



2011-2012

Annual Program Evaluation



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

March 2013

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Introduction

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

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

This Evaluation Report contains information on:

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

Strategic Plan Goals and Objectives

In its 2012-2014 Strategic Plan, the Commission focused on providing services and producing results in the areas of family functioning, health, child development, and sustainable systems. In these areas of focus, the Commission’s desired results for children 0-5 in Stanislaus County are listed below with corresponding objectives:

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

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

Children are eager and ready learners

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

Children are born healthy and stay healthy

- ✓ High risk pregnancies result in healthy births
- ✓ Increase community awareness and response to child health and safety issues
- ✓ Increase / maintain enrollments in health insurance products
- ✓ Maintain access and maximize utilization of children’s preventive and ongoing health care

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

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

Evaluation Purpose and Methodology

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

With these questions in mind, the goal of the evaluation process for the 2011-2012 fiscal year was to acquire, report, and analyze information, share that information with stakeholders (i.e., programs, community, funders), and then upon reflection, make recommendations based on the areas of strengths and areas that could improve to better serve target populations on both the Commission and program levels.

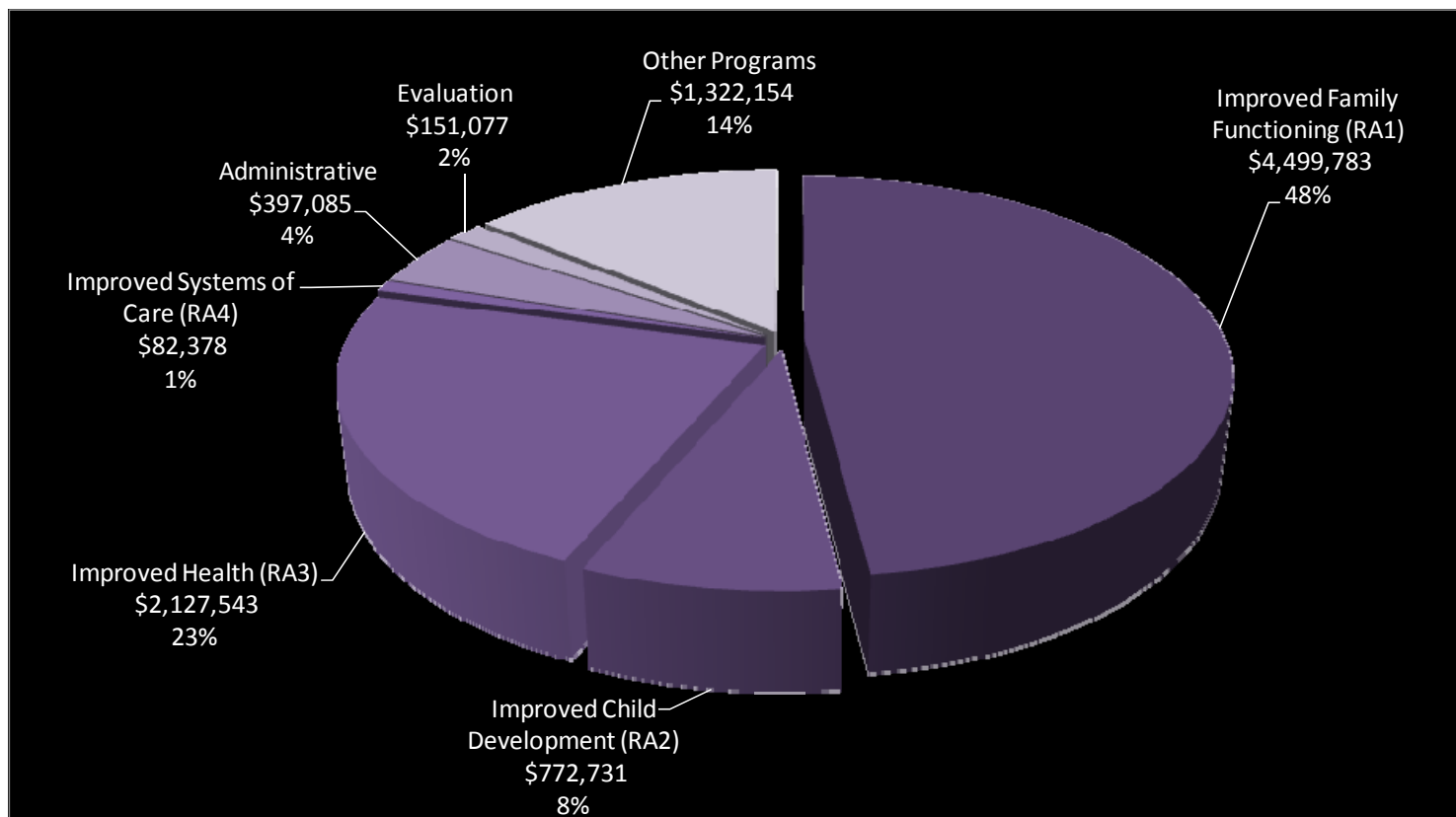
The evaluation is a collaborative effort between Commission staff, programs, and other involved stakeholders, and utilizes both qualitative and quantitative data sources to more holistically evaluate the programs and the Commission’s progress towards goals set forth in the Strategic Plan.

Quantitative data sources used for the evaluation include quarterly reports, outcome-based scorecards, budgets, invoices, and the Prop 10 Evaluation Data System (PEDS). Two of the main tools utilized are the PEDS database and the SCOARRS (Stanislaus County Outcomes and Results Reporting Sheet). PEDS is a state database that is free to counties, and tracks the demographics of participants and the services provided by funded programs. The SCOARRS is a reporting tool that programs utilize to track progress towards planned outcomes by defining activities and reporting outputs and changes in participants.

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

Funding Distribution by Budget Category

Total: \$9,352,751



The 2011-2012 Budget pie chart portrays the distribution of funding by budget category.

Other Programs Category:

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

Program Categories:

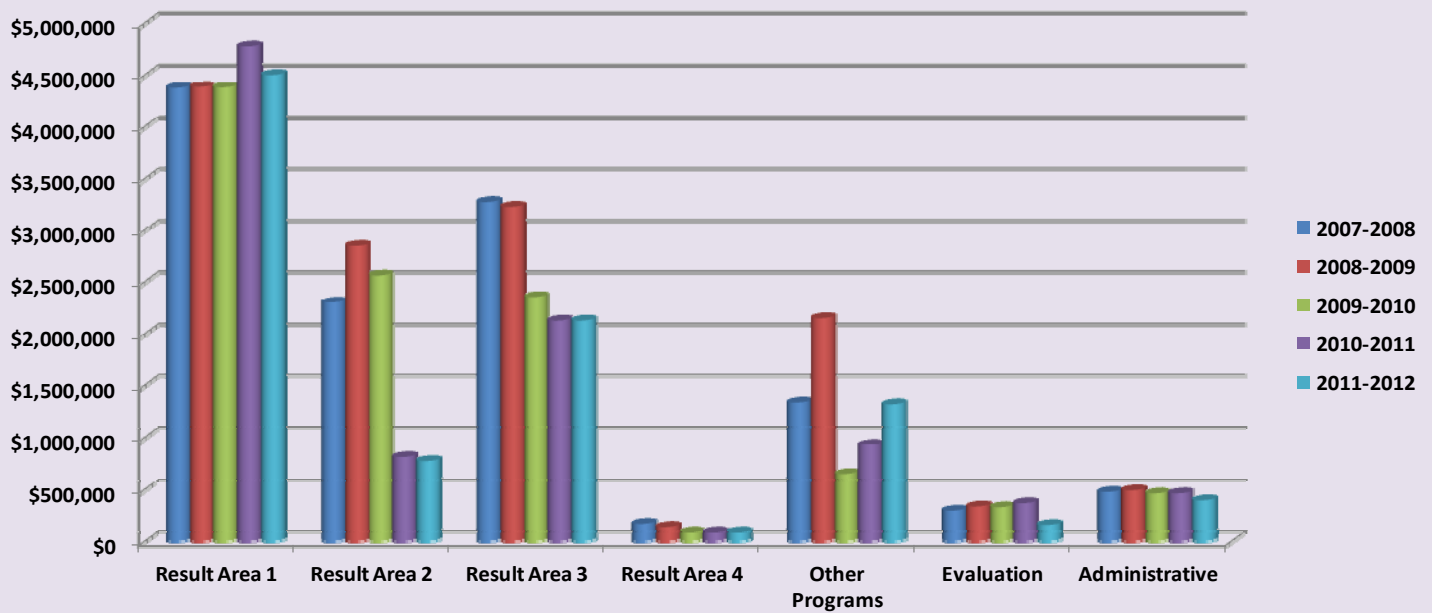
The program categories (also known as Result Areas) are depicted in purple hues, and make up 80% of the annual budget. These are areas in which outcomes for children 0-5 and their families are reported and evaluated; the funding is providing measurable services for children and families.

Administration and Evaluation Categories:

These categories make up just 6% of the annual budget. There was a decrease of 3% compared to '10-'11 due to the elimination of a planned data gathering system purchase.

NOTE: The chart contains all program allocations approved by the Commission in '11-'12. Contracts were not executed for all allocations (Food Stamp Outreach, Core 4, MOMobile, for example).

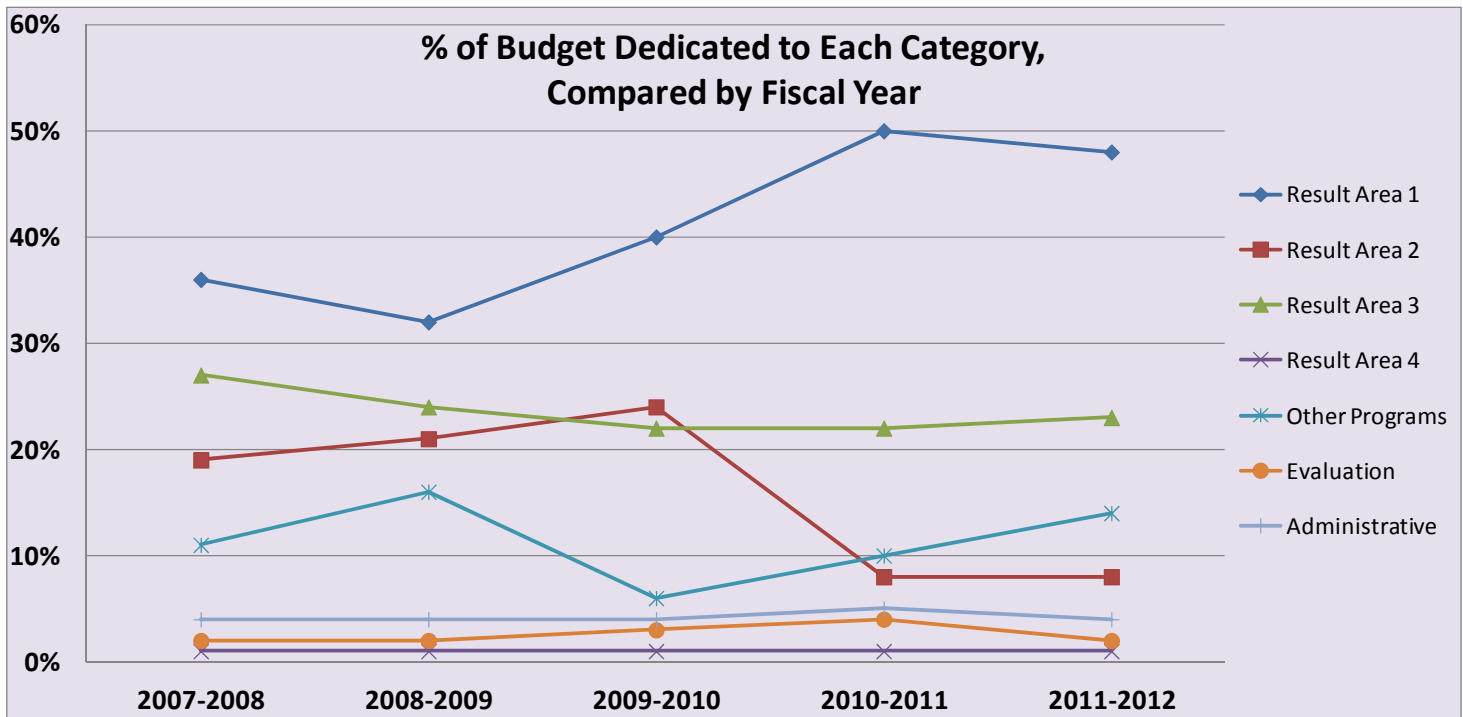
Comparison of Budget Category Funding Distribution by Fiscal Year



Total Budget

2007-2008: \$12,221,629
 2008-2009: \$13,571,131
 2009-2010: \$10,820,268
 2010-2011: \$ 9,563,740
 2011-2012: \$ 9,352,751

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



These graphs compare the distribution of the Stanislaus County Children and Families Commission total budget by fiscal year from 2007-2008 through 2011-2012. The top graph (Graph 1) compares the **amount** of funding allocated to each category, and the bottom graph (Graph 2) compares the **percentage of the total budget** allocated to each of the categories.

Graph 1 illustrates that for the past five fiscal years, the Commission has consistently appropriated the largest **amount** of funding to RA 1 (Improved Family Functioning). However, as the total budget amount has changed, decreasing significantly in both '09-'10 and '10-'11 and slightly in '11-'12, the **percentage of the total budget** devoted to RA 1 has significantly increased, especially in 10-11. This confirms the Commission's continuing emphasis on funding Improved Family Functioning activities.

In the first two fiscal years shown, RA 3 (Improved Health) was appropriated the next highest **amount** of funding, along with the next highest **percentage** of funding, with RA 2 (Improved Child Development) following. In '09-'10, RA 2 was allocated more funding than RA 3, and a higher percentage of the total budget as well. This change was due in part to the decreased funding of a large program (Healthy Cubs) in RA 3 because of efficient practices. Then, in '10-'11, RA 2 was appropriated a substantially lower **amount** of funding, as well as **percentage** of funding. This change was mostly caused by the decrease in funding allocated to the School Readiness Initiative in '10-'11, thereby decreasing the RA 2 budget allocation. Both funding amount and percentage of funding for RA 2 remained steady into '11-'12.

Both Graphs 1 and 2 show that RA 4 has consistently been appropriated the smallest amount and percentage of funding, even less than the categories "Evaluation" and "Administrative" categories. The programs in this result area focus on supporting and nurturing widespread and overarching collaboration, coordination, and leveraging. However, there are also activities sponsored by the Commission, such as the Annual ECE/Provider Conference and staff time devoted to 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 4, but since they are not contracted programs, they remain in "Other Programs" for local budget and expenditure reporting.

The funding category "Other Programs" spiked in '08-'09 due to an increase in funds appropriated for program adjustment. In '09-'10 and '10-'11, this amount decreased significantly as the total budget decreased. In '11-'12 there was a small increase in funds dedicated for "Other Programs".

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

STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION

2011-2012 PROGRAMS

MODESTO

1. Parent Resource Center/Airport Neighbors United FRC/Sierra Vista Drop In Center FRC - **\$435,651**
2. Healthy Starts/Franklin, Orville Wright, Robertson Road, Downey, PACE - **\$208,010**
3. La Familia Program - **\$98,000**
4. HBO/West Modesto King Kennedy Neighborhood Collaborative - **\$55,000**
5. HBO/Airport Neighbors United - **\$55,000**
6. The BRIDGE FRC - **\$185,000**
7. MOMobile - **\$121,050**

NORTH MODESTO / SALIDA

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

GRAYSON / WESTLEY

1. Core 4/Grayson School - **\$62,500**
2. HBO/Grayson/Westley FRC - **\$55,000**

PATTERSON

1. Patterson FRC - **\$89,689**
2. HBO/Patterson FRC - **\$55,000**

RIVERBANK

1. HBO/Rio Alta - **\$55,000**
2. Healthy Start - **\$41,602**
3. Core 4/California Avenue, Rio Alta/Mesa Verde - **\$125,000**

OAKDALE

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

HUGHSON

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

KEYES

1. Core 4/Keyes School - **\$62,500**

TURLOCK

1. Core 4/Wakefield, Cunningham, Osborne - **\$187,500**
2. Turlock/Aspira FRC - **\$203,942**
3. Healthy Start/Allard - **\$41,602**
4. HBO/Turlock FRC - **\$55,000**
5. Core 4/Chatom - **\$62,500**

CERES

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

NEWMAN / CROWS LANDING

1. Core 4/Von Renner Elementary - **\$62,500**
2. Newman FRC - **\$79,355**
3. HBO/Newman FRC - **\$55,000**

COUNTYWIDE PROGRAMS

1. Zero to Five Early Intervention Partnership - **\$1,523,009**
2. Healthy Cubs - **\$570,000**
3. 211 Project - **\$150,000**
4. Children's Crisis Center - **\$460,000**
5. Healthy Start Support - **\$82,378**
6. Healthy Birth Outcomes (HBO) - **\$789,160**
7. Shaken Baby Syndrome Prevention - **\$22,333**
8. Oral Health Education Program - **\$10,000**
9. Dental Screening/Varnish - **\$65,000**
10. Stanislaus Family Justice Center - **\$100,000**
11. Family, Friends, Neighbors/ASQ Training - **\$147,731**

Program Budget Allocation by Location

Location	Program Budget Allocation	% of '11-'12 Program Budget*	% of County's Population (1/10)**
Modesto	\$ 1,157,711	33.6%	39.1%
Turlock	\$ 550,544	15.9%	13.3%
Riverbank	\$ 221,602	6.4%	4.4%
Ceres	\$ 251,373	7.3%	8.8%
Newman/Crows Landing	\$ 197,035	5.7%	2.0%
Grayson/Westley	\$ 117,500	3.4%	.4%
Hughson (includes SE smaller towns)	\$ 217,467	6.3%	1.3%
Oakdale	\$ 182,711	5.3%	4.0%
Salida***	\$ 347,192	10.1%	2.7%
Keyes	\$ 62,500	1.8%	1.0%
Patterson	\$ 144,689	4.2%	4.0%
TOTAL of location specific programs	\$ 3,450,324		
Countywide Programs	\$ 3,919,611		
TOTAL:	\$ 7,369,935		

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

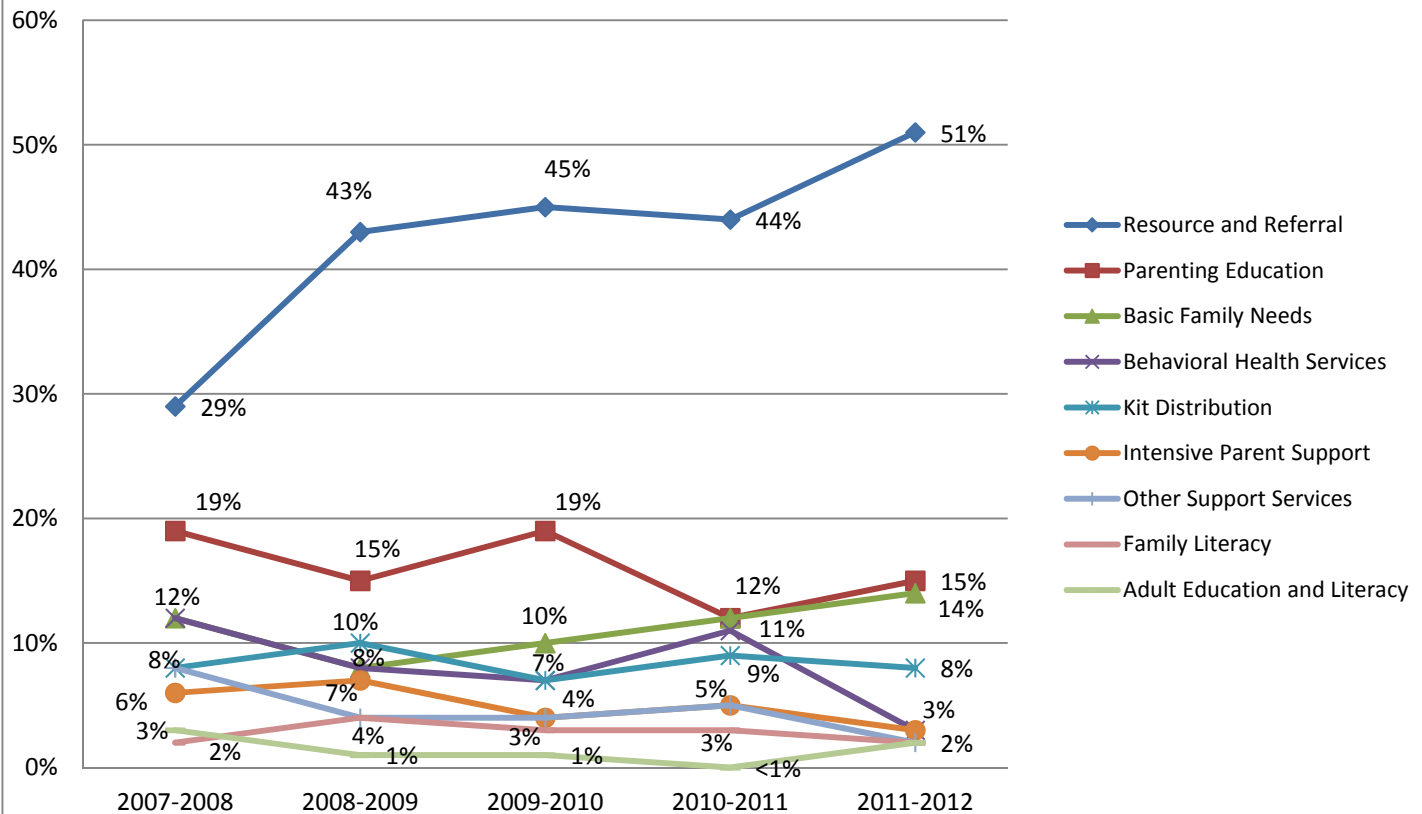
*** The program budget allocation for the Salida location includes parts of the North Modesto area.

The map depicts the distribution of Stanislaus County Prop 10 funds allocated to programs by location within the county. The map illustrates the extent to which program services reach children 0-5 and their families countywide, and the number of programs in each area. The chart above shows the percentage of program funds allocated by city or region juxtaposed against the percentage of the county's population in that area. Similar to the previous three fiscal years, the percentage of funding allocated to the Stanislaus County cities and towns continue to align quite closely with population demographics, while some of the smaller, outlying areas of the county, such as Grayson/Westley and Newman/Crows Landing, were allocated disproportionately high amounts of funding. However, the distribution of funding among some of these smaller areas is closer to the population distribution than it was in 08-09 due to some shifts in funding for FRCs based on population and needs, as well as decreases in funding for the school readiness programs.

A total of \$3,919,611 was allocated to programs that operate throughout the county, making up 53% of the total program budget. These countywide programs reach all of the above locations, and many have developed partnerships or collaborate with the location specific programs, leveraging Prop 10 resources. The remaining 47% 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.

Result Area 1

Comparison of Service Categories by Fiscal Year

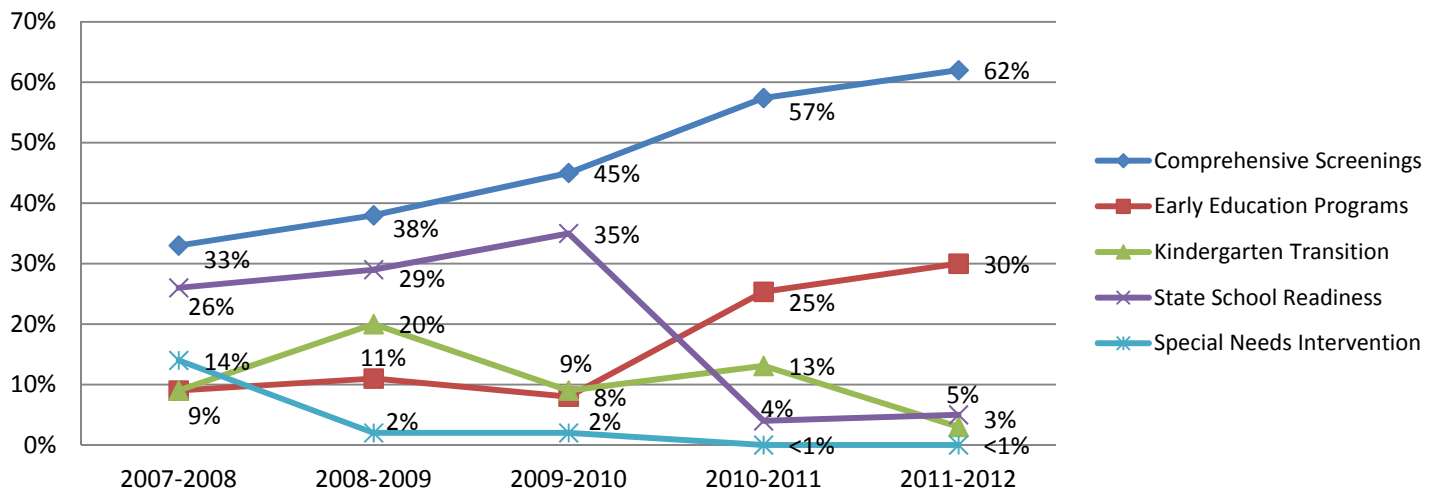


These graphs depict how the distributions of service categories in each result area compare from fiscal year '07-'08 through '11-'12. There have been some changes in funded programs and services from year to year, reflecting the Commission's prioritization of goals and objectives. The service percentages are affected by the changes in programs, as well as changes in the services that continuing programs make. It should be noted that the percentages of most services rendered have stayed fairly consistent. However, there are several that have changed as the focus of specific services has been emphasized or deemphasized as changes in community needs or priorities change.

- The highest percentage of services in Result Area 1 is consistently Resource and Referral services due in part to the broad base of participants and low level of intensity for this service. The percentage has increased during the past five fiscal years as programs continue to build partnerships and the ability to provide resources and referrals to families and families learn what the programs can provide them. Programs share that the need for resources and referrals continues to grow with the current economic conditions.
- Parenting education continues to be a priority for the Commission, and programs in Result Area 1 have consistently offered parenting classes. It is not clear why the percentage had dipped slightly last year, but it has increased 3% this year and is more consistent with past years.

Result Area 2

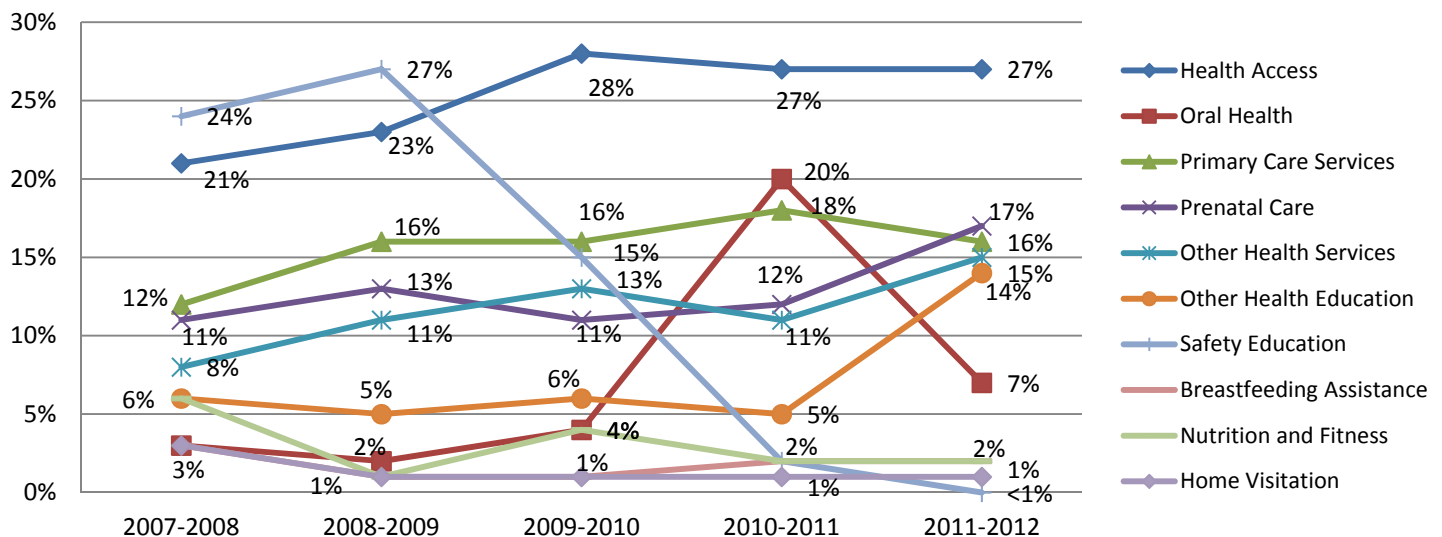
Comparison of Service Categories by Fiscal Year



- Comprehensive Screenings make up 62% of the Result Area 2 services in '11-'12, a 29% increase from '07-'08
- State School Readiness services have sharply declined due to the State's discontinuance of SR funding support; the percentage of Early Education Program services has climbed as the Commission funded Core 4 sites in response to the discontinuance of SR

Result Area 3

Comparison of Service Categories by Fiscal Year



- The percentage of Safety Education services has decreased significantly after '08-'09, due in part to the discontinuation of a program that served a broad population of children
- The percentage of Health Access Services has increased during the past several years, and remains the highest percentage of services in RA3
- Oral health services spiked in '10-'11 after partnerships were developed to address oral health needs in the community. The loss of funding by partners in '11-'12 caused these services to return to their previous service levels.

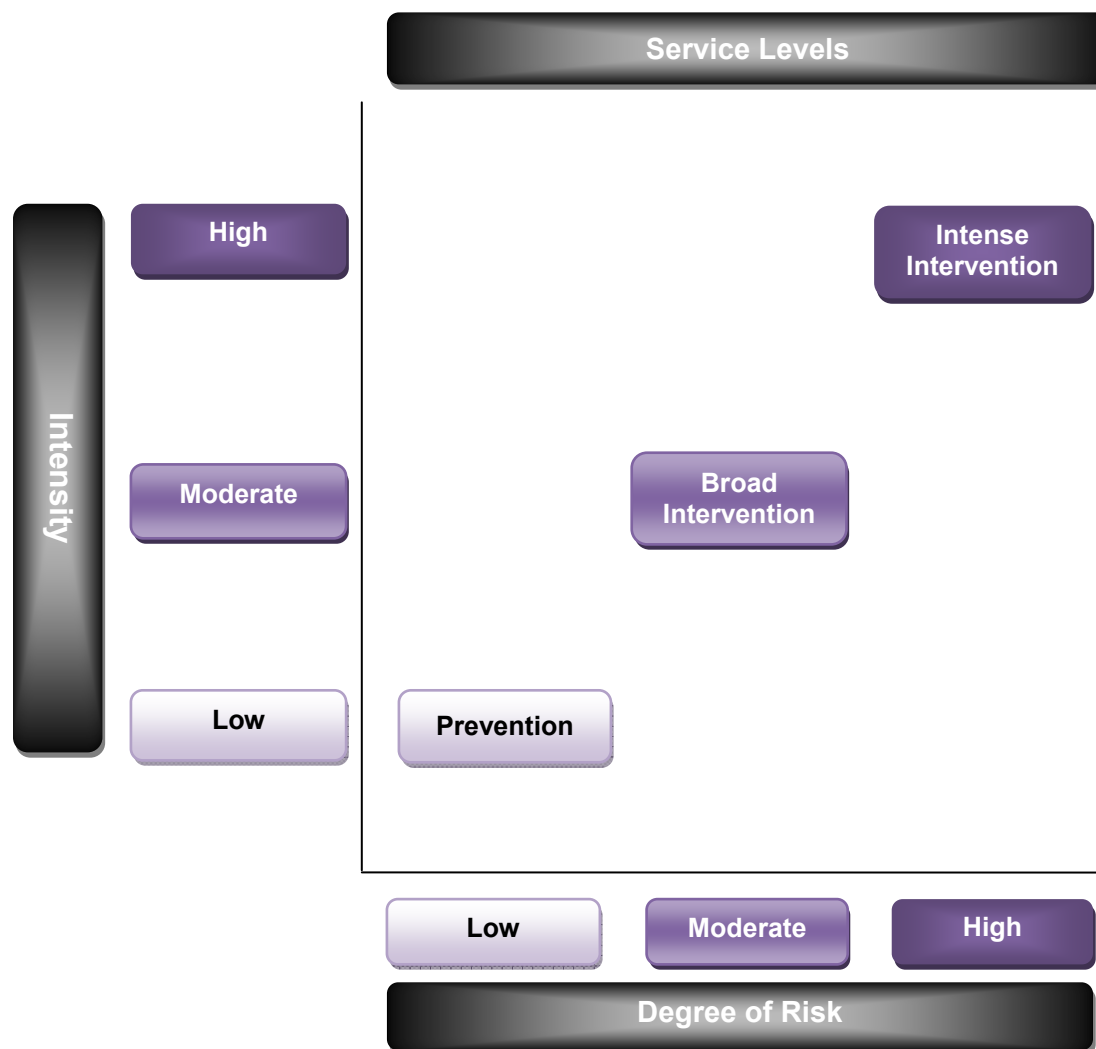
One of the Commission's funding strategies is to support a continuum of prevention and intervention programs that target all children 0-5 and their families in Stanislaus County. This means that Commission funds are working to benefit a spectrum of children from very low-risk to high-risk by providing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

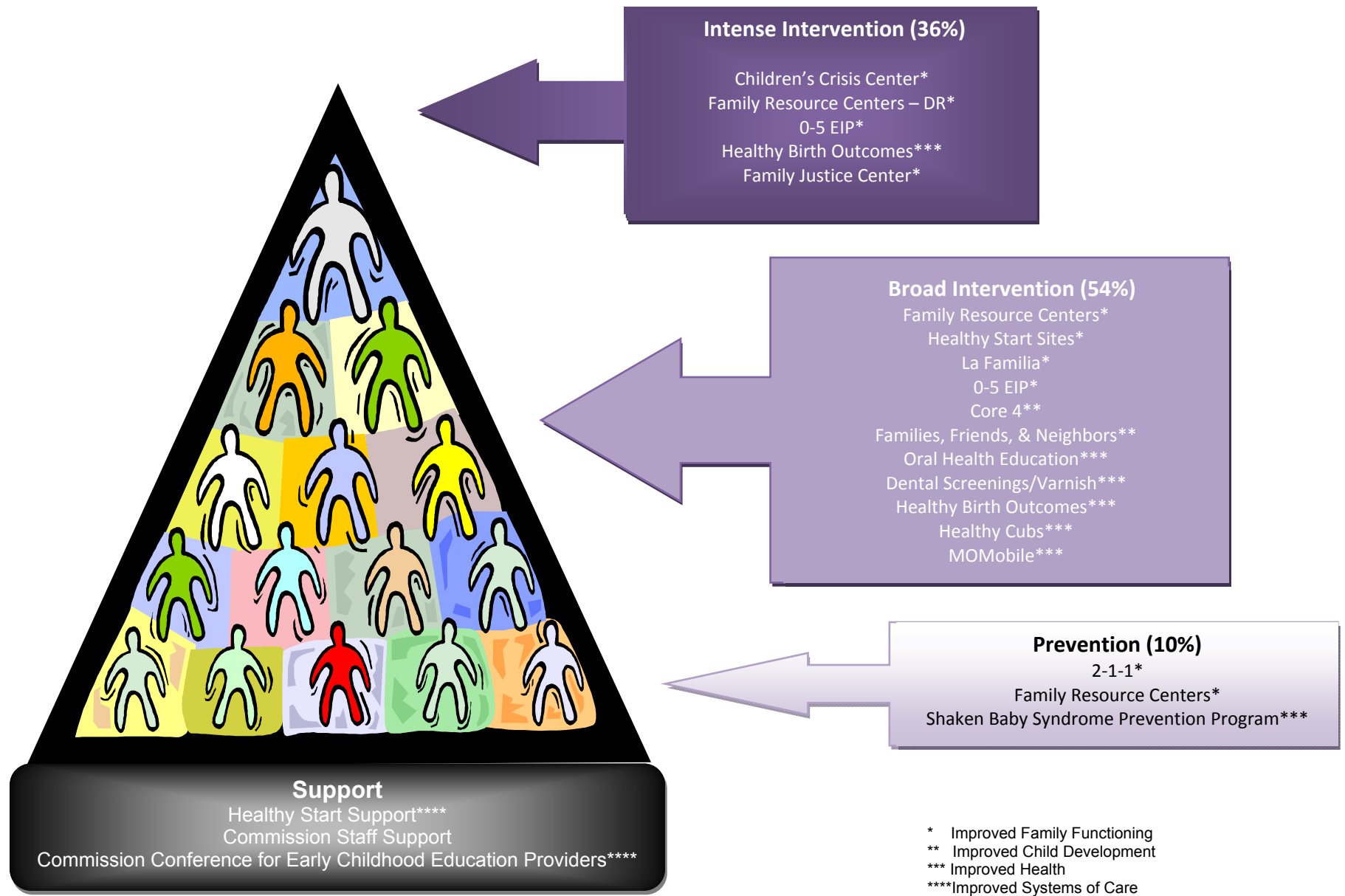
Service Levels

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 illustrates how Commission funds are extended across the range of service levels, and the distribution of the budget in relation to service levels. Approximately 54% of the program budget is dedicated to Broad Intervention, while 36% goes towards Intense Intervention and 10% to Prevention services. The percentage dedicated to all three categories has remained fairly stable with a 1% decrease in broad intervention, a 2% decrease in intense intervention and a 3% increase in prevention. Some programs are listed under more than one level because they have different program components, and there is certainly overlap between service levels.



**Prevention:**

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

Broad Intervention:

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

Intense Intervention:

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

Participant and County Demographics

Prop 10 funded programs utilize the Prop 10 Evaluation Data System (PEDS) to track and report direct service participants' demographic information. The Stanislaus County Children and Families Commission (CFC) data used in these three demographic charts were obtained from PEDS.

Race/Ethnicity Served and Participant Primary Language

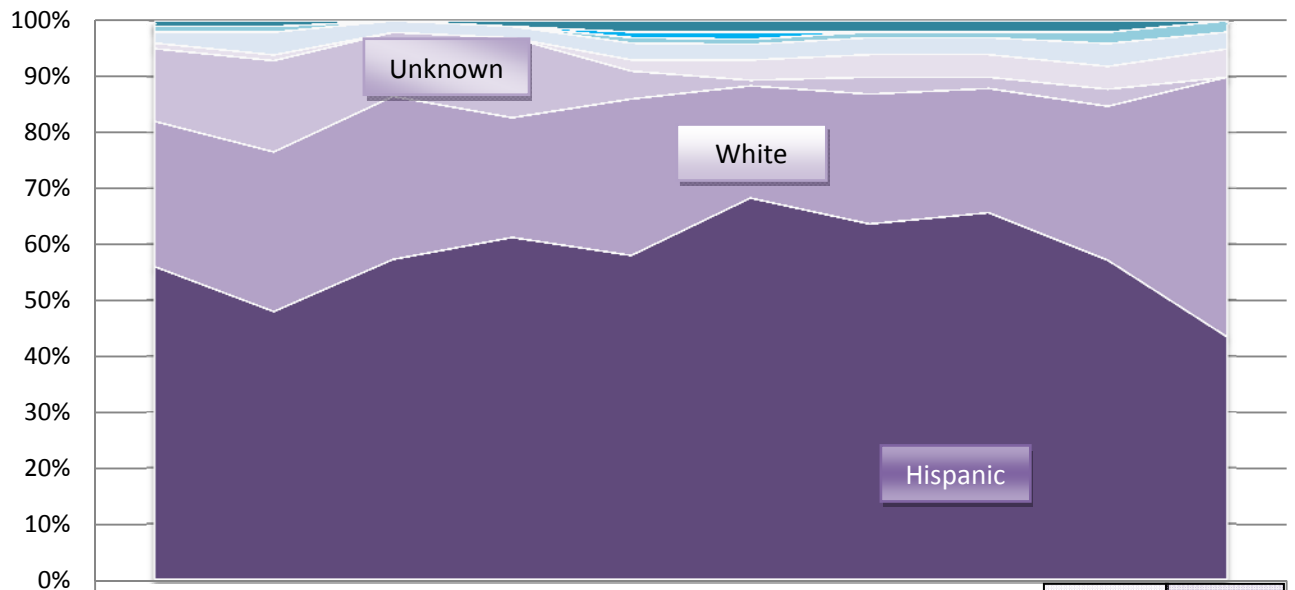
These charts depict the profile of the population being served by Prop 10 funded programs. As shown, the programs are providing services to a diverse population, with continuing emphasis on serving the Hispanic and Spanish speaking families. The percentage of Hispanic children 0-5 served has remained fairly stable (within 5%) over the 3 year period prior to this year and the number of Spanish speaking families continues to be over a third of the total served. Both the percentage of Hispanic and Spanish speaking children and families served continue to be strong, and appropriately greater than that of the County's population, as this population has a higher level of poverty and less access to culturally appropriate services (*2011 American Community Survey 1-Year Estimates, American Community Survey*). The programs are aware of the need for culturally sensitive and appropriate services. Most funded programs have implemented cultural awareness/proficiency trainings and the outreach efforts to diverse populations have been consistently strong for the past two years.

The "Unknown" percentage also remained low after being quite high during previous fiscal years. Although some difficulties remain in collecting accurate demographic information, programs have improved greatly in this area.

Participating Children Age Distribution

This chart shows the age distribution of children participating in Prop 10 funded programs. The programs consistently serve more children ages 3 through 5 than 0 through 2. However, there is a strong trend significantly narrowing the gap between the two age groups served. The percentage of children 0-2 served has more than doubled since '03-'04, due in large part to the emphasis the Commission has placed on targeting this very young population for prevention and early intervention. The 0-2 and the 3-5 populations served by the Commission's funded programs align closely to Stanislaus County's age distribution.

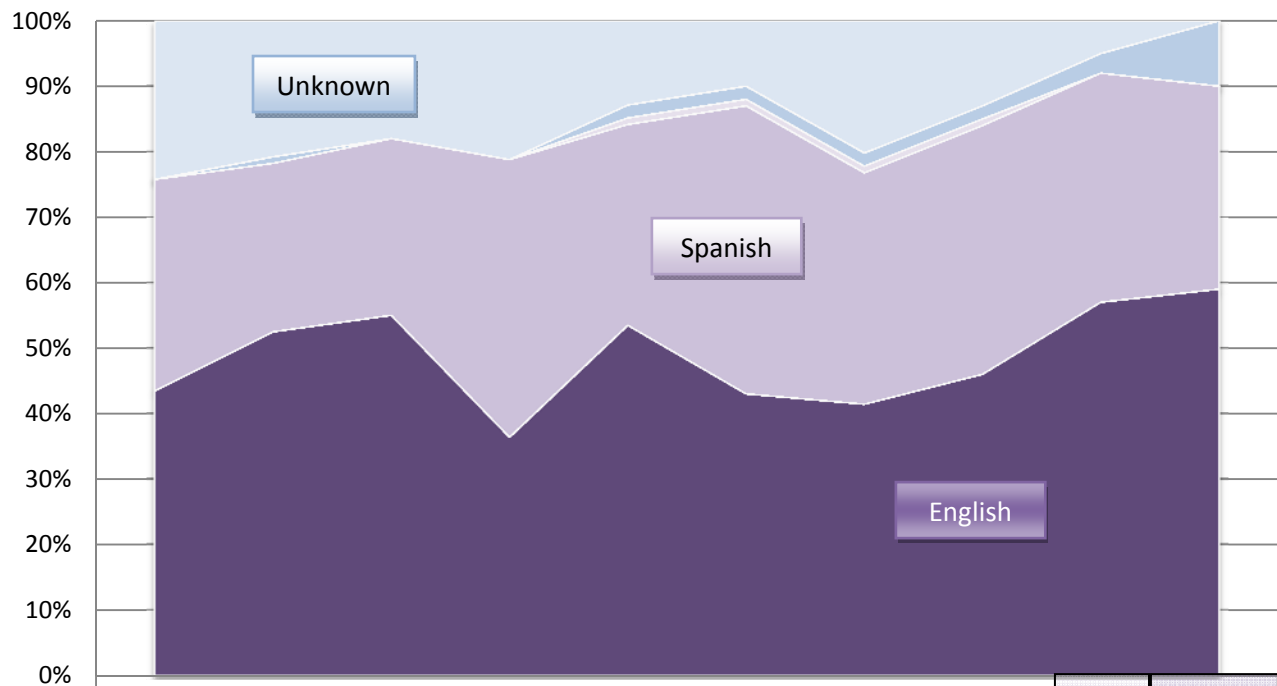
Race/Ethnicity Served



	'03-'04	04-'05	'05-'06	'06-'07	'07-'08	'08-'09	'09-'10	'10-'11	'11-'12	Stanislaus County 2011**
Other	1%	1%		1%	2%	2%	2%	2%	2%	
Pacific Islander										
American Indian					1%	1%				
Multiracial	1%	1%			1%	1%	1%	1%	2%	2%
African American	2%	4%	2%	2%	3%	3%	3%	3%	4%	3%
Asian	1%	1%			2%	4%	4%	4%	4%	5%
Unknown	13%	16%	11%	14%	5%	1%	3%	2%	3%	
White	26%	28%	28%	21%	28%	20%	23%	22%	27%	46%
Hispanic	56%	47%	55%	60%	58%	68%	63%	65%	56%	43%

**U.S. Census Bureau, 2011 American Community Survey.

Participant Primary Language

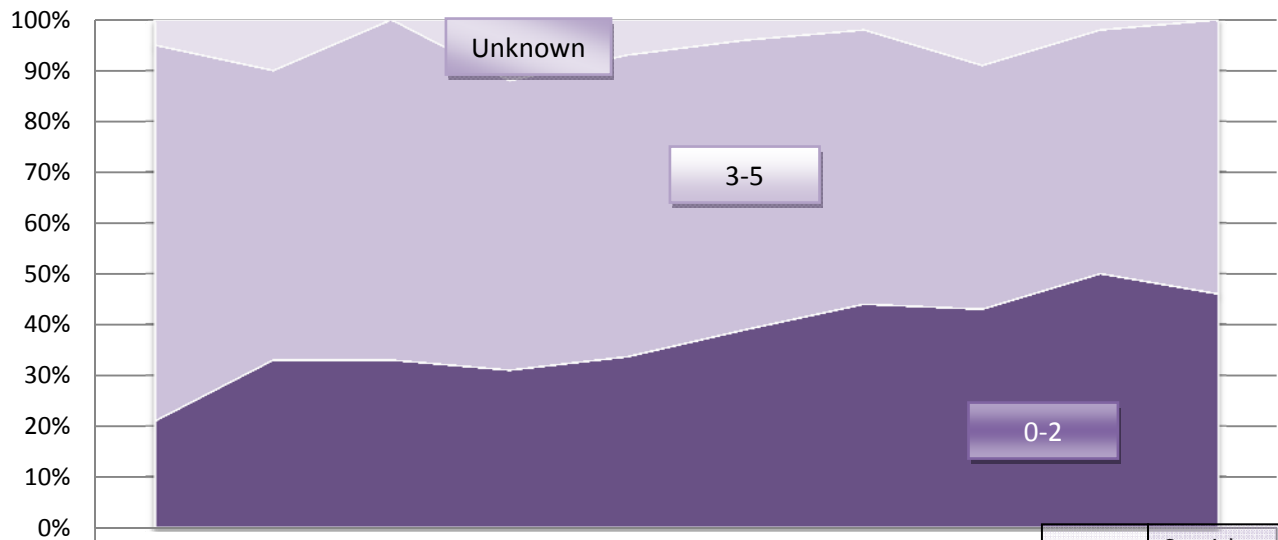


	'03-'04	'04-'05	'05-'06	'06-'07	'07-'08	'08-'09	'09-'10	'10-'11	'11-'12	Stanislaus County 2011**
Unknown	24%	21%	18%	21%	13%	10%	20%	13%	5%	
Other		1%			2%	2%	2%	2%	3%	10%
Hmong					1%	1%	1%	1%		
Spanish	32%	26%	27%	42%	31%	44%	35%	38%	35%	31%
English	43%	53%	55%	36%	54%	43%	41%	46%	57%	59%

CFC data does not include provider capacity language data.

**U.S. Census Bureau, 2011 American Community Survey.

Participating Children Age Distribution



	'03-'04	'04-'05	'05-'06	06-'07	'07-'08	'08-'09	'09-'10	'10-'11	'11-'12	Stanislaus County 2011**
Unknown	5%	10%	0%	12%	7%	4%	2%	9%	2%	
3-5	74%	57%	67%	57%	60%	57%	54%	48%	48%	54%
0-2	21%	33%	33%	31%	34%	39%	44%	43%	50%	46%

**U.S. Census Bureau, 2010 American Community Survey.

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Result Area 1: Improved Family Functioning

Description

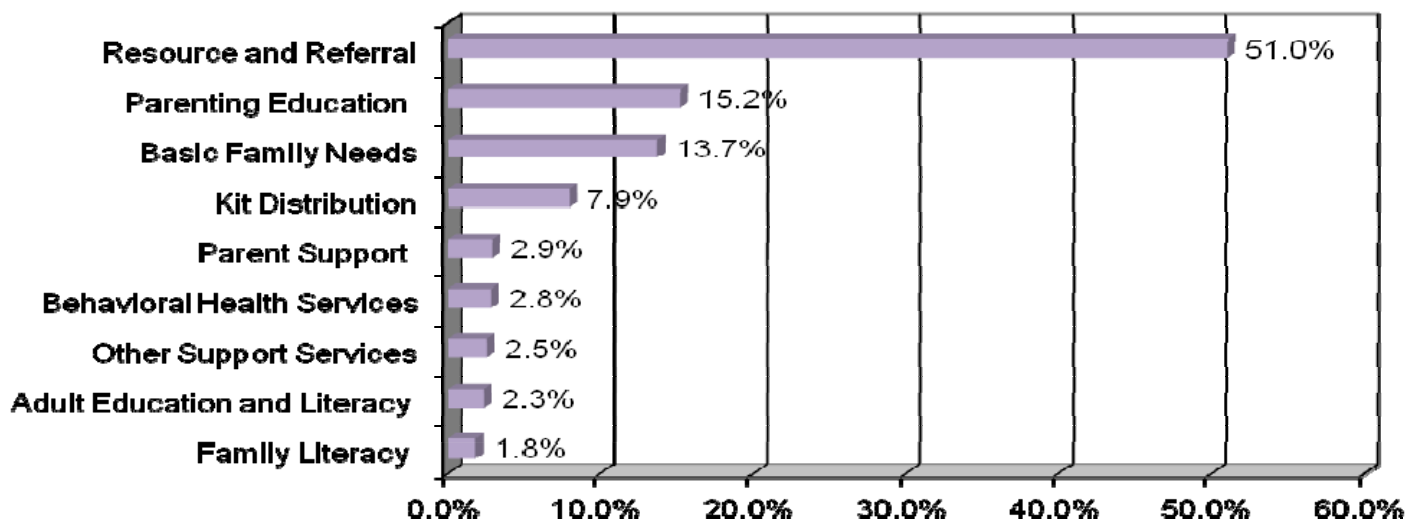
The goal of the Improved Family Functioning Result Area is to increase community capacity to support safe families. Included in this result area are programs that provide parents, families, and communities with relevant, timely, and culturally appropriate information, education, services, and support.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

Fourteen Prop 10 funded programs are categorized under Improved Family Functioning, and represent 48% of the 2011-2012 budget. Half of the programs are grouped under "Family Resource Centers with Differential Response services." The amount expended in this result area is 96% of the amount budgeted for fiscal year '11-'12, 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 '11-'12 Total Awards	FY '11-'12 Expended
\$4,449,783*	\$4,259,118 (96% of budget)

*Includes only those contracts executed in '11-'12. Not all approved contracts were executed (Food Stamp Outreach, for example).

2011-2012 % of Total Services Provided in Family Functioning by Service Category



Result Area 1 Services and Service Delivery Strategies

The number of programs and services, as well as the amount of funding dedicated to the Improved Family Functioning Result Area, suggests that it plays a prominent role in fulfilling the goals of the Commission's strategic plan. During the strategic planning process in March 2009, April 2010, and May 2011, the Commission confirmed the emphasis on this area after reviewing countywide statistics regarding poverty, unemployment, substance abuse, and other issues that affect families and how they are able to function within our county's environment. The funding that is allocated to this Result Area is meant to increase the communities' capacity to support safe families, leading to a population result for Stanislaus County of "Families Are Supported and Safe in Communities That Are Capable of Supporting Safe Families." The programs contribute to this population result by providing a variety of services that result in changes for children and families to improve family functioning, and ultimately, safety.

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

- Objective 1.1** *Maintain positive trends in the reduction of repeat child maltreatment reports*
- Objective 1.2** *Decrease incidents of child abuse and maltreatment*
- Objective 1.3** *Increase positive social support for families*
- Objective 1.4** *Increase family resiliency capacity (knowledge, skills, and awareness) to promote healthy development and safety*

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

- ***Resource and referral services***
Commission funded programs report that families often only need information and/or a referral to help themselves through difficult or stressful times. These services work towards alleviating risk factors.
- ***Mental/behavioral health services – includes individual and group services, depression screenings, and community consultation***
Depression and mental health issues are risk factors for child abuse/neglect, but access to services through insurance is very limited. Broad screenings can lead to needed interventions that may not have occurred otherwise. Clinical services are designed to improve mental health, increase healthy relationships between parents and their children, and reduce risk factors for child abuse and neglect.
- ***Case management***
Some families need longer term and more intensive support services. Case management allows providers to appraise families' strengths and goals, and then work on issues that often involve risk factors for abuse/neglect.
- ***Family crisis support services***
Crisis support allows high-risk caregivers or those going through one-time crises the opportunity to gain access to critical support, including respite childcare and counseling.
- ***Adult literacy classes and family literacy***
The literacy level of caregivers affects a multitude of family issues, including socioeconomic status and ability to assist with a child's development and literacy. Adult and family literacy classes work to increase the literacy levels of both children and their adult caregivers.
- ***Parenting classes***
Knowledge and skills for parenting are critical in the reduction of child abuse/neglect, as well as the healthy development and well-being of children. Subjects such as positive parenting, discipline, nurturing, infant care, and safety are included in parenting classes that increase knowledge and skills.
- ***Community outreach***
Outreach is critical for all Result Areas in order to reach out to those who may be marginalized or underserved.

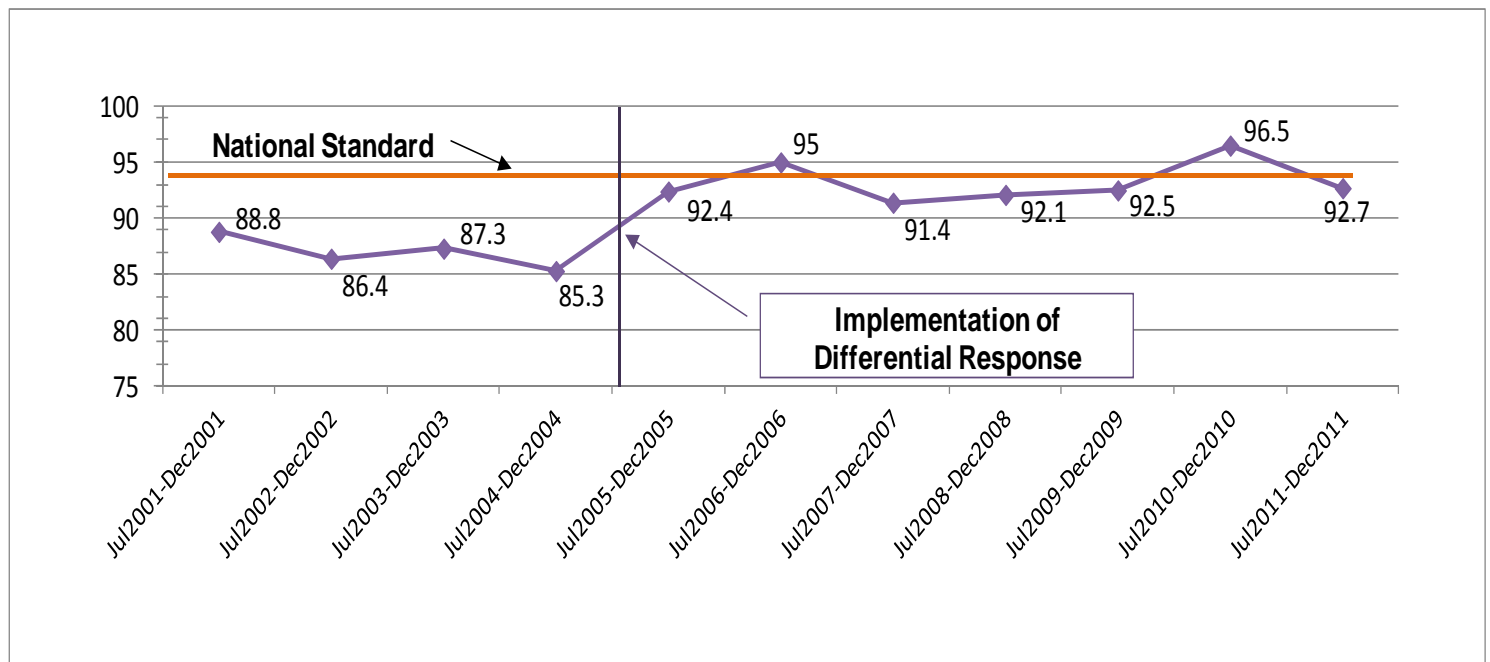
The services are offered by a spectrum of providers, from community based family resource workers to mental health clinician. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals),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

Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2011 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 after the implementation of Differential Response (DR) through FRCs. The rate then dropped for the next 3 years, but never fell below the rate before Differential Response was implemented. In 2010, the rate of “no recurrence” of maltreatment was at the highest rate it has ever been in over a decade. Although there are many factors that contribute to this population indicator of “no recurrence” rate, 1,780 children 0-5 were referred through differential response, and over 1,211 or 68% of the families with children 0-5 voluntarily engaged in services through the Family Resource Centers during the ‘11-‘12 fiscal year. This engagement and participation is a key component in assisting families who are at risk, and these DR activities contributed to the statistics shown below. In addition, all programs funded in this result area help support these outcomes.

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

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



How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
<ul style="list-style-type: none"> • 14,652 children 0-5 received services that improved family functioning • 983 children 0-5 received behavioral health services • The parents of 2,564 children attended parenting education classes • 95 early education sites received 2,863 hours of mental health consultation • The families of 7,046 children 0-5 received resources or referrals to improve family functioning 		
<ul style="list-style-type: none"> • 24% of the children and families who received family support services (3,499/14,652) were engaged further through assessments • 15% of those receiving family support services (2,186/14,652) received more intensive services focused on improving child abuse risk factors • Of those programs reporting on client satisfaction, the level of satisfaction ranged from a low of 77% to a high of 100%, with an average of 88% for the programs. 		
Mental Health Access and Improvements <ul style="list-style-type: none"> • 80% of parents whose children are participating in mental health services (71/89) report a reduction in their child's mental health symptoms and improvements in child functioning • 2,824 caregivers of children 0-5 were screened for depression and 449 were referred for mental health services as a result 		
Behavior Improvements <ul style="list-style-type: none"> • 67% of children (60/89) demonstrate improved behavior within daycare environments 		
Parents and Providers Skills Improvements <ul style="list-style-type: none"> • 87% of parents participating in parent education (2,242/2,564) report an increase in skills or knowledge • 80% of day care providers (65/81) report improved skills and confidence in working with difficult children after receiving mental health consultation 		

Result Area 1: Improved Family Functioning						
Program	Amount Expended in '11-'12	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date	Cumulative Amount Expended	% Expended
2-1-1	\$ 145,389 (97%)	2,233	\$ 65	\$ 900,000	\$ 823,890	92%
Children's Crisis Center	\$ 460,000 (100%)	549	\$ 838	\$ 4,067,387	\$ 3,371,757	83%*
El Concilio - La Familia	\$ 93,998 (96%)	185	\$ 508	\$ 1,096,000	\$ 994,981	91%
Family Justice Center	\$ 100,000 (100%)	345	\$ 290	\$ 200,000	\$ 199,893	99%
Healthy Start Sites	\$ 374,418 (100%)	2,083	\$ 219 (includes Support funding)	\$ 4,545,045	\$ 4,512,879	99%
The Bridge (FRC)	\$ 183,320 (99%)	241	\$ 761	\$ 895,000	\$ 845,087	94%
Zero to Five Early Intervention (0-5 EIP)	\$ 1,436,295 (94%)	1,671	\$ 86	\$ 11,106,124	\$ 10,458,721	94%
Family Resource Centers (with Differential Response Services)	\$ 1,465,698 (94%)	4,494	\$ 326	\$ 9,718,328	\$ 8,919,708	92%
TOTAL	\$ 4,259,118 (96%)	11,801	\$ 361	\$ 32,527,884	\$ 30,126,915	93%

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

2-1-1

Agency: United Way
Current Contract End Date: June 30, 2012

Program Description

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

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

Finances

Total Award July 1, 2007 – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$900,000	\$150,000	\$145,389 (97% of budget)	\$823,890 (92% of budget)

FY '11-'12 Budget / Expenditure Data

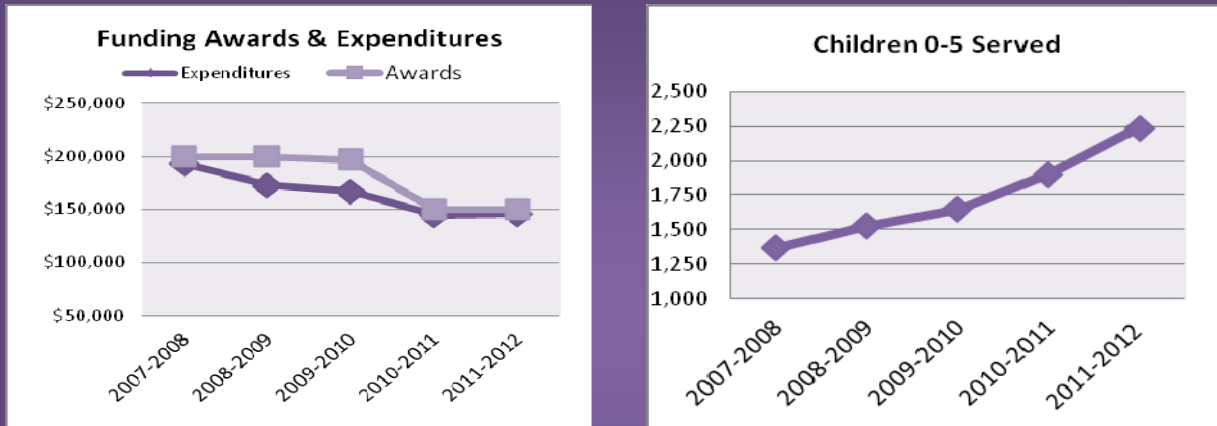
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (2,233 callers with a child 0-5)
\$100,473	\$44,780	\$136	0%	\$65

PARTICIPANT TYPE	% SERVED
Children 0-5	37%
56% <3; 38% 3-5; 6% unknown	
Parents/Guardians	34%
Other Family	29%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	47%
White	32%
Black/African American	7%
Asian	1%
Alaska Native/American Indian	<1%
Pacific Islander	<1%
Multiracial	6%
Other	1%
Unknown	5%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	74%
Spanish	21%
Hmong	-
Other	<1%
Unknown	4%

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



Although both the funding awards and expenditures decreased 25% from '07-'08 to '11-'12, 2-1-1 has increased the number of children served each year as the program developed and the community became more aware of 2-1-1. From '07-'08 to '11-'12, the number of children served has increased 63%. However, at the same time, the percentage of total callers with children 0-5 remained lower than expected at 26%.

Program Highlights

- A training program has been established that should result in each Call Specialist receiving national certification in 2013.
- A new data base and a new phone system were installed in 2011-2012 – both of which were funded by California 211. (Local 211 staff reported challenges with data accuracy during the change over to the new data base – which may explain why the target of “50% of callers have children 0-5” was not met.)
- Instead of operating a local call center during business hours and contracting with an alternative call center in another county for after-hours calls, it was decided in late June of 2012 to contract out all calls. The decision was made to reduce operational costs. Outsourcing all calls will be accomplished in 2012-2013.
- Leveraging: 211 leveraged \$106,581 of federal and local dollars, more than doubling the Commission funding award.
- Cultural Competency: Half of the Call Specialists answering 221 lines are fluent in Spanish and the program subscribes to the AT&T Language Line for translation of any language used by clients.
- Collaboration: 2-1-1 Stanislaus has collaborated with other Prop 10 funded programs in a variety of efforts including participating at their agency resource fairs, providing child health enrollment applications on site, and providing 2-1-1 presentations and 2-1-1 informational materials. 2-1-1 has begun working with Stanislaus County (OES, HSA, CAL-EMA, America Red Cross, LEC, AVC, Stanislaus Consolidated Fire and West Stanislaus Fire) on multiple projects to strengthen the 2-1-1 Call Center as a resource for public assistance, event planning, emergency incidents and disasters.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Prioritize outreach, especially to the Southeast Asian community and the 0-5 population	<ul style="list-style-type: none"> • Our outreach programs have targeted the Asian community and the entire 0-5 population in Stanislaus County.
2. Work with Inland Empire (contracted service provider for evening calls) to ensure that data collection is accurate	<ul style="list-style-type: none"> • This has been addressed through training and the development of an RFI and RFP for potential new contract services.
3. Assess whether it is viable to move forward with the communications marketing plan in order to address sustainability issues	<ul style="list-style-type: none"> • Marketing was not addressed as strongly as anticipated. United Way will be hiring a Marketing/Fund Development position to begin by October, 2012. 2-1-1 will be an important focus.
4. Continue efforts to improve timely invoicing	<ul style="list-style-type: none"> • Invoicing has been timelier in 2011 -2012.
5. Consider the viability of the data system enhancement as planned for increased capacity building	<ul style="list-style-type: none"> • This has been completed with the implementation of iCarol. This data system was paid for by California 2-1-1 and will result in a significant budget cost reduction.
6. Continue to seek additional sources for funding, collaborative partnerships, and maintenance of established funding	<ul style="list-style-type: none"> • We developed additional funding from Stanislaus County Community Services Agency. We are in a collaborative partnership with three other 2-1-1 Call Centers to improve operations and reduce cost.
7. Continue work with the Office of Emergency Services to finalize an MOU (Memorandum of Understanding) for funding , as well as the County's CEO (Chief Executive Officer) and Board of Supervisors to garner support	<ul style="list-style-type: none"> • A draft MOU is in review by the OES staff and CEO. The comments are positive for strong support of the 2-1-1 Call Center.
8. Continue to share program evaluation information (including statistics, outcomes, and local success stories) with multiple stakeholders in the community in order to sustain the strong support of the community	<ul style="list-style-type: none"> • The first annual report has been developed and distributed and shared with stakeholders including many City Managers throughout Stanislaus County.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES	PLANNED	ACTUAL
2-1-1 callers have access to health and human service program information 24/7/365	100%	98% (8425/8560)
2-1-1 callers with children 0-5 have access to health and human service program information 24/7/365	100%	98% (2180/2233)
50% of callers have children 0-5.	50%	26% (2233/8560)
Callers with children 0-5 years are unduplicated callers	75%	98% (2180/2233)
Children 0-5 years whose caregivers request health insurance assistance with their children's application are provided with health plan enrollment assistance	100%	94% (175/187)
2-1-1 callers with children 0-5 who were contacted for follow-up report satisfaction with 211 services	80%	83% (889/1076)
Callers with children 0-5 years learn of the 2-1-1 services through outreach or advertisement.	50%	52% (1172/2233)
Callers' children 0-5 years who previously did not have health insurance have health insurance within 45 days after calling 2-1-1	75%	83% (156/187)
2-1-1 callers with children 0-5 years who are contacted for follow-up report having their needs met through referrals after calling 2-1-1	50%	58% (673/1164)

Recommendations

- Closely monitor output and outcome statistics to determine the impact, if any, of outsourcing all 2-1-1 calls.
- Continue to seek additional sources for funding, collaborative partnerships, and maintenance of established funding.
- 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, 2012

Program Description

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

The Respite Childcare Program is offered from five locations strategically located to serve low income and underserved neighborhoods throughout Stanislaus County. Shelters are located in the cities of Modesto (including co-location at the Stanislaus Family Justice Center), 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 local abused, neglected and high risk children.

Finances			
Total Award March 15, 2002* – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$4,067,387**	\$460,000	\$460,000 (100% of budget)	\$3,371,757 *(83 % of budget)

* This date reflects that of the Master Contract with SCOE, and differs from contractor's record of subcontract date of January 2003.

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

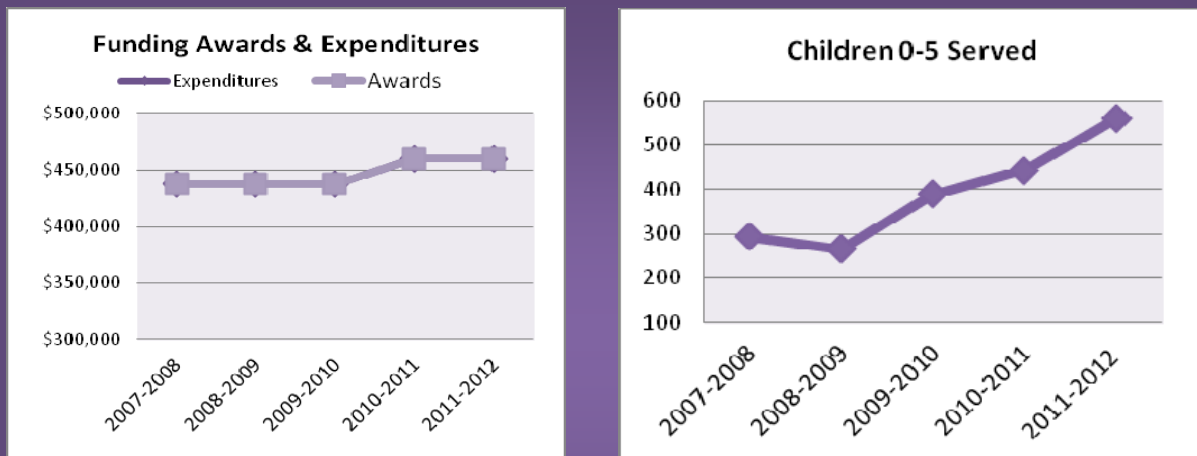
FY '11-'12 Budget / Expenditure Data			
Respite Care	Rent	Indirect Cost Rate	Average Cost Per Child 0-5 (549)
\$424,003	\$35,997	0%	\$838

PARTICIPANT TYPE	% SERVED
Children (55% <3; 45% 3-5)	50%
Parents/Guardians	31%
Other Family	19%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	49%
White	25%
Black/African American	7%
Asian	<1%
Alaska Native/American Indian	<1%
Pacific Islander	<1%
Multiracial	16%
Other	-
Unknown	<1%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	76%
Spanish	23%
Hmong	-
Other	1%
Unknown	<1%

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



Funding awards and expenditures have been consistent between '07-'08 and '11-'12 with the exception of a 5% increase beginning in '10-'11. Between '07-'08 and '11-'12 there was a 91% increase in children served, with a 43% increase in children served since '10-'11 when budgets were increased in recognition of changing community needs resulting from difficult economic conditions in our County.

Program Highlights

- CCC employees trained by the Community Services Agency can now monitor and supervise visitations between biological parent(s) and child(ren) at the Foster Child Visitation Center.
- The CCC exceeded its goal of serving 400 unduplicated children by 149 (37%).
- One of CCC's five houses where services are provided was closed unexpectedly for two weeks during 2011-2012 because of flooding. The most at-risk families were served at the other 4 locations remaining in operation. The closure was a major impact on programs and the CCC had to respond quickly and with flexibility to be able to provide continuous services.
- At the close of FY 2011-2012, the CCC secured an alternate location from which to provide Marsha's House services. This new opportunity will allow utilization of a no cost (but for utility expenses), licensed facility in Ceres. A move is planned in FY 2012-2013.
- 269 children received developmental assessments and 48 of those children were referred for additional assessments and services.
- 78,098 nutritionally based meals and snacks were served to 549 disadvantaged high risk children ages 0-5.
- Leveraging: Most funding for the agency is derived from state and federal grants and allocations and donations from foundations. Local funding, which has increased only slightly in the last 4 years, now represents about 2% of total CCC revenues.
- Cultural Competency: English and Spanish are the two most dominate languages spoken by Children's Crisis Center staff, as they are predominately the primary languages spoken by our target service population. Other primary languages spoken by children, parents and staff include Laotian, Hmong, Thai, Cambodian, Vietnamese, Punjabi, Hindi, Urdu, Portuguese and ASL (American Sign Language).
- Collaboration: In the past year, CCC has collaborated with a number of non-profit and for-profit agencies, including the Modesto Police Department (MPD), Stanislaus County Sheriff's Office (SO), District Attorney's Office, Child Protective Services (CPS), Behavioral Health & Recovery Services (BHRS), Haven Women's Center, Housing Authority (HA), Modesto

City Schools (MCS), Alliance Worknet, family resource centers, hospitals, sober living facilities, homeless shelter providers, civic groups, faith-based organizations, and local businesses.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue the work planned through the Sustainability Project	<ul style="list-style-type: none"> • <u>Law Enforcement Partnerships</u>- have extensively strengthened through a partnership at Stanislaus Family Justice Center (SFJC). The CCC currently assigns 75 hours of on-site staff presence to cultivate this collaborated effort. • <u>Hospitals and Clinics</u> - CCC staff made 12 service presentations to DMC residency program, Public Health Nurses and other social work staff and medical professionals. • The Center has drafted a marketing plan so that the message from CCC is consistent and does not confuse stakeholders. • The CCC has established and built upon a centralized, shared client case management system.
2. Continue utilizing both the measurement tools and case management interpretations, as both are important in assessing progress towards goals.	<ul style="list-style-type: none"> • CCC continued utilization of RAET and case management notes to determine family progress towards goals outlined in the Family Service plan (FSP).
3. Continue partnering with community resources to explore opportunities for follow through if and when capacity is gained.	<ul style="list-style-type: none"> • During the FY 2011-2012, the Children's Crisis Center explored options in Ceres and Turlock for expanding respite services to young, high risk children residing in Stanislaus County.

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 who received respite care are from families progressing towards their Respite Priority Certification service plan goals	90%	94% (518/549)
Children 0-5 indicate decreased risk for child abuse or neglect	80%	94% (467/495)
Enrolled children 0-5 assessed with DRDP progress in at least one developmental area	70%	98% (263/269)
Children 0-5 indicating need for additional developmental services receive appropriate referrals	100%	100% (48/48)
Enrolled children 0-5 are identified for dental, visual, or auditory screenings.	5%	2% (10/549)
Enrolled children 0-5 receive medical assessments and TB screenings	No planned outcomes	32% (178/549)
Enrolled children 0-5 receive assistance applying for food assistance programs	No planned outcomes	8% (43/549)

Recommendations

- Continue efforts to collaborate with other agencies.
- Continue seeking leveraging opportunities.

El Concilio – La Familia

Agency: El Concilio

Current Contract End Date: June 30, 2012

Program Description

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

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

Finances			
Total Award July 1, 2006 – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$1,096,000	\$98,000	\$93,998 (96% of budget)	\$994,981 (91% of budget)

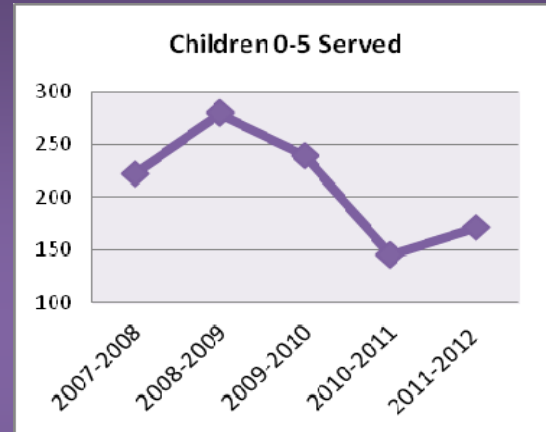
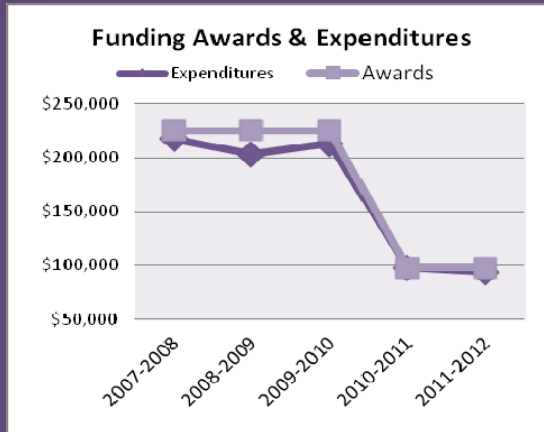
FY '11-'12 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (185)
\$59,515	\$34,483	10%	\$508

PARTICIPANT TYPE		% SERVED
Children		36%
39% <3; 61% 3-5		
Parents/Guardians		28%
Other Family		36%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	86%
White	7%
Black/African American	-
Asian	-
Alaska Native/American Indian	<1%
Pacific Islander	3%
Multiracial	-
Other	3%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	23%
Spanish	76%
Hmong	-
Other	<1%
Unknown	-

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



In '10-'11 La Familia transitioned from a 3-pronged program to providing counseling services only, and both the funding award and expenditures decreased by 56%. The numbers served decreased by 48%. However, the number of children 0-5 served in '11-'12 increased 18% from '10-'11.

Program Highlights

- Through this contract, a Mental Health Clinician is at the following locations once a week for four hour increments: Parent Resource Center (Modesto), Casa del Rio (Riverbank), Turlock Family Resource Center, Ceres Healthy Start, and Hughson Family Resource Center. If clients are unable to attend appointments on the set dates and hours, the clinician will see them at another location.
- A waiting list has been established due to the increased need for mental health services.
- Leveraging: The program reports that Commission funds were not able to be leveraged.
- Cultural Competency: The agency's staff members are fluent in Spanish, Portuguese, and English. The agency enjoys credibility in the community through the effective operation of other programs and services utilized by residents.
- Collaboration: The contractor has reached out to North Modesto Family Resource Center, Family Justice Center, Leaps and Bounds to create a partnership for referrals.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to seek leveraging opportunities, especially in collaboration with other agencies	<ul style="list-style-type: none"> We are always looking into opportunities for growth, we have approached other organizations such as Parent Resource Center for a possibility for a joint grant venture. There is definitely a need for additional services as the challenge is that we have a waiting list for clients that are seeking services, yet we don't have the capacity with only one counselor to be able to help the amount of people who are in need of culturally appropriate mental health counseling.
2. Work to build partnerships countywide, especially in the Westside	<ul style="list-style-type: none"> We are currently receiving referrals from other agencies, schools and faith based that are on a waiting list for services. We are currently looking into offering services in Patterson or Grayson to address the recommendation to partner in the Westside.
3. Review survey scale and make appropriate changes; Consistently survey participants to garner more responses	<ul style="list-style-type: none"> We had 5 times more surveys conducted this year than last year
4. Review the data for consistency between figures as PEDS and SCOARRS are off	<ul style="list-style-type: none"> We reviewed the data with SCOARRS and PEDS and the difference (6 clients) is nowhere to be located as we have checked it numerous times.
5. Review Sustainability Plan to assess the current status, and make changes where suitable and or begin activities that are still appropriate	<ul style="list-style-type: none"> We have been working on reassessing the sustainability report and updating the changes.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Children 0-5 whose caregivers are screened for depression or other mental health issues.	136 children	185 children
Children 0-5 whose caregivers are receiving mental health services after being identified through the LSP/Burns Depression Screening or who request services.	90%	100% (185/185) 118 ID'ed by Burns
Children 0-5 whose caregivers receive individual counseling and indicate improvement with presenting issues.	65%	100% (141/141)

Recommendations

- Look for opportunities to use Commission funds to leverage funds from government grants, foundations, and private donations.
- Update the sustainability plan to ensure needed services can be provided in future years.

Stanislaus Family Justice Center

Agency: Stanislaus Family Justice Center
Current Contract End Date: June 30, 2012

Program Description

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

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

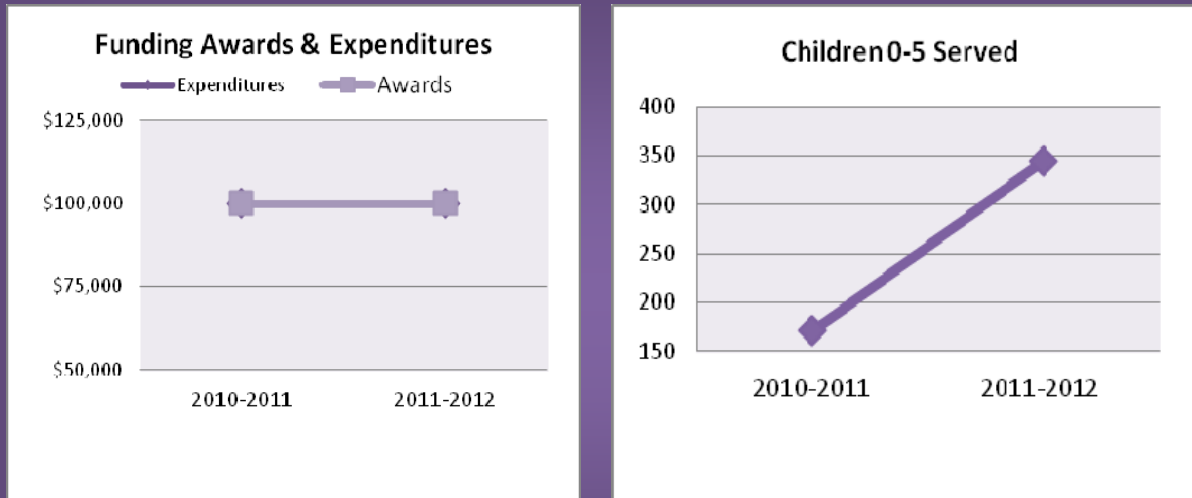
Services provided to victims include advocacy, basic needs assistance, counseling, crisis intervention, housing and shelter assistance, law enforcement and prosecution, legal assistance, life skills, chaplaincy, and translation services. The partner agencies consist of public, private, and not-for-profit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

Finances			
Total Award July 1, 2010 – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$200,000	\$100,000	\$100,000 (100% of budget)	\$199,893 (99% of budget)

FY '11-'12 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (345)
\$100,000	\$0	0%	\$290

PARTICIPANT TYPE		PERCENTAGE (ALL PARTICIPANTS)	LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
	% SERVED			
Children	54%	Hispanic/Latino	English	85%
3=43% <3; 52% 3-5; 5% unknown		White	Spanish	13%
Parents/Guardians	22%	Black/African American	Hmong	-
Other Family	24%	Asian	Other	<1%
		Alaska Native/American Indian	Unknown	<1%
		Pacific Islander		
		Multiracial		
		Other		
		Unknown		

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



While funding has remained the same since the program started in '10-'11, the Family Justice Center has increased the number of 0-5 children served by over 100% for '11-'12.

Program Highlights

- The Family Justice Center model is identified as an evidence-based practice in the field of domestic and family violence and sexual assault intervention and prevention services. Documented and published outcomes of the model include reduced homicides, increased victim safety, increased empowerment for victims, reduced fear and anxiety for victims and their children, reduced recantation and minimization by victims, increased efficiency of services, increased prosecution of offenders, and dramatically increased community support for services to victims and their children.
- Customer satisfaction survey results showed that:
 - ✓ 84% of clients were satisfied with the services they received; received the help they wanted/needed; and had a full understanding of the process.
 - ✓ 95% of clients felt staff were courteous, helpful, and displayed a positive attitude.
 - ✓ 100% of clients felt staff treated them with respect.
- Leveraging: The Family Justice Center leveraged \$318,803 of federal and local dollars, more than tripling the Commission funding award.
- Cultural Competency: Because abuse is not limited to gender, income level, occupation education level, ethnic or sexual preference, FJC serves people from all sectors of the county. A majority of the staff is bi-lingual Spanish and translation services are provided for clients that speak languages other than English. Program materials are provided in both English and Spanish.
- Collaboration: The operating model for the FJC is to co-locate partners providing abuse services. Agencies currently onsite at the FJC include CAIRE Center (Child Abuse Interviews, Referrals, and Evaluation), Community Services Agency, Haven Women's Center, Children's Crisis Center, Behavioral Health and Recovery Services, Child Protective Services, District Attorney, Civil and Legal Attorney, Stanislaus County Sheriff, and Modesto Police Department. The Domestic Violence Response Team for Stanislaus County is also housed at the FJC site.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM RESPONSE
1. Continue to build relationships and partnerships as program develops.	<ul style="list-style-type: none"> Relationships and partnerships were enhanced with FRC's, law enforcement, Without Permission, and other community agencies during the grant period. Without Permission is a new non-for-profit organization in Stanislaus County that is focused on combating the epidemic of children sexually exploited in our community. SFJC is partnering with this organization to provide services for victims of human trafficking, sexual assault and sexual exploitation. SFJC and Without Permission are sharing volunteer referrals and resources to best serve our clients.
2. Develop and administer customer satisfaction surveys, as contractually required.	<ul style="list-style-type: none"> Customer satisfaction surveys were developed and administered to those victims who agreed to fill them out.
3. Pay attention to Commission policy and Scope of Work deadlines.	<ul style="list-style-type: none"> We are continuing to improve in this area.
4. Continue work to ensure that the database is functioning correctly and that the changed outcome measures are appropriate	<ul style="list-style-type: none"> We were able to develop a system to collect data on 0 – 5 children and their families receiving services from co-located partners at the SFJC.
5. Continue the work planned through the Sustainability Project, and consider additional strategies for sustaining results.	<ul style="list-style-type: none"> We developed several community partnership activities and events to increase visibility and support of SFJC activities. Our Director of Community Partnerships developed and implemented a comprehensive volunteer program that provides support for victims and their children including VOICES and ARK (Art Restores Kids)

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 receive services that reduce the risk of repeat child maltreatment.	200	345
Children served have families who have a safety plan in place.	70%	21% (74/345)
Caregivers of children served report an increase in self-sufficiency skills.	70%	17% (24/138)

Recommendations

- Focus on developing safety plans for families.
- Focus on training caregivers in self-sufficiency skills.
- Adhere to Commission policies and scope of work deadlines regarding reporting deadlines.
- Continue sustainability efforts to ensure needed services can be provided in future years.
- Continue development of productive collaborations.

Healthy Start Support

Agency: Stanislaus County Office of Education
Current Contract End Date: June 30, 2012

Program Description

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

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

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

Finances			
Total Award March 15, 2002 – June 30, 2012	FY 11/12 Award	FY 11/12 Expended	Cumulative Amount Expended
\$4,545,045	\$456,796	\$456,796 (100% of budget)	\$4,512,879 (99% of budget)

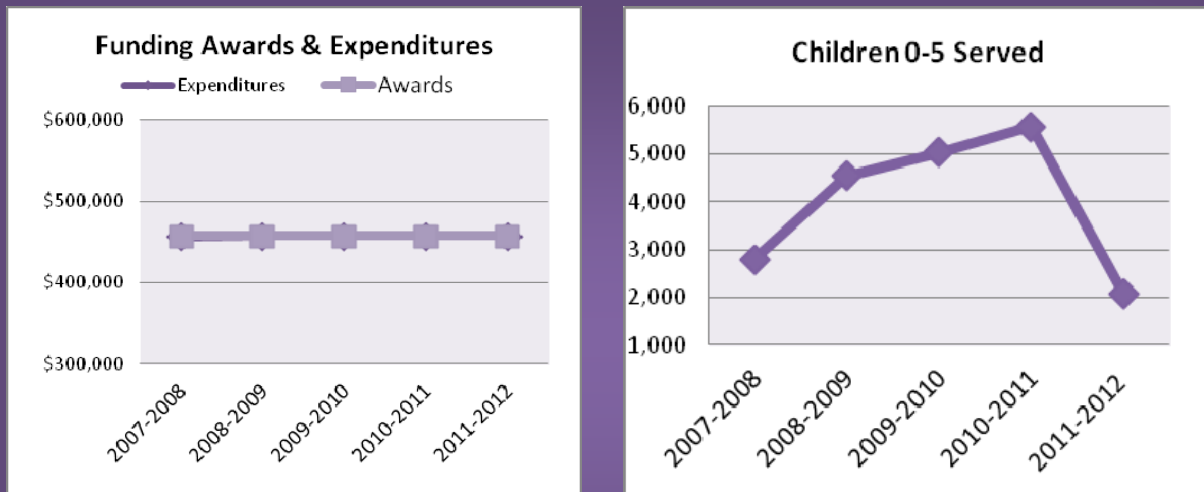
FY 11-12 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (2,083)
\$59,832	\$22,546	\$374,418	9.8% (excludes sites)	\$219

PARTICIPANT TYPE	% SERVED
Children	100%
46% <3; 54% 3-5	
Parents/Guardians	-
Other Family	-

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	70%
White	10%
Black/African American	4%
Asian	<1%
Alaska Native/American Indian	-
Pacific Islander	<1%
Multiracial	2%
Other	<1%
Unknown	13%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	38%
Spanish	50%
Hmong	-
Other	<1%
Unknown	12%

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



From '07-'08 through '11-'12, Healthy Start budgets and expenditures have been very consistent. The children 0-5 served had increased substantially until '11-'12 when there was a significant drop (63%) in service. A revised reporting methodology caused the drop in children served in '11-'12. The revised methodology resulted in more accurate unduplicated participant counts.

Program Highlights

- The 9 Healthy Start sites funded by the Commission are located at the following schools: Allard, Ceres, Downey, Franklin, Hughson, Orville Wright, Petersen Alternative Center for Education (PACE), Riverbank, and Roberson Road.
- The emphasis of the Healthy Start sites continues to be preventative rather than crisis intervention, allowing for positive and supportive, rather than punitive, relationships to achieve positive results.
- Free and reduced lunch eligibility continues to be an indicator of the socio-economic levels at the 9 sites. The percentage at sites eligible for free and reduced lunch ranges from 61.5% to 99.2% with an average of 84% for the 9 sites.
- SCOE provides administrative support, oversight, and direction to the sites through monthly site collaborative meetings and multiple on-site meetings.
- Leveraging: Leveraging and collaboration are strengths of the Healthy Start sites as a collective. Some sites leverage more than others, but altogether, they have leveraged a total of over \$524,000 or 114% of the '11-'12 funding award.
- Cultural Competency: All sites employ bilingual staff, and materials are in both English and Spanish. In addition, each site is designed to meet the cultural needs of that particular community.
- Collaboration: All sites work with FRCs in their community, other Prop 10 programs, and a myriad of other community organizations.
- Community feedback is strongly positive and participant responses constructive.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Participate in meetings that will assist in the collection and reporting of data with the new evaluation system, and consistently collect and enter the data for each site.	<ul style="list-style-type: none"> Meetings were held during regularly scheduled Collaborative meetings. All sites that attended contributed their input for the new Family Support Outcome Survey (FSOS) system and utilized the system this past year.
2. Review the program related to career and post-secondary education to determine if there are any appropriate improvements.	<ul style="list-style-type: none"> Improvements have been made and a new coordinator was hired to ensure fidelity in both the program and surveys provided to families.
3. Continue the work planned through the Sustainability Project, and make revisions as necessary when strategies are no longer viable or appropriate.	<ul style="list-style-type: none"> Healthy Start's Sustainability Plan has been placed as an ongoing agenda item at our monthly Collaborative meetings.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?	
OUTPUTS / OUTCOMES		PLANNED	ACTUAL
Families with 0-5 children have support systems, social emotional systems, and decreased stress - as evidenced by the following:			1770 families 2083 children
Families indicating increased knowledge of community resources	80%	83% (1469/1770)	
Families indicating increased social/emotional support	80%	93% (1646/1770)	
Families indicating decreased stress	80%	73% (1292/1770)	
Families reporting progress towards positive family goals	80%	83% (1469/1770)	
Families reporting improved parenting skills	80%	87% (1540/1770)	
Families reporting increased parenting skills	80%	96% (1699/1770)	
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%	83% (1469/1770)	
Caregivers passing CPR/First Aid course	80%	98% (139/142)	

Recommendations

- Continue using the Family Support Outcome Survey (FSOS) to record changes in families.
- Consider standardizing the services provided at the sites and the types of data collected at the sites.

The BRIDGE

Agency: Sierra Vista Child and Family Services
Current Contract End Date: June 30, 2012

Program Description

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

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

Finances			
Total Award June 1, 2007 – June 30, 2012	FY '11-'12 Award	FY '11'12 Expended	Cumulative Amount Expended
\$895,000	\$185,000	\$183,320 (99% of budget)	\$845,087 (94% of budget)

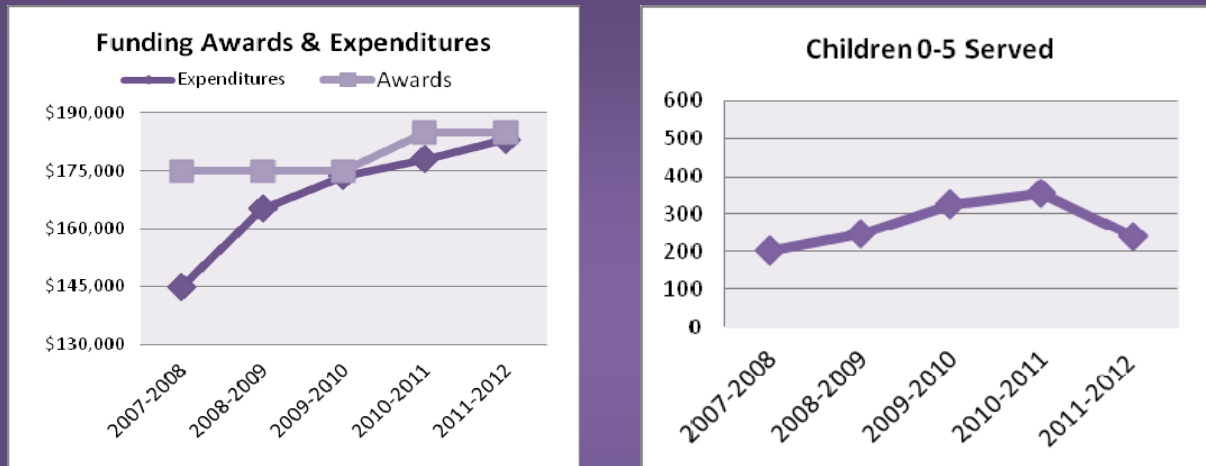
FY '11-'12 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (241)
\$141,704	\$24,951	\$16,665	10%	\$761

PARTICIPANT TYPE	% SERVED
Children	41%
39% <3; 61% 3-5	
Parents/Guardians	43%
Other Family	16%

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	24%
Other	76%
Unknown	-

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



Although the funding award for the BRIDGE did not increase until '10-'11, program expenditures consistently increased 27% between '07-'08 and '11-'12. The program was expending 96% in '10-'11 and 99% in '11-'12. As the program developed, the number of 0-5 children served increased 76% from '07-'08 to '10-'11. However, there was a 32% decrease in children 0-5 served in '11-'12 from '10-'11, which indicates a need to emphasize outreach activities.

Program Highlights

- Three large events were sponsored by the BRIDGE to emphasize health, education, and well-being. The events included a Back To School Picnic with school readiness materials and activities, a Holiday Celebration with books given as gifts, and a Cultural Faire to celebrate the SEA (Southeast Asian) culture and identify families who could benefit from the BRIDGE services.
- Participant feedback has been very positive and indicates that The BRIDGE services are well used and appreciated. The 258 survey respondents reported feeling better prepared to help their children succeed, and they were highly satisfied that their needs were met in a timely manner. Only in one category, quality of services received, did participant feedback fall to low levels – 62% of respondents indicated the quality of services received was excellent. This response was puzzling as approval rates for most other questions ranged from 88% to 96%.
- The BRIDGE has continued to operate a garden project so participants can grow their own snacks. Young children are encouraged to help, and 4-5 year olds seem to have the most fun.
- Leveraging: The BRIDGE leveraged \$225,042 of federal, state, and local dollars, matching by more than 121% the Commission funding award.
- Cultural Competency: It is critical in working with the SEA population that the staff be members of the SEA community and be respected by the community. Community member involvement has resulted in the hiring of staff more closely aligned with the target population. Limited materials are available in the SEA languages which can be problematic. However, The BRIDGE has found several resources for health and parent education material in the SEA languages and uses them regularly.
- Collaboration: The BRIDGE has a long history of collaborating with the Modesto Police, MID, PG&E, Probation, CSUS, CSA, and others. The BRIDGE continues strong and active collaborations with King Kennedy, CVOC, and the Cambodian and Laotian Temples. Additionally, The BRIDGE has initiated collaborative relationships with several local Modesto City Schools campuses; Robertson Road, Kirschen, and Burbank. Lastly, The BRIDGE maintains collaborations with Maddox Youth Center and Project Uplift. The BRIDGE Youth were involved in the Annual Youth Summit which brings together Youth Programs throughout the county.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to keep recommendations in mind and act upon them as appropriate and as funding allows.	<ul style="list-style-type: none"> The BRIDGE administration and line staff will continue to be informed of recommendations and act upon them.
2. Continue the work planned through the Sustainability Plan, and consider revisions as appropriate.	<ul style="list-style-type: none"> The BRIDGE continues the work planned in the Sustainability Plan as evidenced by the addition of a key champion in '11-'12 and the establishment of a strategic partnership that will bring traditional music lessons and instrument building to the next generation of SEA Community members.

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 referred during the year have caregivers who receive a Strength Based Assessment	70%	80% (192/241)
Children 0-5 referred in the new year have caregivers who receive referrals, resources, or support services	80%	100% (119/119)
Children 0-5 have caregivers who receive ongoing case management	40%	96% (90/94)
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%	96% (129/134)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	96% (90/94)
Children whose caregivers indicate a need will receive a mental health referral	90%	100% (8/8)
Children 0-5 whose families are assessed receive developmental screenings	55%	98% (92/94)
Children who indicate a need will be referred for further developmental assessment	90%	100% (4/4)
Children 0-5 served indicate increased time reading at home with family	60%	96% (43/45)
Children 0-5 who did not have health insurance when entering the program received assistance in obtaining health insurance	85%	All children served had health insurance
Assessed children 0-5 who did not have health insurance are enrolled in a health insurance program within 90 days of intake	80%	100% 8/8

Recommendations

- Attempt to determine why, despite high participant satisfaction with services provided, participants ranked quality of services received so low.
- Continue to leverage Commission funds to bring more services to the SEA community.
- Continue collaboration efforts to facilitate inbound and outbound referrals for services.
- Continue sustainability efforts aimed at continuing services into the future.

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

Agency: Stanislaus County Behavioral Health and Recovery Services

Current Contract End Date: June 30, 2012

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.

*Previously known as the Specialized Child Care Consultation Program (SCCCP)

Finances			
Total Award March 1, 2002 – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$11,106,124	\$1,523,009	\$1,436,295 (94 % of budget)	\$10,458,721 (94% of budget)

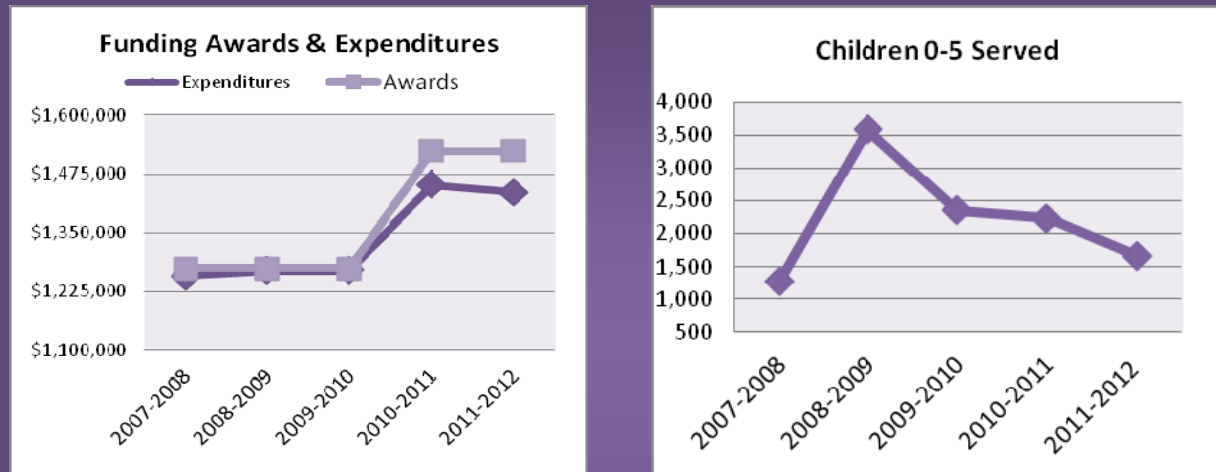
FY '11-'12 Budget / Expenditure Data			
BHRS	Sierra Vista	Cost Per Child 0-5 (1,671-includes parent ed)	Cost per Service Hour (16,594)
\$833,798	\$602,497	\$860	\$86

PARTICIPANT TYPE	% SERVED
Children	38%
49% <3; 51% 3-5	
Parents/Guardians	44%
Other Family	19%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	69%
White	25%
Black/African American	1%
Asian	<1%
Alaska Native/American Indian	<1%
Pacific Islander	<1%
Multiracial	-
Other	4%
Unknown	-

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

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



The funding award increased 14% from '09-'10 to '10-'11 and remained stable for '11-'12 due to an expansion of the Scope of Work to serve Core 4 sites and an increase of community sites. Although the numbers served increased in some areas (early preventive mental health at community sites), the actual number of children served in all areas decreased by 25%. This is due in part to an increase in *hours* of services per participant instead of the number of participants served.

Program Highlights

- The target population of 0-5 EIP continues to be those children and families challenged by:
 - ✓ Poverty
 - ✓ Addiction and Domestic Violence
 - ✓ Complications from Drug Exposure in Utero
 - ✓ Medical Issues Including Asthma and Developmental Delays
 - ✓ Grandparents as Primary Parents
 - ✓ Abuse and Neglect
- The total number of expected hours of service was met by 0-5 EIP. There was an increase in community based prevention work and a decrease in outpatient based work. It is unclear at this point if the decrease in outpatient is due to actual decrease in hours of contact or if the reported hours are the result of challenges in a new software system implemented at the beginning of 2012.

Service	Planned Hours	Actual Hours
Outpatient mental health services	4,500	4,332
Parenting	400	635
Prevention	9,000	8,694
Consultation	2,600	2,863
Planned Total Hours	16,500	16,594

- The Sierra Vista Child and Family (SVCFS) 0-5 EIP team has revamped its number of parent trainings in order to accommodate requests from the community. In 2011-2012, the Sierra Vista team offered 31 trainings that targeted the needs of children age 0-5 as well as their families. Special requests were made regarding the impact of TV violence on children as well as on bullying and how the transition into kindergarten can be made easier. While requests for general parenting skills have always been a popular topic, it seems that more parents and caregivers for children are requesting help with managing day-to-day stress.

- Revenue generated for fiscal year 2011-2012 decreased within 0-5 EIP, which is also a trend within the Behavioral Health and Recovery Services (BHRS) system. A challenge has been the implementation of a new computer system which has impacted all levels of operation including billing and data analysis. This process should improve over the next year which should increase the productivity potential of providers and accountants.
- During the next year, 0-5 EIP will be implementing a strategy which addresses children who have sensory processing and or learning impairments. (Children exposed to abuse and to alcohol and drugs in utero frequently have these issues as well as children born with challenging temperaments.) The key concept in this approach is to teach children, their caregivers and teachers how to listen, to attend for a period of time and to be calm and awake enough to participate in learning activities. The program, known as The Alert Program (AP), promotes awareness of how to regulate arousal states and how to manage levels of alertness.
- Leveraging: Funds totaling \$1,853,579 were leveraged through Medi-cal, EPSDT and other contracts through Head Start including; Migrant, Early Head Start and Head Start.
- Cultural Competency: The 0-5 EIP program has bi-lingual, bi-cultural staff who is sensitive to the multitude of cultural influences on families. For Spanish-speaking families, both teams have Spanish-speaking providers and both teams have representatives from various ethnic communities in Stanislaus County. Demographic information on clients served reflects the ethnic distribution of the county.
- Collaboration: 0-5 EIP continues to collaborate with a wide variety of partners, particularly with those partners where the focus is on family functioning such as Family Resource Centers, Children's Crisis Center, El Concilio, HBO, and Core 4 programming. 0-5 EIP collaborates by being the single point of contact for programs that have identified children 0-5 and families with serious mental health concerns. The following agencies rely upon specialized mental health assessment and treatment for children and parents: Health Service Agency, BHRS, Unified School Districts throughout the county, Valley Mountain Regional Center, Stanislaus County Office of Education, BHRS/MHSA (Mental Health Services Act) programming in the community, and Community Service Agency Child and Family Services.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to leverage positions serving the 0-5 population with early intervention services at school sites, as well as connecting other high-risk families to the schools and services.	<ul style="list-style-type: none"> • The program continues to leverage funding from the Children and Families Commission with Medi-cal, EPSDT and realignment money. Leaps and Bounds and Sierra Vista have obtained smaller contracts from school systems to expand the consultation and school based services for 0-5.
2. Review data collection tools and outcomes.	<ul style="list-style-type: none"> • Beginning in the first quarter of 2012-2013, a review of data collection and outcome systems will be conducted in conjunction with BHRS and Sierra Vista.
3. Continue to track reasons for mental health service discharge.	<ul style="list-style-type: none"> • Data will continue to be inconclusive due to difficulties with data entry.
4. Continue the work planned through the Sustainability Project.	<ul style="list-style-type: none"> • The long term plan for continuation of "Partnering to Promote Social and Emotional Health and Development in Children, Families and the Community" involves continued capacity to pull down revenue and to educate the community on the funding impact of the Children and Families Commission. There is continued effort to educate internally and externally on the impact of Children and Families programming and the impact of mental health work at the prevention level of service. 0-5 EIP plans to continue these efforts by working towards completion of the Sustainability Project.
5. Track and report on hours as well as numbers served.	<ul style="list-style-type: none"> • Both hours of service and number of services are tracked through the SCOARRS.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Parents report a reduction in their child's mental health symptoms and improvements in child functioning	70%	80% (71/89)
Clinical staff report improvements in participating children as measured by symptom checklists and improvement noted in client care plans	70%	82% (84/103)
Children 0-5 who are assessed have caregivers who receive depression screenings	60%	100% (235/235)
Participating parents report improvements in their relationship with their child	70%	78% (69/89)
Clinical staff report improvements in family relationships of participating families	70%	81% (83/103)
Parents report a reduction of stress and risk factors	70%	72% (64/89)
Clinical staff report reductions in risk factors for participating families	70%	93% (96/103)
Parents show a reduction in risk factors for abuse/neglect based on the Parental Stress Index	65%	100% (30/30)
Parents report positive skill gains from training programs provided	80%	90% (520/578)
Children demonstrate improvement in behavior within daycare and social environments measured by parent	60%	67% (60/89)
Children demonstrate improvement in behavior within daycare environment as reported by staff	60%	95% (98/103)
FRC staff report satisfaction with consultation and referral services provided by program	70%	100% (7/7)
Day care providers report improved skills and confidence in working with difficult children as a result of mental health consultation	70%	80% (65/81)
Providers report a willingness to continue to work with children with serious behavioral problems as a result of mental health consultation	70%	93% (75/81)
Providers report positive skill gains for training programs provided	80%	100% (53/53)
Providers report satisfaction with mental health consultation services	80%	94% (76/81)

Recommendations

- In the past year, the program has emphasized services for the neediest population – which has not always been clients served by Commission funded programs (FRC's, for example). As the program focuses on the neediest clients, the service expectations of partners should be discussed with partners before and during service level changes.
- Continue to leverage Commission funds to increase services to the 0-5 population.
- Continue the work activities described in the Sustainability Plan.
- Continue to promote and develop collaborations throughout the community.
- Continue implementing the new computer data gathering system. Understand differences (if any) in how the old system and the new system report data.

FRC Countywide Summary

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

Current Contract End Date: June 30, 2012

Program Description

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

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

Finances							
Total Award June 1, 2005 – June 30, 2012		FY '11-'12 Award		FY '11-'12 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)
\$9,718,328	\$13,147,289	\$1,559,356	\$2,059,356	\$1,465,698 (94%)	\$1,964,874 (95%)	\$8,919,708 (92%)	\$12,311,076 (94%)

Cost per Child 0-5 to Commission (4,494) = \$326

PARTICIPANT TYPE	% SERVED
Children	38%
49% <3; 51% 3-5	
Parents/Guardians	34%
Other Family	28%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	60%
White	30%
Black/African American	4%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	2%
Multiracial	-
Other	2%
Unknown	-

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

An Investment In Communities

Family Resource Centers and Differential Response

During the last seven years, the Commission has invested over \$9 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for 11-12 represents 18% of the Commission's total program budget and 35% of the budget allocated to Improved Family Functioning. This investment is based on both published national research about DR and FRCs, as well as the results that Stanislaus County has experienced. The Commission is funding what works within an effective structure.

What Works

Family Resource Centers

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

Shared Principles

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

Key Characteristics

- Integrated
- Comprehensive
- Flexible
- Responsive to community needs

Differential Response

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

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

Effective Structure

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

Strength Based Assessments and Case Management (Improved Family Functioning)

All FRCs utilize the same Strength Based Assessment. They 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 issues in the areas of basic needs, child safety and care, self sufficiency, social community, family interactions, child development, and family health and well being. A case 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. The 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 FRC, and the staff members employed, have their own style of delivering case management services, such as length of total services and duration of visits. All of the FRCs also provide interpretation and translation for Spanish speaking families, as well as culturally sensitive services.

Parent Education and Support Groups (Improved Family Functioning)

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

Community Outreach

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

FRC Core Services

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

Behavioral Health Services/ Depression Screenings (Improved Family Functioning)

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

School Readiness Services/Developmental Screenings (Improved Child Development)

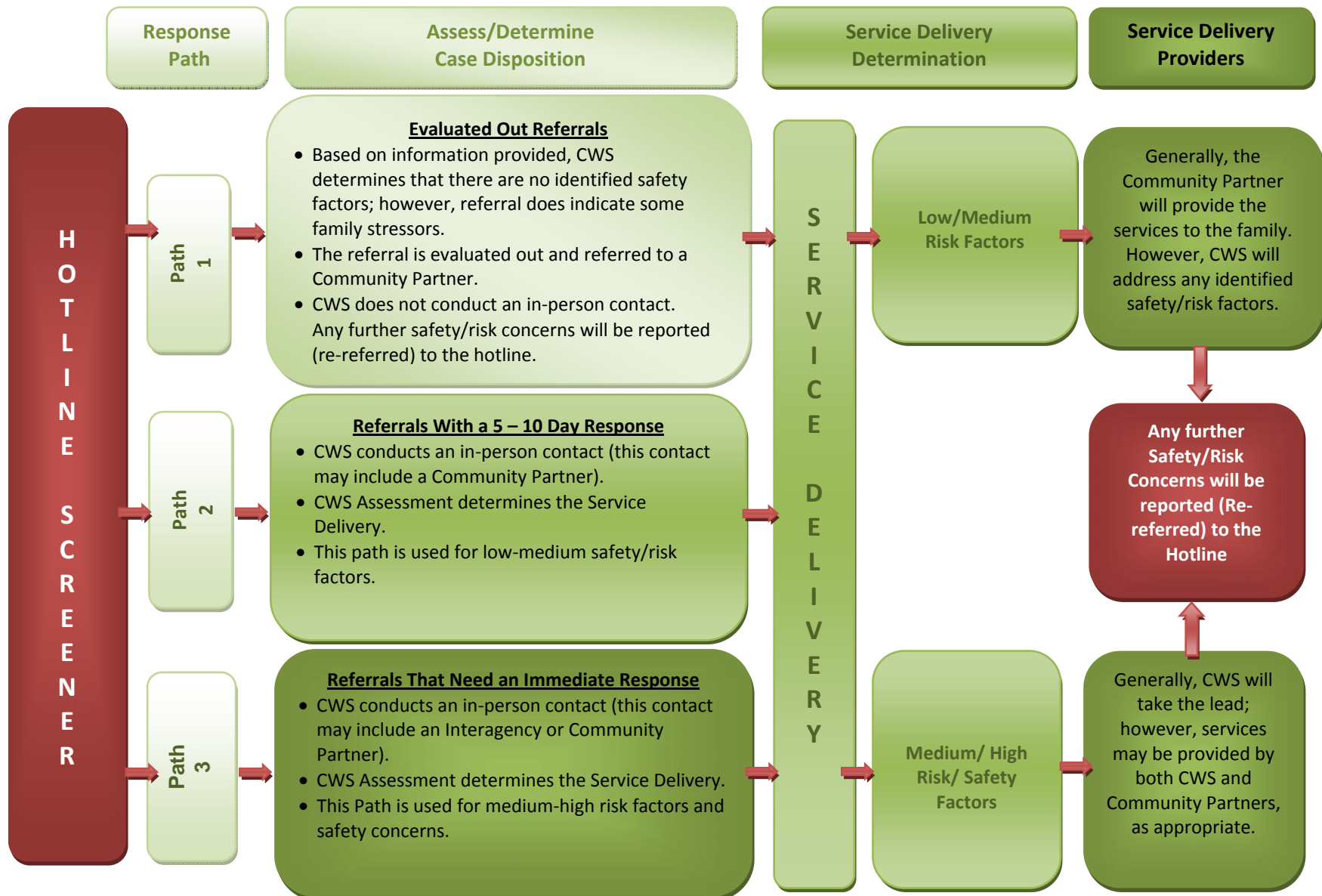
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated, referrals and support are given to the children and families. Activities and the level of school readiness services vary from site to site, but this area continues to develop at many of the sites. Workshops, classes, and information are offered at all.

Health Insurance Enrollment Assistance (Improved Health)

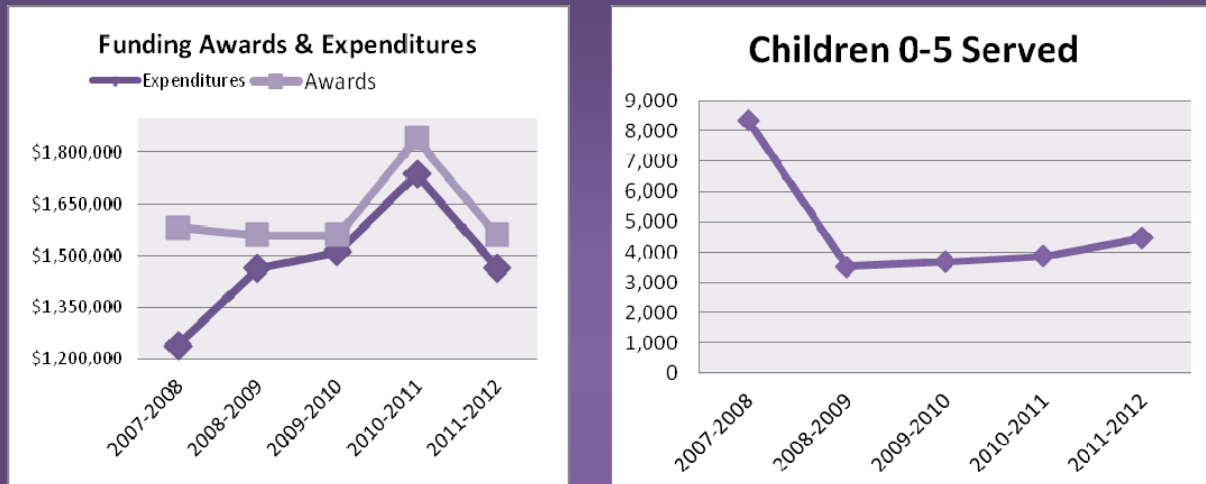
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal, Healthy Families, and Kaiser Kids within 90 days of the assessment. FRCs conduct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

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

Stanislaus Differential Response Paths



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



Expenditures for Countywide FRCs have remained fairly stable from '07-'08 to '11-'12 with the exception of '10-'11 when Commission funding increase due to CSA money being unavailable for the year. In '07-'08, the number of children served was substantially higher, however the collection of data was inconsistent among sites, and may have been duplicative. Since then, sites have worked on better data collection.

Program Highlights

- All DR-FRCs are charter members of the Northern San Joaquin Valley Family Resource Center Network (NSJVFRCN). The NSJVFRCN is a newly formed network of FRCs located within the Northern San Joaquin Valley Region whose mission is to attract and increase resources for FRCs in the region through the power of collaboration, leveraging, and leadership. Each FRC has access to the benefits of the network: training on best and promising practices, technical assistance, and consultation. In addition, information regarding service and regulatory policies, the needs of families in the region, and funding opportunities are shared.
- In addition to collaborating with others in the region, the FRCs work together through the Multidisciplinary Team (MDT) within Stanislaus County. The MDT consists of providers of Differential Response services from each FRC. The Team has been meeting twice monthly since the inception of FRCs. The MDT members discuss cases, protocol, and best practices, as well as share successes and challenges.
- Each FRC partners with a wide and unique spectrum of agencies, businesses, and community organizations to serve the needs of the children and families it serves. The list of partnerships is extensive, and continues to grow as one of the critical roles of the FRCs is to link children and families to community resources. As the FRCs have become established and trusted in the communities, they are now considered hubs of services, and partnerships and collaboration are the cornerstones for this development.
- All FRCs are providing a myriad of school readiness classes for children and their parents. This is a newer area of development for some FRCs, and the spectrum of forms in which school readiness services are offered vary from workshops to 12 week class sessions to Kindergarten Boot Camp. Each FRC has determined what is best for the specific community in which it operates, but the goal is the same – to prepare children 0-5 and their families for Kindergarten.
- All FRCs administered a customer satisfaction survey of some form in '11-'12 and the results were largely positive. The FRCs have greatly improved the surveying process since '07-'08, and there has been a consistent increase in the number of surveys completed each year, more than tripling since '07-'08. Although each FRC utilizes some unique tools for evaluation purposes, 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; ten outcomes are addressed: 1) Families are connected to resources or support services; 2) Families access support systems and resources in their communities that increase awareness, knowledge, or skills; 3) Caregivers have increased parenting knowledge, skills, and support 4) Caregivers are identified and linked to mental health services; 5) Mental health issues of caregivers are addressed and improved 6) Children receive early screening and intervention for developmental delays and other special needs; 7) Caregivers provide care that fosters their children's optimal development achievement; 8) Children possess literacy tools (books, skills); 9) Caregivers demonstrate improved literacy skills; and 10) 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
 - ✓ PEDS (Prop 10 Evaluation Data System) – PEDS is a web-based database offered at no cost by First 5 California 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
 - ✓ Intake Forms/Logs – Individual FRCs use intake forms and/or logs to capture data
 - ✓ ASQ-3 (Ages and Stages Questionnaire) – Every FRC uses the ASQ-3 to screen children 0-5 for developmental concerns
 - ✓ Burns Depression Screening – Every FRC uses this screening to assess depression indicators
- As a group, the FRCs leveraged a total of over \$1.45 million. In addition, facility space, non-cash donations, and services are leveraged with Commission funding.

Prior Year Recommendations

In the 2010-2011 Local Evaluation Report, each Family Resource Center contract was evaluated separately. Thus, the number and type of recommendations varied for each contract.

CERES	
2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Consistently apply the cost allocation plan to invoicing.	<ul style="list-style-type: none"> • A cost allocation plan was developed, approved, and utilized routinely in invoicing services this year.
2. Work in the area of coordination and planning is needed to ensure children and caregivers develop positive literacy skills.	<ul style="list-style-type: none"> • Ceres Partnership for Healthy Children (CPHC) has included literacy components in child and parent groups to promote skill development, and have made some positive outcome developments in this area.
3. Continue to track and report on hours as well as numbers served.	<ul style="list-style-type: none"> • Data collection efforts are continuing in this area.
4. Continue the work planned through the Sustainability Project	<ul style="list-style-type: none"> • The Sustainability Project is ongoing, but will be revisited with new leadership and Advisory Board members in place to ensure its connection to CPHC's Mission and Vision and goals.

EASTSIDE	
2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Explore other funding/leveraging opportunities	<ul style="list-style-type: none"> A partnership with BHRS helps leverage costs related to space. A new HBO contract will be in place in the coming FY to provide those services at the FRC. Two successful events have provided over \$10,000 in undesignated funds to support the FRC and our families and participants. REACH funding was provided through the Salvation Army this year, expanding the support provided for local families in need of utility assistance.
2. Continue to develop the process of measuring these outcomes	<ul style="list-style-type: none"> Tools are in place to help measure outcomes.
3. Continue to outreach and make the community aware of the site move and schedules.	<ul style="list-style-type: none"> We have done many helpful outreach events this past year. Our Outreaching efforts include: Farmers Market, Oakdale Community Block Party, School Presentations, Service Club Presentations, Involvement on the School Attendance Review Team through Oakdale Joint Unified School District, Bunko Box Lunch Social, and Wine Women and Chocolate.
4. Continue the work planned through the Sustainability Project.	<ul style="list-style-type: none"> See Sustainability Progress Report

FAMILY RESOURCE CONNECTION	
2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Closely track and manage employee overtime	<ul style="list-style-type: none"> Family Resource Center has one position that has budgeted overtime due to the required schedule. We closely monitor staff time, however there are times (on a fairly regular basis) where staff are involved with clients and cannot break away at a specific time (based on client needs)
2. Continue to analyze the reasons for the decrease at the drop-in site in numbers of children being assisted with health insurance enrollment	<ul style="list-style-type: none"> We continue to delve deeper to understand more about why the numbers are lower.
3. Be aware of Commission policies and DR meeting dates	<ul style="list-style-type: none"> We have had all logo use approved and have been at all meetings
4. Continue the work planned through the sustainability project	<ul style="list-style-type: none"> We have made progress towards goals this year and have incorporated an additional sustainability element

HUGHSON	
2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Be aware of expenditures in different areas, and request a budget change if appropriate.	<ul style="list-style-type: none"> HFRC Executive Director, Program Supervisor, and the HFRC Finance Committee met monthly to review budgets and actual expenditures to monitor changes in budget. The HFRC E.D. and SVCFS accounting staff implemented any recommendations on a monthly basis and submitted a budget revision request appropriately and timely. The goal was to meet budget within a 10% line item margin. This goal was effectively met due to the close monitoring strategies.
2. Attend DR meetings.	<ul style="list-style-type: none"> HFRC prioritized attendance at the DR MDT meetings and designated a representative at each meeting and only missed one DR meeting this year due to unexpected illness and unavailability of staff due to training etc. the same day.
3. Continue the work planned through the Sustainability Project.	<ul style="list-style-type: none"> HFRC staff along with our SVCFS FRC Leadership team monitored progress on the joint Sustainability Plan and implemented strategies to meet the three year goals of the plan. Additionally, the HFRC Executive Committee and Marketing Committee visited the plan on a quarterly basis to work towards strategies and goals. As recommended, the marketing plan, marketing timeline, event timeline, and major donor fund development plans were completed and implemented along with marketing materials and a new fundraiser, Lorraine's Luncheon. We are proud to report that collaborations, partnerships, expanded sites, staffing levels, increased volunteer support, capacity building and funding diversification / leveraging were successfully met, excepting unrealistic long-term diversification strategies.

NORTH MODESTO / SALIDA	
2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work closely with Commission staff regarding invoicing documentation and inquiries.	<ul style="list-style-type: none"> The SVCFS Accounting Department works closely with Commission Staff regarding invoicing document and inquiries. Staff are working to be responsive in as timely a manner as possible.
2. Continue to monitor subcontractor expenditures and ensure subcontractor invoices are audited before submission.	<ul style="list-style-type: none"> A new process of monitoring subcontractor expenditures has been put into place to ensure accurate and timely submission of invoices.
3. Continue to explore leveraging possibilities.	<ul style="list-style-type: none"> SVCFS continues to seek additional funding for leveraging purposes. Kaiser, PEI Promotores and BHRS Innovations are a few examples of opportunities that bring additional resources to the community. A grant writer has been hired in a part time capacity and tasked with researching funding opportunities for the FRCs.

4. Continue the work planned through the Sustainability Project.	<ul style="list-style-type: none"> SVCFS continues through the plan developed in the Sustainability Project. These efforts focus both on the agency as a whole and on the FRCs. Admin and Program are continuously active in its efforts to secure new Strategic Partners and Key Champions as well as seek new revenue sources.
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TURLOCK	
2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to explore better systems for invoicing, and ensure that AspiraNet accounting understand the requirements of the contract.	<ul style="list-style-type: none"> We continue to work with AspiraNet's HQ to better assist the Grant Manager when preparing invoices. The TFRC has also been giving the Grant Manager a due date for invoices and the Contract Specialist follows up weekly with the Grant Manager to improve time management.
2. The TFRC has implemented a successful parenting curriculum. It will be important to promote it and outreach to the community.	<ul style="list-style-type: none"> During FY 11-12 TRFC staff increased their outreach efforts to encourage caregivers to be aware of and attend parenting classes. We also added the Strengthening Families Program to meet the needs of families that could only come to parenting classes in the evening. This led to an increased number of caregivers attending parenting classes.
3. Review and update the tool to measure goal progress during counseling to better capture progress versus completion, as the program is already doing.	<ul style="list-style-type: none"> The tool has been updated and discussions have occurred with other Commission funded FRC's. Due to this we are better able to capture progress versus completion.
4. Continue working on effective and efficient ways of administering the ASQ screening so families are more likely to consent to using this valuable tool.	<ul style="list-style-type: none"> The Program Supervisor and Program Director met with TFRC staff to determine the struggle with completing developmental screenings. Staff were given ideas of how to better engage families, items to help complete the developmental screening, etc. It has proven to be effective as we have exceeded the targeted outcome.
5. Consider reviewing the Sustainability Plan for possible strategies that can be put into action to sustain outcomes for children 0-5 and their families.	<ul style="list-style-type: none"> The Sustainability Plan has been reviewed. The Community Advisory Board for TFRC is being redeveloped to include past clients as members and incorporate their feedback for planning. AspiraNet's Center Based Workgroup has developed practices and competencies that will ensure staff are well trained and receive ongoing training to sustain outcomes for families and children.

WESTSIDE	
2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Consistently apply the cost allocation plan to invoicing.	<ul style="list-style-type: none"> This plan was developed and is being utilized for fiscal efficiency.
2. Continue the work planned through the Sustainability Project.	<ul style="list-style-type: none"> We are updating our "Sustainability Report" as milestones are completed.

Planned Versus Actual Outputs / Outcomes

OUTPUTS / OUTCOMES	PLANNED	Ceres Partnership for Healthy Children		Eastside FRC		Family Resource Connection		Hughson FRC		North Modesto/ Salida FRC		Turlock FRC		Westside FRCs		Total	
1. Referred DR children have caregivers who receive a Strength Based Assessment (SBA)	60%	77%	443/575	61%	227/374	72%	1012/1412	60%	162/268	76%	814/1077	45%	236/528	47%	121/260	67%	3015/4494
2. Referred DR children have caregivers who receive referrals, resources, or support services	80%	89%	513/575	96%	359/374	90%	1275/1412	89%	238/268	88%	948/1077	100%	528/528	90%	234/260	91%	4095/4494
3. Referred DR children whose caregivers receive an SBA receive ongoing case management	55%	48%	214/443	73%	165/227	55%	561/1012	62%	100/162	56%	455/814	63%	149/236	43%	52/121	56%	1696/3015
4. Children 0-5 have caregivers who receive an SBA	65%	67%	747/1117	60%	139/231	82%	956/1171	77%	331/432	74%	380/517	58%	173/297	86%	396/458	74%	3122/4223
5. Children 0-5 have caregivers who receive referrals, resources, or support services	85%	71%	791/1117	99%	228/231	96%	1121/1171	93%	402/432	89%	458/517	100%	297/297	100%	458/458	89%	3755/4223
6. Children 0-5 have caregivers who receive ongoing case management (who are assessed)	55%	35%	262/747	81%	113/139	55%	530/956	71%	234/331	67%	256/380	71%	122/173	34%	136/396	53%	1653/3122

OUTPUTS / OUTCOMES	PLANNED	Ceres Partnership for Healthy Children		Eastside FRC		Family Resource Connection		Hughson FRC		North Modesto/ Salida FRC		Turlock FRC		Westside FRCs		Total	
7. Children 0-5 have caregivers who took pre/post tests or surveys and indicated an increase in parenting knowledge or skills after attending parenting education or support groups	85%	100%	363/363	100%	30/30	98%	353/361	93%	120/129	92%	61/66	100%	46/46	81%	118/145	96%	1091/1140
8. Children 0-5 who are assessed have caregivers who receive depression screenings	70%	31%	233/747	96%	133/139	89%	850/956	92%	303/331	94%	359/380	76%	131/173	96%	381/396	77%	2390/3122
9. Children whose caregivers indicate a need receive a mental health referral	90%	100%	9/9	100%	7/7	100%	166/166	100%	9/9	100%	23/23	100%	51/51	100%	22/22	100%	287/287
10. Children whose caregivers received group counseling indicate improvement with presenting issues (noted as "indi" if individual counseling)	70%	100%	61/61	100%	4/4 (indi)	91%	95/104	95%	108/114	100%	42/42	77%	24/31 (indi)	0%	0/3	93%	334/359
11. Children 0-5 whose families are assessed receive developmental screenings	55%	26%	191/747	57%	79/139	65%	625/956	58%	192/331	73%	279/380	61%	106/173	31%	124/396	51%	1596/3122
12. Children who indicate a need for further developmental assessment are referred	90%	100%	6/6	100%	5/5	95%	41/43	100%	6/6	100%	10/10	100%	3/3	100%	8/8	98%	79/81

OUTPUTS / OUTCOMES	PLANNED	Ceres Partnership for Healthy Children		Eastside FRC		Family Resource Connection		Hughson FRC		North Modesto/ Salida FRC		Turlock FRC		Westside FRCs		Total	
13. Children 0-5 who received literacy services indicate increased time reading at home with family	65%	73%	251/343	78%	31/40	88%	160/182	100%	37/37	100%	30/30	100%	173/173	100%	155/155	87%	837/960
14. Caregivers of children 0-5 who attended adult literacy classes improved literacy skills	40%	100%	99/99	78%	31/40	69%	211/307	93%	25/27	100%	11/11	100%	16/16	40%	2/5	78%	395/505
15. Children 0-5 who did not have health insurance received assistance in obtaining health insurance	85%	91%	116/127	100%	4/4	100%	45/45	100%	15/15	100%	10/10	100%	7/7	100%	37/37	96%	234/245
16. Assessed children 0-5 who did not have health insurance are enrolled in a health insurance program within 90 days of intake	80%	10%	4/39	100%	4/4	67%	32/48	100%	10/10	100%	10/10	86%	6/7	65%	24/37	58%	90/155

Recommendations

- Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way.
- As required by guidelines issued by the Federal government, issue a request for proposals in '12-'13 for the 7 FRC geographical areas and base the allocation of funds for each area on a foundational amount (minimum amount to maintain a site), 0-5 population figures, DR referral data, and needs data (e.g., infant mortality, number of TANF recipients, substantiated child abuse rates, etc.).
- Consider holding discussions regarding appropriate and/or expected levels of services to create a more consistent level of services and costs per child across the county.

Result Area 2: Improved Child Development

Description

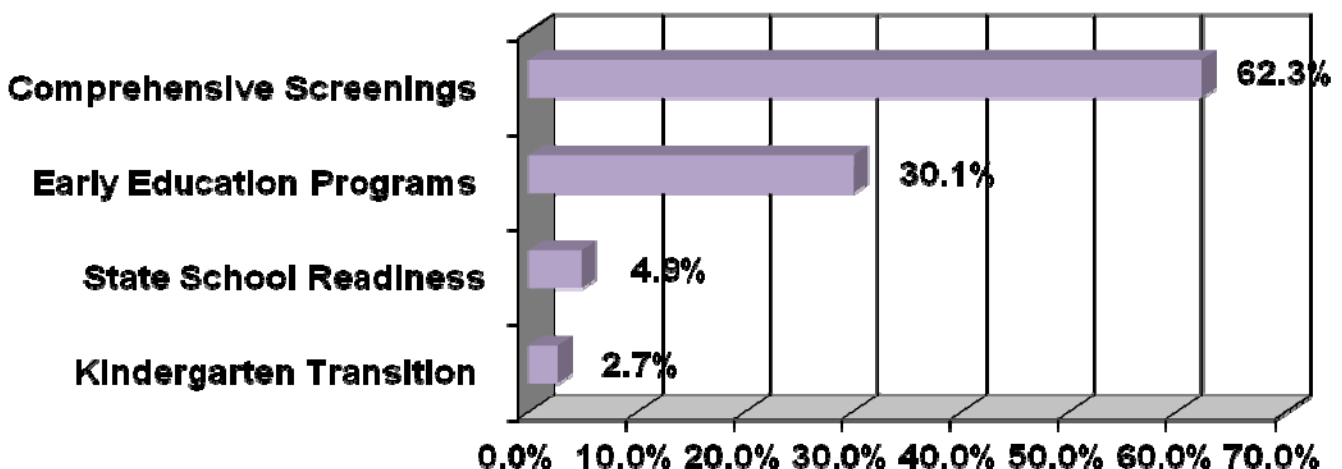
The goal of the Improved Child Development Result Area is for children to be eager and ready learners. Included in this result area are programs that focus on preparing children and families for school, and improving the quality of, and access to, early learning and education for children 0-5. The Commission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

Five Prop 10 funded programs, including four Core Four Early Foundations (Core 4) programs, are categorized under Improved Child Development, comprising 8% of the 2011-2012 budget, and representing a decrease of 28%. The primary reason for this decrease is the discontinuance of State match funding for the last remaining SR program and a decrease in funding for Core 4 (a consolidated version of SR).

Finances – Improved Child Development	
FY '11-'12 Total Awards	FY '11-'12 Expended
\$585,231	\$556,827 (95% of budget)

*Includes only those contracts executed in '11-'12. Not all approved contracts were executed (Core 4, for example).

2011-2012 % of Total Services Provided In Child Development by Service Category



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 a variety of 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 that help improve child development and help children and families get ready for school is apparent in many different areas and services. Since a variety of factors influence the development of a young child, the Commission supports efforts to help children become eager and ready learners by funding programs not only in the Improved Child Development Result Area, but in other Result Areas as well. Although programs categorized in other result areas also contribute to the Strategic Plan goal and objectives below, the emphasis in this result area is on school based programs and activities that positively affect early learning providers and environments.

Desired Result: Children Are Eager and Ready Learners

Objective 2.1 Increase families' ability to get their children ready for school

Objective 2.2 Children are cognitively, and socially-behaviorally ready to enter school

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

- **Child literacy classes**

Offering pre-literacy activities, including child literacy classes, is a research-based strategy linked to children's success in school. As noted in the Commission's 2012-2014 Strategic Plan, only 10.3% of children 0-5 attended a preschool program at least 10 hours per week, so pre-literacy services outside of formal preschool programs are important for children's success in school.

- **Child development classes**

Caregiver understanding of the stages of child development and learning what to expect at different ages is important in supporting their own child's growth and development.

- **Behavioral health consultation**

Negative behavior in schools, daycare, and social environments can create stress and affect learning. Behavior improvements increase the likelihood of positive preschool and early learning experiences.

- **Children's book distribution**

Research indicates that the ready availability of books is linked to early literacy success. Providing books for children, either through lending or free-book programs is a strategy to increase pre-literacy skills.

- **Developmental screenings**

Some children 0-5 may have developmental delays, but do not display obvious signs. These children, especially those not yet in school, do not usually receive the follow-up (either through assessments or services) that could be extremely beneficial in a short window of time in their development. "Catching" these non-indicated children helps prevent more intensive services in the future.

- **Kindergarten transition services**

Transition services have been linked to stronger literacy skills in later grades. Providing these services can also assist English Language Learners successfully enter Kindergarten.

- **Parent-child interactive classes**

These classes are a research-based service that teaches parents about child development and behavior so they can help their children be successful in school.

- **Resources and trainings for unlicensed child care providers**

Providers who receive support and trainings are better able to provide a positive and beneficial learning environment for children 0-5.

- **Community outreach**

Outreach is critical for all Result Areas in order to reach out to those who may be marginalized or underserved.

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?
<ul style="list-style-type: none"> 432 children 0-5 received services that focused on improved child development 168 family, friends, and neighbors child care providers received training to improve child development 31 Commission partners were trained to use ASQ SE, a social emotional screening tool 		
<ul style="list-style-type: none"> All services in this result area were provided in both English and Spanish 92% of the providers trained (168) indicated that the presentations, material, and style were effective 		
Providers Have Improved Knowledge and Skills to Help Children Develop <ul style="list-style-type: none"> 99% of the providers (151/152) indicate increased knowledge of child development and behavior 99% of the providers (151/152) indicate increased skills to foster school readiness 		
Children are Screened and Identified for Developmental Delays <ul style="list-style-type: none"> 2,490 children were screened for educational developmental issues 593 were referred for further assessment or services 		
Home Literacy Practices Results <ul style="list-style-type: none"> 27% of the families had fully established home literacy practices at the end of the program 		
Parenting Skills Results <ul style="list-style-type: none"> 52% of parents have emerging or fully established parenting skills at the end of the program 		
Child Development Knowledge Results <ul style="list-style-type: none"> 67% of the parents were fully knowledgeable about child development at the end of the program 		
Kindergarten Transition Results <ul style="list-style-type: none"> 17% of the families had fully established home involvement at the end of the program 36% of the families had fully established school involvement at the end of the program 68% of the English Language Learners were ready for Kindergarten at the end of the program 78% of the English Speakers were ready for Kindergarten at the end of the program 		

Result Area 2: Improved Child Development

Program	Amount Expended in '11-'12	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award	Cumulative Amount Expended	% Expended
Core 4 Program	\$ 430,800 (98%)	432	\$ 997	\$ 1,000,000	\$ 969,674	97%
FFN	\$ 126,027 (85%)	N/A	\$ N/A	\$ 295,462	\$ 205,164	69%
TOTAL	\$ 556,827 (95%)	432	\$ 1,289	\$ 1,295,462	\$ 1,174,838	91%

Core Four Early Foundations (Core 4)

Agencies: The School Districts of Keyes Union, Patterson Unified, Riverbank Unified, and Turlock Unified
Current Contract End Date: June 30, 2012

Program Description

The Core Four Early Foundations (Core 4) program is grounded in research-based strategies linked to children's success in school. The program is designed to provide a comprehensive array of integrated and accessible services for at-risk children and their families, increase parent involvement in children's learning, improve school readiness among children, and improve school performance. Activities provided by each comprehensive program address children's academic skills, children's social skills, family involvement in language and literacy activities, improving parenting skills, and integrating and coordinating the services provided.

Core 4 services fall under four Strategies: 1) Pre-Literacy Activities Accompanied by Free / Low Cost Book Distribution; 2) Interactive Parent-Training Activities; 3) Screening Children for Behavior Problems; and 4) Kindergarten Transition Camp. The program is offered through four school districts and seven elementary schools, each uniquely implementing the strategies to meet the needs of the community in which the program operates:

- Keyes Union School District – Keyes Elementary School
- Patterson Joint Unified School District – Grayson Charter School
- Riverbank Unified School District – California Avenue and Rio Altura Elementary Schools
- Turlock Unified School District – Cunningham, Osborn, and Wakefield Elementary Schools

As scheduled by the Stanislaus County Children and Families Commission, three strategies associated with this program (Pre-Literacy Activities, Interactive Parent-Training Activities, and Screening Children for Behavior Problems) ended on June 30, 2012. Only the Kindergarten Transition Program is being continued into '12-'13.

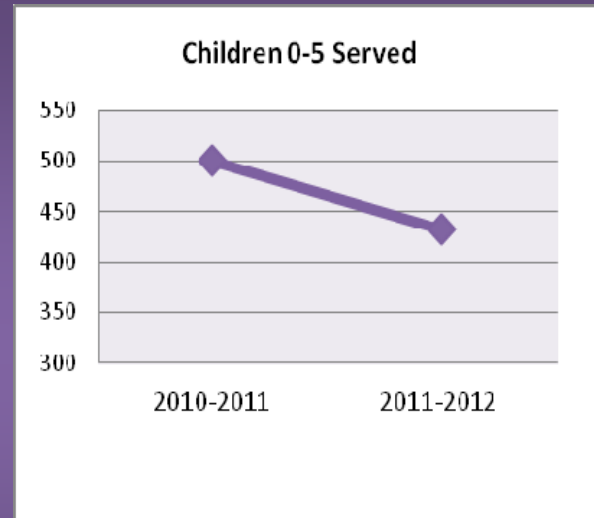
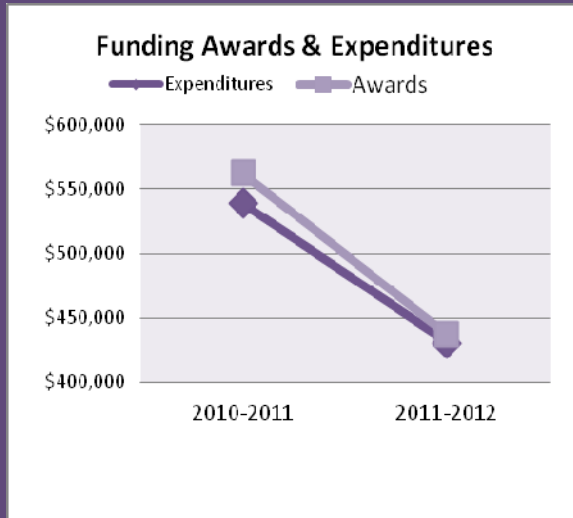
Core 4 Sites Finances			
Total Award July 1, 2010– June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$ 1,000,000	\$437,500	\$430,800 (98% of budget)	\$969,674 (97% of budget)
Cost per Child 0-5 (432) = \$997			

PARTICIPANT TYPE		% SERVED
Children		55%
33% <3; 67% 3-5		
Parents/Guardians		45%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	89%
White	7%
Black/African American	-
Asian	2%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	2%
Other	-
Unknown	-

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

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



Funding for Core 4 decreased by 22% in '11-'12 due to the Chatom and Von Renner sites declining the contract award. The number of 0-5 children served decreased by approximately 14% due to the two sites not providing services.

Program Highlights

All Core 4 programs provide the following services within each of the four Strategies:

Strategy 1 – Pre-Literacy Activities Accompanied by Free / Low Cost Book Distribution

- Classes designed to promote language and literacy development (at least 10 thirty-minute sessions).
- Hands-on activities in small groups (five children or less).
- Activities that are sequenced in such a way that children's skills are introduced, practiced, and supported.
- Follow-up activities that parents/guardians can use at home.
- Books and other supportive literacy materials given to children through a lending or free-book program.

Strategy 2 – Interactive Parent-Training Activities

- Classes designed to improve parenting (at least 10 thirty-minute sessions).
- Observations of children and parents interacting in a play or teaching situation in small groups (no more than 3 sets). Parents also receive individualized feedback as part of every session.
- Age-appropriate information on child development provided for parents, including the importance of language interactions in the family and principles of behavior management and child guidance.

Strategy 3 – Screening Children for Behavior Problems

- ASQ-SE behavioral/emotional screening.
- Assessment consultations with parents that discuss their child's screening results.
- Referrals to county agencies or community based organizations given to families whose children are identified as requiring services.
- Follow up with families who receive referrals to determine whether or not services were received.

Strategy 4 – Kindergarten Transition Camp

- On-site four week Kindergarten transition camps operated at each Core 4 site.
- Classes staffed by at least one credentialed person and an aide (no more than 20 children per classroom).
- Intensive instruction given to children lacking basic Kindergarten skills. Parents are also provided with tools and strategies to address gaps during home instruction.
- On-site screenings or referrals for families whose children have not had a medical, hearing, dental, and/or vision screening within the preceding 12 months.
- Two meetings for parents to learn about school expectations and the role that parents play in their children's education.
- Visits to the school library for children and parents to learn how to use it.

Through this Strategy, children are introduced to classroom routines and expectations for classroom behavior; engage in daily activities that promote self-help skills and healthy habits; are encouraged daily to use oral language skills in the classroom; and participate 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.

The following are individual programs' highlights of the implemented Strategies:

- **Grayson Core 4:** Grayson Core 4 braided the time and resources of other programs at Grayson with Core 4 services. Staff salaries and time were leveraged between the Core 4, HBO, and Toyota Family Literacy programs, allowing Core 4 participants to benefit from resources that the other programs offer. Core 4 also partnered with PUSD State Preschool, Westley Child Development Center/Head Start, Behavioral Health and Recovery Services/Leaps & Bounds, Sierra Vista Child and Family Services/Early Intervention, Stanislaus County Public Health/Promotoras Network, and Grayson United Community Center. In addition, Catholic Charities and Health Net assisted families with Medi-Cal, Healthy Families, and Cal Fresh enrollments.
- **Keyes Core 4:** Keyes is a small community with no community center and few community services. Keyes Core 4 collaborated with a variety of partners to provide children and families with important resources. The program worked with Public Health to provide CHDP Clinics once a month. Also once a week, the Keyes Public Library librarian read books, sang songs, and provided important literacy information to the parents at the Pre-literacy Parent Child Activity Classes. The Hughson Family Resource Center provided some parenting classes and a car seat class to parents. FFN presented classes to parents who watch children in their homes, covering important topics, including asthma, safety, communication, and disciplining children. Ceres Partnership for Healthy Children provided Cal Fresh information to parents, and Sierra Vista offered parenting classes to families throughout the school year and as a part of Keyes' Kinder Camp program.
- **Riverbank Core 4:** An important development for each of the Core 4 strategies was the creation of two 0-5 centers dedicated to provide 0-5 activities and programs located at the California Avenue School and Rio Altura school sites. The Core 4 program has also been the impetus behind the establishment of the Lending Library. The Lending Library is provided once a month at each of the school sites. Another important development was the creation of a teen edition of the parent group Babies and Me, T-BAM. T-BAM specifically targeted the Riverbank teen parent population with sessions taking place each week for two hours per session. BAM consists of a team of a retired Registered Nurse, a Public Health Registered Nurse, two district employed Social Workers, the Core 4 Coordinator, and a Community Resource Specialist.
- **Turlock Core 4:** This Core 4 program highlighted the success of its Kinder Academy and the impacts not only on the children, but the parents. During this component, a parent orientation was conducted at each of the three sites at the beginning of the Academy to introduce the program and reiterate the importance of the four weeks of school. There was a second meeting at each site for parents to discuss the school's expectations for each student and family. The meetings were well attended and parents showed a lot of interest in what was presented. Parents were invited to volunteer time in the classroom during Parent Participation Week. The highlight of the Kinder Academy Program was having all the parents come out and witness the handing out of diplomas and their free books for their children at the end of the four weeks. They expressed gratitude for the opportunity provided to their children.
- **Countywide:**
 - All sites employ bilingual staff, and materials are in both English and Spanish. In addition, each site is designed to meet the cultural needs of that particular community.
 - Strategy 4, Kinder Camp, has produced substantial results across all Core 4 programs. The strategy was implemented well, evaluated consistently, and results for children were clear.

- As scheduled by the Stanislaus County Children and Families Commission, three strategies associated with this program (Pre-Literacy Activities, Interactive Parent-Training Activities, and Screening Children for Behavior Problems) ended on June 30, 2012. Only the Kindergarten Transition Program is being continued into 12-13.

Program Challenges & Recommendations

The same 8 recommendations were made to each of the Core 4 sites. The responses of the sites are listed below. Only Keyes and Turlock addressed all 8 recommendations.

GRAYSON	
2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Explore and consider other leveraging opportunities.	<ul style="list-style-type: none"> Core 4 staff/positions are leveraged between HBO, Grayson Charter funds, and Toyota Family Literacy Programs.
2. Continue to work towards building partnerships and coordinated services.	<ul style="list-style-type: none"> Partnerships are built depending on the needs of the community and alignment with program goals. We partner with KVIE to provide Literacy workshop to families and to support our free book distribution program and Lending Library. Sierra Vista provides parenting workshops and consultation for our 3-5 year population. Leaps and Bound provided some consultation for parents in our HBO program and Born to Learn group.

KEYES	
2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Review budgets and expenditures to ensure program services are the focus.	<ul style="list-style-type: none"> We were very careful with our budget and we made sure that all expenditures went toward program services.
2. Explore and consider other leveraging opportunities.	<ul style="list-style-type: none"> We used leveraging to cut costs in our program. We did this by borrowing materials from the preschool program, asking parents to help with snacks, and bringing in different agencies to provide classes and services. We also used volunteers in our Kinder Camp program.
3. Continue to outreach to the underserved children and families most at risk for not being prepared for school.	<ul style="list-style-type: none"> We did some outreach in the community by attending a few community events and we handed out fliers at the school on a regular basis. We were able to reach many children this year, and most of the children were not in Preschool or Head Start because they were too young or they did not qualify.
4. Continue to work towards building partnerships and coordinated services.	<ul style="list-style-type: none"> We work with numerous agencies, and we were able to strengthen those partnerships this year.
5. Be aware of and follow contractual obligations.	<ul style="list-style-type: none"> We worked hard to make sure that contractual obligations were met.
6. Develop, administer, and submit customer surveys to gain valuable suggestions for improvement, as well as confirmation of	<ul style="list-style-type: none"> We had our parents complete the customer satisfaction surveys, and we were very pleased with the results. The surveys are a

what is working well.	valuable tool.
7. Maintain high fidelity to the research based framework and Strategies outlined in Core 4 Scope of Work.	<ul style="list-style-type: none"> We worked hard to follow our Scope of Work, and we used the research based framework to plan our classes.
8. Consider developing or revising individual Sustainability Plans. The plans are tools for programs to consider a variety of strategies, some of which can be “outside of the box” in order to sustain outcomes gained for children and families (it is not just about funding).	<ul style="list-style-type: none"> Since we will become a Healthy Start program in July, we will look at revising our Sustainability Plan.

RIVERBANK	
2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
1. Review budgets and expenditures to ensure program services are the focus.	<ul style="list-style-type: none"> Throughout the 2011-12 fiscal year, per Commission Staff's request, five (5) revisions were made to the Budget Justification and Narrative ensuring program services continued being the focus of Riverbank CFEF.
2. Continue to outreach to the underserved children and families most at risk for not being prepared for school.	<ul style="list-style-type: none"> Outreach efforts are conducted year round at farmers markets, community carnivals, annual street fairs, churches, local cable information channels, school open houses and many other community gatherings. CASA del Rio staff provides information to the community about all First 5 Initiatives and CFEF programs. CFEF staff work with CASA del Rio FRC staff to provide information about the variety of services and resources to families participating in WIC, Healthy Birth Outcomes, Kinder FACTTS, Kinder Registration, Head Start, local health clinics and the school district.
3. Be aware of and follow contractual obligations.	<ul style="list-style-type: none"> As done in the past, Riverbank stays aware and follows contractual obligations.
4. Develop, administer, and submit customer satisfaction surveys to gain valuable suggestions for improvement, as well as confirmations of what is working well.	<ul style="list-style-type: none"> Customer satisfaction surveys were developed and implemented per Riverbank CFEF's Scope of Works. Surveys are tools used to improve and maintain the program.
5. Maintain high fidelity to the research based framework and Strategies outlined in the Core 4 Scope of Work	<ul style="list-style-type: none"> High fidelity was maintained throughout the year based on the Strategies outlined in the Core 4 Scope of Work.

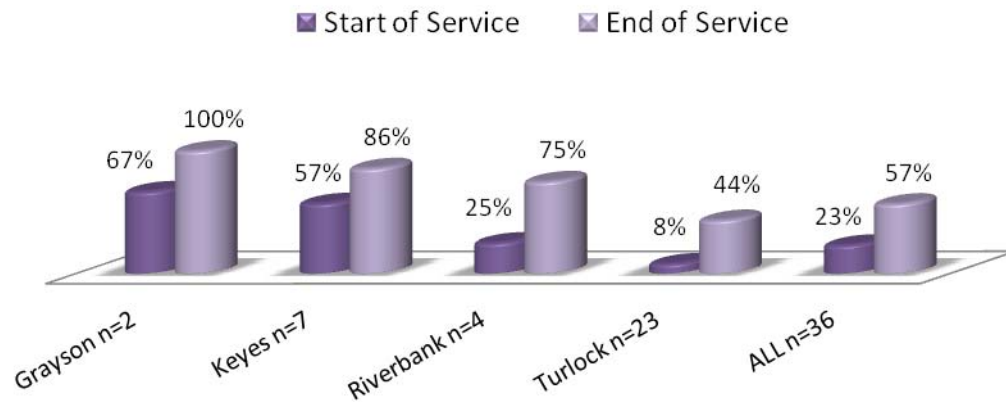
TURLOCK	
2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
1. Review budgets and expenditures to ensure program services are the focus.	<ul style="list-style-type: none"> Core Four staff reviewed program needs and ordered material and supplies according to the needs of each strategy and service. Also, the Coordinator met with Fiscal staff on a monthly basis to go over the budget and expenditures to ensure program services were the

	focus.
2. Explore and consider other leveraging opportunities.	<ul style="list-style-type: none"> Other leveraging opportunities were explored. However, due to the state of the budget of other programs, it was not much of an option.
3. Continue to outreach to the underserved children and families most at risk for not being prepared for school.	<ul style="list-style-type: none"> Our program's priority has always been to serve the underserved children of the surrounding area of Osborn, Wakefield, and Cunningham.
4. Continue to work towards building partnerships and coordinated services.	<ul style="list-style-type: none"> The Core Four program had open communication with many agencies in our area in order to provide services and easy access for our families in the community.
5. Be aware of and follow contractual obligations.	<ul style="list-style-type: none"> For the past eight years, TUSD Core Four maintained a strong work ethic and followed and abided by all contractual obligations.
6. Develop, administer, and submit customer satisfaction surveys to gain valuable suggestions for improvement, as well as confirmation of what is working well.	<ul style="list-style-type: none"> Our program has utilized customer satisfaction surveys to get an understanding of what our families' needs are as well as what their suggestions are to improve the quality of the program.
7. Maintain high fidelity to the research based framework and Strategies outlined in the Core 4 Scope of Work.	<ul style="list-style-type: none"> The Core Four program maintained high fidelity to the research based framework and strategies outlined in the SOW. All activities in each strategy were followed and back up documentation on all activities was provided throughout the year.
8. Consider developing or revising individual Sustainability Plans. The plans are tools for programs to consider a variety of strategies, some of which can be "outside of the box" in order to sustain outcomes gained for children and families (it is not just about the funding).	<ul style="list-style-type: none"> Throughout the year, we reviewed and went by our Sustainability Plan when administering the program. However, we were unable to revise or develop a new plan.

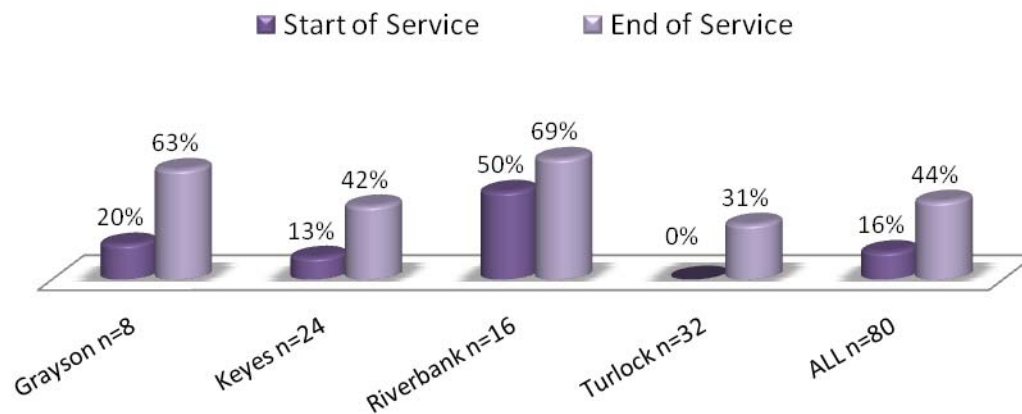
Planned Versus Actual Outputs / Outcomes

OUTPUTS / OUTCOMES	Grayson		Keyes		Riverbank		Turlock		Total	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Total Children Served (Duplicated)	75	70 (93%)	117	83 (71%)	160	143 (89%)	140	136 (97%)	492	432 (88%)
Children Served in Pre-Literacy Program	35	29 (83%)	64	49 (77%)	60	69 (115%)	71	61 (86%)	230	208 (90%)
Children Served in Parent-Child Program	35	45 (129%)	64	45 (70%)	50	38 (76%)	80	80 (100%)	229	208 (91%)
Children Who Received Behavioral Screenings	35	45 (129%)	64	59 (92%)	110	48 (44%)	140	80 (57%)	349	232 (66%)
Children Served in Kindergarten Transition Program	40	29 (73%)	53	49 (92%)	80	72 (90%)	60	61 (102%)	233	211 (91%)

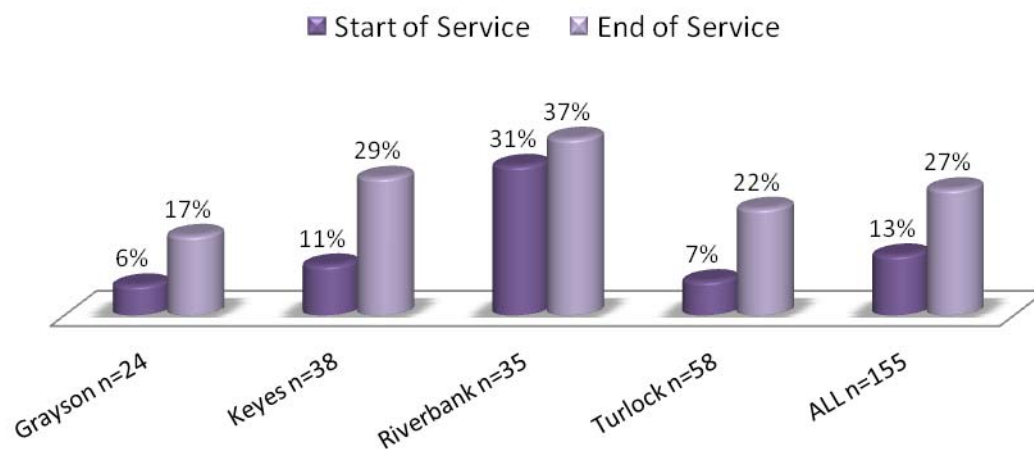
% of children with emerging or established early literacy skills (Children 24 - 36 months)



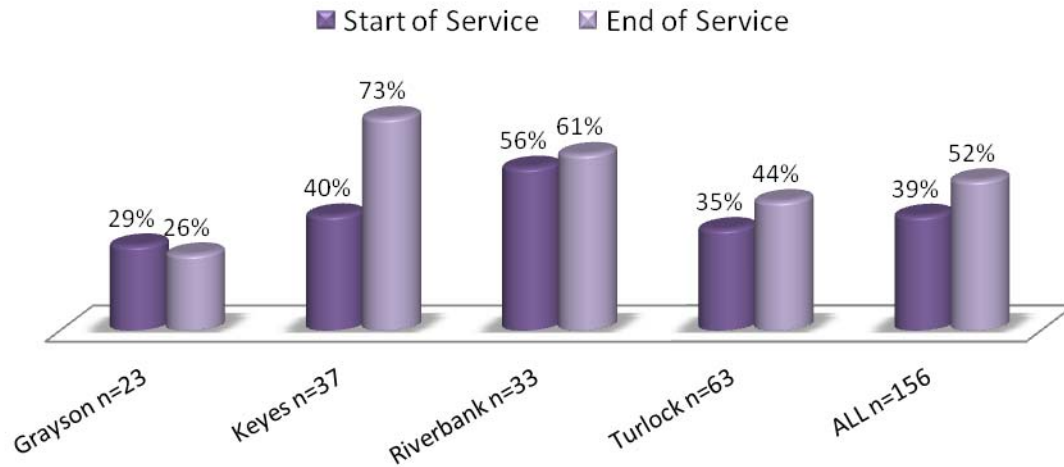
% of children with emerging or established early literacy skills (Children 37 - 60 months)



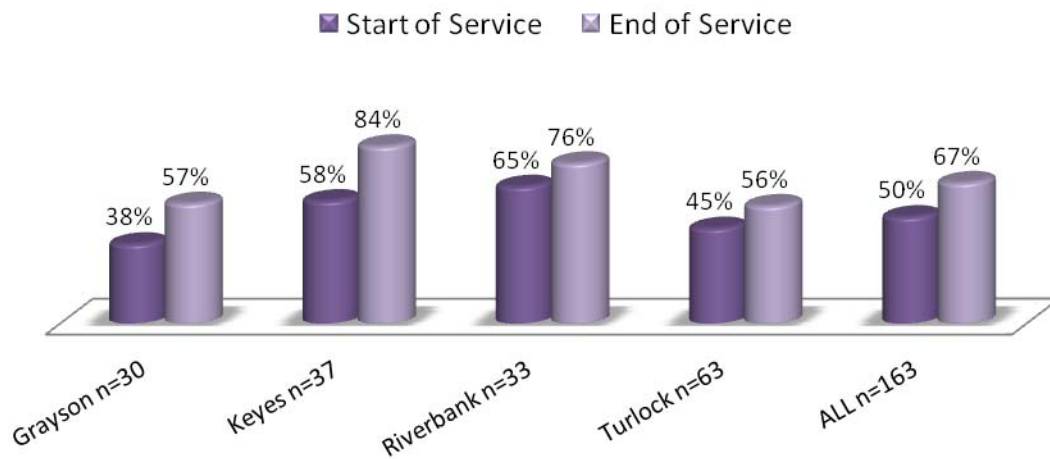
% of families with fully established home literacy practices



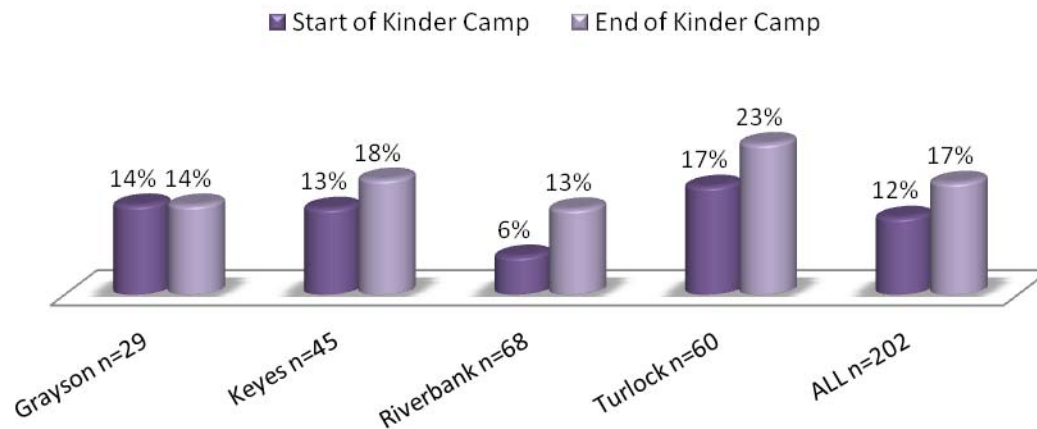
% of parents with emerging or fully established parenting skills



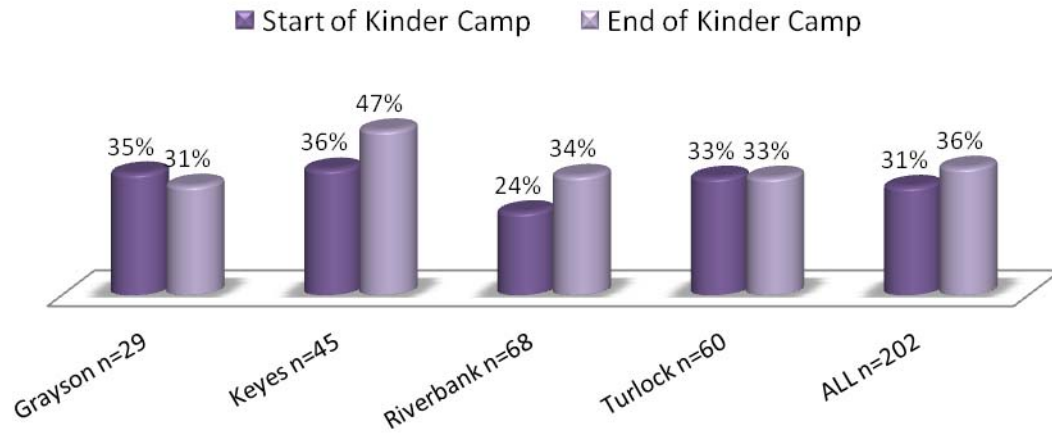
% of parents fully knowledgeable about child development



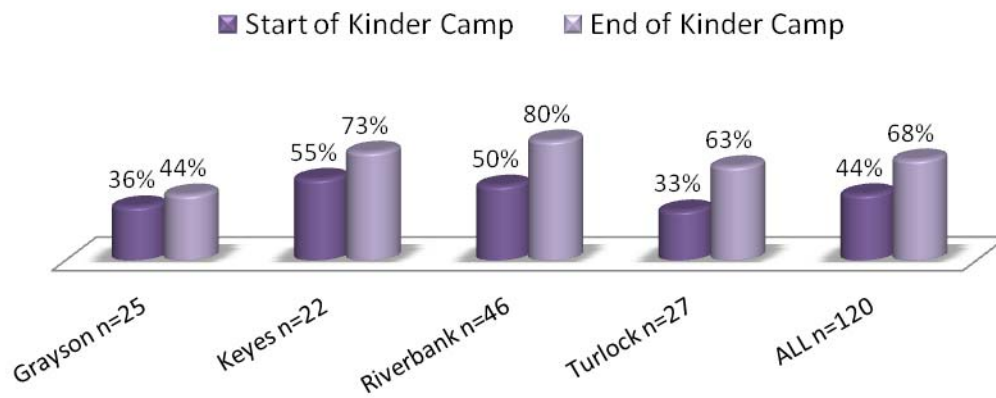
% of families with fully established home involvement



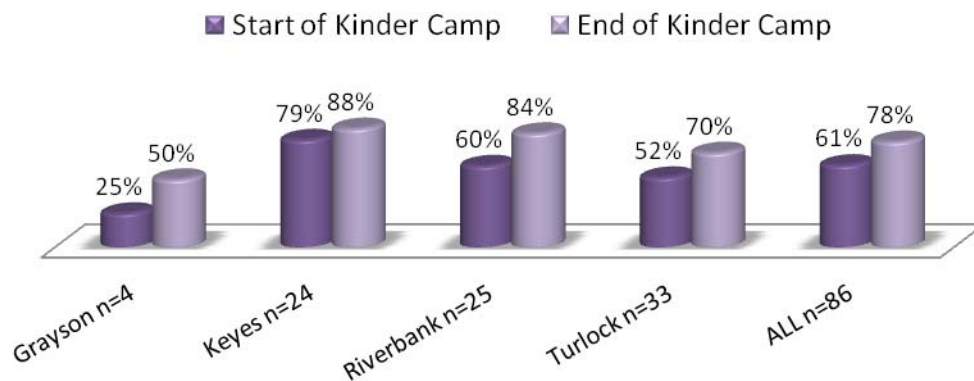
% of families with fully established school involvement



% of children ready for Kindergarten (English Language Learners)



% of children ready for Kindergarten (English Speakers)



Recommendations

- Because the program Strategies 1, 2, and 3 ended on July 31, 2012, there are no recommendations in these areas for program operators to consider.
- In Strategy 4, the Kindergarten Transition Program, program operators should:
 - ✓ Consider establishing a sustainability plan so operations can be continued in future years.
 - ✓ Continue to work towards building partnerships and coordinated services.

Family, Friends, and Neighbors (FFN)

Agency: Sierra Vista Child and Family Services

Current Contract End Date: June 30, 2012

Program Description

The Family, Friends, and Neighbors (FFN) program aims to provide health, safety, and child development related topics to unlicensed providers in Stanislaus County. FFN provides activities to support child development providers who are not licensed or center based. FFN providers are commonly those family, friends, and neighbors who agree to care for children of people they know for little or no compensation.

FFN is a mobile, community based program and trainings are scheduled at sites throughout Stanislaus County in order to offer accessible services. Since there are no educational requirements or formal networks that support and increase the capacity of the FFN providers and since often the providers have no formal training in care basics, the FFN classes are the only trainings they will receive. Class topics include childcare, child development, health, safety, asthma, and program management and improvement. Each module includes three once-a-week two hour sessions. Sites can select one or more modules to be presented.

Additionally, FFN provides Ages and Stages Questionnaire – SE (ASQ-SE) trainings to Commission partners in order to build the capacity of Commission funded programs.

As scheduled by the Stanislaus County Children and Families Commission, this program ended on June 30, 2012.

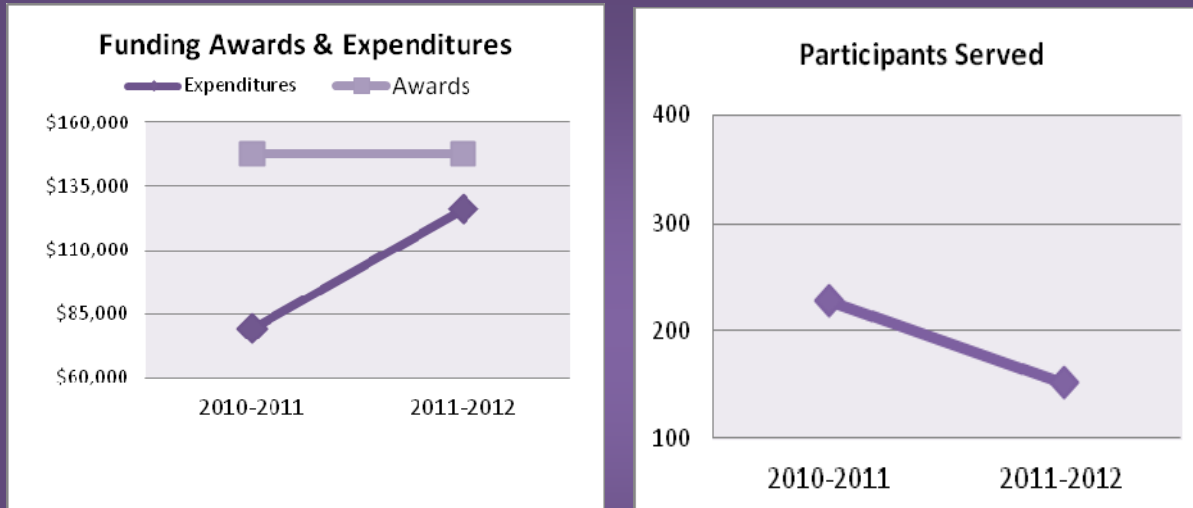
Finances			
Total Award July 1, 2010 – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$295,462	\$147,731	\$126,027 (85% of budget)	\$205,164 (69% of budget)

FY '11-'12 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Participant (152)
\$83,417	\$31,153	\$11,457	10%	\$829

PARTICIPANT TYPE	% SERVED
FFN Childcare Providers	84%
ASQ-SE Trainees	16%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	18%
White	8%
Black/African American	-
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	-
Unknown	73%

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



FFN expended 85% of the funding award in '11-'12 compared to just 54% expended in '10-'11. The number of participants served by FFN dropped 26% in '11-'12. However, a component of the program (ASQ trainings) was eliminated in '11-'12 and may account for the drop in participants served.

Program Highlights

- FFN offered presentations at 9 sites throughout the county: Ceres Partnership for Healthy Children, Chatom Preschool, Cunningham Elementary School, Grayson Elementary School, Housing Authority, Hughson Family Resource Center, Keyes Elementary School, Parent Resource Center, and Wakefield Elementary School.
- Modesto FFN providers represented the highest percentage of those trained at 23%, followed by Turlock providers (21%), Keyes providers (14%). Hughson (8%), Newman (7%), and Ceres (6%). Wesley, Grayson, Patterson, Salida, Oakdale, Waterford, Riverbank, and other providers together made up the remaining 21% of providers.
- The trainings offered are relevant to the needs of the specific audience, and are based on the requests of the providers in each community setting. Collaborative partners, such as Golden Valley Health Centers and the Asthma Coalition, also presented on topics such as nutrition, safety, and asthma. Other partners include SCOE and Modesto Junior College for resource information, Poison Control, and 0-5 EIP for classes and referrals.
- Leveraging: The FFN program leveraged no cash resources. However, the Early Intervention 0-5 Program has provided parenting education classes when FFN providers at a particular site requested additional trainings. BHRS Medi-Cal funding also provides clinical services at sites when needed. Leveraging also occurs as all trainings occur at host sites that offer space to the FFN program at no cost.
- Cultural Competency: FFN participants predominately speak English and Spanish. FFN employees are fluent in both languages. When monolingual participants attend trainings, the program uses an electronic communication system that allows a translator's voice to be broadcast to receivers with earphones – thus allowing monolingual participants to attend the same class.
- Collaboration: The FFN program directly collaborates with Core 4 sites and Family Resource Centers to engage FFN providers. Additionally, trainings are conveniently provided at these sites. FFN also collaborates with the Stanislaus County Office of Education Resource and Referral program to coordinate distribution of resources and information. The program also maintains a relationship with Modesto Junior College (Yosemite Community College District) to connect FFN providers to the college for career advancement opportunities.
- As scheduled by the Stanislaus County Children and Families Commission, this program ended on June 30, 2012.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Explore other possible leveraging opportunities to sustain services and results from the FFN trainings.	<ul style="list-style-type: none"> FFN providers began to partner with SVCFS Early Intervention Providers, as well as FRCs to jointly present and expand services.
2. Continue to work on building partnerships with local schools and organizations to better serve providers across the county.	<ul style="list-style-type: none"> We expanded our partnerships and number of trainings this fiscal year.
3. Explore the possibility that additional outreach may benefit diverse populations.	<ul style="list-style-type: none"> This recommendation came after the announcement of the termination of funding for this program. We far exceeded the number of trainings required.
4. Collect and report survey numbers and develop a process for follow up.	<ul style="list-style-type: none"> Survey numbers were reported last year and collected and reported this year. Follow up is not possible as this program's funding is ending June 30, 2012.
5. Include survey questions regarding staff treatment and cultural sensitivity towards participants.	<ul style="list-style-type: none"> Recommendations were published late in the fiscal year, and since funding has ended SVCFS will not be able to implement this recommendation.
6. When submitting data, separate the participants from the two types of trainings.	<ul style="list-style-type: none"> This year, the ASQ trainings were performed under a different contract per Commission request.
7. Review FFN's place within the Sustainability Plan and its strategies, and begin activities accordingly.	<ul style="list-style-type: none"> The program's Sustainability Plan, which was developed last year, is still in effect. It should be noted that the program is not being funded after July 1, 2012.

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
Trainings are provided for family, friends, and neighbors caring for children 0-5.	35	103
Providers indicate increased knowledge of child development and behavior.	70%	99% (151/152)
Providers indicate intent to share knowledge with parents.	70%	99% (150/152)
Providers indicate increased skills to foster school readiness.	70%	99% (151/152)
Providers indicate increased knowledge of children's health issues/information.	70%	97% (148/152)
Providers indicate intent to modify practices.	70%	97% (148/152)
Providers feel connected to community resources.	75%	93% (142/152)
Providers are confident in referring families to community resources.	70%	96% (146/152)

Recommendations

- Because the program ended on July 31, 2012, there are no recommendations for the program to consider.

Result Area 3: Improved Health

Description

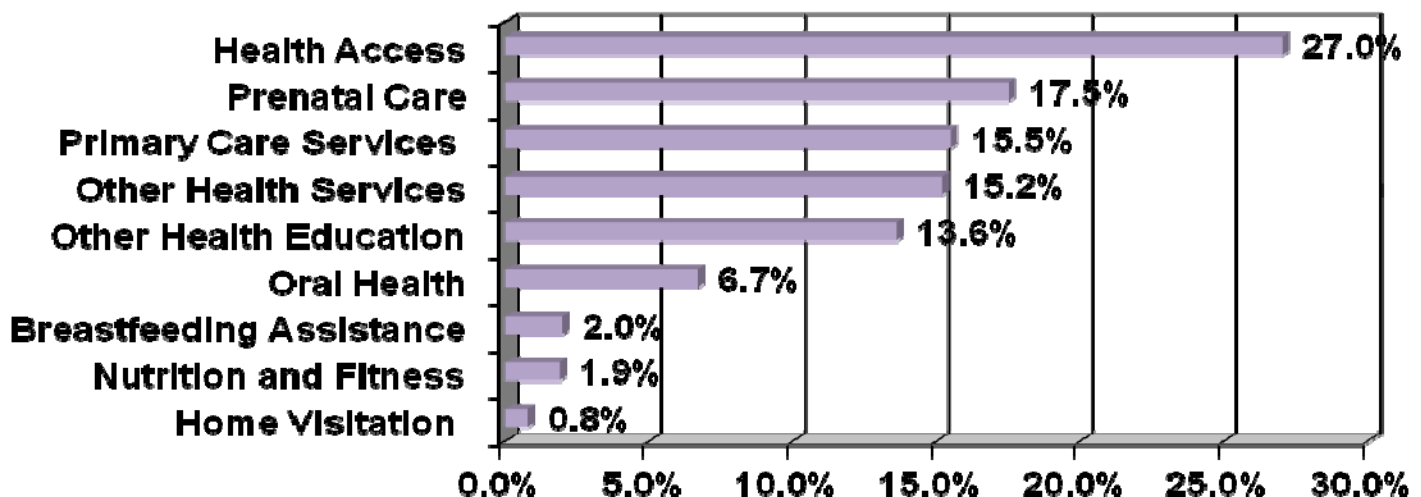
Children who are born healthy and stay healthy is the goal of the Improved Health Result Area. In order to work towards this goal, this result area's programs include those that increase access to, and provide healthcare and health education for pregnant women, children 0-5, and their families. The Commission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

Six Prop 10 funded programs are categorized under Improved Health, representing 23% of the 2011-2012 budget. Although this Result Area has remained the same percentage of the budget as in 2010-2011, there was an additional decrease of \$90,295. However, 83% of the budget was expended in '10-'11 compared to 76% in '11-'12. This phenomenon is due in part to one program in this Result Area that was budgeted 67% less in '10-'11 compared to '11-'12 due to a change in how the program would be operated in '11-'12.

Finances – Improved Health	
FY '11-'12 Total Awards	FY '11-'12 Expended
\$2,037,248	\$1,555,282 (76% of budget)

*Includes only those contracts executed in '11-'12. Not all approved contracts were executed (MOMobile, for example)

2011-2012 % of Total Services Provided 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. Although the allocation of budget in this area has decreased since 2007-2008, services are more efficient and effective and outcomes are even stronger in some areas. During the strategic planning process in March 2009, April 2010, and again in May 2011, the Commission confirmed the need for effective services in this Result Area after reviewing countywide statistics regarding the lack of health insurance, barriers to healthcare, and infant mortality rates. It should be noted that Objective 3.4 was added to the Strategic Plan in February 2010 to highlight the importance of access and utilization of preventive and ongoing health care for our young children.

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

Desired Result: Children Are Born Healthy and Stay Healthy

Objective 3.1 High risk pregnancies result in healthy births

Objective 3.2 Increase community awareness and response to child health and safety issues

Objective 3.3 Increase/maintain enrollments in health insurance products

Objective 3.4 Maintain access and maximize utilization of children's preventive and ongoing health care

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

- ***Health insurance enrollment services***

A 2008 community health assessment indicates that 22% of children 0-5, along with pregnant women do not have health insurance. Consequently, they either forego healthcare or use the emergency room for non-emergency attention when a program with temporary or mobile services is not available.

- ***Health screenings/checkups***

When families do not have access to healthcare, screenings and minor checkups are harder to obtain. Providing screenings and checkups is a means to catch more serious issues at an earlier stage.

- ***Interim outpatient health care***

When families do not have access to healthcare, minor or routine medical issues can become major issues. Interim outpatient health care through clinics or mobile services saves expensive emergency room costs by providing services when families don't have a medical home.

- ***Oral health education and oral health screenings and varnish***

According to a 2010 Kaiser Permanente data report for Stanislaus County, just 85% of children under the age of 5 had dental insurance. The U.S. Surgeon General has called dental disease a silent epidemic and has urged public health agencies to make oral health a community priority.

Oral health screenings and varnish are a means to identify those children who need additional services before there are severe oral health issues. Dental varnish and education are preventive services that decrease the likelihood of a child needing more intensive services.

- ***Pregnancy/infant intense services and Pregnancy/infant support groups***

Many women with high-risk pregnancies do not have the information or support that increases the probability of having healthy birth outcomes. Intensive services, including home visitations, as well as community groups provide the information and support necessary to increase the likelihood of health births.

- ***Health and safety classes***

Information, support, and activities that increase the knowledge and behavior of families with children 0-5 are not readily available to the entire population, but are critical in affecting the health and safety of young children.

- ***Public awareness campaigns for health and safety***

Countywide campaigns reach a larger percentage of the population regardless of race, socioeconomic status, or risk. Because parents are not the only caregivers that children have, this service is important for prevention purposes.

- **Community outreach**

Outreach is critical for all Result Areas in order to reach out to those who may be marginalized or underserved.

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

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
<ul style="list-style-type: none"> • 4,867 children 0-5 received services that focused on improved health • 1,960 pregnant women received prenatal care • 400 new pregnant women participated in pregnancy support groups • 1,113 home visits were made to at-risk pregnant women • 2,824 applications for interim medical services for pregnant women and children 0-5 were completed and processed • Caregivers of 334 children participated in health, nutrition, or safety programs • 7,772 new parents were educated about Shaken Baby Syndrome 		
<ul style="list-style-type: none"> • Of those programs reporting on client satisfaction, the level of satisfaction ranged from a low of 79% to a high of 92%, with an average of 88% for the programs. • Over 67% of the participants in Improved Health services were Latino/Hispanic; 19% were White; the majority of the remaining were unknown • 71% of the participating children 0-5 without health insurance (2,302/3,223) were assisted with the application process 		
A Greater Number of Children Now Have Health Insurance <ul style="list-style-type: none"> • 1,196 children 0-5 who did not have health insurance are now enrolled in a health coverage plan (42% who received enrollment assistance) 		
More Pregnant Women and Children are Receiving Health Care <ul style="list-style-type: none"> • 2,020 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 • 20 Children 0-5 receive Well Child Checkups 		
Children are Receiving Oral Health Care <ul style="list-style-type: none"> • 412 children 0-5 received oral health care and fluoride varnish 		
Children and Parents Have Knowledge and Tools for Better Oral Health <ul style="list-style-type: none"> • 1,182 children received oral health instructions, educational materials, and toothbrushes and demonstrated brushing techniques • 245 parents received oral health instructions, educational materials, and toothbrushes 		
Infants are Being Born Healthy <ul style="list-style-type: none"> • 89% of the infants born to participants in a healthy birth program (198/223) were born healthy (term and not low birth weight) • 79% of the mothers in the healthy birth program (177/223) initiated breastfeeding 		
Pregnant Women in a Healthy Birth Program Have Increased Knowledge and Make Positive Health Decisions for Themselves and Babies <ul style="list-style-type: none"> • 97% of the infants (96) were up- to-date on immunizations at one year and 100% had health insurance (99) • 100% of participants in substance abuse prevention/health education (123/123) have increased knowledge of prevention and health • 80% of participants (1240/1550 duplicated) report making positive changes based on health, nutrition, and safety classes • 96% of case managed families (64/69) reported making positive changes for themselves or children 		
New Parents Have Knowledge to Prevent Shaken Baby Syndrome <ul style="list-style-type: none"> • 87% of parents who gave birth in '11-'12 (7,772/8,478) were educated about SBS and have pledged not to shake their baby 		

Result Area 3: Improved Health						
Program	Amount Expended in '11-'12	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award	Cumulative Amount Expended	% Expended
Dental Disease Prevention Education (HSA)	\$ 7,364 (74%)	1,182	\$ 6	\$ 25,000	\$ 21,997	88%
Golden Valley Dental Education/Screenings	\$ 28,123 (43%)	411	\$ 68	\$ 170,437	\$ 83,971	49%
Healthy Birth Outcomes	\$ 1,165,737 (87%)	886	\$ 1,316	\$ 11,031,716	\$ 10,314,128	93%
Healthy Cubs	\$ 315,484 (55%)	2,824	\$ 112	\$ 11,259,250	\$ 5,734,298	51%
MOMobile	\$ 28,048 (70%)	37	\$ 273	\$ 902,963	\$ 890,922	99%
Shaken Baby Syndrome Prevention Program	\$ 10,526 (81%)	8,478	\$ 1	\$ 165,587	\$ 134,914	81%
TOTAL	\$ 1,558,285 (76%)	13,818	\$ 113	\$ 23,554,953	\$ 17,180,230	73%

Dental Disease Prevention Education

Agency: Health Services Agency
Current Contract End Date: June 30, 2012

Program Description

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

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

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

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

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

Finances			
Total Award October 27, 2009 – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$25,000	\$10,000	\$ 7,364 (74% of budget)	\$21,997 (88% of budget)

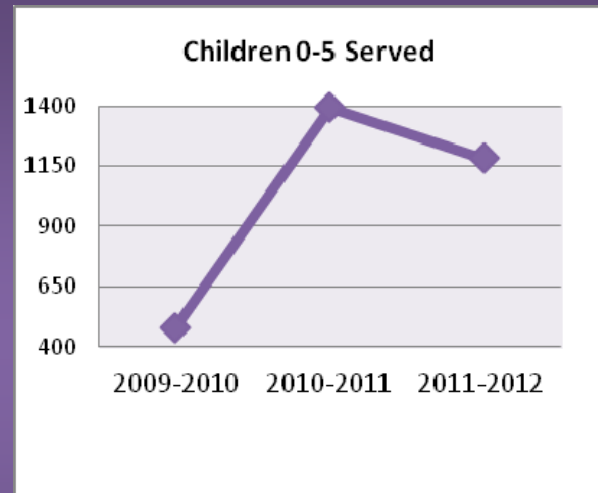
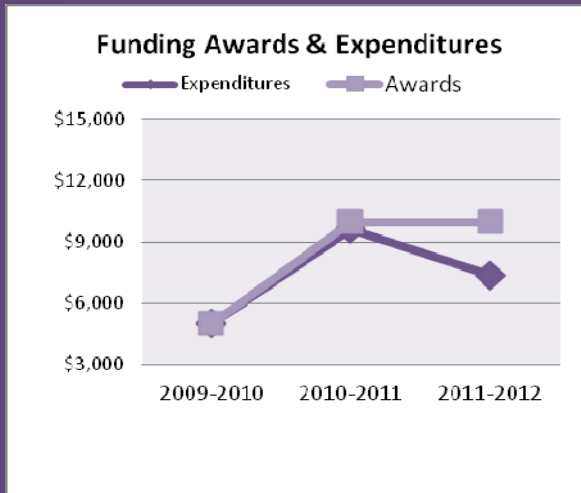
FY '11-'12 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (1,182)
\$6,091	\$1,273	\$0	0%	\$6

PARTICIPANT TYPE	% SERVED
Children	74%
1% <3; 99% 3-5	
Parents/Guardians	24%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	52%
White	18%
Black/African American	7%
Asian	7%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	4%
Other	-
Unknown	13%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	84%
Spanish	10%
Hmong	-
Other	-
Unknown	-

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



The program started providing services at the end of '09-'10 and expended the entire amount awarded. In '10-'11, the program provided services the entire year, nearly doubling expenditures and almost tripling the children served. In '11-'12, 74% of the award was expended and the program served 15% less 0-5 children than in '10-'11.

Program Highlights

- Staff has been trained on the research based oral health education curriculum "Cavity Free Kids." The program is based on studies demonstrating the effectiveness of fluoride varnish coupled with educational sessions to decrease dental caries.
- Children were given an opportunity to practice brushing techniques on the puppet "Ali-Croc." A Sesame Street book, "Ready, Set, Brush," was also used to provide the children an opportunity to show what they learned in the lesson.
- 107 Healthy Birth Outcomes (HBO) moms received instructional sessions (i.e., Oral Health and Pregnancy and Dental Care for Your Baby).
- During oral health month, the program provided oral health education and distributed 144 children's tooth brushes, 100 infant brushes, 50 adult tooth brushes, 50 timers, and 50 oral health posters.
- The 71 parent and staff surveys received indicated that the program was presented clearly, the information useful, and the materials well organized and understandable.
- The cost per child of \$6 for this program is quite low for preventive care.
- Leveraging: The program leveraged \$3,633 from state and local sources.
- Cultural Competency: All educational materials and handouts are offered in both English and Spanish. Additionally, the health educator is fluent in both English and Spanish. The program developed and utilizes a feedback survey in both English and Spanish.
- Collaboration: Program staff facilitates the County's Oral Health Advisory Committee (OHAC) comprised of a local dentist, an oral surgeon, the Public Health Officer, and various child health programs including: Women Infants and Children (WIC) Program, Child Health Disability Program, Comprehensive Perinatal Services Program, Golden Valley Health Clinics, HealthNet, Head Start, etc. Coordination between programs and service delivery systems is the focus of the OHAC.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Customer and employee satisfaction surveys	<ul style="list-style-type: none"> The program designed and implemented surveys.
2. Evaluate changes in knowledge and practice	<ul style="list-style-type: none"> Children were asked to practice and demonstrate correct brushing and questioned about "do's and don'ts" about brushing.
3. Explore additional funding sources	<ul style="list-style-type: none"> Staff has explored additional funding sources in attempt to secure additional funds for the dental program.
4. Consider the need for the program to be offered in additional languages	<ul style="list-style-type: none"> This year the educator was bilingual English/Spanish.
5. Share further research that validates the efficacy of the program's activities and investigate similar programs in other counties or states	<ul style="list-style-type: none"> The educational sessions are conducted using evidence-based curriculum.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Targeted Core 4, Healthy Start, and FRC sites receive oral health in-service	20	15 (56 staff)
Targeted Core 4, Healthy Start, and FRC receive oral health instructional visits for students	20	25 (1182 students)
Targeted Core 4, Healthy Start, and FRC sites receive oral health instructional visits for parents	20	25 (245 parents)

Recommendations

- Explore additional funding sources
- Consider offering the program in languages other than English and Spanish.

Dental Education and Screenings

Agency: Golden Valley Health Center
Current Contract End Date: June 30, 2012

Program Description

Golden Valley Health Center's Dental Education and Screenings Program is designed to introduce dental care to children ages 0-5 at schools, Family Resource Center, and Healthy Start sites within Stanislaus County through dental screenings and fluoride varnishings. The program also encourages parents and staff at the targeted sites to establish a regular home for dental care for each child. A dental home means that each child's oral health care is delivered in a comprehensive, continuously accessible, coordinated, and family-centered way by a licensed dentist. This program is aligned with the Dental Home Initiative of Central California.

The program gives all children 0-5 in targeted programs an opportunity (with parental consent) to receive at least one oral health screening and fluoride varnish treatment sufficient to meet the requirement for enrollment into Kindergarten. The program also instructs schools, Family Resource Center and Healthy Start staff about the importance of a dental home for children 0-5, and assists staff in helping families establish a dental home with a dental provider in the community.

As scheduled by the Stanislaus County Children and Families Commission, this program ended on June 30, 2012.

Finances

Total Award September 22, 2009 – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$170,437	\$65,000	\$ 28,123 (43% of budget)	\$83,971 (49% of budget)

FY '11-'12 Budget / Expenditure Data

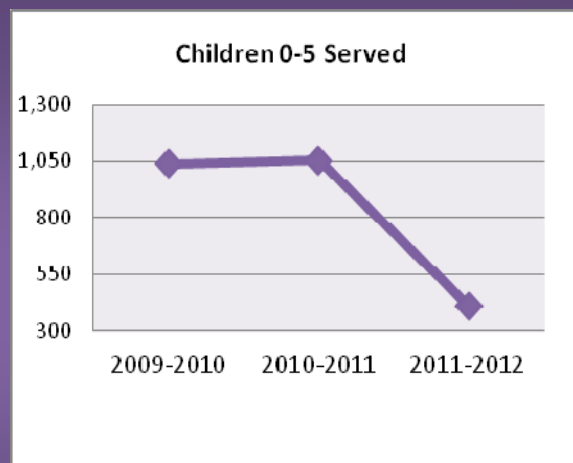
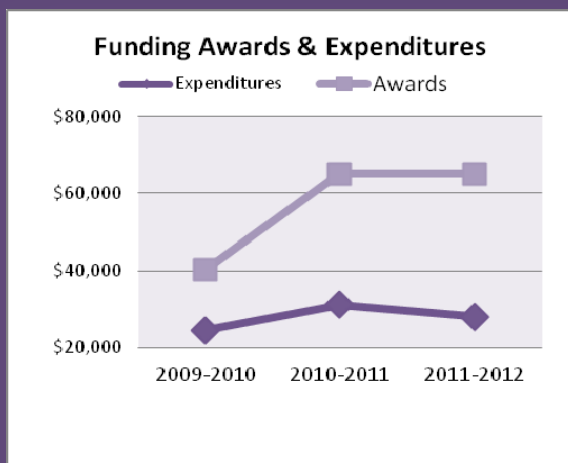
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Participant (411)
\$25,700	\$2,423	\$0	0%	\$68

PARTICIPANT TYPE	% SERVED
Children	100%
15% <3; 82% 3-5; 3% Unknown	

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	77%
White	7%
Black/African American	9%
Asian	1%
Alaska Native/American Indian	<1%
Pacific Islander	<1%
Multiracial	4%
Other	<1%
Unknown	1%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	29%
Spanish	71%
Hmong	-
Other	<1%
Unknown	<1%

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



Just 43% of the funding award was expended in '11-'12 compared to 27% in '10-'11, and 61% less children 0-5 were served.

Program Highlights

- The program design was based on work and recommendations from the American Academy of Pediatric Dentistry. The program also follows the adoption of the Dental Home Initiative by the Office of Head Start division of the U.S. Department of Health and Human Services. The goal is to provide a basic oral health screening, application of fluoride varnish, and anticipatory guidance for families.
- Nine community and school sites received oral health services for the children served in their programs. (The program reports that FRC sites often had difficulty generating enough participants at events to make effective use of program staff. The program noted that more participants showed up at events when sites had a regular clientele who came to the site daily.)
- The cost per child of \$68 is low for important preventive care.
- As scheduled by the Stanislaus County Children and Families Commission, this program ended on June 30, 2012.

Planned Versus Actual Outputs / Outcomes

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Discuss with partnering sites how to improve communications and scheduling.	<ul style="list-style-type: none"> With help from the County, we were able to meet with all representatives to introduce ourselves for familiarity.
2. Clarify the sites' role in collecting participant data before services commence, possibly with an MOU.	<ul style="list-style-type: none"> All sites helped with data collection before services were given.

Prior Year Recommendations

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Targeted schools, Healthy Start, and FRC sites receive oral health screenings and fluoride varnish for students	26	9 (35%)
Parents who received a consent form authorized an oral health screening for their child.	85%	100% (480/480)
Children receive oral health screenings and fluoride varnish.	-	411
Children 0-5 without a dental home established a dental home.	85%	71% (291/411)

Recommendations

- Because the program ended on July 31, 2012, there are no recommendations for the program to consider.

Healthy Birth Outcomes (HBO)

Agency: Health Services Agency
Current Contract End Date: June 30, 2012

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

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

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

Finances			
Total Award September 1, 2003 – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$11,031,716	\$1,339,160	\$1,165,737 (87% of budget)	\$10,314,128 (93% of budget)

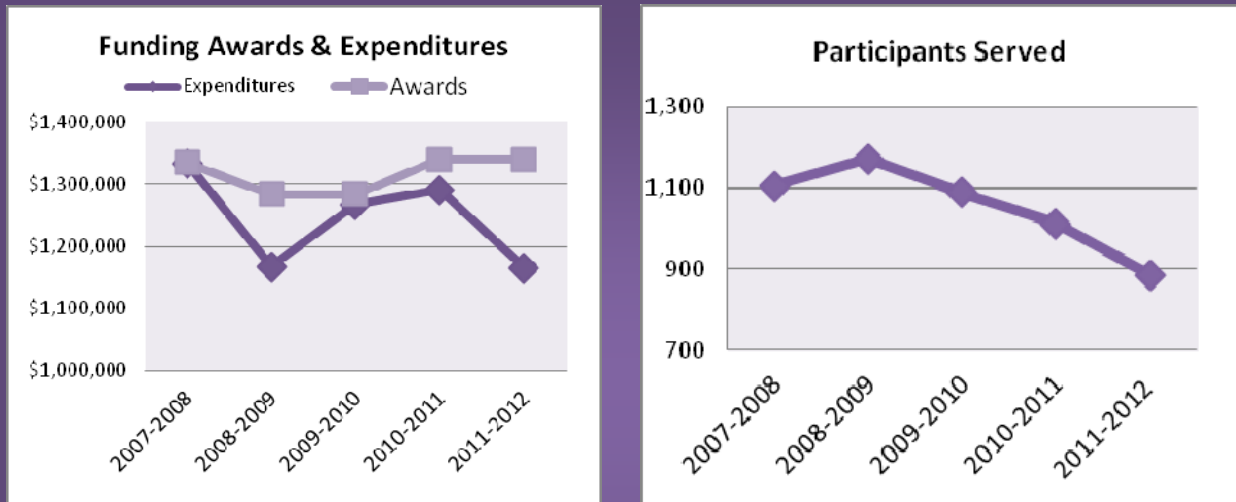
FY '11-'12 Budget / Expenditure Data						
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Cost Per Participant <i>Home Visits</i>	Cost Per Participant <i>Community Groups</i>	Total Cost Per Participant
\$585,761	\$89,865	\$490,111	10% of personnel	\$2,107 (226)	\$1,011 (660)	\$1,316 (886)

PARTICIPANT TYPE	% SERVED
Children	31%
100% <3	
Parents/Guardians	69%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	73%
White	20%
Black/African American	4%
Asian	<1%
Alaska Native/American Indian	<1%
Pacific Islander	<1%
Multiracial	<1%
Other	<1%
Unknown	<1%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	43%
Spanish	57%
Hmong	-
Other	<1%
Unknown	<1%

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



HBO was at a higher funding level in '07-'08 due to a request for equipment. The funding award was restored to the '06-'07 level in '08-'09 and '09-'10. The expenditures were at a low in '08-'09, and the program monitored the budget more carefully during subsequent years to make the best use of the funding award. In '10-'11, the Commission increased the funding to HBO to allow two sites to operate with full funding (they were previously splitting the funds). The numbers served has decreased slightly each year, with a 12% decrease in '11-'12 most likely due to better collection of unduplicated data.

Program Highlights

- The program uses a multidisciplinary team approach, where public health nurses lead the case management team of community health workers and social workers in providing intensive services to high risk mothers. Vacancies in public health nurse positions at the beginning of the '11-'12 fiscal year have required all HBO staff to become case managers. The team approach has suffered because of the difficulty associated with recruiting public health nurses.
- One of the HBO's program activities, using bus advertising for program messages, was discontinued at midyear. It had been initiated in response to having lost Health Services Agency outreach workers who could do door-to-door outreach for the HBO program. Unfortunately, the program was not able to document any increased program enrollment with this strategy, and the cost benefit analysis was to not renew the advertisement.
- Pregnant women engaged with HBO groups earlier in their pregnancies than in the past:
 - 27% enrolled in their first trimester of pregnancy in 2011-2012 versus 19% in 2010-2011
 - 56% enrolled in their second trimester of pregnancy in 2011-2012 year versus 42% in 2010-2011
 - 17% enrolled in their third trimester of pregnancy in 2011-2012 year versus 39% in 2010-2011
- A new Fathers class was designed and developed to give fathers an opportunity to meet other new fathers to discuss their feelings, concerns, and knowledge needs in becoming a father.
- Leveraging: The HBO program leveraged \$820,223 of federal and local dollars, which is 61% of the Commission's funding award.
- Cultural Competency: Classes are presented in English and Spanish, and the community component has two Spanish speakers available for class presentations. Interpreters from Behavioral Health and Recovery Services assist case management staff when they conduct home visits of Spanish speaking clients. Program materials are in Spanish and English, the two main languages used by program participants

- Collaboration: HBO has extensive collaborations with a wide variety of community partners: Parent Resource Center, Center for Human Services, Sierra Vista, Zero to Five Early Intervention, Turlock Family Resource Center, El Concilio, Turlock Family Resource center, Children's Crisis Center, TANF, Cal Fresh, Medi-cal, Healthy Cubs, Dental Disease Prevention Education, Stanislaus County Office of Education Early Head Start, Stanislaus County Migrant Head Start, First Step, Drug Court, Community Housing and Shelter Services, Keep Baby Safe, and the Women's, Infants, and Children's program.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to explore the best practices of other programs that outreach to fathers, and ways to increase participation. Begin to use materials received; consider utilizing materials for fathers that the Commission has supported and purchased for contractor use.	<ul style="list-style-type: none"> • HBO developed a specific class for new Fathers and presented the class twice at Sierra Vista's North Modesto Family Resource Center. All participants received "Daddy's Tool Box" DVD's.
2. Continue to survey and assess needs for training.	<ul style="list-style-type: none"> • Community partners were provided with the following trainings this year: facilitator training, maternal child infant health modules training, infant development, HBO mission and history, scope of work/report format training, and engagement tool/best practices training.
3. Continue the work planned through the Sustainability Project, including the exploration of staff training and the accreditation process	<ul style="list-style-type: none"> • As the Health Services Agency has experienced staffing and budget changes, the priority for seeking Public Health accreditation has changed. It will still be sought, but not in the current year.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Participants rate the support groups as having met their needs	85%	98% (167/170)
Women receiving case management services recommend the service to others	85%	100% (69/69)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	57% (883/1550) (not a unique participant count)
Participants report having made changes based on what they learned in classes	60%	80% (1240/1550) (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%	93% (64/69)
Clients score 36 or greater on Caldwell HOME score (measurement of adequate environment for learning, implementing parental interventions, and change)	70%	87% (46/53)

Clients score 55 or greater on NCAST FEED (measurement of reciprocal behaviors between a mother and her child during the first 12 months)	70%	88% (37/42)
Clients score 50 or greater on the NCAST TEACH (measurement of caregiver-child interactions and communication)	70%	100% (37/37)
Participants deliver term infants	90%	89% (198/223)
Participants deliver infants weighing 2500 grams or more	90%	91% (204/223)
Participants initiate breastfeeding	50%	79% (177/223)
Participants breastfeed for at least 6 months	30%	78% (174/223)
Infants at one year of age have up-to-date immunizations	85%	97% (96/99)
Infants at one year of age have health insurance	85%	100% (99/99)
Clients admitting to substance use initiate treatment program	40%	69% (18/26)
Case managed women discontinue smoking during pregnancy	25%	22% (8/37)
Participants of substance abuse prevention/health education increase knowledge of prevention and health	n/a	100% (123/123)
Case managed clients who indicate a need for mental health services are referred	90%	95% (36/38)
Case managed clients who self report behavioral health issues at time of intake receive referrals to mental health services	90%	81% (13/16)
Perinatal providers are reached to increase awareness of services available to pregnant/parenting women	20	23

Recommendations

- Explore the best practices of other programs that outreach to fathers to increase participation.
- Continue to survey and assess needs for training.
- Continue the work planned through the Sustainability Project.

Healthy Cubs

Agency: Health Services Agency
Current Contract End Date: June 30, 2012

Program Description

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

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

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

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

Finances			
Total Award October 1, 2002 – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$11,259,250	\$570,000	\$315,484 (55% of budget)	\$5,734,298 (51% of budget)

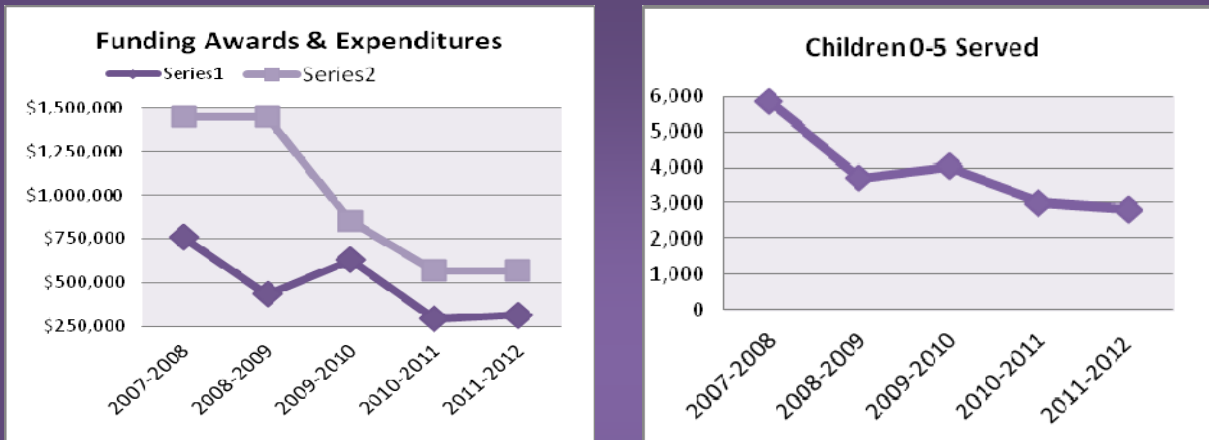
FY '11-'12 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Medical Claims	Indirect Costs	Cost Per Participant (2,824)
\$64,847	\$20	\$237,521	\$13,097 (4%)	\$112

PARTICIPANT TYPE	% SERVED
Children	49%
71% <3; 29% 3-5	
Parents/Guardians	51%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	61%
White	19%
Black/African American	1%
Asian	2%
Alaska Native/American Indian	<1%
Pacific Islander	-
Multiracial	-
Other	4%
Unknown	12%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	31%
Spanish	26%
Hmong	<1%
Other	<1%
Unknown	42%

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



The Healthy Cubs funding award has decreased significantly from '07-'08 to '11-'12 (61%) as requested by the program due to efficiencies in operation (particularly funds recovery). Although there were fewer numbers served in '11-'12 than in previous years, the percentage of those becoming the beneficiaries of Healthy Cubs after receiving an application and initial care was slightly higher (70%) in '11-'12 compared to '08-'09 (69%). The program has reported that compliance with Healthy Cubs policies and the countywide efforts of other programs to enroll uninsured families in other health care plans have contributed, in a positive way, to the decrease in children 0-5 and pregnant women served.

Program Highlights

- The program paid \$320,733 to providers for 4,051 medical visits.
- The vast majority of program recipients, 97%, fell between 0-130% of the Federal Poverty Guidelines; just 3% were in the 131-300% level, indicating that the program is successfully reaching its targeted population.
- Of the 950 program beneficiaries who were successfully converted to more comprehensive health coverage, 281 received Medi-Cal Restricted benefits along with Healthy Cubs to cover services not under Medi-Cal Restricted. By receiving both, patients were able to receive emergency room and pregnancy related benefits, the latter of which would have been paid through Healthy Cubs.
- Healthy Cubs exceeded the goal of identifying and collecting \$100,000 in claims previously paid that became eligible for payment under Medi-Cal. The program identified \$212,589 of such claims, was able to collect \$151,094 from providers, and had a cost avoidance of \$202,095 in claims that were billed to the Healthy Cubs program by contracted providers for ancillary services. (Healthy Cubs denied payment when the claims were eligible for Medi-Cal payment.)
- Healthy Cubs works with Healthy Birth Outcomes to identify and track pregnant women granted Healthy Cubs benefits. HBO personnel contacts and assesses potential high risk pregnancies to coordinate care for shared program recipients.
- Leveraging: By billing for Medi-Cal Administrative Activities (MAA), the program was able to generate \$546,028 for community health needs.
- Cultural Competency: Approximately 38% of Healthy Cubs' program beneficiaries are Spanish speaking. 88% of program beneficiaries either speak English or Spanish. The program is adequately staffed to support the language needs of the majority of its applicants. In addition, Healthy Cubs staff has a list of employees working within the Health Services Agency to assist patients when translation services for other languages are needed.
- Collaboration: Healthy Cubs reports developing cooperative relationships with numerous organizations throughout the county. Healthy Cubs provides program information to all hospitals in Stanislaus County for distribution to uninsured patients meeting age and income criteria who need of primary care or obstetric services.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on partnerships and plan to attend future health fairs when personnel challenges diminish.	<ul style="list-style-type: none"> The Healthy Cubs Program has had great success in utilizing Alliance WorkNet resources to help with the program. In fact, during the 2011-12 fiscal year, the Healthy Cubs Program relied heavily on Alliance WorkNet resources, as well as temporary employees, to perform core functions. In 12-13, Healthy Cubs will be going through several changes, which should allow Healthy Cubs Program staff to attend more health fairs and to conduct outreach to the community.
2. Follow through with cultural proficiency trainings.	<ul style="list-style-type: none"> This will be a goal for FY 2012-13.
3. Enter required PEDS data regarding primary language in 11-12.	<ul style="list-style-type: none"> The Healthy Cubs Program Programmer/Analyst had added a feature that tracks primary language in the Healthy Cubs Program computer system. Training was provided to Healthy Cubs Program staff to accurately enter this information so that it is now reportable.
4. Be aware of contractual deadlines.	<ul style="list-style-type: none"> The Stanislaus County Outcomes And Results Reporting Sheet (SCOARRS) and PEDS data have been submitted in a timely manner during FY 2011-12.

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	3,000	2824
Applicants are beneficiaries of Healthy Cubs health care	2,200 / 70%	1976 / 70% (1976/2824)
Program beneficiaries convert to other health coverage	35%	48% (950/1976)
Health fair and other presentations are given by Healthy Cubs staff	12	0
\$100,000 is identified for the funds recovery process	\$100,000	\$212,589
Accounts paid with Prop 10 funds are recovered from other payer sources	-	\$151,094

Recommendations

- Attend health fairs and make other presentations to expand outreach.
- Provide cultural proficiency training to staff.
- Comply with contractual requirements regarding invoicing, data reporting, and routine inquiries.

MOMobile

Agency: Doctors Medical Center Foundation

Current Contract End Date: June 30, 2012

Program Description

The Medical Outreach Mobile (MOMobile) is a fully equipped mobile health care unit that delivers full scope primary care services to individuals in communities that are identified as needing greater access to health care. The MOMobile was operational through the Stanislaus County Health Services Agency from 1997 to 2004, then Golden Valley Health Centers (GVHC) collaborated with Doctors Medical Center Foundation (DMCF) to continue providing access to health care in Stanislaus County.

MOMobile provides quality health care in a culturally sensitive and skilled manner. MOMobile staff also offer Well Child Care exams, and provides assistance in registering for health care programs such as Medi-Cal, Medicare, FamilyPACT, Drug Assistance Programs, and Healthy Families. In addition, the MOMobile staff are often the first providers to see high-risk pregnancy patients, and work with them to ensure that they obtain the best care possible to promote healthy birth outcomes.

The medical service component of MOMobile was ended at the request of Golden Valley on July 31, 2011 – one month into the start of the '11-'12 fiscal year. To transition the MOMobile from paid staff to volunteers, a contract involving MOMobile maintenance and medical supplies was executed for the remainder of the '11-'12 fiscal year.

As scheduled by the Stanislaus County Children and Families Commission, this program ended on June 30, 2012.

Finances			
Total Award March 1, 2004 – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$902,963	\$40,088	\$28,048 (70% of budget)	\$890,922 (99% of budget)

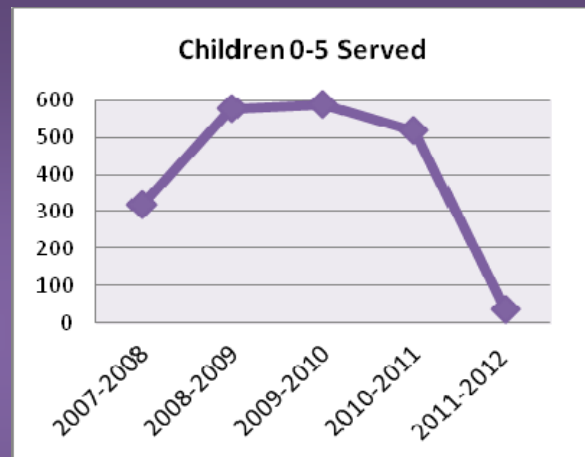
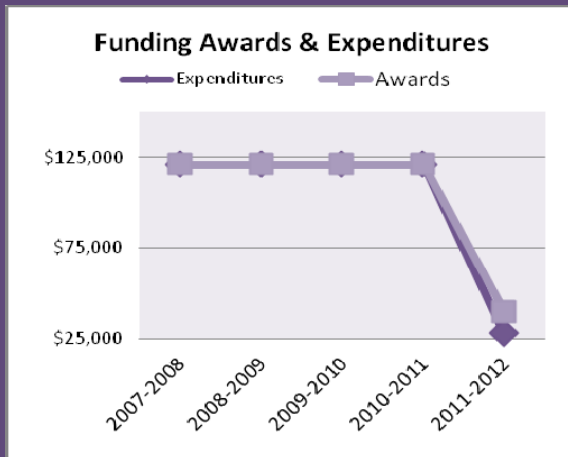
FY '11-'12 Budget / Expenditure Data			
Medical Access Stipend	Services/Supplies	Indirect Cost Rate	Access Cost Per Child 0-5 (37)
\$10,088	\$17,960	0%	\$273 (July 2011 services)

PARTICIPANT TYPE	% SERVED
Children	43%
41% <3; 59% 3-5	
Parents/Guardians	57%
Other Family	55%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	56%
White	40%
Black/African American	2%
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	-
Unknown	1%

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

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



In '11-'12, MOMobile's funding of \$40,088 addressed two separate program components: \$10,088 for one month's worth of primary care services in July of 2011 (which was a continuation of the 2010-2011 program) and \$30,000 to maintain the vehicle and stock it with medical supplies (for operation by Doctors Medical Center Foundation volunteers). MOMobile served 37 0-5 children in July 2011 and expended 70% of the funding award.

Program Highlights

- Children 0-5 received oral health screenings and fluoride varnish applications as part of their regularly scheduled Well Child visits. Children were scheduled back for additional applications based on their oral health risk. All children also received toothbrushes and brushing instructions.
- MOMobile provided parents of children 0-5 with nutritional information at their child's well child exam. Children affected by obesity were identified and referred to a health educator for one-on-one counseling.
- All MOMobile support staff were bilingual Spanish and were required to have a language assessment. Telephone translation was available for other languages as needed. Staff also routinely received training on cultural sensitivity issues and skills are monitored.
- Community feedback regarding MOMobile services was very positive. Staff members were complimented for the way that they work together, listen, and explain.
- As scheduled by the Stanislaus County Children and Families Commission, this program ended on June 30, 2012.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
Focus on outreach to provide services for children 0-5.	No response.
Review Sustainability Plan strategies and utilize partners to help leverage funding.	No response.
Regularly provide detailed maintenance cost documentation with invoicing.	No response.
Review ways to illustrate the impacts of mobile healthcare services to stakeholders.	No response.
Continue the work planned through the Sustainability Project, including the recruitment of community support and volunteers. Fundraising and strategic financing strategies could be a focus at this time.	No response.

Planned Versus Actual Outputs / Outcomes (July 2011 Stats – 1 Month Only)

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 receive primary care from MOM1	420	37
Pregnant women receive prenatal care from MOM1	50	3
Pregnant women receive prenatal visits	100	7
Children 0-5 receive Well Child Checkups from MOM1	350	20
Children 0-5 receive nutritional information	175	20
Children 0-5 receive a toothbrush and proper brushing instructions	65	1
Children 0-5 receive fluoride varnish	65	1

Recommendations

- Because the program ended at the request of the provider on July 31, 2011, there are no recommendations for the program to consider. (Golden Valley stopped providing mobile services to concentrate on expanding its own "brick and mortar" sites throughout the county.)

Shaken Baby Syndrome Prevention Program

Agency: Community Services Agency
Current Contract End Date: June 30, 2012

Program Description

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

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

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

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

Finances			
Total Award July 1, 2007 – June 30, 2012	FY '11-'12 Award	FY '11-'12 Expended	Cumulative Amount Expended
\$165,587	\$13,000	\$10,526 (81% of budget)	\$134,914 (81% of budget)

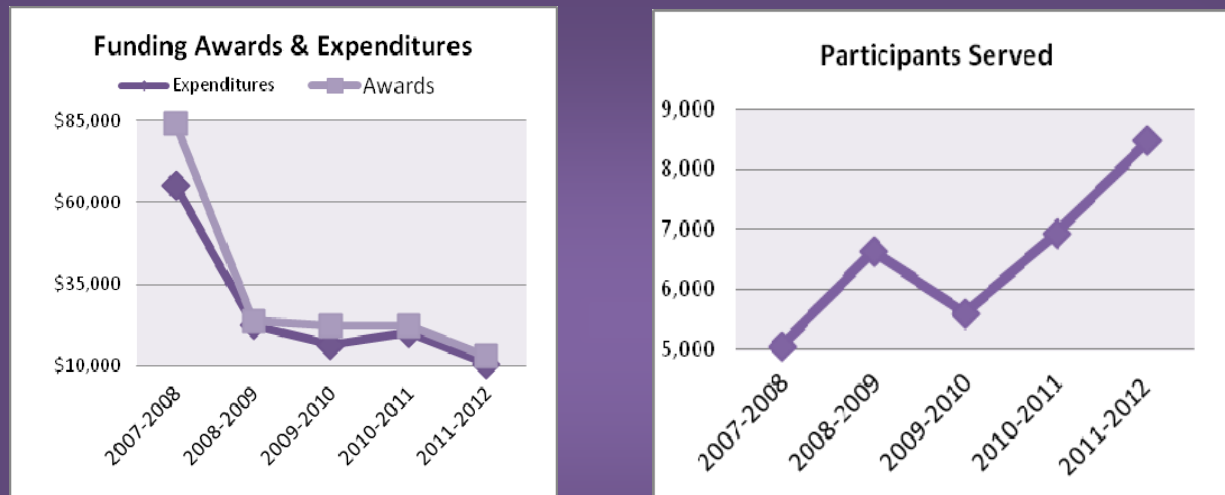
FY '11-'12 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost Per Parent Educated (8,478)
\$0	\$3,516	\$7,010	0%	\$1

PARTICIPANT TYPE	% SERVED
Parents/Guardians	100%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Unknown	100%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
Unknown	100%

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



Even though funding for Shaken Baby decreased by 48% in '11-'12 from the prior year, the percentage of 0-5 children increase significantly (22%).

Program Highlights

- The program has supported the consistent collection of data at hospitals and community sites and has put forth great efforts to communicate with hospital staff regularly. This has helped increase the number of participants in the program.
- HBO has become a successful part of the SBS Prevention Program, educating new parents on the dangers of SBS. The targeted number served through HBO (350) was exceeded by more than double.
- SBS prevention training was provided to staff members at Healthy Starts, Family Resource Centers, and Child Welfare. Trained staff now can identify risk factors and symptoms of SBS and can act in accordance with their roles, such as making referrals to CPS.
- The bus advertising campaign creates awareness of SBS throughout the community, reaching a wide audience.
- The cost per parent educated about SBS is quite low at \$1.25.
- Leveraging: None reported. However, 100% of the administrative personnel costs involved in program operations are paid by CSA and Sierra Vista. In addition, personnel involved with implementing the program at hospitals and community sites are provided in-kind. All five birthing hospitals in the county participate actively in the SBS Prevention Program.
- Cultural Competency: Communication is critical during a child's birth and hospitals, by necessity, must have employees who speak a variety of languages. Trainers from the program and hospital employees can communicate with virtually anyone, of any culture, birthing a child in Stanislaus County.
- Collaboration: The SBS program has ongoing collaborations with the five birthing hospitals in Stanislaus County (Doctors Medical Center, Emmanuel Medical Center, Kaiser, Memorial Hospital and Oak Valley Hospital). Another collaborative effort is the education of perspective Stanislaus County foster parents - an ongoing partnership between the Shaken Baby Syndrome Prevention Program and the Adult Child and Family Services Division. Also, the Child Abuse Prevention Council, a forum open to the community, receives regular information regarding the community impact of this program.

Prior Year Recommendations

2010-2011 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
Continue with efforts to reach the important teen population by consistently reaching out to schools and teen organizations for opportunities.	As a result of a community presentation to the nurses of the Modesto City Schools during FY 10/11, awareness materials have been made available to the Modesto area high school nurses. During this next fiscal year, continued efforts will be made to conduct outreach to other high schools in Stanislaus County.
Review budget to ensure expenses are classified appropriately so program can utilize funding in the most beneficial manner.	The budget was reviewed on a regular basis and the utilization of funding was appropriate and beneficial.
Consider creating a Sustainability Plan for the program to help sustain positive outcomes.	The SBS staff continues to explore ways through grant opportunities and support from community stakeholders to create a sustainability plan for this program.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?	
OUTPUTS / OUTCOMES		PLANNED	ACTUAL
Parents are educated about SBS at a hospital setting		6,750	7,772
Parents are educated on SBS program at the HBO sites		350	706
Prospective foster parents are educated about SBS		39	77
Documented SBS injuries in 2011-2012		0	1

Recommendations

- Continue with efforts to reach the important teen population by consistently reaching out to schools and teen organizations for opportunities.
- Create a Sustainability Plan for the program to help sustain positive outcomes.

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Result Area 4: Improved Systems of Care/Sustainable Systems

Description

In the April 2009 revision of the Stanislaus County Children and Families Commission Strategic Plan, Result Area 4 was changed from Improved Systems of Care to include Sustainable Systems. With this name change came a slightly different focus, from programs that fit into a category that improves systems of care, towards an emphasis on supporting and nurturing widespread and overarching collaboration, coordination, and leveraging. Programs that are funded specifically to improve coordination, leveraging, collaboration, or utilization of resources continue to be categorized in this Result Area, along with their outcomes. Other activities, such as the Commission sponsored Annual ECE/Provider Conference and Commission staff working with programs are categorized instead under “Other Programs.” When reporting to First 5 California, these activity expenditures are reported under Result Area 4, but since they are not contracted programs, they remain in “Other Programs” for local budget and expenditure reporting.

The percentage of the budget represented by the Result Area Improved Systems of Care/Sustainable Systems has consistently been 1% for the past four fiscal years, and is 1% again in 2011-2012. It should be noted, however, that although the budget allocation for this Result Area is relatively low, expenditures that are allocated to “Other Programs” should be considered as contributing to the results in Result Area 4.

Finances – Improved Systems of Care/Sustainable Systems	
FY ‘11-‘12 Total Awards	FY ‘11-‘12 Expended
\$82,378	\$82,378 (100% of budget)

Result Area 4 Services and Service Delivery Strategies

Result Area 4 encompasses programs and services that build capacity, supports, manages, trains, and coordinates other providers, programs, or systems in order to enhance outcomes in the other result areas. Funding in this category also supports programs in their efforts to sustain positive outcomes. The overall population result that the Commission activities contribute to in this Result Area is “Sustainable and coordinated systems are in place that promote the well-being of children 0-5.” Although the Commission and funded programs cannot take full responsibility for this result in Stanislaus County, there are numerous ways that they are contributing to this result.

The Commission sponsored 2012 Annual ECE/Provider Conference attracted teachers, childcare providers, administrators, and health educators, focusing on building knowledge about child development. In addition, Commission staff have continued to support contractors with sustainability and leveraging efforts, collaboration, and building capacity.

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

Objective 4.1 *Improve collaboration, coordination, and utilization of limited resources*

Objective 4.2 *Increase the resources and community assets leveraged within the county*

Objective 4.3 *Increase in resources coming into Stanislaus County, as a result of leveraged dollars*

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

- **Fund programs that provide outreach, planning, support, and management**

Outreach is critical for all Result Areas in order to reach out to those who may be marginalized or underserved. The Commission expects all funded programs to ensure that targeted populations are reached to participate in their particular services. Effective planning, support, and management are also imperative in providing services that are efficient and valuable. The Commission funds a contract under this Result Area that is entirely dedicated to providing planning, support, and management of 9 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 the Annual Early Childhood Educator/Provider Conference in order to train and support those working daily with young children. Although limited resources are not used to individually fund these providers, the Annual Conference is a cost effective means to serve many with beneficial results. Another way is through the training and support Commission staff provides to contractors, including contractor trainings so they can monitor and evaluate their own programs.
- **Encourage collaboration and coordination amongst contractors and other organizations by sponsoring meeting/sharing opportunities**
Collaboration and coordination can help decrease duplication of and increase the effectiveness of services. Programs understand that to gain the most beneficial results, collaboration and coordination is often necessary, especially during times of diminishing resources. The Commission sponsored a "Collaboration Celebration" event that celebrated successful collaboration efforts and provided a forum to gain awareness of other programs and explore additional collaboration opportunities. Inspirational speakers, discussions, and networking were the focus of the event.
- **Support leveraging opportunities within and outside of Stanislaus County**
As Commission revenues diminish, supporting leveraging opportunities is key in sustaining 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 on. 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 the 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 11-12, 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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<ul style="list-style-type: none"> • 300 teachers, childcare providers, administrators, and health educators attended the 2011 Annual ECE/Provider Conference • For the past 9 years, the Commission has hosted the free conference for over 2,430 attendees • 17 contracted organizations provided tables at the conference for resource and networking information • 1 program was entirely dedicated to providing planning, support and management for 9 contracted sites • All 25 contractors provided outreach to targeted populations 		
<ul style="list-style-type: none"> • 84% of the surveyed attendees (242/288) rated the Annual ECE/Provider Conference as good or excellent 		
Improvements in Collaboration, Coordination, and Utilization of Limited Resources		
Collaboration & Coordination <ul style="list-style-type: none"> • 100% of the contractors collaborate with two or more Commission funded programs, averaging 4 per program • Commission contracted programs report directly working with at least 155 other organizations, averaging 6 per contracted program 		
SCOE's Support & Coordination of Healthy Start Sites (a funded program) <ul style="list-style-type: none"> • Improved collaboration amongst sites and services for 2,083 children 0-5 and their families • Nine sites received technical assistance, coordination, and support with an 83% satisfaction rate 		
2011 Annual ECE/Provider Conference <ul style="list-style-type: none"> • 92% of the surveyed attendees (266/288) indicated the conference provided them with valuable information • 88% of the surveyed attendees (253/288) felt the conference allowed them to network / connected with others 		
Increases in Leveraging Within and Outside of the County		
Increase in Resources and Community Assets Leveraged Within the County <ul style="list-style-type: none"> • 64% of the Commission contracted programs (16/25) report leveraging of resources and community assets 		
Increase in resources coming into Stanislaus County, As a Result of Leveraged Dollars <ul style="list-style-type: none"> • 56% of the Commission contracted programs (14/25) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County • A total of over \$3.9 million was leveraged in 2011-2012 		

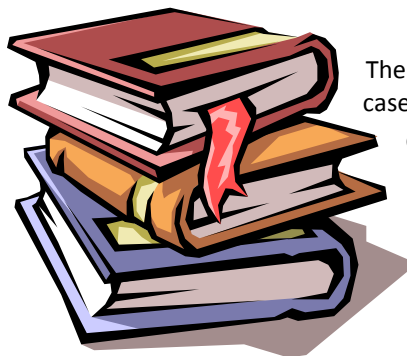
Result Area 4: Improved Systems of Care (Sustainable Systems)			
Program/Activity	Amount Expended in '11-'12	Amount Budgeted in '11-'12	% Expended In '11-'12
Community Conferences*	\$ 13,006	\$ 20,000	65%
Program Salaries & Benefits*	\$ 214,112	\$ 259,967	82%
Services, Supplies, County Cap*	\$ 35,719	\$ 42,187	85%
SCOE Healthy Start Support	\$ 82,378	\$ 82,378	100%
TOTAL	\$ 345,215**	\$ 404,532**	85%

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

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

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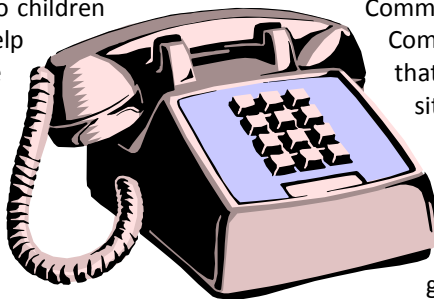
The following stories are told from the perspective of program managers, directors, and case managers to illustrate how Commission funded programs have touched the lives of children and families in Stanislaus – *they are stories within the Commission's larger story*. These are just a few of the many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

2-1-1

Client, David, called Stanislaus 2-1-1 to find help to pay his rent. David, a working single father of two children (ages 11 years and 4 years) needed help because an acquaintance that he befriended stole his rent money and some other items from his home. He called the police and made a police report but since he had let the person into his home, he was told that the person could not be charged with robbery.

He called his parents to see if they could assist him with the rent. Unfortunately, they were having financial issues as well and could not help their son.

A family friend suggested that he call Stanislaus 2-1-1 for assistance to see if there was any help available.



When he called Stanislaus 2-1-1, he was given a referral to Community Housing and Shelter Services, Stanislaus Community Assistance Project and also suggested that he contact his food stamp worker to report the situation as well.

After making contact with all the referrals, he was given an appointment with Stanislaus Community Assistance Project. An employee met with him to go over his situation and gather information to see if he qualified for the program. He was notified the next day that the agency would be able to help him with his rent.

Upon follow-up, David was very pleased with the help that he received from Stanislaus 2-1-1 and thanked the Call Specialist for their help to keep him and his girls from being evicted from their home.

Dental Education and Screening



At a local FRC health fair, a young boy came in to the oral health room and told his sister "See her! She is the Tooth Fairy. Now ask her if I'm right about brushing your teeth in little circles and using the floss AFTER I brush my teeth."

The small boy and his sister were eager to ask questions about brushing and flossing. Their mother was very happy to see that her children were showing an interest in oral hygiene, something she stated was an issue before her son attended a presentation at his Head Start program. The children asked their questions in English. They were answered in English but everything was discussed with the mother in Spanish.

Parent Resource Center

(The following story is from a clinician. Names were changed to maintain the confidentiality of the client.)

Maria is a 29 year old, Hispanic female whom I saw at the Parent Resource Center. Maria was married with two children, ages three and four. Maria was a victim of sexual

abuse in her childhood and domestic violence (DV) as well as emotional and verbal abuse in her marriage.

Maria began counseling with me to work on her childhood trauma which was causing relational issues, according to Maria. Shortly after beginning counseling with Maria it was discovered she was a victim of DV. Counseling sessions

addressed closer to her childhood trauma, recognizing self worth, building self-esteem and building self confidence, and empowering the client.

Maria continued with individual counseling until she met her goals, filed for a divorce, received full custody of her children, and got a job. Maria is currently working, is a proactive

mother to her children, has joined a church group, and is taking English classes in order to read to her children and help them with their homework.



Healthy Birth Outcomes/Perinatal Home Visitation

Rachel (not her real name) was referred to PH case management services. She was in first trimester, and her provider had referred her as she had not returned for prenatal care. She had history of behavioral health, but had stopped taking her medications, and the father of the baby had been incarcerated. Rachel was also a cigarette smoker and her main support at this time was her mother, who also had behavioral health issues.

When the HBO case manager contacted Rachel, she became very angry and upset, and told the case manager that she did not need any help with her pregnancy. The case manager was calm and stated that the program could help her with this first pregnancy by visiting her and making sure she was connected to resources and transportation, that there were support groups available in case she declined case management, and of the importance to return to the OB doctor.

A few weeks later the case manager received a phone call from Rachel. Rachel had had second thoughts, and because of a past history of substance use and her history of behavioral health, was concerned that she could lose custody of her infant once the baby was born. She had changed her mind and wanted the HBO case manager's help. After their first meeting and assessment, together they created a plan that would help Rachel stay healthy for her baby.

The goals were:

- Stop cigarette smoking
- Make appointment for mental health counselor and resume her medications
- Return to prenatal clinic
- Visit a HBO support group that was nearby her apartment
- Explore Parent Resource Center both before and after her baby's birth

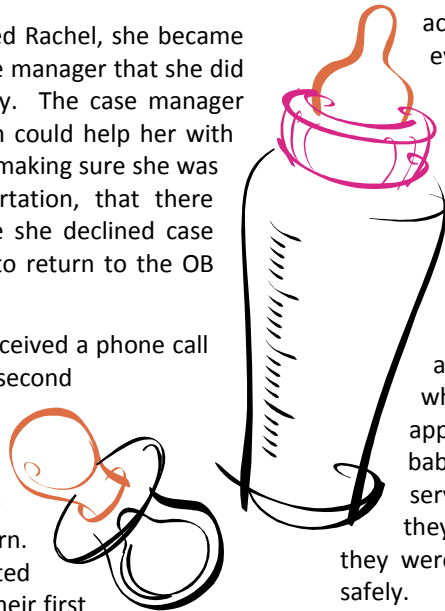
- Obtain WIC
- Maintain her sobriety

The case manager spend time getting to know Rachel, and allowing trust to build so that Rachel would feel comfortable in making lifestyle changes. The case manager contacted mental health (with Rachel's permission) and arranged a case meeting to discuss Rachel and her need for medications and mental health case management. As a result, Rachel did accept mental health case management and eventually resumed her medications.

Rachel did also return to the clinic, and access the above referrals. She found she enjoyed the classes at PRC, and the HBO group too. She learned about preventing Shaken Baby with the Mickey doll, and Back to Sleep. Rachel was able to stop smoking during her pregnancy and for the first few months after her child was born. She made birth preparations, took the car seat class, and discussed her thoughts about her baby's father who continued incarcerated as her delivery time approached. Eventually Rachel gave birth to a healthy baby boy, and she did receive a visit from Child Welfare services after going home from the hospital. When they spoke with her HBO case manager and visited her, they were satisfied that she was able to parent her baby safely.

Now as her baby is about to turn one year old, she knows her HBO case management service is about to complete. In this year she has resumed mental health services, has been able to parent her child successfully, and although some recent stressful life events occurred recently, and she has resumed smoking, she knows to smoke outside her home and away from her child. She continues living clean and sober, and is going to start working.

Rachel was ready to make a difference in her life, and the HBO program and staff helped her realize this.



Zero to Five Early Intervention

In the fall of 2011, a 5 year old boy was identified as having serious issues with adjustment to his kindergarten class. This child, that we will identify as “Arnold”, came to school in his first week and reported that he wanted to “crawl in a hole and let the dogs bite him”. Later, he reported that he wanted to “run in front of a car and get run over”. Naturally, this caused serious concern with his kindergarten teacher.

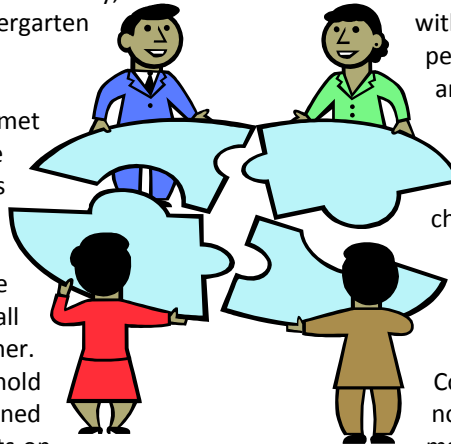
The Mental Health Consultant initially met with Arnold’s mother through a home visit. His mother reported that she was suffering from a terminal illness and that the child was not aware of this. Mother acknowledged that the child had some behavior problems in the home but overall he did well with her and with his stepfather. It was determined at this time, to refer Arnold for clinical services. It was also determined that the consultant would focus her efforts on providing services to the teacher.

Upon meeting the teacher for the first time, the Mental Health Consultant noticed that the teacher was very apathetic and antagonistic towards Arnold. The teacher reported that she had been teaching for some 26 years and that Arnold’s mother had once been her student. In class, Arnold appeared to be irritable, withdrawn and somewhat hostile toward his peers. Surprisingly, he made attempts to

please his teacher. However, his teacher did not appreciate these attempts and tended to focus on Arnold’s poor behavior.

Clinical services focused on helping the child to cope with changes going on around him and on providing support for the family as they endured the hardship of dealing with the mother’s terminal illness. From a cultural perspective, this family believed that admitting to an illness made the illness worse and would reduce the mother’s lifespan. However, they were willing to work on building relationships within the family unit that would allow the child to be supported once the mother passed. Arnold made great progress towards building a relationship with his stepfather and other family members.

Consultation with the teacher was slow and it was noted that this teacher was unwilling to make many changes in her approach with the client. Additional supports were provided to the client through other teachers and personnel at the school. While the teacher seemed unable to make adjustments, there were other people who took on a nurturing role for Arnold. Slowly, the client’s behavior in the classroom improved. He no longer made self-harmful statements and gradually he was able to make friends. At last report from his summer school teacher, Arnold is thriving and it appears he will do well in the first grade.



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APPENDIX 1 - ACRONYMS

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

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

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

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