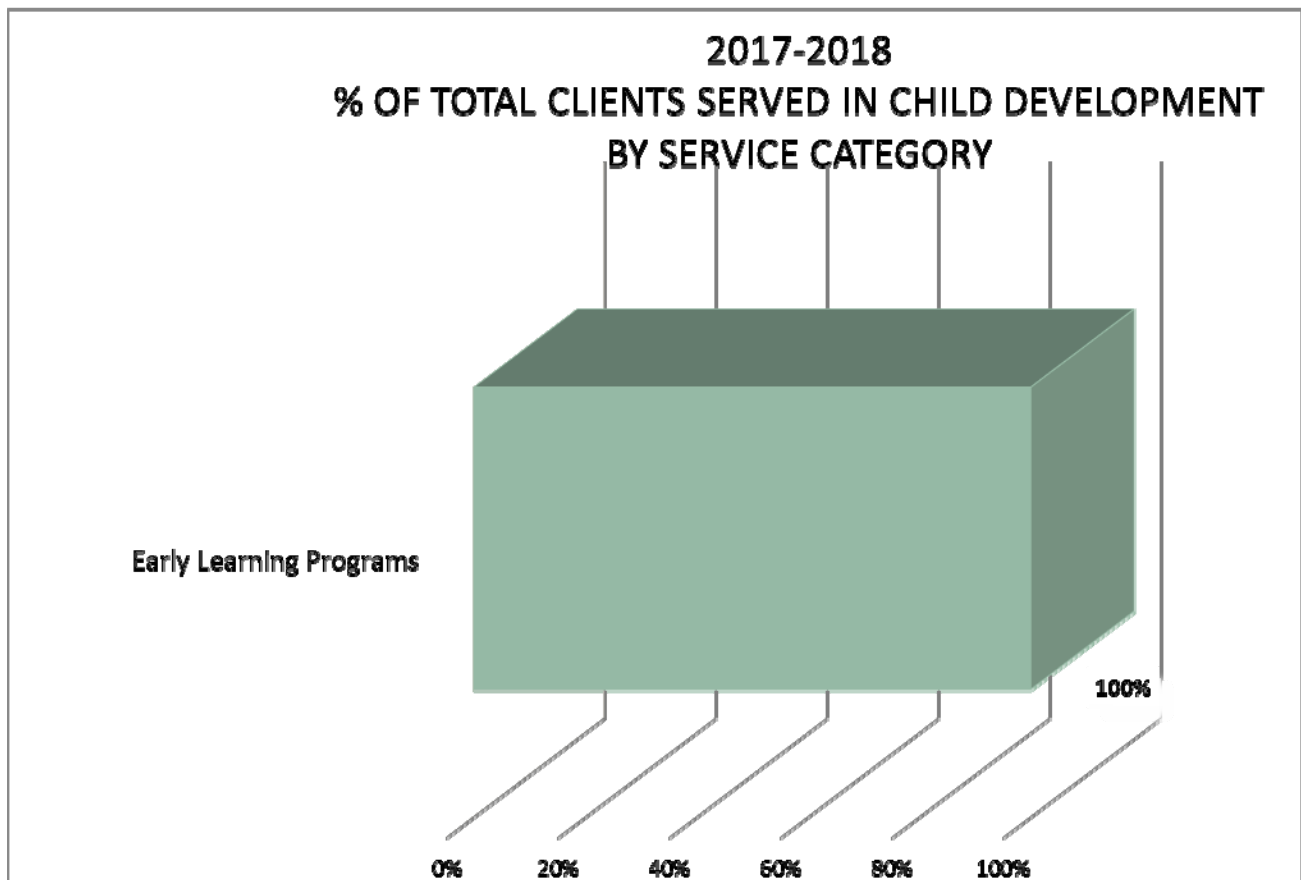
## Result Area 2: Improved Child Development

### Description

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

The Kindergarten Readiness programs are categorized under Improved Child Development and comprise less than 1% of the 2017-2018 budget.

Finances – Improved Child Development	
FY 17/18 Total Awards	FY 17/18 Expended
\$30,000	\$28,604 (95% of budget)



## Result Area 2 Services and Service Delivery Strategies

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

### *Desired Result: Children Are Eager and Ready Learners*

#### *Objectives:*

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

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

- **Early Learning Programs**

Programs of all types (classes, home visits, summer bridge programs) that are designed to support the early learning 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?
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- 117 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**

- 79% of parents feel comfortable navigating the school system
- 69% of parents spend more than 20 minutes a day just talking to their child
- 76% 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 17/18 <small>(% of 17/18 allocation)</small>	Total # Children 0-5 Served	Cost per Child 0-5	Total Award To-Date <small>(7/1/2012-6/30/2018)</small>	Cumulative Amount Expended <small>(7/1/2012-6/30/2018)</small>	% of Cumulative Amount Expended
Kindergarten Readiness Program	\$ 28,604 (95%)	117	\$ 244	\$ 230,000	\$ 185,740	81%
<b>TOTAL</b>	\$ 28,604 (95%)	117	\$ 244	\$ 230,000	\$ 185,740	81%

## Kindergarten Readiness Program

**Agencies:** The School Districts of Keyes Union and Riverbank Unified  
**Current Contract End Date:** June 30, 2018

### 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 FY 12/13, KRP activities and three other strategies (Pre-Literacy Activities, Interactive Parent-Training Activities, and Screening Children for Behavior Problems) were funded through Core 4. Funding for all strategies except KRP ended on June 30, 2012. The Kindergarten Readiness Program was the only strategy of the four continued and funded starting in 12/13.

The KRP currently operates in 2 school districts:

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

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

Finances			
Total Award July 1, 2012– June 30, 2018	FY 17/18 Award	FY 17/18 Expended	Cumulative Amount Expended
\$ 230,000	\$30,000	\$28,604 (95% of budget)	\$185,740 (81% of budget)

*Cost per Child 0-5 (117) = \$244*

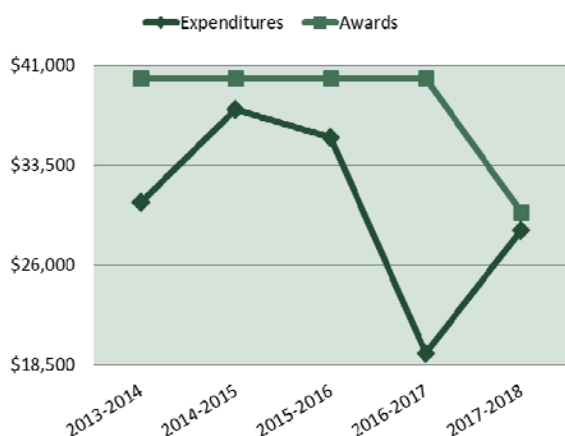
PARTICIPANT TYPE		% SERVED
Children		52%
100% 3-5		
Parents/Guardians		48%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	75%
White	12%
Black/African American	1%
Asian	5%
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	1%
Other	1%
Unknown	4%

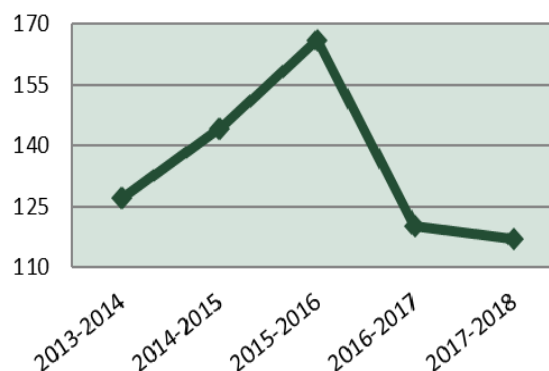
LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	50%
Spanish	43%
Hmong	-
Other	1%
Unknown	6%

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

**Funding Awards & Expenditures**



**Children 0-5 Served**



The decrease in number of children served in 16/17 is due to Patterson Unified declining to participate in the Commission's KRP program in 16/17. In addition, Patterson Unified's decision to not participate resulted in a significant decrease in expenditures in 16/17. Expenditures and number served for 17/18 are at expected levels.

### Program Highlights

- Operating characteristics of the Kindergarten Readiness Program include:
  - ✓ A four-week Kindergarten transition camp is operated in the month of June at each school site.
  - ✓ Classes are staffed by at least one credentialed person and an aide (no more than 20 children per classroom).
  - ✓ Intensive instruction is given to children lacking basic Kindergarten skills. Parents are also provided with tools and strategies to address gaps during home instruction.
  - ✓ Two meetings are held for parents to learn about school expectations and the role that parents play in their children's education.
  - ✓ Visits to the school or public library are conducted for children. Parents learn how to use the library.
  - ✓ All KRP sites employ bilingual staff and materials are in both English and Spanish. In addition, each site is designed to meet the cultural needs of that particular community.
- The majority of students served in the KRP program are Hispanic, English-language learners, and socioeconomically disadvantaged. Most have had limited social experiences beyond immediate family and few have any experience in a structured, formalized educational setting.
- With attendance in the Transitional Kindergarten Program rising each year, Kindergarten Readiness Programs have revised their curriculum so there is more of a learning distinction between Kindergarten Readiness and Transitional Kindergarten.
- Leveraging: Kindergarten Readiness Programs reported receiving in-kind contributions from their Districts. Riverbank School District leveraged a total of \$29,163 in cash and in-kind contributions from the District.
- Cultural Competency: Program teachers speak English and Spanish. Parent education classes are conducted both languages and class materials for parents were in English and Spanish.

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

### Program Challenges & Recommendations

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

KEYES	
2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends	<ul style="list-style-type: none"> <li>• Keyes Kindergarten Readiness Program will continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue. The program will build on sustainability by continuing to increase community support through our target audience which is the families, teachers and community in the Keyes Union School district. We will continue to work with our Key Champions and Strategic Partnerships to build upon the program foundation. We are planning to continue collaborating with community resources such as the Keyes Public Library, Sierra Vista, and the Keyes Union School District as well as searching for new community resources that we may utilize.</li> </ul>
2. Focus on familiarizing caregiver with the school system so they feel comfortable navigating the school system	<ul style="list-style-type: none"> <li>• Keyes Kindergarten Readiness Program offered three parenting classes this year. Two of the classes were provided at the Keyes State Preschool and Keyes Head Start. The topic was Kindergarten Readiness. Both of these classes provided parents with strategies and tips on how to help their student succeed in school; this included the importance of reading and talking to their child every day. Another class was offered at Keyes Elementary School. This was a parent orientation that went over the expectations and rules for Kindergarten. This class also served as an introduction to school services.</li> </ul>
3. Focus on educating caregivers on the importance of reading and talking with their child so they spend at least 20 minutes a day talking with their child	<ul style="list-style-type: none"> <li>• Keyes Kindergarten Readiness Program offered three parenting classes this year. Two of the classes were provided at the Keyes State Preschool and Keyes Head Start. The topic was Kindergarten Readiness. Both of these classes provided parents with strategies and tips on how to help their student succeed in school; this included the importance of reading and talking to their child every day. All participants also received bilingual books to take home.</li> </ul>
RIVERBANK	

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends</p>	<ul style="list-style-type: none"> <li>• Riverbank Unified School District (RUSD) and CASA del Rio have a planning team that helps coordinate the Kinder Camp program. The success of the program is due to the collaborative work effort between staff, kindergarten teachers, administrators, parents and the community.</li> <li>• Program decisions are made at district and/or site level depending on the complexity of the item.</li> <li>• In the event that the funds were no longer available, the RUSD School Board will strive to identify resources to maintain the program the kinder readiness program.</li> </ul>
<p>2. Focus on familiarizing caregiver with the school system so they feel comfortable navigating the school system</p>	<ul style="list-style-type: none"> <li>• Prior to the four-week Kinder Camp Program, RUSD offers a three-day session program, called Kinder FACTTS to help parents get familiar with the school system. Sessions include information on school policies and practices, common core standards (ELA/Math), and at home support activities. We also provide a campus tour for parents and children to meet the school principal and get familiar with the campus (i.e., kinder classroom and play area, office, library, cafeteria etc.).</li> <li>• On Kinder Camp Orientation Day, we revisit student and parent expectations, and provide a parenting class.</li> </ul>
<p>3. Focus on educating caregivers on the importance of reading and talking with their child so they spend at least 20 minutes a day talking with their child</p>	<ul style="list-style-type: none"> <li>• On orientation day, we offer a positive parenting class in English and Spanish that provide parents with tools and tactics for at home student support. We promote Literacy through the four-weeks of program. We give books away to ensure all students have a book at home to read. We also have a lending library available.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

OUTPUTS / OUTCOMES	Keyes		Riverbank		Total	
	Planned	Actual	Planned	Actual	Planned	Actual
Children served in the Kindergarten Readiness Program	40	37 (93%)	80	80 (100%)	120	117 (98%)
Parents will indicate that they feel comfortable navigating the school system	50%	57% (21/37)	50%	89% (71/80)	50%	79% (92/117)
Parents will indicate that they spend more than 20 minutes a day just talking with their child	50%	43% (16/37)	50%	81% (65/80)	50%	69% (81/117)
Parents will indicate an increase in knowledge on how they can help their child do well in school	50%	51% (19/37)	50%	88% (70/80)	50%	76% (89/117)
Children served will finish the Kindergarten Readiness Program	85%	100% (37/37)	85%	88% (70/80)	85%	91% (107/120)
Children served will show improvement (based on a pre/post evaluations)	No planned outcome	97% (36/37)	No planned outcome	44% (35/80)	No planned outcome	61% (71/117)

### 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.

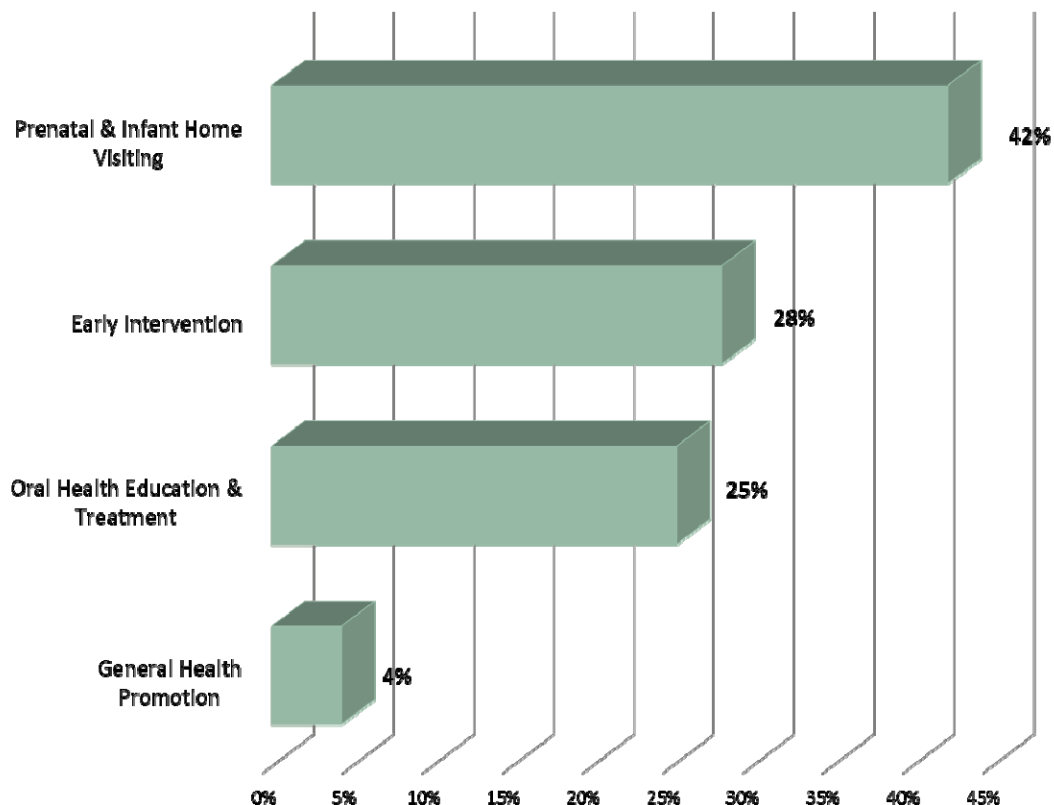
### Result Area 3: Improved Health

#### Description

Children who are born healthy and stay healthy is the goal of the Improved Health Result Area. In order to work towards this goal, this result area's programs include those that increase access to, and provide healthcare and health education for pregnant women, children 0-5, and their families. The Commission strategy is to fund programs that are working towards the four objectives for this result area. Four Prop 10 funded programs are categorized under Improved Health, representing 41% of the 2017-2018 budget.

Finances – Improved Health	
FY 17/18 Total Awards	FY 17/18 Expended
\$2,942,169	\$2,794,243 (95% of budget)

**2017-2018**  
**% OF TOTAL CLIENTS SERVED IN CHILD HEALTH**  
**BY SERVICE CATEGORY**



### Result Area 3 Services and Service Delivery Strategies

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

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

#### *Desired Result: Children Are Born Healthy and Stay Healthy*

##### *Objectives:*

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

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

- **Health Access**  
Programs are designed to increase access to health / dental / vision insurance coverage and connection to services: health insurance enrollment and retention assistance, programs that ensure use of a health home, and investments in local "Children's Health Initiative" partnerships. Some providers participate in Medi-Cal Administrative Activities to generate reimbursements.
- **Oral health**  
Programs provide an array of services that can include dental screening, assessment, cleaning and preventive care, treatment, fluoride varnish, and parent education on the importance of oral health care. Services may include provider training and care coordination of services.
- **Maternal and child health care**  
Programs are designed to improve the health and well-being of women to achieve healthy pregnancies and improve their child's life course. Voluntary strategies may include prenatal care / education to promote healthy pregnancies, breastfeeding assistance to ensure that the experience is positive, screening for maternal depression, and home visitation to promote and monitor the development of children from prenatal to 2 years of age. Some providers participate in Medi-Cal Administrative Activities to generate reimbursements.
- **Safety education and injury prevention**  
Programs disseminate information about child passenger and car safety, safe sleep, fire safety, water safety, home safety (childproofing), and the dangers of shaking babies. Includes education on when and how to dial 911, domestic violence prevention and intentional injury prevention. Referrals to community resources that specifically focus on these issues may also be included.

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



How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
<ul style="list-style-type: none"> <li>• 2,808 children 0-5 received services that focused on improved health</li> <li>• 533 pregnant women received prenatal care</li> <li>• 442 women (who were pregnant for the first time) participated in pregnancy support groups</li> <li>• 1,021 home visits were made to at-risk pregnant women</li> <li>• 156 applications for interim medical services for pregnant women and children 0-5 were completed and processed</li> <li>• Caregivers of 719 children participated in health, nutrition, or safety programs</li> </ul>		
<p><b>A Greater Number of Children Now Have Health Insurance</b></p> <ul style="list-style-type: none"> <li>• 14 children 0-5 who did not have health insurance are now enrolled in a health coverage plan</li> </ul> <p><b>More Pregnant Women and Children are Receiving Health Care</b></p> <ul style="list-style-type: none"> <li>• 153 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</li> </ul> <p><b>Children are Receiving Oral Health Care</b></p> <ul style="list-style-type: none"> <li>• 608 children 0-5 received fluoride varnish</li> </ul> <p><b>Children and Parents Have Knowledge and Tools for Better Oral Health</b></p> <ul style="list-style-type: none"> <li>• 475 children received oral health instructions, educational materials, and toothbrushes and demonstrated brushing techniques</li> <li>• 269 parents received oral health instructions, educational materials, and toothbrushes</li> </ul> <p><b>Infants are Being Born Healthy</b></p> <ul style="list-style-type: none"> <li>• 90% of the infants born to participants in a healthy birth program (157/175) were born term</li> <li>• 86% of the infants born to participants in a healthy birth program (151/175) were born with a healthy weight (between 5 lbs. 5 oz. and 8 lbs. 13 oz.)</li> <li>• 87% of the mothers in a healthy birth program (153/175) initiated breastfeeding</li> </ul> <p><b>Pregnant Women in a Healthy Birth Program Have Increased Knowledge and Make Positive Health Decisions for Themselves and Babies</b></p> <ul style="list-style-type: none"> <li>• 99% of the infants (98/99) were up-to-date on immunizations at one year and 100% had health insurance (99/99)</li> <li>• 91% of participants (1,603/1,753 - duplicated) report making positive changes based on health, nutrition, and safety classes</li> <li>• 89% of case managed families (16/18) reported making positive changes for themselves or children</li> </ul> <p><b>Mental Health Access and Improvements</b></p> <ul style="list-style-type: none"> <li>• 350 children 0-5 received mental health services</li> <li>• 90% of children who received a second child development screening had their score fall into the normal range after receiving mental health services</li> <li>• 95% of parents whose children participated in mental health services (190/201) reported a reduction in their child's mental health symptoms and improvements in child functioning</li> <li>• 79 early education sites received 2,829 hours of mental health consultation and training</li> <li>• 98% of early education providers (49/50) reported improved skills and confidence in working with difficult children after receiving mental health consultation</li> </ul>		

Result Area 3: Improved Health						
Program	Amount Expended in 17/18 (% of 17/18 allocation)	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2018)	Cumulative Amount Expended (7/1/2007-6/30/2018)	% of Cumulative Amount Expended
Dental Disease Prevention Education (HSA)	\$ 22,780 (76%)	608	\$ 37	\$ 190,000	\$ 142,268	75%
Healthy Birth Outcomes	\$ 1,332,322 (99%)	990	\$ 1,346	\$ 19,066,676	\$ 17,955,589	94%
Healthy Cubs	\$ 28,693 (57%)	167	\$ 172	\$ 12,310,528	\$ 6,061,910	49%
Zero to Five Early Intervention Partnership	\$ 1,410,448 (93%)	1,043	\$ 1,352	\$ 20,244,178	\$ 18,900,532	93%
TOTAL	\$ 2,794,243 (95%)	2,808	\$ 995	\$ 51,811,382	\$ 43,060,299	83%

## Dental Disease Prevention Education

Agency: Health Services Agency  
Current Contract End Date: June 30, 2018

### 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 four 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, 2018	FY 17/18 Award	FY 17/18 Expended	Cumulative Amount Expended
\$190,000	\$30,000	\$ 22,780 (76% of budget)	\$142,268 (75% of budget)

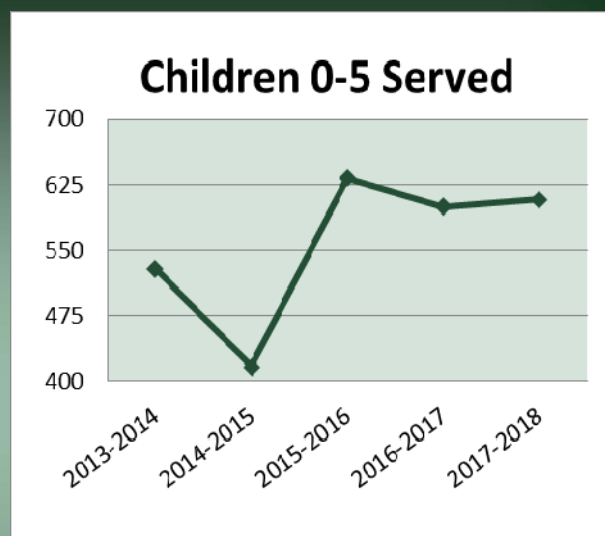
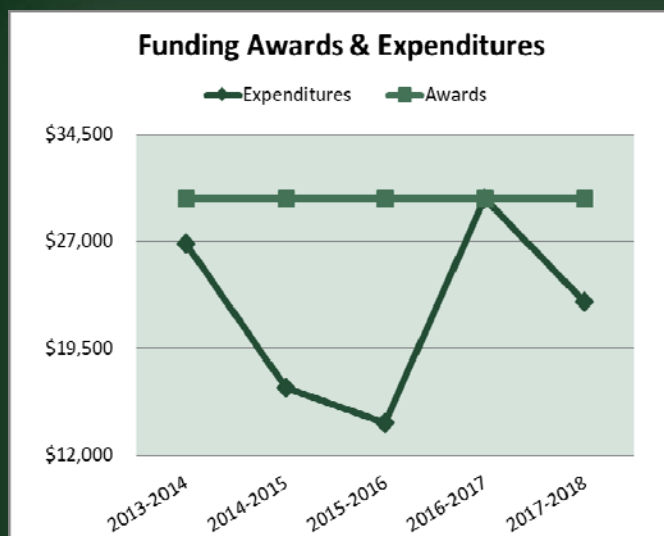
FY 16/17 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (608)
\$17,833	\$3,164	\$1,783	10%	\$37

PARTICIPANT TYPE	% SERVED
Children	68%
15% <3; 85% 3-5	
Parents/Guardians	31%
Other Family	1%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	73%
White	15%
Black/African American	3%
Asian	4%
Alaska Native/American Indian	-
Pacific Islander	1%
Multiracial	3%
Other	1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	21%
Spanish	73%
Hmong	-
Other	4%
Unknown	2%

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



A slight increase in participants served was reported in 13/14 when the program began offering varnish applications. In 15/16 the program hired an additional staff person to increase the program's capacity to serve clients. In FY 14/15 the program was assigned to a new manager and fiscal liaison within HSA. The program was again reassigned in FY 17/18. The program attributes expenditures aligning with the award amount in FY 16/17 due to stability in management and fiscal staff.

### 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
- 23 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.
- 608 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.
- 269 parents from all sites received oral health education and resources (including a list of local dental care providers). Additionally, parents received toothbrushes.
- 475 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 19 sites accepted the offer. Participation was reduced due to a lack of interest on the part of the sites or no time or space was available to offer educational sessions or clinics.

- Baby bottle tooth decay continues to be an issue. The majority (68%) of children who received a fluoride varnish had visible decay and or fillings on their primary teeth.
- Leveraging: The program reported no leveraging of funds from any source.
- Cultural Competency: The program is taught in both English and Spanish using multiple learning modalities including: auditory, written and visual aids. All educational materials and handouts are offered in both English and Spanish. Additionally, the health educator is fluent in both English and Spanish. The program developed and utilizes a feedback survey in both English and Spanish. Additionally, universally understood visual aids are incorporated into presentations.
- 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, and Promotoras programs.
- 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, and Healthy Starts. The program will begin leveraging Prop 56 funding by expanding collaboration with community partners and identifying effective strategies both in clinical dental services and community level interventions to improve oral health.

### Prior Year Recommendations

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>• HSA will continue to work on achieving the Commission's priorities of sustaining, leveraging and collaborating to ensure services continue after the Commission's financial support ends. This year the Health Services Agency applied for and was granted funding from the California Department of Public Health from the Oral Health Program. The funding comes from the passage of Proposition 56, the California Healthcare, Research and Prevention Tax Act of 2016. The funding will assist in building capacity and engaging community state holders, and collaborators to create shared messages on the importance of oral health.</li> </ul>
2. Work with partners to develop strategies to increase the number of Kindergarten Readiness, Healthy Start, and FRC staff receiving oral health education in-services.	<ul style="list-style-type: none"> <li>• HSA staff collaborated with other non-Prop 10 Funded programs (North Salida FRC Promotoras, Ceres Partnership Promotoras, Great Valley Academy and First Step, etc.) to develop and implement strategies (collaborative events, co-hosting events, etc.) to increase the number of children's dental education sessions and fluoride varnish clinics at the Dental Disease Prevention Program target sites. The Prop 10 Funded collaborative partners were selected based on similar target populations.</li> </ul>
3. Begin tracking how Kindergarten Readiness, Healthy Start, and FRC staff receiving oral health education in-services use the information they received to educate their clients.	<ul style="list-style-type: none"> <li>• The Dental Disease Prevention program staff incorporated a group-discussion component into the oral health education in-services. The group discussion component consisted of an activity and guided questions. Attendees were asked to: <ul style="list-style-type: none"> <li>• Take a few minutes and develop a list of opportunities within existing programs, services or activities that can incorporate oral health education.</li> </ul> </li> </ul>

### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health in-service	23	23 (23 staff)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for students	23	24 (608 students)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for parents	23	23 (269 parents)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive fluoride varnish application for students	23	19 (475 students)
Dental Disease Prevention staff provide dental health education at health fairs and other community events	No planned outcome	575 people

### Recommendations

This program has undergone multiple annual and periodic evaluations by Commission staff and the program has been responsive to prior years' recommendations.

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
- Work with partners to develop strategies to scale services to more children 0-5 and their caregivers

## Healthy Birth Outcomes (HBO)

Agency: Health Services Agency  
Current Contract End Date: June 30, 2018

### Program Description

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

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

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

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

Finances			
Total Award September 1, 2003 – June 30, 2018	FY 17/18 Award	FY 17/18 Expended	Cumulative Amount Expended
\$19,066,676	\$1,339,160	\$1,332,322 (99% of budget)	\$17,955,589 (94% of budget)

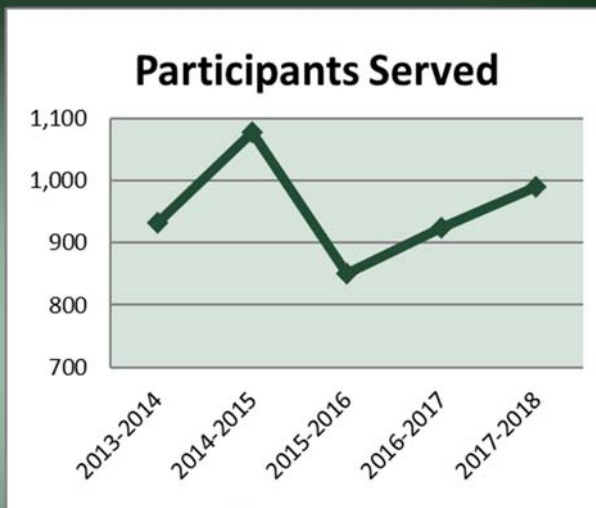
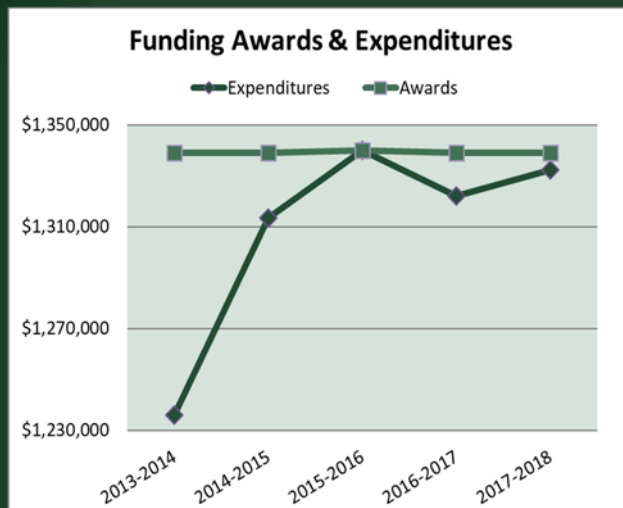
FY 17/18 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Total Cost Per Participant (990)
\$772,636	\$46,433	\$513,253	10% of personnel	\$1,346

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

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	82%
White	11%
Black/African American	2%
Asian	2%
Alaska Native / American Indian	-
Pacific Islander	-
Multiracial	-
Other	3%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	45%
Spanish	55%
Hmong	-
Other	-
Unknown	-

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



The program has steadily been increasing its expenditure to award ratio. In 15/16 the numbers served decreased due to participation decreases at each of the ten program sites, particularly Newman and North Modesto. HSA has worked with the sites to increase outreach efforts and the number of participants served has increase since 16/17.

### 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.
- 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.
- 469 support sessions were held at ten community sites and 380 new pregnant women joined the program. 100% of mothers who completed satisfaction surveys stated that the groups met their needs.
- Two sites struggled to bring in 40 new pregnant women (Turlock-29 and Newman-31). The other sites met or exceeded their contracted amount of enrolling new pregnant women into their HBO group.
- Program staff reported several concerning trends in the County, including the rising rate of Congenital Syphilis and substance abuse. Homelessness is increasing due to limited affordable housing in the county.
- More than 80% 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.
- Two maternal mental health workshops were held during the year to increase awareness of importance of positive mental health pre- and post-natal.
- More than 76% of participants indicated an increase in knowledge resulting from attending health education classes and 91% reported making changes in how they cared for themselves or their children as a result of information they gained in their HBO class.
- Leveraging: In 2017-2018, the HBO program drew down \$212,544 in Federal matching funds.



- **Cultural Competency:** Classes are presented in English and Spanish, and the community component has Spanish speakers available for class presentations. Interpreters from the HSA volunteer program and HSA staff assist case management staff when they conduct home visits with Spanish speaking clients. Program materials are in Spanish and English, the two main languages used by program participants.
- **Collaboration:** HBO continues to collaborate with Stanislaus County Community Services Agency (CSA) on the Shaken Baby prevention outreach. HBO covered the dangers and consequences of shaking a baby at HBO support groups as well as collecting data for CSA. There continues to be increased collaboration with the Public Health HIV/STD program, specifically focusing on Congenital Syphilis. HBO case managers conducted more intensive outreach to women with infections and assisted them in accessing treatment.
- **Sustainability:** Key Champions for the program include the 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

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>• We continue to leverage funds via Targeted Case Management (TCM) for those cases that meet the qualifications for billing.</li> <li>• We have changed our intake forms to include information on medical insurance. We hope to be able to leverage this information with Health Plans in the future to explore funding opportunities.</li> </ul>
2. Work with FRC site to retain FRC HBO facilitators and cross train FRC staff to serve as a backup HBO facilitator if need arises.	<ul style="list-style-type: none"> <li>• We offered to train each site individually on how to complete the HBO forms. We also provide training at the HBO quarterly meeting on the perinatal topics which is open to the FRC staff. We will continue to encourage cross training of facilitators.</li> </ul>
3. Work with FRC staff to ensure proper tracking and notification to HSA when a FRC HBO participant gives birth.	<ul style="list-style-type: none"> <li>• Information is keyed in to the data base for every woman who attends class or support group. If it is noted that that birth information is missing, the facilitator is contacted to obtain the missing information.</li> </ul>
4. Ensure all HSA HBO staff receives NCAST training.	<ul style="list-style-type: none"> <li>• All the HBO case management staff have been trained on NCAST.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Participants rate the support groups as having met their needs	85%	100% (228/229)
Women receiving case management services recommend the service to others	85%	94% (17/18)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	76% (1,327/1,753) (not a unique participant count)
Participants report having made changes based on what they learned in classes	60%	91% (1,602/1,753) (not a unique participant count)
Case managed clients report having made self-care behavior changes for themselves and/or children based on case management services	60%	89% (16/18)
Clients score 36 or greater on Caldwell HOME score (measurement of adequate environment for learning, implementing parental interventions, and change)	70%	100% (9/9)
Clients score 55 or greater on NCAST FEED (measurement of reciprocal behaviors between a mother and her child during the first 12 months)	70%	100% (7/7)
Clients score 50 or greater on the NCAST TEACH (measurement of caregiver-child interactions and communication)	70%	89% (8/9)
Participants deliver term infants	90%	90% (157/175)
Participants deliver infants weighing at least 5 lbs. 5 oz. and no more than 8 lbs. 13 oz.	90%	86% (151/175)
Participants initiate breastfeeding	50%	87% (153/175)
Participants breastfeed for at least 6 months	30%	62% (154/249)
Infants at one year of age have up-to-date immunizations	85%	99% (98/99)
Infants at one year of age have health insurance	85%	100% (99/99)
Clients admitting to substance use initiate treatment program	40%	33% (4/14)
Case managed women discontinue smoking during pregnancy	25%	50% (3/6)
Case managed clients who indicate a need for mental health services are referred	90%	78% (28/36)

Case managed clients who self-report behavioral health issues at time of intake receive referrals to mental health services	90%	86% (19/22)
Perinatal providers are reached to increase awareness of services available to pregnant/parenting women	20	36

### Recommendations

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

Additionally, it is recommended that the program:

- Work to increase the percentage of case managed clients who indicate a need for mental health services are referred for services
- Work to increase the percentage of case managed client who self-report behavioral health issues at time of intake received referrals for mental health services.

## Healthy Cubs

Agency: Health Services Agency  
Current Contract End Date: June 30, 2018

### Program Description

Healthy Cubs provides primary care access for uninsured residents of Stanislaus County, targeting children 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.

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.

Fiscal year 2017-2018 is the last year of Commission support for this program. The Health Services Agency has determined there is no longer enough need to warrant the continuation of the program.

Finances			
Total Award October 1, 2002 – June 30, 2018	FY 17/18 Award	FY 17/18 Expended	Cumulative Amount Expended
\$12,310,528	\$50,000	\$28,693 (57% of budget)	\$6,061,910 (49% of budget)

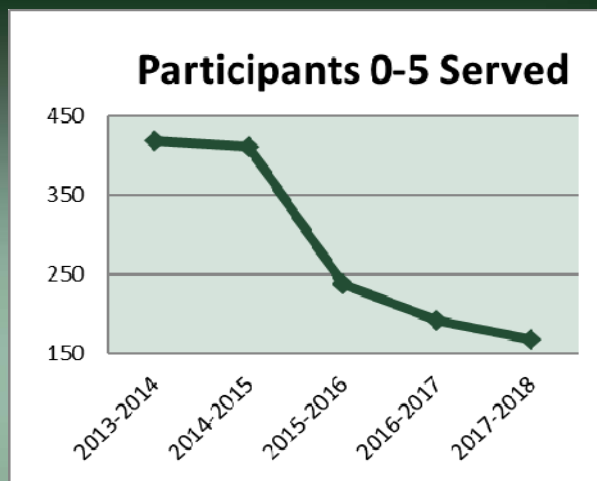
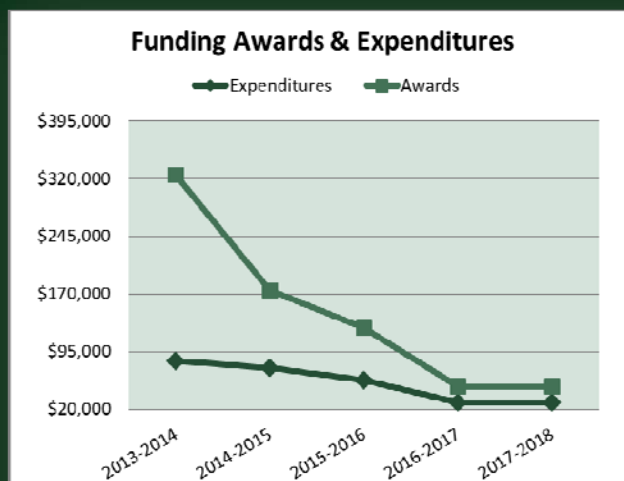
FY 17/18 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Medical Claims	Indirect Costs	Cost Per Participant (167)
\$14,572	\$202	\$12,462	\$1,457	\$172

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

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	88%
White	7%
Black/African American	<1%
Asian	-
Alaska Native/American Indian	-
Pacific Islander	<1%
Multiracial	-
Other	3%
Unknown	<1%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	29%
Spanish	70%
Hmong	1%
Other	-
Unknown	5%

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



The Healthy Cubs funding award has decreased significantly over the years (as requested by the program) due to efficiencies in operation and due to success in transferring participants to other public and private health insurance programs. The continuing funding decline through 15/16 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 community need and resulted in a decrease in the number of children 0-5 served by this program.

### Program Highlights

- The program paid \$12,467 to providers for 167 beneficiaries.
- Healthy Cubs identified \$917 in claims that became eligible for payment under Medi-Cal due to the patient receiving retroactive Medi-Cal benefits.
- Program participants must apply for Healthy Cubs benefits at HSA's Scenic campus. Applicants must bring proof of Medi-Cal eligibility.
- Medical services for participants are provided at HSA clinics and Golden Valley Health Centers.
- The only dentist contracted with the Healthy Cubs program declined to continue to participate in the program in FY 16/17. Despite efforts, the program has not been able to identify a dentist willing to accept Healthy Cub beneficiaries and continues to be unable to provide dental services for Healthy Cubs beneficiaries.
- Cultural Competency: Approximately 70% of the population the Healthy Cubs Program served in Fiscal Year 2017-2018 is Spanish speaking. The program is adequately staffed to support language needs of the majority of its applicants. In addition, the Healthy Cubs staff has at their disposal a list of employees working within the Health Services Agency to assist patients in various other languages when necessary.
- Collaboration: Healthy Cubs reports developing cooperative relationships with organizations throughout the county. Healthy Cubs provides program information to hospitals and medical providers in Stanislaus County as well as WIC, Child Health & Disability Prevention Program, and HSA medical clinics for distribution to uninsured patients meeting age and income criteria who are in need of primary care or obstetric services.
- Sustainability: Fiscal year 2017-2018 is the last year of Commission support for this program. Due to Health Care Reform and Medi-Cal benefits expansion, the program has seen a significant decline in patients seeking services over the past several years. HSA has determined there is no longer a need for the program. The few remaining patients needing services can be served at one of HSA's five primary care clinics on a sliding scale fee plan.

### Prior Year Recommendations

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>The Health Services Agency is a Federally Qualified Health Center Look-Alike (FQHC) and must provide uninsured patients that present for services at the five 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.</li> </ul>
2. Work to identify a dental provider in Stanislaus County willing to accept Healthy Cub beneficiaries.	<ul style="list-style-type: none"> <li>Program staff reached out to many dental providers in the county. However, no providers with willing to accept the program fee schedule which is similar to Denti-Cal.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Uninsured pregnant women and children 0-5 are given Healthy Cubs applications and provided medical services in the interim	200	167
Applicants are beneficiaries of Healthy Cubs health care	175 / 87%	92% (153/167)
Program participants convert to other health coverage	10%	4% (6/153)
Health fair and other presentations are given by Healthy Cubs staff	3	0
Accounts paid with Prop 10 funds are recovered from other payer sources	-	\$0

### Recommendations

The Healthy Cubs program has been discontinued by HSA due to a lack of community need. Therefore, there are no Commission recommendations for this program.

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

**Agency:** Stanislaus County Behavioral Health and Recovery Services

**Current Contract End Date:** June 30, 2018

### 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, 2018	FY 17/18 Award	FY 17/18 Expended	Cumulative Amount Expended
\$20,244,178	\$1,523,009	\$1,410,448 (93% of budget)	\$18,900,532 (93% of budget)

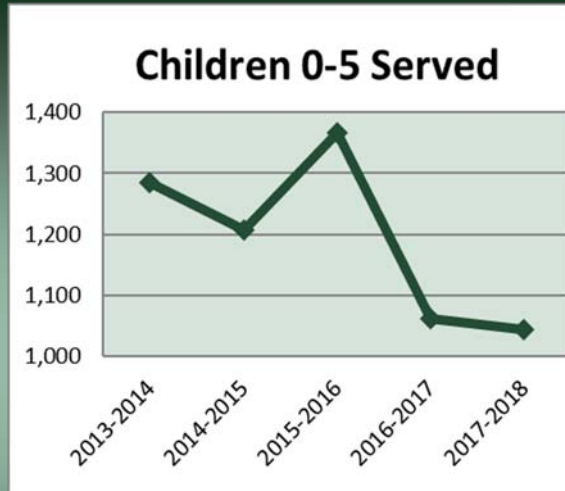
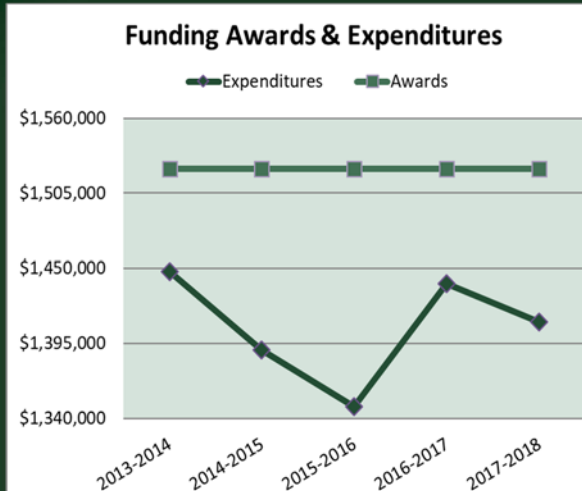
FY 17/18 Budget / Expenditure Data			
BHRS	Sierra Vista	Cost Per Child 0-5 (1,043 - includes parent ed.)	Cost per Service Hour (13,235)
\$821,768	\$588,680	\$1,352	\$107

PARTICIPANT TYPE	% SERVED
Children	35%
23% <3; 77% 3-5	
Parents/Guardians	46%
Other Family	19%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	55%
White	36%
Black/African American	5%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	3%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	70%
Spanish	30%
Hmong	-
Other	-
Unknown	-

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



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

### Program Highlights

- The target population of 0-5 EIP continues to be those children and families challenged by:
  - ✓ Poverty and Social Isolation
  - ✓ Traumatic events
  - ✓ Placement in foster care
  - ✓ The stigma associated with mental health
  - ✓ Substance Abuse and Addiction
  - ✓ Domestic Violence
  - ✓ Drug Exposure in Utero
  - ✓ Medical Issues and Chronic Health Conditions, Including Asthma and Developmental Delays
  - ✓ Learning Disabilities and Developmental Delays
  - ✓ Relatives as Primary Caregivers
  - ✓ Child Abuse and Neglect
  - ✓ Single Parent Homes
  - ✓ Blended Families
- The number of planned hours of service was met in two of four tracked areas. The number of planned clients and sites was met in two 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	4,622
Parenting	420	289
Prevention and Community Based Services	9,000	5,495
Consultation	2,600	2,829
Planned Total Hours	16,520	13,235



Service	Planned Child Clients	Actual Child Clients
Outpatient Mental Health Services	275	350
Parenting	650	467
Prevention	500	206
Consultation	70 Sites	79 sites
Planned Total Clients/Sites	1,425 Clients 70 Sites	1,023 Clients 79 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.
- 55% of participants in this program were Hispanic. Despite cultural norms within the Hispanic community that often attribute "shame" to individuals and families accessing mental health services, 0-5 EIP has been successful in providing services to this population and the program will continue to seek opportunities to reach out in the least intrusive ways.
- Clinicians and Case Managers provided preventative mental health services by regularly attending parent groups at the Airport Parent Resource Center, presentations with local organizations and groups and Promotoras meetings and events. These events provided 0-5 EIP with opportunities to support and educate parents and to share information about community resources and other assistance to address any questions or concerns presented by parents.
- 0-5 EIP partnered with the Health Services Agency to provide two full day trainings on Perinatal Mood and Anxiety Disorders (PMAD) to providers in the community who served pregnant women or women with postpartum concerns. The training was offered in English and Spanish.
- Overall, 0-5 EIP sees so many families that are impacted by the traumas of their lives, many only needing some education and peer support; but others needing a whole team of mental health providers to help them process and overcome their traumas. This year in particular, the program has seen an influx of families impacted by immigration issues, custody issues as well as traumatized adults raising children.
- Leveraging: In 2017-2018, the program received \$714,465 directly from State and Federal government sources and \$53,813 was received from local government sources.
- Cultural Competency: The 0-5 EIP continues to strive for cultural sensitivity towards the families we serve, our partners and the community as a whole. The ability to be sensitive to culture is crucial in the work that the program does; families must trust 0-5 EIP staff and the work that they are doing. Staffs are regularly trained in cultural sensitivity and we are part of a committee called the Cultural Equity and Social Justice Committee (CESJC), which meets on a monthly basis in order to bring light to the conversation of culture and cultural humility. All information gained at this meeting is brought back to the bigger group and shared with other members of the 0-5 EIP. This year BHRS also hired a new Ethnic Services Manager who serves as the Chair of CESJC and is charged with improving BHRS's cultural proficiency.
- Collaboration: 0-5 EIP continues to grow collaborative partnerships within the community. 0-5 EIP recognizes it is able to provide richer services to the community when it's able to partner with other community agencies in servicing the 0-5 community. Collaborations include working with Children's Crisis Center, Family Resource Centers, Family Justice Center, Parent Resource Center, Community Services Agency - Child Welfare and Child and Family Services, Health Services Agency, School Districts, Valley Mountain Regional Center, and local substance abuse 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 Services.

### Prior Year Recommendations

2016-2017 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>0-5 EIP continues to leverage the funding received from BHRS and a consulting contract through SCOE. This funding together with the Children and Families Commission funding allows for the much needed services to the community. Collaboration is done through either working together with other agencies side by side with the 0-5 families or providing education to providers in the community on the needs of the 0-5 child and how to best address these needs.</li> </ul>
2. Focus on increasing the number of depression screenings given to caregivers with children 0-5.	<ul style="list-style-type: none"> <li>Although milestone not met, the program has made great improvement in the number of depression screenings collected. A percentage increase of 20%, in comparison to last fiscal year's 4th quarter. For the new fiscal year, the updated SCOARRS should be helpful in meeting this goal.</li> </ul>
3. Develop new targeted outcome for planned hours for each of the following services in light of the program's continued difficulty maintaining a full staff: outpatient mental health services, parenting, prevention and consultation.	<ul style="list-style-type: none"> <li>As a result of decreased funding for fiscal year 18/19, the program, working with Commission staff, significantly changed the focus of the program. New targeted outcomes were developed to reflect the change in the program structure.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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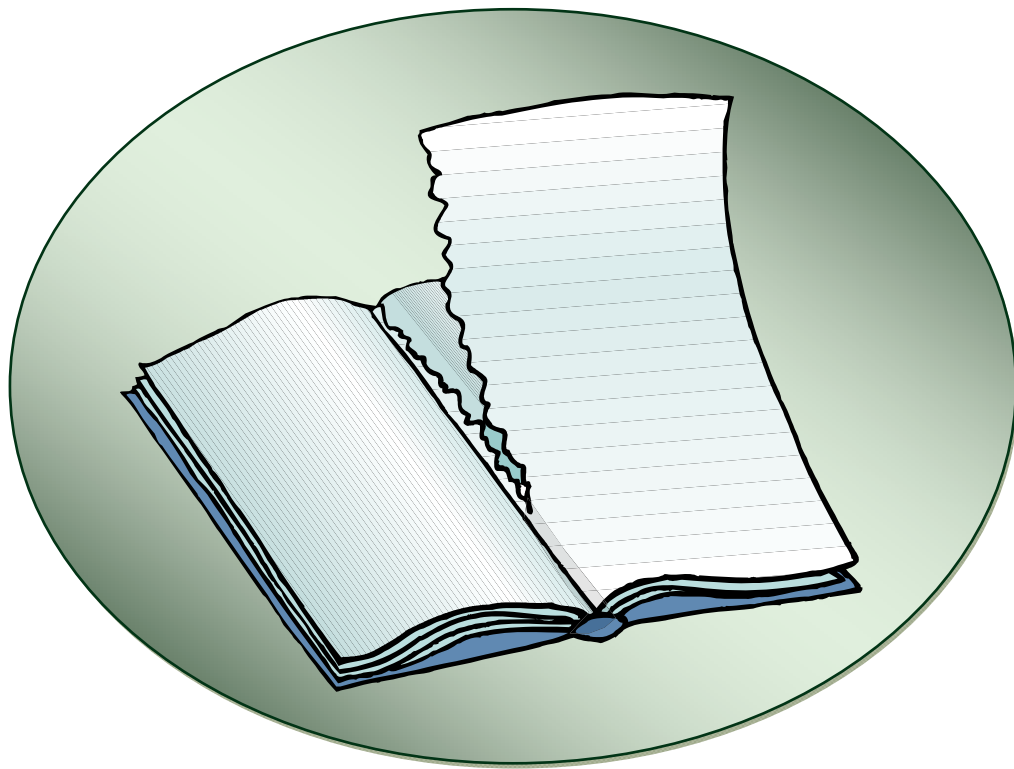
OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Parents report a reduction in their child's mental health symptoms and improvements in child functioning	75%	95% (190/201)
Clinical staff report improvements in participating children as measured by symptom checklists and improvement noted in client care plans	75%	96% (172/180)
Children 0-5 who are assessed have caregivers who receive depression screenings	65%	55% (122/221)
Participating parents report improvements in their relationship with their child	75%	98% (196/201)
Parents report a reduction of stress and risk factors	75%	98% (196/201)

Clinical staff report reductions in risk factors for participating families	70%	98% (176/180)
Parents report positive skill gains from training programs provided	85%	91% (229/251)
FRC staff report satisfaction with consultation and referral services provided by program	70%	100% (8/8)
Day care providers report improved skills and confidence in working with difficult children as a result of mental health consultation	80%	98% (49/50)
Providers report positive skill gains for training programs provided	80%	89% (25/28)
Providers report satisfaction with mental health consultation services	80%	100% (50/50)

### 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.

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## Result Area 4: Improved Systems of Care/Sustainable Systems

### Description

Programs and services funded specifically to improve coordination, leveraging, collaboration, or utilization of resources are to be categorized in Result Area 4, along with their outcomes. While the Commission doesn't have contracts to report under Result Area 4, it has expenditures which support and nurture widespread and overarching collaboration, coordination, and leveraging.

The percentage of the budget represented by the Result Area Improved Systems of Care/Sustainable Systems has consistently been 1%. In 2017-2018, due to State reporting changes that resulted in contracted funds previously reported in this Result Area to be reported in Result Area 1, less than 1% of the Commission's 2017-2018 budget was in Result Area 4. It should be noted, however, that although the budget allocation for this Result Area is relatively low, expenditures that are allocated to "Other Programs" in the Commission's 2016-2017 budget should be considered as contributing to the results in Result Area 4. These include expenditures for the Early Care and Education Conference as well as staff time spent supporting and monitoring programs. These expenditures are reflected on the next page in the Result Area expenditure chart.

Finances – Improved Systems of Care/Sustainable Systems	
FY 17/18 Budget	FY 17/18 Expended
\$12,000	\$5,414 (45% of budget)

### Result Area 4 Services and Service Delivery Strategies

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

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

#### *Objectives:*

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

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

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

- ***Offer training and support for providers and contractors to build capacity and improve utilization of limited resources***  
Capacity building can occur at multiple levels, and the Commission supports this effort in a variety of ways. One way is through two Early Childhood Educator/Provider Conferences provided annually that are designed to train and support those working daily with young children. Offering these conferences at no cost to participants remains a cost-effective means to serve many with beneficial results. Another way is through the training and support Commission staff provides to contractors, including contractor trainings.
- ***Encourage collaboration and coordination amongst contractors and other organizations by sponsoring meeting/sharing opportunities***  
Collaboration and coordination can help decrease duplication of and increase the effectiveness of services. Programs understand that to gain the most beneficial results, collaboration and coordination is often necessary, especially during times of diminishing resources. During each quarterly meeting of all agencies contracting with the Commission, successful collaboration efforts are celebrated, agency presentations are made to promote awareness of Commission-funded programs, and time for discussions and networking are built into the agenda of each meeting.
- ***Support leveraging opportunities within and outside of Stanislaus County***  
As Commission revenues diminish, supporting leveraging opportunities is critical to be able to sustain services and programs, as well as the results they are achieving. Leveraging resources within the county increases both the capacity of the leveraging program as well as that of the community in which the leveraging occurs. Resources are maximized, services are improved or enhanced, and community capacity increases as assets are capitalized upon. Human resources (both paid and volunteer), supplies, physical sites, and skills and knowledge from other community members and organizations can and are utilized to benefit children 0-5 and families served. Leveraging resources outside of the county, including state, federal, and private sources, is also an effective strategy to sustain results. During FY 17/18, programs leveraged Commission funding both within and outside of Stanislaus County.

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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- 99% of the surveyed attendees (323/325) rated the August 2017 and February 2018 ECE/Provider Conferences as good or excellent
- 99% of surveyed attendees (364/366) indicated they would take information they learned at the August 2017 and February 2018 ECE/Provider Conferences and apply it in their family child care home/classroom/center

#### ***Increases in Leveraging Within and Outside of the County***

##### ***Increase in Resources and Community Assets Leveraged Within the County***

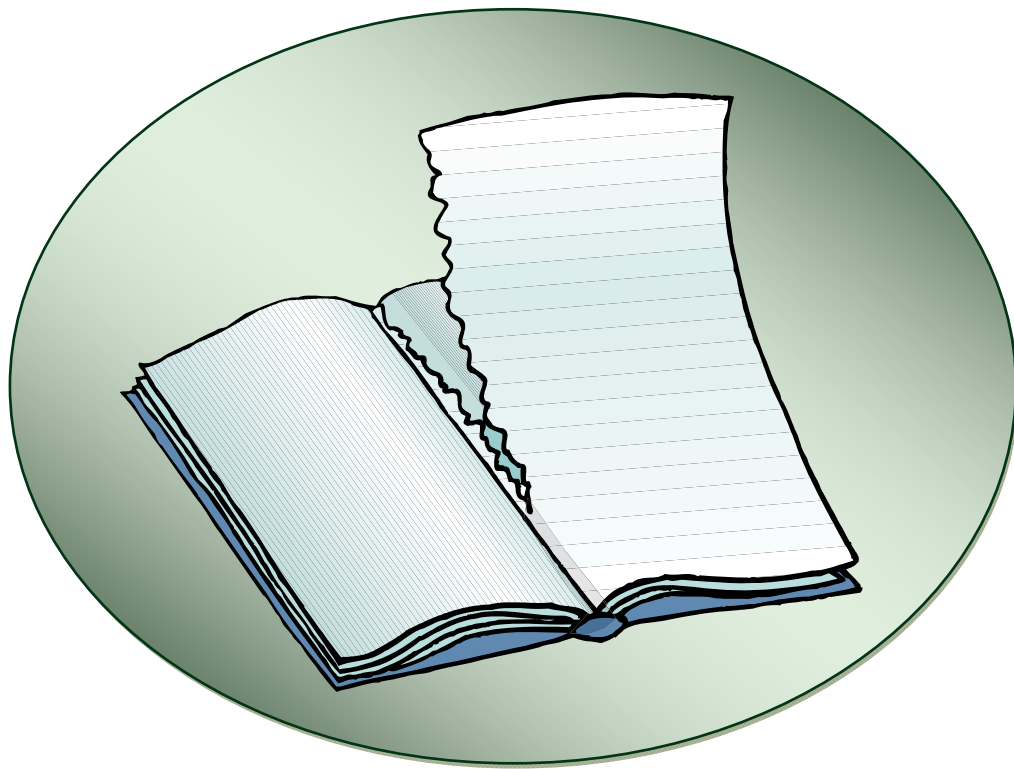
- 70% of the Commission contracted programs (14/20) report leveraging of community resources
- A total of over \$2.7 million was leverage from inside sources in 2017-2018

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

- 70% of the Commission contracted programs (14/20) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County
- Over \$5 million was leverage from outside sources in 2017-2018

Result Area 4: Improved Systems of Care (Sustainable Systems)	
Program/Activity	Amount Expended in 17/18
Early Care & Education Conferences	\$ 5,414
<b>TOTAL</b>	<b>\$ 5,414</b>

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## APPENDIX - ACRONYMS

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

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

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

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