Stanislaus County

Striving to be the Best

Children & Families Commission

Tuesday, March 22, 2016 @ 4:00 p.m.

Board Room – Stanislaus County Office of Education
1100 "H" Street, Modesto, CA

Children & Families Commission
930 15th Street
Modesto, CA 95354
Phone: 209.558.6218 Fax: 209.558.6225

Commission Meeting Notice

Tuesday, March 22, 2016 @ 4:00 PM, Board Room, Stanislaus County Office of Education
1100 "H" Street, Modesto, CA 95354

MEMBERS:

Vicki Bauman
School Representative

Vito Chiesa
County Supervisor

David Cooper
Chair
Community Representative

Denise Hunt
Community Representative

Mary Ann Lee
Health Services Agency

Nelly Paredes-Walsborn, Ph.D.
Community Representative

Madelyn Schlaepfer
Behavioral Health and
Recovery Services

George Skol
Vice Chair
Community Representative

John Walker, MD
Public Health Officer

****

John Sims
Executive Director

The Stanislaus County Children and Families Commission welcomes you to its meetings which are regularly held on the fourth Tuesday of each month. Your interest is encouraged and appreciated.

The agenda is divided into two sections:

CONSENT CALENDAR: These matters include routine financial and administrative actions and are identified with an asterisk (*). All items on the consent calendar will be voted on at the beginning of the meeting under the section titled "Consent Calendar." If you wish to have an item removed from the Consent Calendar, please make your request at the time the Commission Chairperson asks if any member of the public wishes to remove an item from consent.

REGULAR CALENDAR: These items will be individually discussed and include all items not on the consent calendar and all public hearings.

ANY MEMBER OF THE AUDIENCE DESIRING TO ADDRESS THE COMMISSION ON A MATTER ON THE AGENDA: Please raise your hand or step to the podium at the time the item is announced by the Commission Chairperson. In order that interested parties have an opportunity to speak, any person addressing the Commission will be limited to a maximum of 5 minutes unless the Chairperson of the Commission grants a longer period of time.

PUBLIC COMMENT PERIOD: Matters under the jurisdiction of the Commission, and not on the posted agenda, may be addressed by the general public at the beginning of the regular agenda and any off-agenda matters before the Commission for consideration. However, California law prohibits the Commission from taking action on any matter which is not on the posted agenda unless it is determined to be an emergency by the Children and Families Commission. Any member of the public wishing to address the Commission during the "Public Comment" period shall be permitted to be heard once for up to 5 minutes.

COMMISSION AGENDAS AND MINUTES: Commission agendas, Minutes, and copies of items to be considered by the Children and Families Commission are typically posted on the Internet on Friday afternoons preceding a Tuesday meeting at the following website: www.stanprop10.org.

Materials related to an item on this Agenda submitted to the Commission after distribution of the agenda packet are available for public inspection in the Commission office at 1010 10th Street, Suite 5000, Modesto, CA during normal business hours. Such documents are also available online, subject to staff's ability to post the documents before the meeting, at the following website www.stanprop10.org.

NOTICE REGARDING NON-ENGLISH SPEAKERS: Stanislaus County Children & Families Commission meetings are conducted in English and translation to other languages is not provided unless the Commission is notified 72 hours in advance that an interpreter is necessary. Please contact Administration at (209) 558-6218 should you need a translator for this meeting.
Las juntas de la Comision para Niños y Familias son dirigidas en Ingles y no hay traduccion disponible a menos que la Comision sea notificada con 72 horas por avanzado. Si necesita traducción, por favor contacte a la Comision al (209) 558-6218. (Por favor tome nota, el mensaje es en Ingles pero se le asistara en Español cuando lo pida.)

REASONABLE ACCOMMODATIONS: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Commission at (209) 558-6218. Notification 72 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting.

RECUSALS: California Government Code Section 87100 states that "no public official at any level of state or local government may make, participate in making or in any way use or attempt to use his/her official position to influence governmental decision in which he/she knows or has reason to know he/she has a disqualifying conflict of interest." Likewise, California Government Code section 1090 provides that certain government officials and employees "…shall not be financially interested in any contract made by tem in their official capacity."

These sections of law permit the Stanislaus County Children and Families Commission to execute contracts so long as the Commissioner(s) with the conflict recuses himself or herself from making, participating in making, or in any way attempting to use his or her official position to influence a decision on the contract.

Stanislaus County
Striving to be the Best

It's All About The Kids

Children & Families Commission
930 15th Street, Modesto, CA 95354
Phone: 209.558.6218 Fax: 209.558.6225

COMMISSION MEETING AGENDA

March 22, 2016

Times provided are approximate times.

4:00 p.m. I. Welcome & Introductions – Chair Cooper

4:05 p.m. II. Pledge of Allegiance

4:08 p.m. III. Announcement of Recusals [1]

4:10 p.m. IV. Public Comment Period (Limit of 5 minutes per person)

4:15 p.m. V. Approval of the Consent Calendar – Agenda items marked by an Asterisk (*)

VI. Agenda Items

* A. Approval of the Commission Meeting Minutes of December 8, 2015. **p. 4-6**

B. Executive Director's Office

4:20 p.m. 1. **Public Hearing** on First 5 California's 2014-2015 Annual Report (the report in its entirety may be viewed at the following link: http://www.stanprop10.org/meetings.shtm **p. 7-71**

4:30 p.m. 2. Presentation of Fiscal Year 2014-2015 Program Evaluation Report (the report in its entirety may be viewed at the following link: http://www.stanprop10.org/meetings.shtm **p. 72 -185**

4:40 p.m. C. Committee Reports

* 1. Accept the Minutes of the Administrative Committee meeting of March 7, 2016. **p. 186**

a. Monthly Financial Report as of February 29, 2016 **p. 187**

b. Quarterly Financial Report as of December 2015 **p. 188**

* 2. Accept the Minutes of the Operations Committee meeting of March 10, 2016 **p. 189**

* 3. Accept the Minutes of the Executive Committee meeting of March 16, 2016 **p. 190**

4:43 p.m. D. Contractor Presentation – Children's Crisis Center

VII. Correspondence – None

4:58 p.m. VIII. Commissioner Reports

5:03 p.m. IX. Staff Reports

1. Early Care and Education Provider Conference Results

5:13 p.m. X. Adjourn

[1] *Commissioners may publicly announce the item(s) or recommendation(s) from which he/she will recuse himself or herself due to an actual or perceived conflict of interest. The Commissioner will excuse himself or herself from the meeting and leave the room when the specific agenda item comes up for discussion and voting.*

Children & Families Commission
930 15th Street, Modesto, CA 95354
Phone: 209.558.6218 Fax: 209.558.6225

Commission Meeting Minutes
Tuesday, December 8, 2015
West Modesto Community Center
Finley Room
401 E. Paradise, Modesto, CA

Members Present: Vicki Bauman, Vito Chiesa, Denise Hunt, Mary Ann Lee, Nelly Paredes-Walsborn, Madelyn Schlaepfer, and George Skol.

Members Absent: David Cooper (Chair) and Dr. John Walker

Staff Present: John Sims, Executive Director; Stephanie Loomis, Administration; Tina Jamison, Accountant; and Jack Doering, Commission Counsel.

I. Commissioner Lee called the meeting to order at 4:05 p.m. Commission members were introduced and attendees were welcomed.

VI. B. 5. Section 9.70.090 of the County Code, which established the Commission, prescribes that the members of the Commission shall annually elect a Chairperson who shall serve for a term of one year. The Commission By-Laws indicate that the terms of the Chair and Vice Chair are from September 1st to August 31st.

According to the Commission's By-Laws, the Executive Committee serves as the Nominating Committee to develop a slate of candidates for the office of Vice-Chair. Commissioner Lee reported that Commissioner Skol was the recommended candidate for the Office of Vice Chair.

The recommendation to elect George Skol as Vice Chair was approved.
Moved Chiesa, Seconded Bauman. Abstained Skol. Unanimously approved.

II. Commissioner Lee turned the meeting over to Vice Chair Skol. Commission members and attendees recited the Pledge of Allegiance.

III. Announcement of Commissioner Recusals – None

IV. Public Comment Period – None.

V. Consent Calendar
The Consent Calendar was approved.
Moved Schlaepfer, Seconded Lee. Unanimously approved.

VI. Agenda Items

A. The Commission approved the Commission Meeting Minutes of May 26, 2015.
Approved on the consent calendar. Moved Schlaepfer, Seconded Lee. Unanimously approved.

B. Executive Director's Office

1. The Commission approved the 2016 Meeting calendar.
Approved on the consent calendar. Moved Schlaepfer, Seconded Lee. Unanimously approved.

2. To ensure the consistency and accuracy of the Commission's Policies and Procedures Manual, staff annually reviews the document and recommends that the Commission readopt the Manual.

The suggested changes to the Manual include:
- Minor changes, including formatting changes, that serve to enhance readability and consistency, but not change the meaning of the section.
- Changes to the Site Visits section that were originally approved by the Commission at its May 26, 2015 meeting.

The Commission heard a presentation on the revisions and opened a Public Hearing at 4:15 p.m. to hear comments from the public. Hearing no comments from the public, the hearing was closed at 4:16 p.m.

The Commission adopted the revised Policies and Procedures Manual and instructed staff to place the manual on the Commission's website.
Moved Paredes-Walsborn, Seconded Hunt. Unanimously approved.

3. California Health and Safety Code Section 130150 requires local Children and Families Commission to conduct a public hearing on the Annual Audit and to submit the audit to the State by November 1st of each year.

   The Commission contracted with Brown and Armstrong to perform the annual audit.

   The Commission heard a presentation from Tina Jamison on the audit. The audit had no findings or recommendations for the 2014-2015 fiscal year. It was noted the Audit had been submitted to the State by the November 1, 2015 deadline. The Commission thanked Tina Jamison, staff and partners for delivering another clean audit.

   The Public Hearing on the audit was opened at 4:23 p.m. by Vice Chair Skol and, hearing no comments, the Public Hearing was closed at 4:24 p.m.

   The Commission accepted the 2014-2015 audit report.
   Moved Schlaepfer, Seconded Lee. Unanimously approved.

4. Provisions of Proposition 10 were codified into California State Law as Sections 130100-130155 of the California Health and Safety Code. Section 130150 requires local Children and Families Commissions to conduct a public hearing on the Annual Report and to submit the report to the California First 5 Commission by November 1st of each year. The report shows the progress towards and achievement of the goals and objectives of the Proposition.

   The Commission heard a presentation from Stephanie Loomis on the 2014-2015 Local Annual Report. John Sims shared the Report had been submitted prior to the November 1, 2015 deadline.

   Vice Chair Skol opened the Public Hearing for the 2014-2015 Local Annual Report at 4:35 p.m. Members from the audience were asked to make comments. Hearing no comments, Vice Chair Skol closed the hearing at 4:36 p.m.

   The Commission accepted the 2014-2015 Local Annual Report.
   Moved Bauman, Seconded Hunt. Unanimously approved.

C. Committee Reports – ***Approved on the Consent Calendar. Moved Schlaepfer, Seconded Lee. Unanimously approved.***

1. The Commission accepted the minutes for the Administrative Committee meeting held on November 16, 2015 – including the Monthly Contract Financial Report as of October 31, 2015 and the Quarterly Financial Report July 2015 to September 2015.

2. The Commission accepted the minutes for the Operations Committee meeting held on December 2, 2015.

VII. Correspondence – None

VIII. Commissioner Reports – None

IX. Staff Reports

1. Stephanie Loomis shared a recap on the August Provider Conference with the Commission. The Commission provided funding for food and staff assisted with logistics at the event. Approximately 216 individuals attended the conference. The topic was the importance of literacy in child development. The keynote speaker was Alesha Henderson.
2. John Sims shared there is a Tobacco Tax bill in the California Legislature that would increase the cost of cigarettes by $2 a pack as well include e-cigarettes in tobacco products to be taxed. The bill,

as currently proposed, does not share the new revenue with Proposition 10 agencies or provide back-fill. John indicated it appears unlikely the bill will pass. He mentioned there is an initiative for the 2016 ballot that would share the tobacco tax increase with Proposition 10 agencies as well as providing back-fill. John will keep the Commission update on the status of the bill and initiative.

3. John Sims shared that Yosemite Community College District (YCCD) will serve as the Stanislaus Lead for the First 5 California's IMPACT grant, which provides funding for teacher education. YCCD will coordinate the program and will provide the required match funding for the grant. The Commission will be a partner agency.
4. John Sims announced Erica Inacio had transferred to Behavioral Health and Recovery Services in early September. John indicated the position of program monitor would be unfilled and the duties divided among remaining staff.
5. John Sims shared there is a Regional Commissioner Summit planned for Friday, March 18th, 2016 from 10 AM to 3 PM in Sacramento. He'll share more information as it becomes available.

X. At 4:50 p.m., the Commission moved into closed session – Public Employee Evaluation – Executive Director, Government Code 54957(b).

XI. The Commission reconvened at 5:15 p.m. and Vice Chair Skol announced no action was taken in the Closed Session. The meeting adjourned at 5:16 p.m.

COMMITTEE ROUTING	
Administrative/Finance	☒
Operations	☒
Executive	☒

It's All About The Kids

Stanislaus County Children and Families Commission

ACTION AGENDA SUMMARY

AGENDA DATE: March 22, 2016 COMMISSION AGENDA #: VI.B.1

SUBJECT:

Public Hearing on First 5 California's 2014-2015 Annual Report

BACKGROUND:

Section 130140(a)(1)(H) of the California State Health and Safety Code requires County Commissions to hold a public hearing on the State Commission's annual report (which is submitted to the Legislature each January). The State's Annual Report can be reviewed and/or printed from the Stanislaus County Children and Families Commission website at http://www.stanprop10.org/meetings.shtm.

The Administrative and Finance Committee and the Operations Committee met on March 7th and March 10th, respectively, to review and discuss this item. The Executive Committee met on March 16th to review and discuss this item.

STAFF RECOMMENDATIONS:

1. Hear a presentation on First 5 California's 2014-2015 Annual Report.
2. Open a Public Hearing on First 5 California's 2014-2015 Annual Report.
3. Receive public comments (if any).
4. Close the Public Hearing.
5. Accept First 5 California's 2014-2015 Annual Report

FISCAL IMPACT:

There is no fiscal impact associated with holding a Public Hearing on First 5 California's 2014-2015 Annual Report.

COMMISSION ACTION:

On motion of Commissioner _____; Seconded by Commissioner _____
And approved by the following vote:
Ayes: Commissioner(s): _____
Noes: Commissioner(s): _____
Excused or Absent Commissioner(s): _____
Abstaining: Commissioner(s): _____
1) _____ Approved as recommended.
2) _____ Denied.
3) _____ Approved as amended.

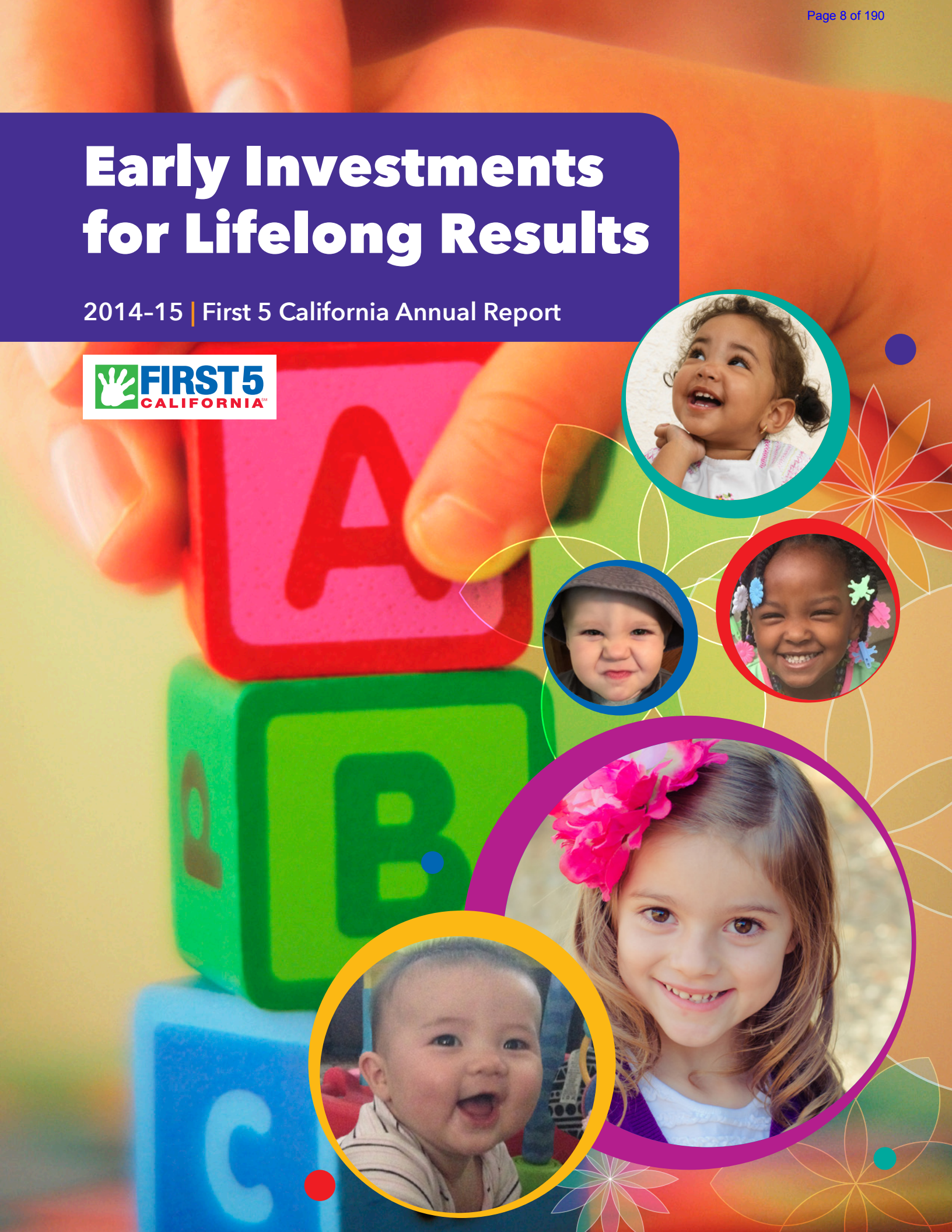
Motion: _____

Attest: _____
Stephanie Loomis - Administration

Early Investments for Lifelong Results

2014-15 | First 5 California Annual Report

FIRST 5 CALIFORNIA℠



Our Mission

Convene, partner in, support, and help lead the movement to create and implement a comprehensive, integrated, and coordinated system for california's children prenatal through 5 and their families. Promote, support, and optimize early childhood development.

Early Investments for Lifelong Results

2014–15 | First 5 California Annual Report

FIRST 5 CALIFORNIA COMMISSION MEMBERS

George Halvorson, Chair
Appointed by Governor

Joyce Iseri, Vice Chair
Appointed by Senate Rules Committee

Casey McKeever
Appointed by Senate Rules Committee

Conway Collis
Appointed by Speaker of the Assembly

Kathryn Icenhower
Appointed by Speaker of the Assembly

Magdalena Carrasco
Appointed by Governor

Muntu Davis
Appointed by Governor

EX-OFFICIO MEMBER:

Diana Dooley
Secretary of the California Health and Human Services Agency

Jim Suennen, Designee

Message from the Executive Director

It has been another year of significant accomplishments in early learning and health for First 5 California as well as our First 5 county commission partners across the state. More and more parents, policymakers, legislators, and stakeholders have come to recognize the importance of supporting children in their earliest years. They understand the long-term payoff of these necessary investments. And by investments, I'm referring to a variety of ongoing efforts to advance our mission and vision. In addition to funding, there also are the investments of time, hard work, advocacy, outreach, dialogue, and partnerships—all with a focus on nurturing and enriching the earliest years in the lives of our youngest children to foster their success in school and beyond.

A few milestones from the past year deserve special recognition. In February 2015, First 5 California hosted its first annual Child Health, Education, and Care Summit in partnership with several California agencies: Department of Developmental Services, Department of Veterans Affairs, Community Colleges Chancellor's Office, Department of Education, Health and Human Services Agency, Department of Public Health, and Department of Social Services. This Summit welcomed nearly 1,000 attendees representing preschool, infant/toddler child care, social workers, foster care, military families, higher education, administrators, parents, advocates, philanthropists, and elected officials. Participants included county-level teams consisting of representatives from as many of these local groups as possible. The goal was for both county- and state-level networking to be enhanced, and for services to our common target audiences to become better focused and less duplicative.

Our *Talk. Read. Sing.*® public education and outreach campaign messages reached millions of Californians through television and radio ads, social media, and our Parent Website. The campaign, which highlights the importance of early brain development through linguistic interaction and engagement with babies and young children, will be enhanced with additional content and outreach efforts and will continue through the coming year and beyond.

On the program front, two of First 5 California's Signature Programs continued to demonstrate significant results, with the Comprehensive Approaches to Raising Educational Standards (CARES) Plus program

providing professional development for thousands of early educators, and the Child Signature Program (CSP) serving thousands of children statewide in quality early learning programs.

Perhaps our most significant accomplishment to date is the development of First 5 IMPACT (Improve and Maximize Programs so All Children Thrive). With CSP and CARES Plus scheduled to conclude on June 30, 2016, and to build upon their successes, the State Commission in April 2015 approved a five-year investment to support a network of local quality improvement systems to better coordinate, assess, and improve the quality of early learning settings. First 5 IMPACT is an innovative approach that forges partnerships between First 5 California and counties to achieve the goal of helping children ages 0 to 5 and their families thrive by increasing the number of high-quality early learning settings, including supporting and engaging families in the early learning process. Investing in more sites to achieve high-quality standards helps ensure more of California's children enter school with the skills, knowledge, and dispositions necessary to be successful. It provides families the information and support they need to promote and optimize their children's development and learning, both inside and outside the home.

None of this would be possible without the state and local partnerships we continue to develop. We look forward to our ongoing partnership with the 58 First 5 county commissions as we advance our commitment to investing in quality early learning and family resources—all with our collective goal of ensuring our youngest children receive the best start in life and thrive.

Camille Maben

CAMILLE MABEN
EXECUTIVE DIRECTOR, FIRST 5 CALIFORNIA

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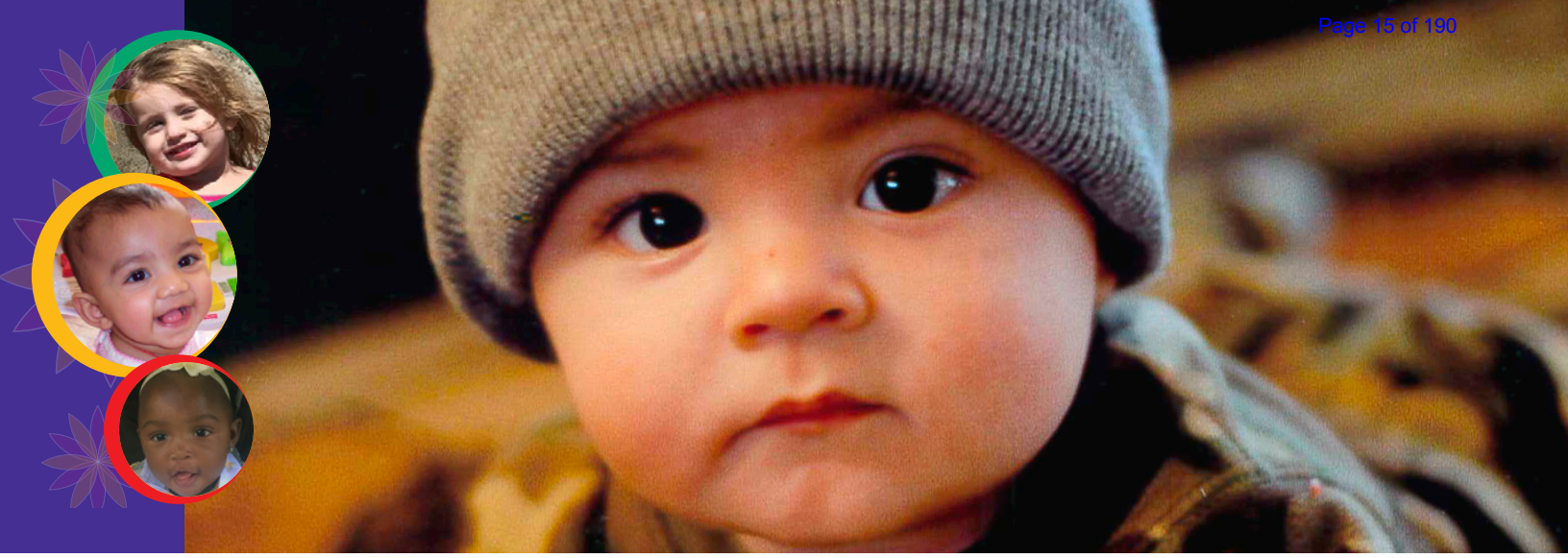
Exhibits for Fiscal Year 2014-15



Supporting Healthy Development and School Readiness for Young Children

LEADERSHIP: FIRST 5 CALIFORNIA

In 1998, California voters passed Proposition 10—the California Children and Families Act (the Act)—and declared the importance of investing in a better future for California's youngest children. For the past 17 years, the California Children and Families Commission (First 5 California) has established standards of quality and invested in the development of programs and services emphasizing improvement in early education, child care, social services, health care, research, and community awareness. The vision of First 5 California is for all of the state's children to receive the best possible start in life and thrive.

STRATEGIC PLAN

The State Commission approved a new Strategic Plan for First 5 California in January 2014. The Strategic Plan serves as an important compass for the Commission's deliberations to decide how best to plan future work, investments, and partnerships over the next five years. For more information about the Strategic Plan, please go to **http://www.ccfc.ca.gov/about/pdf/commission/resources/F5CA_Strategic_Plan.pdf.**

BUILDING PUBLIC WILL AND STATE INVESTMENT

In April 2015, First 5 California adopted its Children's State Policy Agenda to guide the agency's efforts to advocate before the state Legislature for a comprehensive, integrated, culturally competent, and coordinated system for California's youngest children. The Commission's Policy Agenda reflects First 5 California's commitment in its Strategic Plan to participate and lead in the area of civic engagement, and the recognition of the Commission's responsibility to the people of California to ensure the wise and effective use of public funds.

In its Strategic Plan, First 5 California commits to engage and lead in building public will and state investment to support the optimal wellbeing and development of children prenatal through age 5, their families, and communities. The Strategic Plan also recognizes that in order to advocate and influence policy change, we must engage in partnerships with First 5 county commissions, stakeholders, and other allies, from local to federal levels, in order to be successful in institutionalizing efforts to advance child-centered policies and increase these crucial investments.

First 5 California's 2015 Policy Agenda[1] focused on four areas the Commission identified as its top state policy priorities: child health, early learning, strong and engaged families and communities, and First 5 revenue. Within each priority area, the Policy Agenda identified targeted goals to achieve a seamless statewide system of integrated and comprehensive programs for children and families. First 5 California seeks to serve as a convener and partner in state policy conversations, working with First 5 county commissions, state agencies, stakeholders, and other advocates to convene, align, collaborate on, support, and strengthen statewide advocacy efforts to realize the following shared goals:

Child Health

- Promote coordination across the health care system to promote access for every pregnant mother and child age 0 to 5 with affordable and comprehensive health insurance coverage.
- Improve parents' and young children's knowledge about and access to healthy foods and physical activity, including support for state and/or local taxes on sweetened beverages and/or unhealthy foods.
- Support and promote universal developmental screenings, assessment, referral, and treatment.

Early Learning

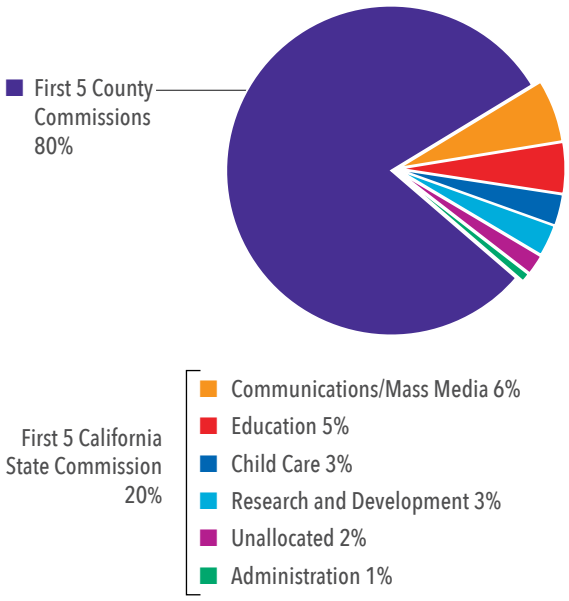
- Expand access to quality early care and education programs for children ages 0 to 3.
- Support implementation of high-quality universal preschool access for all low-income four-year-old children, and high-quality transitional kindergarten and kindergarten statewide.
- Support a high-quality early learning workforce through strengthened qualifications, compensation, stability, diversity, and robust professional development systems.
- Promote statewide access to and participation in successful Quality Rating and Improvement Systems (QRIS).

First 5 Revenue

- Promote inclusion of supports and services for children ages 0 to 5 and their families in existing and new revenue policy discussions.
- Promote regulation of tobacco-related products, including electronic cigarettes.

Through its advocacy efforts during the 2015 state legislative and budget session, First 5 California garnered significant state-level support for its Policy Agenda goals from policymakers, advocacy partners, and other stakeholders. In collaboration with its early childhood education and care advocacy partners, and leaders in the Legislature, First 5 California achieved historic wins for the state's youngest children and families through shared advocacy efforts on the state budget and legislation relevant to the Policy Agenda.[2] The

Exhibit 1: First 5 California Children and Families Commission Funds—Allocation of State Portion



Source: Health and Safety Code Section 130105

progress made through the final 2015–16 budget actions moves the agency closer to reaching its goals across the priority areas.[3]

The 2015 budget included improvements to child health policies, including the historic expansion of full-scope Medi-Cal coverage to Medi-Cal eligible children, regardless of immigration status, effective as early as mid-2016. The budget also eliminated a 10 percent rate reduction on Denti-Cal care providers, and prohibited insurance coverage from using copayments, coinsurance, deductibles, or any other form of cost sharing for the Prenatal Screening Program fee.

The state made a historic investment of over $400 million in the early learning and care system, representing investments in the three areas First 5 California and its advocacy partners supported: access, affordability, and quality improvement. This included 20,330 total new slots for children in early learning and child care programs: 6,800 new Alternative Payment Program vouchers with a priority for infant/toddler access; 7,030 new full-day, full-year State Preschool slots; and 6,500 part-day State Preschool slots, with 2,500 prioritized for students with disabilities. The budget invested $129 million in increased early learning program reimbursement rates, including a 5 percent increase for the Standard Reimbursement Rate (SRR), a 1 percent increase for part-day State Preschool, and the creation of a separate rate for full-day State Preschool; a 4.5 percent increase for the Regional Market Rate (RMR); and a 5 percent increase for License-Exempt rates. The state prioritized increasing the quality of infant/toddler programs through a one-time investment in an Infant/Toddler QRIS Block Grant, a new quality incentive program to support infant/toddler providers to attain a higher level of quality within their local QRIS.

The Legislature prioritized funds to engage and strengthen families and communities through the creation of a consumer education website, and statewide database to support parents' access to information about early learning and child care programs. The budget also made strides to reduce excessive draws on First 5 revenue. The Board of Equalization (BOE) must submit a report to the Legislature by early 2016 outlining options and timelines for reducing administrative costs associated with tobacco tax enforcement while maintaining program effectiveness.

First 5 California is committed to continuing the advocacy work achieved in 2015 by continuing to strengthen its partnerships with stakeholders and its efforts to build policymakers' knowledge base, will, and investment in shared priorities. In doing so, the agency will continue to build on this year's successes and continue working toward the underlying Strategic Plan goal to ensure all children prenatal through age 5 have the resources, foundation, and systems of support they need to thrive.

Strong And Engaged Families And Communities

- Support evidence-based parent education and engagement, including parent engagement on early brain development.
- Support sustainability of Family Resource Centers and other community hubs for integrated services for children and families.
- Increase supports for breastfeeding, family leave, and baby-friendly policies in all settings.
- Expand voluntary home visiting programs.

ACCOUNTABILITY: FUNDING AND AUDIT RESULTS

Under the Act, the State Board of Equalization collects an excise tax levied on all tobacco products and deposits the revenue into the California Children and Families Trust Fund, allocating 20 percent to First 5 California and 80 percent to county commissions. In FY 2014-15, First 5 California received $87.5 million and county commissions received 344.1 million.

The amount of funding allocated annually to each county commission is based on the annual number of births in the county relative to the total number in the state. Each county must prepare an annual independent audit subject to guidelines prepared by the State Controller's Office. The counties invest their dollars in locally designed programs, as well as in First 5 California's statewide Signature Programs as match funding. First 5 county commissions use their funds to support local programs in four result areas:

- Improved Family Functioning
- Improved Child Development
- Improved Child Health
- Improved Systems of Care

First 5 California's Administrative Services Division, Evaluation Office, Executive Office, Program Management Division, Communications Office, Fiscal and Contracts Division, and Information Technology Office provide staff support for the following functions, operations, and systems:

- Fiscal management of the California Children and Families Trust Fund
- Tax revenue disbursements to county commissions
- Audits and annual fiscal reports
- Local agreement and program disbursement management
- Public education and outreach
- Evaluation of First 5 California programs
- Procurement and contract management
- Workforce recruitment and development
- Information technology
- Business services

The administration of these and other programs is consistent with all applicable State and Federal laws, rules, and regulations. The State Controller's Office conducts an annual review of the 58 county commissions' independent audits. In October 2015, the Controller published its review of the counties' audits for FY 2013-14, summarizing several findings contained in the local audits, but did not deem any of them significant enough to withhold funding. The audit can be viewed on First 5 California's website at **http://www.ccfc.ca.gov/commission/commission_annual_report.html.**

Serving California's Young Children, Parents, and Teachers

FOUR KEY RESULT AREAS

First 5 California tracks progress in four key result areas to support evidence-based funding decisions, program planning, and policies:

1. Improved Family Functioning
2. Improved Child Development
3. Improved Child Health
4. Improved Systems of Care

These result areas comprise a framework for reporting and assessing early childhood outcome data. Appendix A and B include descriptions of the result areas and services for First 5 California and 57 county commissions.* This data reporting framework provides a statewide overview of the number, type, and costs of services provided to children and adults for a particular fiscal year.

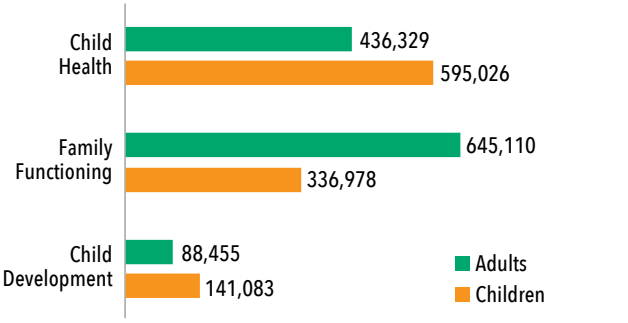
Stakeholders can use this information as one source to determine impact and resource allocation from First 5 statewide. Exhibit 2 contains the total numbers of services provided to children ages 0 to 5 and adults in FY 2014–15 for Improved Family Functioning, Improved Child Development, and Improved Child Health.

The distribution of total expenditures ($454,347,967) for children ages 0 to 5 and adults receiving services in 2014–15 is presented by result area in Exhibit 3.

*At the time of printing, Colusa County is not included.

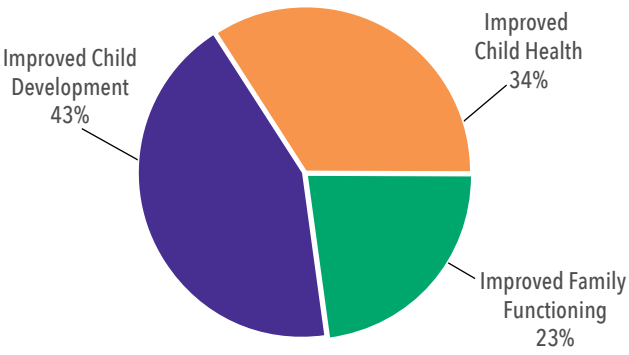
The result area, Improved Systems of Care ($105,326,568), differs from the others; it consists of programs and initiatives that support program providers in the other three result areas.

Exhibit 2: Total Numbers of Services Provided to Children Ages 0 to 5 and Adults in FY 2014-15 by Result Area



*Totals for Adults include both Adult and Provider counts

Exhibit 3: Total Expenditures for Children Ages 0 to 5 and Adults in FY 2014–15 by Result Area



Source: County Revenue and Expenditure Summary, November 2015

First 5 County Commission Program Result Areas

First 5 county commissions are required to report to First 5 California their annual expenditure and service data on their programs. In collaboration with the First 5 Association, First 5 California developed and adopted guidelines to standardize data collection. Counties report program service data under the four result areas. These data have been aggregated to the State level. Data reported are from programs that are funded by both local and State First 5 funds (Appendix A).

IMPROVED FAMILY FUNCTIONING

In FY 2014–15, county commissions invested $105 million to improve Family Functioning. Family Functioning services provide parents, families, and communities with timely, relevant, and culturally appropriate information, services, and support. Services include:

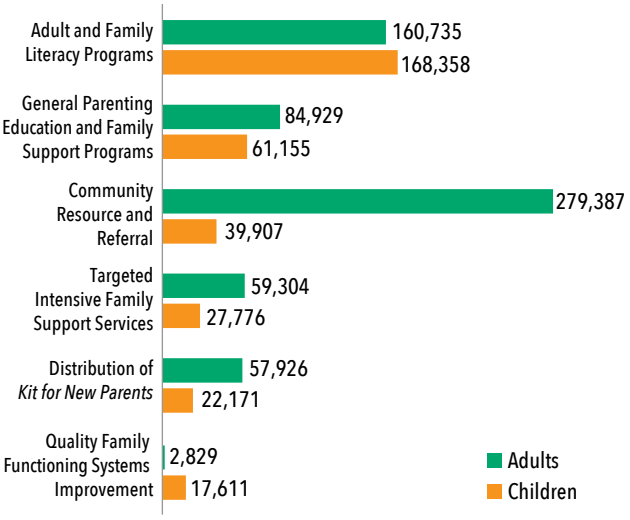
- Increasing parent education and literacy
- Providing referrals to community resources
- Supplying basic needs, such as food and clothing

In FY 2014–15, First 5 county commissions provided 336,978 services to improve family functioning to children ages 0 to 5, and 645,110 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 4 displays the numbers of services provided.

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group (47 percent). For children reporting a primary language, services were provided to Spanish speakers 61 percent of the time and English speakers 35 percent of the time.

Exhibit 5 shows the distribution of expenditures by service category. First 5 California provided support to schools and educational institutions, nonprofit community-based agencies, government agencies, and private institutions. First 5 county commissions provided services to children and adults in order to improve Family Functioning.

Exhibit 4: Family Functioning—Total Numbers of Services Provided to Children Ages 0 to 5 and Adults in FY 2014-15 by Service



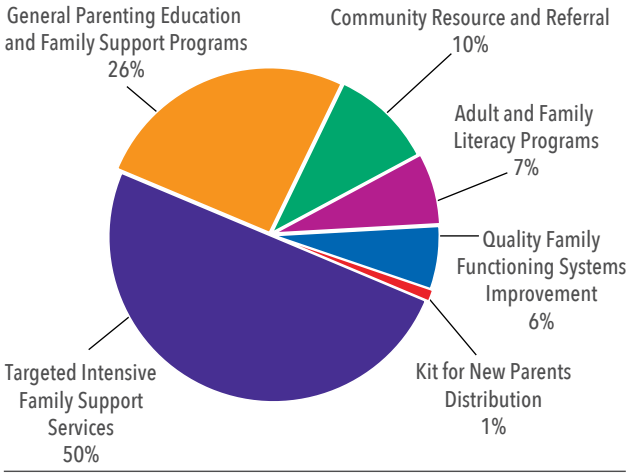
*Totals for Adults include both Adult and Provider counts

IMPROVED CHILD DEVELOPMENT

Child Development services are designed to increase access and quality of early education and learning. These services include free high-quality preschool, special needs assessment and intervention, and school readiness programs.

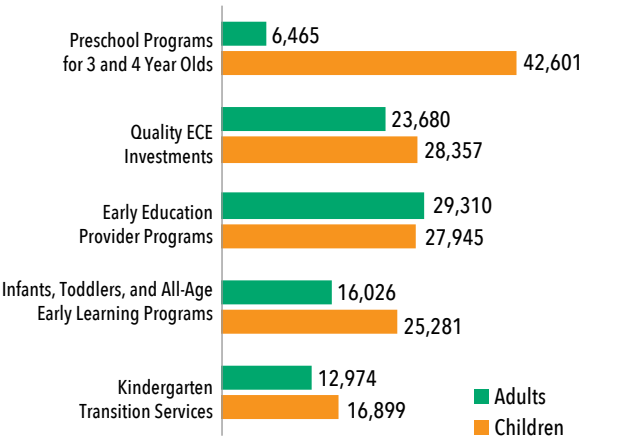
In FY 2014–15, First 5 delivered 141,083 child development services to children ages 0 to 5 and 88,455 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 6 displays the numbers of services provided.

Exhibit 5: Family Functioning—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2014–15 by Service



Source: County Revenue and Expenditure Summary, November 2015

Exhibit 6: Child Development—Total Numbers of Services Provided to Children Ages 0 to 5 and Adults in FY 2014-15 by Service



*Totals for Adults include both Adult and Provider counts

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group of services (63 percent). For children reporting a primary language, services were provided to Spanish speakers 47 percent of the time and English speakers 47 percent of the time.

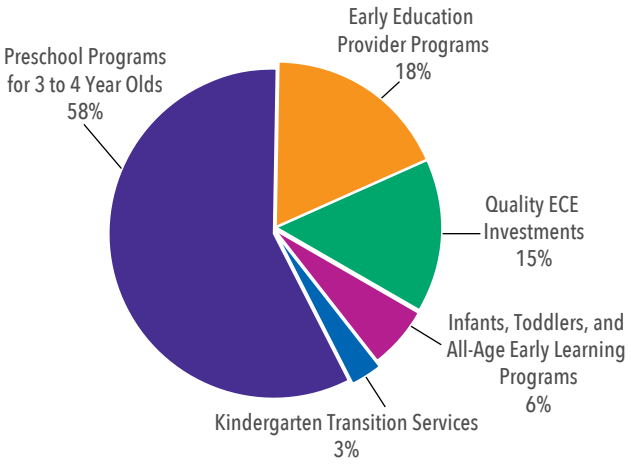
In FY 2014–15, county commissions expended $196 million to improve Child Development. Exhibit 7 shows the distribution of expenditures by service category.

IMPROVED CHILD HEALTH

First 5 county commissions fund Child Health services that promote health through identification, treatment, and elimination of risks that threaten health and cause developmental delays and disabilities. First 5 Child Health services are far- ranging and include prenatal care, oral health, nutrition and fitness, tobacco cessation support, and intervention for children with special needs.

In FY 2014–15, First 5 provided 595,026 services designed to improve Child Health to children ages 0 to 5, and 436,329 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 8 displays the numbers of services provided.

Exhibit 7: Child Development—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2014–15 by Service



Source: County Revenue and Expenditure Summary, November 2015

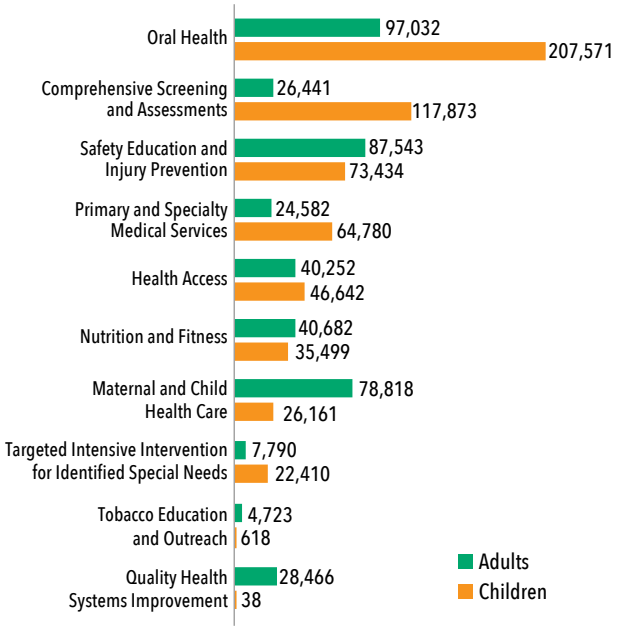
While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group of services (61 percent). For children reporting a primary language, services were provided to English speakers 54 percent of the time and Spanish speakers 43 percent of the time.

In FY 2014–15, county commissions expended $153 million to improve Child Health. Exhibit 9 shows the distribution of expenditures by service category.

IMPROVED SYSTEMS OF CARE

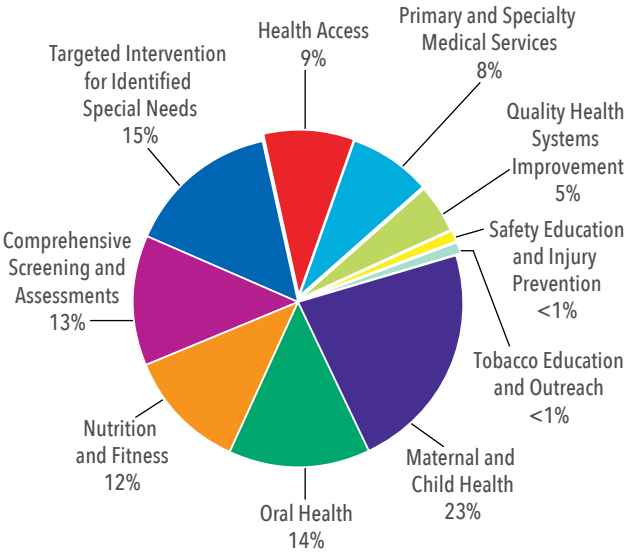
Systems of Care addresses system-wide structural supports as county commissions effectively work toward achievement in the result areas of Family Functioning, Child Health, and Child Development. For example, interagency collaboration allows coordinated wrap-around efforts from multiple organizations providing targeted services. Since this result area is at a systems level, counties do not report numbers of children and adults served. Expenditure data indicate that for FY 2014–15, county commissions expended $105 million to improve Systems of Care (Exhibit 10). In 2014–15, 8 percent of expenditures went toward Public Education and Information; 18 percent toward Policy and Broad Systems-Change Efforts; and 74 percent toward organizational support.

Exhibit 8: Child Health—Total Numbers of Services Provided to Children Ages 0 to 5 and Adults in FY 2014-15 by Service



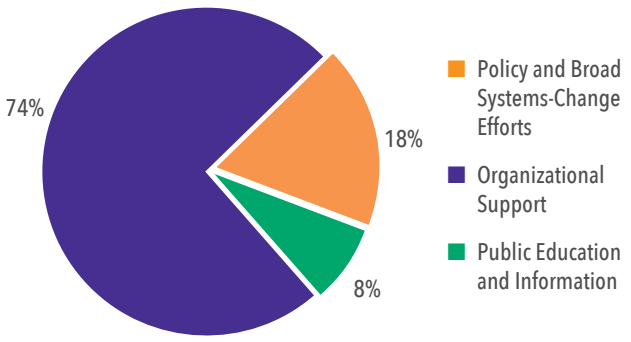
*Totals for Adults include both Adult and Provider counts

Exhibit 9: Child Health—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2014–15 by Service



NOTE: May not add to 100% due to rounding
Source: County Revenue and Expenditure Summary, November 2015

Exhibit 10: Systems of Care—Distribution of Expenditures by Service



Child Development Focus

One of the overarching purposes of First 5 California is to invest in quality early learning programs. National research indicates high-quality early learning programs have a significant, positive impact on early childhood outcomes and at-risk children in cognitive, language, and social development.[4,5] Decades of program evaluations show investments in high-quality early learning produce significantly greater rates of return. Effective early childhood programs generate benefits to society that far exceed program costs. Yet, nationally, many licensed facilities fail to meet or minimally meet the most basic guidelines for quality. Approximately 50 percent of California's disadvantaged and at-risk 3- and 4-year-old children do not attend preschool, and even fewer attend high-quality preschools.[6] High-quality early learning programs go beyond the basics to provide opportunities for evidence-based learning activities, along with the development of nurturing and supportive relationships with teachers and caregivers.

Scientific studies conclude high-quality early learning programs improve school readiness and lead to better academic achievement in elementary school.[7] Cost-benefit and return on investment analyses demonstrate investments in high-quality early learning programs generate substantial social and economic payoffs by reducing persistent social costs, such as crime and teen births.[8]

CHILD SIGNATURE PROGRAM

In October 2011, First 5 California launched the development of its Child Signature Program (CSP) as a consolidation of the State Commission's prior investments in early learning programs (i.e., Power of Preschool [PoP] program). The purpose of this strategic program investment has been to increase the quality of early learning and development programs across the state.

CSP works to invest in high-quality early learning elements designed to enhance the quality of care and education for young children. A growing body of research confirms the importance of quality early learning experiences to effectively prepare young children for school and for life.

The design of CSP integrates proven elements of other First 5 California-funded programs, selected core components of Educare (see page 18 for description of Educare), and continues to align with the California Department of Education Infant/Toddler and Preschool Learning Foundations and Frameworks. CSP was launched in three phases via three Requests for Application to First 5 county commissions.

CSP 1 and 3 were designed to increase the quality of early learning and development programs by implementing three research-based Program Elements:

- Instructional Strategies and Teacher-Child Interactions
- Social-Emotional Development
- Parent Involvement and Support

CSP 1 classrooms implementing Quality Enhancements in all three Program Elements are referred to as Quality Enhancement (QE) classrooms. Classrooms that did not implement CSP Quality Enhancements were referred to as Maintenance of Effort (MOE) Classrooms.

Launched in 2012, CSP 1 focused on supporting existing quality enhanced classrooms that initially participated in PoP, while CSP 2 focused on providing quality improvement support through training and technical assistance to centers and classrooms in an effort to bring them up to the quality levels of classrooms participating in CSP 1.

Professional development and coaching were key focus areas along with ongoing collaboration and support to each of the 34 counties that participated throughout the three-year program. As a result, the quality of early learning provided to children enrolled in CSP 2 classrooms was increased.

Launched in spring 2013, CSP 3 allowed CSP 2 counties not participating in CSP 1 to apply for two years of QE funding. The purpose of CSP 3 is similar to that of CSP 1 in terms of Quality Enhancements for qualifying classrooms. CSP was constantly evolving and improving with continuous support for staff, coordinated services for families and children, and strong local partnerships. Program data for FY 2013–14 show CSP 1 and 3 served children at risk of school failure, especially children of low-income families. Seventy-nine percent of CSP classrooms consisted of State Preschool or Head Start programs that enroll children based on income-eligibility requirements.

During FY 2014–15, CSP 1 and 3 included 1,350 classrooms serving over 23,500 children. These classrooms consisted of children with special needs (4 percent), infants and toddlers (4 percent), and dual language learners (58 percent).

Example Programs

CHILD SIGNATURE 1 EXAMPLE—LOS ANGELES COUNTY

First 5 Los Angeles's (LA) CSP 1 was implemented in over 200 centers and family child care homes across the county, reaching over 9,000 children and their families. Among its accomplishments, First 5 LA's CSP 1 strengthened families through QE efforts in over a dozen sites, improved sites' community outreach, disseminated findings at state and national conferences, and created legacy tools for CSP 1 providers to sustain their capacity to serve families.

Family Support Services. With the help of tools such as the Protective Factors Survey and Family Partnership Agreement, Family Support Specialists (FSS) engaged families in trusting relationships and provided critical support to families beginning early in the program year. Studies showed families made important growth in the areas of concrete support; family functioning/resiliency; and child development/knowledge of parenting, nurturing, and attachment.

Community Outreach. FSS staff helped their sites strengthen outreach efforts and partnerships with community organizations. Community outreach included attendance and active participation in First 5 LA Best Start Communities, which focuses on building supportive communities where children and families can thrive. First 5 LA worked in partnership with many networks to promote a common vision and provide collective will throughout each community to give kids the best start in life.

Dissemination of CSP Evaluation Findings. First 5 LA's Program Coordinator and Local Evaluator presented the work of the CSP team at four conferences across the country. They shared findings related to the program's positive impact on families at the California Association for the Education of Young Children, National Association for the Education of Young Children, McCormick Leadership Institute, and the Young Child Expo & Conference.

CSP's Footprint Project. To facilitate sustainability and ensure investments in their sites would endure, QE sites were provided hard copy and electronic resource binders containing information on resources in their communities, presentations on different workshops, flyers, and other educational materials.

Overall, LA CSP 1 has provided a comprehensive, multi-disciplinary approach to Early Childhood Education and has had a positive impact in the lives of LA families.

CHILD SIGNATURE PROGRAM 2 EXAMPLE—NAPA COUNTY

First 5 Napa County's CSP 2 was successful in maintaining participation of all 26 classrooms throughout the three-year program. The establishment of relationships played a key role in this noteworthy achievement, along with support and the provision or acquisition of relevant training.

Critical to the success of CSP 2 was the training CSP 2 and local staff received based on their individual Improvement Plan and the ongoing needs expressed by teachers. Napa County was able to partner with Solano County to provide trainings on topics such as Kindergarten Transition, Parent Engagement Strategies in the classroom and at home, and other areas of shared need.

The CSP 2 Early Learning Systems Specialist (ELSS) participated in recruitment of CARES Plus participants. CSP 2 teachers were specifically targeted and actively recruited into the CARES Plus program through several outreach events made possible through coordinated efforts by both programs.

First 5 Napa County's participation in CSP 2 laid the groundwork for programs and the Napa community at large to better understand and work with the tools and measures for quality improvement and to begin a dialogue with essential partners on future work.

CHILD SIGNATURE PROGRAM 3 EXAMPLE—SAN MATEO COUNTY

First 5 San Mateo County's CSP 3 is helping transform the Baden Infant Center into a model classroom that will showcase infant and toddler care and build capacity throughout San Mateo County.

Located on the Baden High School campus, the Baden Infant Center is part of the Teenage Parenting Program (TAPP) funded through Cal-SAFE and the South San Francisco Unified School District. TAPP provides expectant parents and parenting students with parenting skills, life skills, and information about valuable resources available in the community. The program enrolls eight infants, starting as young as six weeks and up to eighteen months, at any given time. Families receive comprehensive services that include child development, health and nutrition, and family support services.

Angel O. Barrios, Executive Director for the Institute for Human and Social Development, Inc. (IHSD), the Early Head Start grantee overseeing the Center, explains "When we originally applied for the funding, we weren't thinking of a model classroom. We were only thinking about enhancing program quality. The idea for a model classroom grew out of collaborative discussions between First 5 California, First 5 San Mateo, IHSD staff members, Early Education Effectiveness Exchange, and the Program for Infant Toddler Care Partners for Quality. These groups determined a model classroom others could use for observation and learning would be a perfect addition to the community. The classroom would provide quality early education and align with IHSD's mission to promote best practices for children, as well as increasing partnerships and collaboration in San Mateo County."

Parents are engaged in many ways at this site, including participating in training on a variety of topics such as how to support attachment and protective factors that nurture healthy development.

This project is an example of how multiple agencies joined forces to promote and build quality in early care in a community and a county.

EARLY EDUCATION EFFECTIVENESS EXCHANGE

First 5 California's Early Education Effectiveness Exchange (E4) serves as the primary statewide resource designed to facilitate quality improvement in early learning centers and classrooms participating in any of the three Child Signature Programs. The E4 was created to provide quality enhancement training and technical assistance to staff from CSP counties, sites, and classrooms to implement CSP requirements.

In its second year of implementation, E4 completed the development of 16 Professional Development to Go (PD2GO) packs. PD2GO is an innovative approach to early childhood professional development consisting of a collection of strategically organized professional development sessions designed for use with staff members in early childhood centers and family child care homes.

E4 provided training and technical assistance through Quarterly Regional Meetings, as well as the CSP Annual Meeting as part of the Pre-Summit to First 5 California's 2015 Child Health, Education, and Care Summit. On April 21, 2015, E4 conducted the First 5 California Policy Summit in Sacramento. This was an opportunity for county, state, and national program implementers, researchers, and policymakers to come together for a day of shared learning and priority setting with a common goal of improving child outcomes through aligned quality improvement efforts. The 2015 Quality Improvement Policy Summit Proceedings document with highlights from the Summit was distributed to stakeholders and policymakers. **(http://www.ccfc.ca.gov/pdf/programs/resources/F5CA%202015%20Quality%20Improvement%20Policy%20Summit%20Proceedings%20with%20Appendices.pdf)**

In addition, E4 continues an interactive website that includes a resource center, document library, calendar of events, CSP user community forum, partner information, and other resources. The website was designed to provide CSP participants and other early childhood educators the ability to engage in topic-specific discussion, network with others, access customized teaching and learning resources, and more importantly, improve classroom experiences for children.

EDUCARE

The Educare model promotes school readiness by reducing the achievement gap for disadvantaged children ages 0 to 5 who are less likely to attend high-quality preschool. Ongoing research demonstrates that poverty and toxic stress can threaten a child's cognitive development and ability to learn. California children from low-income families typically enter kindergarten 12 to 14 months behind the national average in pre-reading and language skills. Underscoring the importance of Educare, a study conducted by the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill indicates low-income children (including children with limited proficiency in English) who enroll in Educare as infants or toddlers enter kindergarten with the same skills as their middle-income peers.[9] The Educare model also strengthens the abilities of parents to support their children's learning when they enter school.

In 2010, the First 5 California State Commission voted to become a public funder in the public-private Educare Quality Early Learning Model and invest up to $6 million over three

years to support the development, operation, and evaluation of multiple Educare Centers in California, specifically in Santa Clara and Los Angeles counties.

In 2015, First 5 California funded First 5 Santa Clara to support the operation of California's first Educare site—Educare Silicon Valley—through targeted funding. This investment covers costs directly and uniquely attributable to the requirements of the Educare program that have been proven to increase the quality of early learning programs through improved teacher-child interactions.

Educare Silicon Valley held an official ribbon cutting ceremony and began serving children and families in fall 2015 following multiple years of planning, fundraising, and construction. Co-located with Santee Elementary School and in partnership with the Santa Clara County Early/Head Start and State Preschool programs and the East Side Union High School Child Development Program, the center provides support for families through its Family Resource Center; serves children in high-quality infant, toddler, and preschool programs; and creates a hub for professional development and research through its Teacher Professional Development Institute.[10]

Educare Long Beach, a public-private partnership supported by a multitude of business, non-profit, and education leaders, is currently in the planning, fundraising, and construction phase. The stand-alone facility located on the Barton Elementary School campus in the Long Beach Unified School District, anticipated to be opened in 2018.[11]

LOCAL DEVELOPMENTAL SCREENINGS AND SERVICES

Across California, significant developmental disparities exist among children ages 0 to 5. Such an early readiness gap threatens later learning, development, and health. The California Children and Families Act was intended to create programs that support disadvantaged children in California and help them overcome the socioeconomic barriers that limit their opportunities for success. Since 1998, First 5 California and county commissions have actively promoted screenings and assessments to help identify critical issues for children with special needs. When identified and addressed early, these issues are less likely to hinder children's chances for success in school and beyond. County commissions continue to make developmental screening a priority in their investments across the state.

During FY 2014–15, First 5 California continued its leadership role in the Statewide Screening Collaborative (SSC), a group consisting of multiple State agencies, including Public Health and Developmental Services, and stakeholder organizations such as the American Academy of Pediatrics and Kaiser Permanente.

In addition, through First 5 California's role in implementing the Race to the Top—Early Learning Challenge grant (RTT—ELC), support was provided to participating counties on screening and follow-up in early learning

settings, specifically around use of the "Ages and Stages Questionnaire," a valid and reliable screening tool for early childhood development.

RACE TO THE TOP–EARLY LEARNING CHALLENGE

RTT–ELC, a federal grant, has the ambitious goal of supporting the development and expansion of successful local quality improvement efforts focused on improved outcomes for children with high needs by implementing local Quality Rating and Improvement Systems (QRIS). Approximately 77 percent of the grant funding is spent at the local level to support a voluntary network of 17 Regional Leadership Consortia in 16 counties.

Each consortium is led by an established organization that is already operating or was developing a QRIS or quality improvement system and allocating local resources to the efforts. In 2014, Consortia expanded services by bringing on 14 mentee counties to build a QRIS; mentoring activities included funding, training assessors, developing coaches, assisting with data practices, and supporting a continuous quality improvement approach. More than 2 million children under five in California (95 percent of the total in that age group) are represented by the 30 Consortia and mentee counties.

In addition, California is using a portion of the RTT–ELC grant funds to make several one-time investments in state capacity via 11

projects. These investments range from supporting the California Departments of Developmental Services' and Public Health's work on developmental screening to creating online training modules of core content and resources. Many of these additional projects target supporting the Consortia and providing additional resources for the state as a whole. The California Department of Education (CDE) is the RTT–ELC lead agency responsible for overall grant administration and project monitoring. Staff members from the CDE Early Education and Support Division (EESD) and First 5 California (F5CA) serve as the RTT–ELC State Implementation Team that provides Consortia and workgroup meeting planning and facilitation, technical assistance (TA) and support, and fiscal and programmatic oversight.

The Consortia, along with the State Implementation Team, continued its significant progress in refining and operationalizing California's Quality Continuum Framework (CA-QRIS Framework), including the Hybrid Matrix and Pathways Core Tools & Resources, through collective commitments from multiple stakeholders, aligning and leveraging quality improvement initiatives, and focusing coaching and continuous quality improvement practices to support the rated elements and Pathways.

One of the most exciting successes to date expressed by the Consortia is the unprecedented opportunity RTT–ELC provides to refocus existing public and private investments on evidence-based and promising practices. In essence, RTT–ELC created an umbrella for other quality improvement and funding efforts.

With the CA–QRIS Framework and the RTT–ELC goals and objectives, these independent projects have been aligned with the overarching program quality improvement system and are building upon each other. The key quality improvement tools, such as the Environment Rating Scales (ERS) and the Classroom Assessment Scoring System™ (CLASS), are integral to the adopted Matrix and serve as a common foundation to align the work of other existing quality improvement efforts. RTT–ELC provides opportunities to develop innovative service delivery models and develop focused partnerships that can later be taken to scale.

The RTT–ELC State Implementation Team contracted the American Institutes for Research for an evaluation of the QRIS. The researchers are working with a sample of consortia to study how successfully the Tiered QRIS measures early learning program quality, possible alternative rating approaches, and how Tiered QRIS ratings predict child learning and development outcomes. Additionally, this evaluation will inform policymakers on a link between quality improvement strategies and changes in program or workforce quality, and describe RTT–ELC implementation processes. Evaluation results are due in early 2016.

Parent Support Focus

A parent is a child's first teacher. The more information and support parents have to strengthen their own family's success and resilience, the more likely young children will learn the habits they need to be self-assured and life-long learners. First 5 California assists families by offering information, resources, guidance, and referrals through its Parent Signature Program.

The Parent Signature Program provides public education, information, and support to parents and families in both traditional and new ways, including print media, television and radio, social media, and other messaging in six languages, reflecting the rich diversity of California.

HANDS-ON HEALTH EXPRESS

Since 2006, First 5 California's mobile outreach van has traveled to every corner of the state, reaching out to families and caregivers of children ages 0 to 5. This interactive exhibit featured "Edutainers" who educate parents and entertain children, teaching families how to incorporate fresh foods and physical activity into their everyday lives. In FY 2014–15, the exhibit traveled to more than 145 schools, community festivals, county fairs, and other family-oriented events, making appearances in even the smallest rural communities and directly engaging with more than 96,332 people who walked away with helpful First 5 resources. At the end of 2014, First 5 California retired the Hands-On Health Express and prepared to launch the next iteration of the traveling exhibit in 2015, which engages families on the importance of talking, reading, singing to promote early brain development.

KIT FOR NEW PARENTS

First 5 California's award-winning *Kit for New Parents* is the flagship of its Parent Signature Program. The *Kit* targets hard-to-reach and low-income populations, providing information and tips for first-time parents, grandparents, and caregivers.

Since 2001, First 5 California has distributed the *Kit* free-of-charge to local hospitals, physicians, and community groups to reach new parents. The *Kits* are available in English, Spanish, Cantonese, Korean, Mandarin, and Vietnamese, and include a practical guide for

the first five years, a health handbook, an early brain development brochure and tip card, and other important information on literacy and learning, child safety, developmental milestones, finding quality child care, and more. First 5 county commissions are encouraged to add local references and resources to the *Kit* to help inform parents about services in their own communities.

To date, 4.8 million *Kits* have been distributed throughout California since 2001, with 287,309 distributed this fiscal year alone.

AWARD-WINNING MEDIA CAMPAIGN: *TALK. READ. SING.®*

Launched initially in spring 2014, the first phase of First 5 California's *Talk. Read. Sing.®* media campaign continued through 2015. The purpose of this wide-reaching public education and outreach campaign has been to emphasize the importance of linguistic engagement between parents/caregivers and young children during their first five years of life. Parents are encouraged to talk, read, and sing to babies from the day they are born to foster early brain development and the formation of critical neural connections. The campaign was delivered primarily through television and radio ads, digital and social media, and a dedicated First 5 California Parent Website with information and strategies for parents.

To evaluate the impact of the campaign, study data were collected via web survey of the target audience, which consisted of California parents and other caregivers of children ages 0 to 5. Approximately 1,000 interviews were completed between April and May 2015. The survey involved the use of both an opt-in panel combined with a population-based panel to increase the generalizability of the findings.

Key findings included:

- 60 percent of target audience members could recall a First 5 California *Talk. Read. Sing.®* campaign TV ad on an unaided basis or by recognition. A third could recall or recognize a radio ad. Almost two-thirds (64.9 percent) reported either unaided recall or recognition of a TV or radio ad.
- Nearly 40% of target audience members who reported ad recognition said they had engaged in interpersonal conversation about the issue. Nearly 60% reported talking with a family member about the issue, 40% reported talking with friends, and more than a quarter reported talking with a health care provider.
- Thirty-eight percent reported use of the First 5 California Parent Website to get additional information and assistance on the issue.
- Campaign exposure was associated with an increased propensity to engage in all three behaviors (talking, reading, and singing). This was after the study controlled for other potentially important influences on these behaviors.
- The findings provide positive evidence of behavioral effects, which is relatively unusual in the case of short-term social marketing campaigns.

PARENT WEBSITE AND SOCIAL MEDIA

An outreach platform of the Parent Signature Program is First 5 California's Parent Website **(www.first5california.com/parents)**, which features practical advice for parents with a focus on accessible information based on early childhood best practices and research. Since its launch in 2009, the Parent Website received more than three million visits. While the site covers health, education, literacy, smoking cessation, and more, in 2014 the site expanded with an abundance of new information on early brain development. This provided visitors an interactive element to learn more about brain development and the benefits of talking, reading, and singing, all of which supported the ad campaign launched in spring 2014. The content and usefulness of the site are checked regularly to ensure the most engaging and useful information is available for families. Parents can download information and view videos, government public service announcements, and examples of brain development activities for parents and children.

The website also links to social media tools, including Facebook and Twitter. As of June 30, 2015, the First 5 California Facebook page has 213,782 followers and has received 213,524 page "likes." Its Twitter account has more than 18,280 followers who receive daily tweets of information about early childhood development and wellness that parents, care providers, and teachers can use to improve or inspire their relationship with young children. First 5 California launched a hashtag campaign (#talkreadsing) to accompany the ad campaign on Facebook, Twitter, and Instagram generating over 372,516 impressions.

TOBACCO CESSATION

Through First 5 California's investment in the California Smokers' Helpline, parents and caregivers receive information and tools to help them quit smoking and using other tobacco products—especially around children or while pregnant. Parental smoking and secondhand smoke exposure have been linked to a range of ailments in babies and young children, including asthma, ear infections, pneumonia, bronchitis, and Sudden Infant Death Syndrome (SIDS). To reduce the incidence of these health problems and help smokers quit, in FY 2014–15 First 5 California supported the California Smokers' Helpline with $1.4 million for tobacco cessation services for parents and caregivers of young children, as well as for training child care providers, preschool teachers, pediatric health care providers, and parents.

The toll-free Helpline (1-800-NO-BUTTS) provides one-on-one telephone counseling, self-help materials, and referrals to local resources. Helpline counselors follow protocols that have been scientifically proven to double the rate of successful long-term smoking cessation. Counselors and callers work together to develop a plan to quit, and continue interaction during the quitting process to increase the likelihood of long-term success. These services are provided in English, Spanish, Chinese (Mandarin and Cantonese), Korean, and Vietnamese. First 5

California participants also receive free nicotine patches, sent directly to their homes.

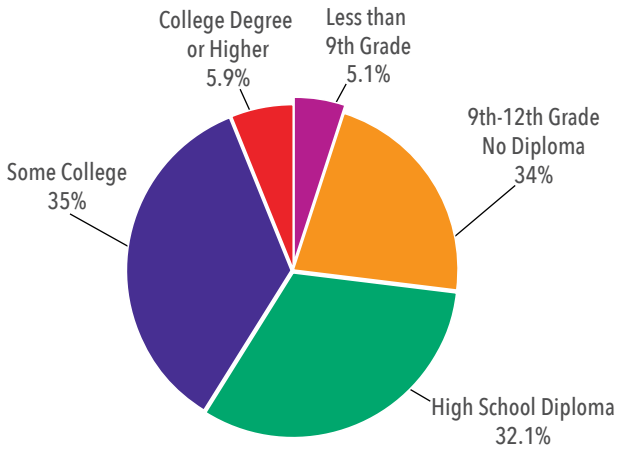
The Helpline has been so successful in assisting callers that they often receive testimonials from those who have quit. Recently, the Helpline received a call from a participant with a young child who initially contacted the Helpline in 2013 to tell them, "I quit when I found out I am pregnant but then I started smoking again when my mom passed away. I know that my family and my 2-year-old daughter need me, so I called 1-800-NO-BUTTS for help. I can freely play and chat with my daughter and be with her healthily now. Thank you for helping me quit smoking. I quit for 2 years now!" (Denise Marsicano, San Jose, who quit smoking on May 3, 2013.)

In FY 2014–15, First 5 California's investment provided Helpline services for a total of 6,650 participants, including 376 pregnant smokers and 6,397 tobacco-using parents or caregivers of children ages 0 to 5 (note: 123 were both pregnant and had a child 0 to 5). Tobacco users with less education or of ethnic minority background were well represented among Helpline callers. (See Exhibits 11 and 12 for breakdowns by education and race/ethnicity, respectively.)

The online tobacco training modules, "Kids and Smoke Don't Mix" and "Los Niños y el Humo no se Mezclan," continued to be used by First 5 California Signature Program participants. The preschool modules give child care providers, preschool teachers, and other classroom staff the knowledge and skills they need to encourage smoking parents and caregivers to quit. In FY 2014–15, a total of 2,683 individuals from 42 counties completed the online training.

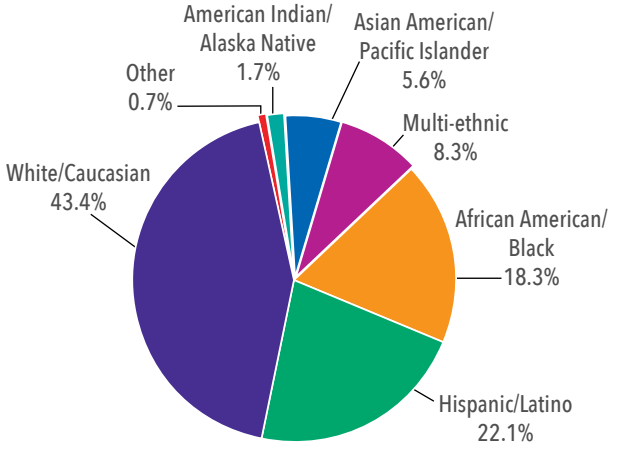
Also this year, the Clinical Effort Against Secondhand Smoke Exposure (CEASE) California project continued training pediatric care providers to screen patients for secondhand smoke exposure and help their smoking parents quit. In FY 2014–15, pediatric care providers at 35 clinic sites across the state were trained to identify and intervene with smoking parents, including prescribing quitting aids and referring to the Helpline.

Exhibit 11: California Smokers' Helpline—Education Level of Callers in FY 2014-15



Source: California Smoker's Helpline, September 2015
Total number of participants was 6,650, of whom 75 did not report their educational level

Exhibit 12: California Smokers' Helpline—Race/Ethnicity of Callers in FY 2014-15*



Source: California Smoker's Helpline, September 2015
Total number of participants was 6,650, of whom 58 did not report their race/ethnicity
*The percentages in this chart do not add to 100 due to rounding

Teacher Effectiveness Focus

Quality teacher-child interactions are a powerful contributor to children's learning and success. Children are supported and developed through rich teacher-child interactions with educators who have the knowledge and skills to identify and support the needs of specific groups of children, including dual language learners. Research shows early childhood educators with higher educational levels and specialized training have higher quality interactions with children and result in positive effects on learning.[12,13] Unfortunately, one study indicates only 13 percent of California's low-income children are in high-quality early learning programs that support advanced thinking skills and language development.[14]

Teacher quality is so critical that a growing number of state and federal programs have mandated early childhood educators attain more professional development and training in the field.

COMPREHENSIVE APPROACHES TO RAISING EDUCATIONAL STANDARDS (CARES) PLUS

The Comprehensive Approaches to Raising Educational Standards (CARES) Plus program is First 5 California's Teacher Signature Program. Launched in 2010, it is designed to increase the quality of early learning programs for children ages 0 to 5 by supporting the professional development of the early learning workforce. CARES Plus is an enhancement of First 5 California's original CARES program (2000–08) that gained national recognition during its tenure from Head Start, Zero to Three, and the Center for Law and Social Policy.

CARES Plus offers quality professional development opportunities in both English and Spanish for early childhood educators. Some support services are also provided in additional languages. These opportunities include access to online best practice learning sessions, a video library of exemplar teacher-child interactions, one-on-one coaching, and at least two sessions with a professional growth advisor. The goals of CARES Plus are to:

- Improve the effectiveness of the early learning workforce
- Positively impact the learning and developmental outcomes of young children
- Increase retention of the early learning workforce
- Offer support services and stipends to encourage professional development

Through CARES Plus, First 5 California has incorporated the use of the Classroom Assessment Scoring System® (CLASS®) tools. The following validated professional development tools and training, developed by the University of Virginia, are available to CARES Plus participants:

- The CLASS Observation Tool: An assessment that focuses on the effectiveness of classroom interactions among teachers and children, using a common language and lens to evaluate the quality and improvement of those interactions
- Introduction to the CLASS Tool: An online, two-hour interactive course to gain an understanding of the CLASS framework
- Looking at CLASSrooms: A self-paced directed study using exemplar videos to focus on identifying and analyzing effective teacher-child interactions
- MyTeachingPartner™ (MTP™): An evidence-based professional development tool focused on improving classroom interactions through intensive one-on-one coaching, classroom observation, and reflective analysis of teaching practice

CARES Plus participants are required to complete a one-hour online tobacco training module titled "Kids and Smoke Don't Mix: A Tobacco Training for Child Care Providers and Preschool Teachers." In addition to the professional development tools and activities listed above, participants may choose to engage in one or more of four professional development pathways:

- Evidenced-based training (Component A)
- Higher education courses (Component B)
- Serve as a CARES Plus advisor (Component C)
- MyTeachingPartner (Component D)

CARES Plus Evaluation Results

During 2014-15, 4,689 teachers completed CARES Plus training or coaching. Evaluation of the CARES Plus program indicates the program is highly valued by teachers who participated in different program components, and that training was associated with improved quality of teacher-child interactions. Among participants surveyed during FY 2014–15, 82 percent found the training to be very useful for their professional development, 78 percent felt the training very much helped them become better teachers, 94 percent thought the program would help them continue in early care and education field during the next five years, and 91 percent believed their CARES Plus experience would have a very positive effect on children in their care. Analysis of CLASS® observation data for FY 2012–13 and FY 2013–14 showed participation in evidence-based professional growth training was associated with improvements in mean scores in the CLASS domains of Emotional Support and Classroom Organization. Participation in one-on-one coaching (MyTeachingPartner™) was associated with improvements in all three CLASS domains (Emotional Support, Classroom Organization, and Instructional Support).

CARES PLUS COUNTY EXAMPLE—SANTA CLARA

The Santa Clara County CARES Plus program set a record in FY 2014–15; 818 early educators successfully completed CARES Plus requirements and received a stipend. Participants had the option to complete evidenced-based training, college coursework, or MyTeachingPartner™ (MTP™).

MyTeachingPartner testimonials:

The following quotes are examples of how former MTP participants describe their MTP experience and express their appreciation for this unique training opportunity.

"I am a Family Child Care provider who entered this program with minimal education in child development. I became so impassioned by the learning process, I enrolled in an online BA program for Child Development."

"I feel a new level of self-respect. I am more intentional and effective as a teacher and have decided to enroll in a Master's in ECE program, taking my career to a whole new level!"

"I taught several DLL children who spoke little to no English at the beginning of the year. Many are now communicating regularly in English and forming four- to five- word sentences."

"My coach put in a lot of time to provide additional support to help me be successful. She translated everything into Chinese and was able to use both languages to guide me in learning the CLASS dimensions and how to apply the strategies in my daily practice."

"El programa MTP es muy organizado y claro. Muchas gracias por la ayuda y soporte de mi coach en esta clase. Aprendí mucho y doy gracias por la oportunidad que me dieron de tomar esta clase en mi idioma (español). Puedo decir que durante estos meses y con la ayuda de mi (Coach), aprendí a desarrollar interacciones eficaces, crecer profesionalmente en el campo de la Educación de Los Niños."

Translation: "The MTP program is very organized and clear. Many thanks to the support my coach gave in this class. I learned a lot and I am grateful for the opportunity this gave me to take the class in my native language, Spanish. I can say that during these months and with the help of my coach, I learned to develop open-ended and probing questions, and to grow professionally in the field of early care and education."

These educational pathways or options allow early educators at various stages in their careers to engage in professional development activities focused on enhancing their ability to provide high-quality care to children in Santa Clara County.

Last year alone, Santa Clara County CARES plus participants completed 3,329 higher education semester units and 9,790 hours of state-approved training.

Over 50 participants completed MTP and 209 new participants completed the CORE online trainings focused on teacher-child interactions and the dangers of second hand smoke.

Santa Clara's CARES Plus program is closely aligned with and integrated into major quality improvement initiatives in the county, including the Quality Rating and Improvement System (QRIS) and the Child Signature Program (CSP). The alignment of these initiatives maximizes funding efforts and provides a comprehensive approach to increasing the quality of care. As a result, 270 CARES Plus participants work in QRIS sites and 79 work in CSP classrooms.

In addition, QRIS staff used CARES Plus data to verify the educational qualifications, Child Development Permits, and professional development of lead teachers in QRIS programs. This data sharing significantly reduced the amount of time and expense needed to review individual transcripts and training records.

Santa Clara CARES Plus participants enroll using a sophisticated online application process. This online system allows participants to log in to the CARES Plus website all year long to:

- Access their professional development plans
- Check on their program status
- Access additional early education resources

This year, Santa Clara began using text messaging to remind participants of program requirements, important deadlines, and their program status. This successful approach resulted in a significant increase in retention of program participants.

First 5 County Commission Highlights

Alameda County

The goal of First 5 Alameda County is to provide a network of early childhood services, professional development, and community support to prepare children ages 0 to 5 for success in school and life, so they are ready for kindergarten and third grade success and are free from abuse and neglect.

During this past fiscal year, one of the most significant accomplishments of First 5 Alameda was the expansion of the Healthy Child Development Initiative. With an investment of $914,874, it provides increased opportunities for children to be identified early for developmental concerns, increased primary caregivers' engagement in their child's development, and improved the consistency in screening and referral practices by early childhood providers. Families of 1,945 children were helped by *Help Me Grow (HMG)* telephone Linkage Line staff. Over 70 percent of those helped were children ages 3 or younger. A successful combination of telephone support; in-person assistance to help families navigate community-based developmental services; technical assistance to pediatric and early care and education providers on screening and referral practices; a new website and searchable online resource directory; Connection Café networking sessions for providers; and a broad-based governance structure replete with a Family Advisory Committee and an Operations Committee formed a strong foundation for a comprehensive initiative. First 5 Alameda, with First 5 Contra Costa, was awarded a two-year, $5 million grant to expand *HMG* and related services to early care and education settings, and to advance developmental services for children with mild and moderate concerns.

Other highlights during FY 2014–15 included:

- The County Board of Supervisors adopted a set of Father-Friendly Principles developed by The Fathers Corps, a learning community of male service providers who take part in a training/networking series and who, in turn, advocate for and provide technical assistance on the integration of the principles in their home agencies.
- A poster session of the American Library Association conference held in San Francisco highlighted Lessons from Neighborhood Partnership Grants to city and county parks and recreation, and libraries to create child-friendly practices and spaces.

Alpine County

The goal of First 5 Alpine County is to implement comprehensive, integrated, and accessible programs that will work toward the vision of First 5 Alpine County: "All of Alpine's children will thrive from birth and are provided a foundation for life-long success."

During FY 2014–15, one of the most significant accomplishments of First 5 Alpine was the continued implementation of its center-based child development programs. First 5 Alpine partnered with the Alpine County Office of Education to help ensure school readiness. The Early Learning Center (ELC), under the auspices of the County Office of Education, is the largest grantee and service provider for First 5 Alpine. The ELC preschool program serves as the framework for meeting the strategic goals of the First 5 Alpine Commission. Following the standards set by the National Association for the Education of Young Children, highly qualified teachers implement developmentally appropriate activities throughout the day. The teachers in the preschool program complete ongoing developmental assessments while working with local kindergarten teachers to help provide successful kindergarten transitions. With the barriers that exist in Alpine County, accessibility is a challenge for its community members. Last year, local partners helped provide all children access to oral health and well-child examinations, immunization checks, developmental screenings, and the delivery of First 5 California's *Kit for New Parents*.

In Bear Valley, First 5 Alpine funded a license-exempt drop-in child development program for children ages 0 to 5. This ski resort/summer home village holds many challenges for the full-time residents who try to serve the varying population. This program has successfully served seasonal and year-round residents with a focus on all areas of social-emotional and cognitive development of early childhood. The program is staffed with professionals who emphasize cultural diversity throughout their curriculum. First 5 Alpine and the Bear Valley Parents Group continue to collaborate on sustainability of the program.

Other highlights during FY 2014–15 included:

- Participation and implementation of the First 5 California CARES Plus program and Child Signature Program with the collaboration of First 5

Inyo and Mono Counties
- High-quality parent education courses for families with young children
- Community outreach activities, health fairs, and playgroups

Amador County

Through its investments, the goal of First 5 Amador County is to establish strong systems which support children's health and school readiness. First 5 Amador continues to serve as a catalyst for change and progress by initiating conversations and developing forums to identify and address needs and opportunities, discuss and develop strategies, and implement programs to support children and families. First 5 Amador is a leader in bringing local partners together in an effort to encourage effective collaboration resulting in enhanced services, thereby improving systems and building the capacity of the community to promote and support protective factors and strengthen gateway assets for young children.

First 5 Amador spearheaded the launch of a two-county Perinatal Wellness Coalition to address Perinatal Mood and Anxiety Disorders. A strong collaborative continues to work diligently in establishing a network of care from universal screenings to mental health services. To date, 60 individuals, ranging from home visitors to physicians, have received training on this important topic.

The Amador County Oral Health Task Force, coordinated by First 5 Amador, was successful in establishing a system to increase the number of young children who receive needed fluoride varnish treatments on an ongoing basis. Through this system change, a local pediatrician now provides the treatments for children at the pediatric clinic during well-child checkups. Due to the successful outcomes and enhanced health services for child patients, the pediatrician has shared this effective strategy with dozens of physicians throughout the region.

During FY 2014–15, First 5 Amador spearheaded a collaborative effort to produce a comprehensive community assessment that incorporated the Child Care Planning Council's mandate to document the availability, cost, and quality of child care. The Community Assessment includes information that addresses safety net services, employment, health care, transportation, and education. This document has proven to be a tremendous asset to the community from grant writing to program development. The inclusion of information related to early childhood provided an opportunity to educate the community on the importance of quality early childhood experiences, which in turn leads to a healthy and productive community.

In an effort to support family engagement in education, help community members of all ages enhance literacy skills, and improve access to a variety of reading materials, First 5 Amador brought a group of volunteers and partners together to launch "Read Across Amador," a coalition committed to increasing literacy opportunities throughout the community. One of the coalition's successes to date includes the expansion of the "Little Free Library Program," which is becoming an effective strategy for neighborhood book exchanges in the outlying areas of the county.

First 5 Amador's grantees and in-house programs–which include the "Baby Welcome Wagon," toddler playgroups, "Dad and Me," behavioral specialist, "Bridge to Kindergarten," "Imagination Library," and family resource centers–continue to provide valuable services to children and families throughout the county, meeting families where they live.

Butte County

First 5 Butte County dedicates its resources to improving the lives of children prenatal through age 5 to help them reach their greatest potential by strategically investing in three initiatives that focus on health, family strengthening, and systems strengthening.

During FY 2014–15, First 5 Butte partnered with the California Health Collaborative to convene stakeholders concerned about maternal mental health needs. Out of this gathering, a dedicated group of mothers and professionals began developing an action plan focused on addressing perinatal depression and providing anxiety services. An initial funding investment of $50,000 from First 5 Butte is enabling this group, now known as Mothers Strong, to move forward on its action plan, which includes:
- Offering a free weekly support group for mothers struggling with perinatal mood and anxiety in Chico and Paradise, with plans to add more groups in other communities
- Using the tag line *You are not alone*, developing a community awareness media campaign designed to educate the public about the prevalence of maternal depression and anxiety through magazine ads, articles, bus tails, and postcards
- Developing maternal mental health curriculum for use by providers in childbirth and infant education courses
- Collaborating with 2-1-1 to develop a webpage where all local perinatal mood and anxiety resources can be accessed
- Expanding the base of local resources by promoting and sponsoring educational opportunities for local professionals and parents

through Postpartum Support International, MotherWoman, 2020 Mom Project, etc.
- Conducting the annual Butte County Embracing Motherhood Summit
- Organizing "Champion Mom" events, which focus on growing a base of informed, proactive families who offer support to one another, and who will advocate for expanded maternal mental health screening and services
- Utilizing Facebook to promote maternal mental health awareness, inform local mothers about resources, and develop an online support community

Another highlight of the year was the *Jim Gill Music & Movement Tour*, a collaborative project between the Butte County Library and First 5 Butte. Jim Gill is a musician with six award-winning CDs. Rather than performing *for* children and parents, Jim has won acclaim for leading them to sing and play *together*. His materials are used by libraries nationwide.

Utilizing the Literacy Coach and partnering with the First 5 Butte Strengthening Families Network program, the Literacy Team reached 1,277 children and 173 caregivers, many of whom had not experienced the Literacy Coach or visited their local library. These visits introduced Jim's songs that promote meaningful interactions between children and caregivers in a playful atmosphere. This onsite program provided each child with their own book to take home. The Literacy Coach also gently shared the message that adults who may struggle to read with their children are able to find help at their library. The program culminated in Jim providing four family concerts that reached 676 residents and four provider/parent workshops with 50 attendees.

Calaveras County

First 5 Calaveras County facilitates partnerships and funds strategies that strengthen families and support them in raising healthy young children. First 5 Calaveras works toward ensuring all children enter school safe, healthy, and ready to learn.

During FY 2014–15, one of the most significant accomplishments was the "Kids Farmers Market and Safety and Prevention Education Program." With a funding investment of $50,000, this program provided first-rate nutrition education, hands-on cooking experiences, healthy recipes, and gave children the opportunity to choose their own vegetables and fruits. In addition, a 20-pound bag of fresh produce was sent home with each of the 182 preschoolers throughout the rural county. Personal safety and prevention skills were taught at 15 preschool sites by means of creative stories, puppets, and songs focusing on a variety of topics, including stranger danger, expression of feelings, and household, car, and gun safety. Parents attended their own prevention education training.

Other highlights during FY 2014–15 included:
- The "Children's Dental Program" provided screenings, cleanings, fluoride treatments, and oral health education in preschool classrooms as well as referrals and case management on an as-needed basis. A dental van delivered services to children in rural areas.
- Twice a month, the "Raising a Reader Home Visiting Program" reached out to 28 families. With a goal of using early literacy to build family resiliency, children and parents received various screenings, referrals, and resources in addition to participating in literacy activities.
- Continued outstanding collaboration with Behavioral Health Services and Mental Health Services Act funding provided parent and professional trainings with no-cost child care. Topics included understanding trauma, mindful parenting, brain development, gardens for healthy living, co-parenting, and nurturing skills for parents. A highlight was hosting Howard Glasser for a full-day presentation on *Awakening Greatness in Children: The Nurtured Heart Approach for Transforming Intensity to Immensity*. No-cost counseling services were provided to support parents with their children's emotional and behavioral development. Foster parents were provided with stipends and gas cards for attending parent trainings.

Continued successful collaboration with Prevent Child Abuse Calaveras brought partnerships with the hospital birthing center, social services agencies, and preschools to provide parents with information on the *Period of Purple Crying* and the prevention of abusive head trauma. The community was educated about designated safe surrender sites and child sexual abuse prevention. The council hosted the *Stand-Up for Children* art exhibit and reception, creating awareness and honoring the work of youth and adults affected by child abuse and neglect.

Mini-grant funding for libraries and non-profit agencies provided family strengthening events, which included story times, library special events, *Kids Day in the Garden, Children's Fair, Family Book Share, Kid's Day,* and community mentoring training.

Contra Costa County

First 5 Contra Costa County develops innovative programs and efficient systems to give all young children the foundation they need to be successful in school and life.

This past year, addressing children's developmental delays early and effectively was one of First 5 Contra Costa's most significant accomplishments. Since 2011, it has increased children's access to developmental screening, resulting in more children being identified with moderate delays or concerns that are not serious enough to qualify for state-funded intervention services.

Given that intervention is most effective in the early years, First 5 Contra Costa developed new playgroups to prevent these delays from getting worse and to provide

children with a boost in their development. Last year, 153 children participated in one of 24 playgroups, which consist of eight-week sessions with a curriculum focused on all areas of child development, including tips for parents to strengthen their child's development. When re-screened at the end of the playgroup, most children made substantial improvements in their development, had caught up on milestones, and no longer needed early intervention services. Children deemed "at-risk" for a delay or disability were referred for further developmental assessment.

Other highlights during FY 2014–15 included:

- Parents and advocates trained by First 5 Contra Costa assessed conditions at 75 parks in low-income communities, presented their findings to local city councils, and to date, have generated $1.3 million in city funding for park improvements.
- To engage fathers and help them become more involved in their babies' lives, First 5 Contra Costa funded male home visitors in two home visiting programs. Forty-three fathers participated, receiving information about parenting, employment resources, community services, and infant development.
- Over one hundred child care sites, including 35 family child care programs, Head Start, state preschool programs, and child care centers, participated in First 5 Contra Costa's pilot child care Quality Rating and Improvement System (QRIS). An intensive coaching system was established to help programs improve their ratings.

Del Norte County

FY 2014–15 focused on partnerships, sustainability, and advocacy as guiding principles. First 5 Del Norte took a leadership role in partnership with county policymakers to adopt a first-ever Children and Youth Bill of Rights, passed by the Board of Supervisors. A Children's Budget will be developed for FY 2015–16 and be part of the county budget going forward. First 5 Del Norte will advocate that other public entities follow suit. The goal is to enable community members and elected officials to understand what is spent on children of all ages and how much is spent on prevention, intervention, and high-risk services and programs.

In partnership with its school district, First 5 Del Norte contracted to produce and evaluate Parent Information Forms that were included in all kindergarten registration packets. The analysis of family economics, parent education levels, utilization of community resources, and children's participation in preschool or early enrichment activities helped create a rich sense of the conditions of families with young children.

The Community Food Council First 5 Del Norte Service Corps VISTA member produced comprehensive Harvest of the Month master copy binders and other special nutrition-related materials for distribution to all preschools, family daycare providers, nonprofits, and public agencies.

With support from the county, city, the county office of education, and Child Care Council, First 5 Del Norte expanded programs offered through the Wonder Bus, a mobile early literacy program for young children. The Wonder Bus traveled throughout the entire county, serving outlying isolated communities. It is the only countywide early literacy program in Del Norte.

First 5 Del Norte continued its long-term goal of building a comprehensive community-wide Resource and Referral Hub through its Family Resource Center (FRC) and increasing outreach efforts. It produced a two-page list of key resources related to ages 0 to 5, continued to update and share the Community Resource Guide, designed a new website, sent an e-newsletter to over 600 people every week, and produced publications on many topical issues (Stress Free Holidays, Why Immunize, and an Every Day Counts Toolkit relating to the importance of preschool attendance).

To sustain school readiness programs and reach working families, First 5 Del Norte made new efforts to target parents and families during the non-work hours. New programs include Family Game and Movie Nights, Family Fun and Safety Day, Father Appreciation BBQ, and Free Family Swim events. New Saturday enrichment programs were added focusing on movement and music, healthy nutrition, hands-on science, and story times. A special partnership includes "Lunch with the Law," a monthly conversation held at the FRC to bring local law enforcement together with community members in a safe, neutral place to discuss how to improve the safety of neighborhoods for children and youth. A new Children's Library was added to the FRC, and a comprehensive section is available to parents and caregivers with a wide range of information about special needs, emotional health, nutrition, and Ages and Stages materials in Spanish and English.

El Dorado County

The majority of children in El Dorado County are entering kindergarten ready. Of the 1,012 children in traditional kindergartens screened using the Kindergarten Student Entrance Profile, 81 percent were found to be ready, having scores of 33 or above.

The Commission invests in early literacy, high-quality child care, caregiving, developmental screens, health, and community strengthening to support parents as their child's first teacher in preparing them for school.

El Dorado Libraries are helping children, families, and providers to learn and grow: Approximately 27 percent of the children ages 0 to 5 were reached through the El Dorado County Library programs, the highest registration numbers since the program started. The library completed 750 programs with 2,304 children and 1,740 parents registered for *Ready to Read @ Your Library*. In addition to the early literacy

programming, the library has enrolled 36 licensed child care providers sharing the California Preschool Foundations and Frameworks for Language and Literacy through five curriculum modules.

***High 5 for Quality* is effectively engaging participants in quality improvement and building a system for change:** More than half (58 percent) of the county's licensed early care and education providers are engaged in *High 5 for Quality*. This includes providers from small and large family child care homes, child care centers, and programs that are both privately and publicly funded. At year-end, 45 percent of participating sites were rated as Tier 3 or above.

Children are receiving home visits and appropriate referrals: Home visits were provided to 1,227 adults with newborns. The majority of those surveyed (95 percent) reported improvements in confidence in caring for the child as a result of the visit.

Children are receiving developmental screenings and appropriate referrals: A total of 470 parents responded to the question about monitoring child's development in the client satisfaction survey, where 48 percent reported had monitored their child using a screening in the past 12 months.

The majority of children in El Dorado County are accessing well-child checks: Ninety-five percent of families surveyed reported their child received a well-child exam within the past 12 months. Rates of well-checks have remained relatively steady since the first implementation of the First 5 El Dorado surveys in 2007–08.

Community Strengthening Groups bridge key organizations toward shared goals for children, families, and communities: Three Community Strengthening Groups met and convened partners throughout the county, with an attendance of 250 unique individuals and 112 agencies represented. More than half of partners (54 percent) surveyed indicated they were better able to assist families with parenting as a result of their participation. More than two-thirds (68 percent) of community partners reported improvements in knowledge of early childhood community resources.

Fresno County

The goal of First 5 Fresno County is for all children to have a strong foundation to reach their full potential. Through its efforts, First 5 Fresno serves as a catalyst for creating an accessible and effective network of quality services promoting children's social, emotional, physical, and cognitive development. FY 2014–15 marked the second year of First 5 Fresno's seven-year strategic plan, which sets out a bold vision aimed at changing the odds for all children. Reaching third-grade reading proficiency rates is the primary, long range desired outcome and indicator of a successful birth to age 5 system of care.

During the last fiscal year, one of the most significant accomplishments of First 5 Fresno was the implementation of Birth through Third Grade (B3) Challenge grants at five school districts across the county. With a funding investment of $1,084,320, the B3 initiative aims to increase the number of children in Fresno County who are reading proficiently at third grade by developing effective systems of early learning and family support from prenatal to third grade. To this end, the five districts spent the year engaging with community partners to cross-educate, align efforts, refine systems, and provide direct services and supports to children and families. This work led to never-before seen efforts around early childhood education (ECE), including doubling the number of district preschools, forging new connections between kindergarten and local preschool teachers, data sharing between district and community agencies, allocating unprecedented Local Control Funding Formula dollars toward ECE, and school districts rising as ECE community leaders.

Other highlights during FY 2014–15:

- April 24, 2015, marked the grand opening of the Lighthouse for Children. The facility features a state-of-the-art child development center and community learning center, creating a hub of services for young children in Fresno County.
- Fresno County Early Stars, the county's first child care Quality Rating and Improvement System and a recipient of First 5 Fresno funding, completed its first full year of implementation. More than 100 classroom assessments were administered, and a total of 40 sites received a final star rating.
- Nearly five hundred parents were interviewed as part of the second year of First 5 Fresno's seven-year School Readiness Longitudinal Study. The study follows families receiving services (through their children's third-grade year) to evaluate the impact of funding. Year two highlights include an increase in the number of children read to every day and parents engaging in high-quality reading experiences (e.g., pointing out letters and talking about what happened in a book).

Glenn County

The goals of First 5 Glenn County are to improve: 1) Family Functioning: Strong Families; 2) Child Development: Children Learning and Ready for School; 3) Child Health: Healthy Children; and 4) System Functioning.

During this past fiscal year, one of the most significant accomplishments was increasing parents' skills and reducing numbers at post-testing for those who scored in the "high-risk" category. This was done through the "Nurturing Parenting Curriculum" facilitated by the "Little Learners and Parenting" programs. Almost all parents initially identified with high-risk behaviors had increased skills and knowledge as a result of program participation, and moved out of the high-risk category at the follow-up assessment. With a funding investment of $180,000, this program/initiative provides an environment that is more sensitive and educated about the early mental health needs of its children by increasing awareness and capabilities of children, parents, and the broader community.

Other highlights during FY 2014–15 included:

- A total of 76 Devereux Early Childhood Assessments (DECA) were conducted on Little Learners children (ages four weeks to four years) at the beginning of the program year.
- First 5 Glenn continued its partnership with the Mobile Dental Clinic, resulting in 168 children ages 0 to 5 having their oral health needs addressed.
- First 5 Glenn had nine AmeriCorps members during this program year, seven of whom provided literacy, numeracy, and social/emotional services. In addition, AmeriCorps also provided assistance with child welfare services, flu clinics, car seat clinics, the "Nurturing Parenting Program" (NPP), and provided facilitation for referred families and in-home visits. This resulted in approximately 15,300 hours of direct service to all Head Start, kindergarten, and transitional kindergarten programs.
- First 5 Glenn hosted a number of events, including a playgroup for Little Learners children ages 0 to 3, NPP classes with child engagement, events in the local parks and libraries in each community, and monthly family nights held in all communities (Willows, Hamilton City, and Orland).
- For the second year in a row, First 5 Glenn funded kindergarten and transitional kindergarten teachers to attend state transitional kindergarten training in Sacramento.
- First 5 Glenn improved system functioning by including the NPP and DECA during kindergarten roundups and registrations, the "Fathers as Teachers: Helping, Encouraging, Reading, Supporting" (FATHERS) program, and "Daddy's Tool Bag."

Humboldt County

The mission of First 5 Humboldt County, together with families and communities, is to promote comprehensive, integrated systems of services for early childhood development in order to foster secure, healthy, and loving children eager to learn and develop their full potential. Beginning with the initial First 5 Humboldt strategic planning process in 1999, parents and providers alike repeatedly expressed the desire for "safe and family-friendly" places in their communities that would enable families to get together for recreation, mutual support, and provide opportunities for early learning experiences for young children. First 5 Humboldt responded to this expressed need and made Parent and Family Support programs a priority for funding, including establishing playgroups that are accessible for as many families as possible throughout the county with many living in remote areas. Evaluations of the playgroups continue to show they have had a positive impact for young children and their families. In FY 2014–15, First 5 Humboldt began work on a Playgroup Initiative to be launched in FY 2015–16.

During FY 2014–15, a major accomplishment of First 5 Humboldt was providing 18 playgroups in virtually all areas of the county. There were 10,710 parent/caregiver playgroup visits, 8,632 playgroup visits by children ages 0 to 2, and 4,575 playgroup visits by children ages 3 to 5 at 1,013 playgroup events. According to surveys conducted annually (Participant Survey n=393 in 2014, Playgroup Survey n=216 in 2015), these low-cost groups (ranging in direct costs from less than $2,000 per year up to $14,000 per year for the largest groups) provide a place where parents feel they learn more about parenting, find social support, access needed help and services, and provide a place for children to learn new things, including important socialization skills. In addition, the 2014 Participant Survey showed a statistically significant positive correlation between frequency of playgroup attendance and the frequency with which parents read to their children. First 5 Humboldt also funds two specialists, certified in Infant Family and Early Childhood Mental Health, to provide support to playgroup parents and playgroup leaders, including referrals for early intervention services if needed.

In the last three years, the Humboldt County Office of Education's Kindergarten Screening Tool (KST) was used to screen 89 percent of all incoming kindergarteners. The KST measures children's readiness in four domains: Language/Literacy, Mathematics, Social Emotional, and Self-Portrait. In all three years, the average score for those who attended playgroups was

higher than for those not attending playgroups. The average countywide total score for those who attended playgroups was 77 percent in 2014, 80 percent in 2013, and 77 percent in 2012. For those children who did not attend playgroups, this figure was 72 percent in 2014, 72 percent in 2013, and 70 percent in 2012. In addition, Humboldt County Office of Education reported that in 2014, children who attended preschool had an average score of 77 percent. For children who attended both preschool and playgroups, the total score rose to 78 percent.

Imperial County

For FY 2014–15, First 5 Imperial County allocated approximately $2.3 million to fund a number of projects that worked to provide services targeting children ages 0 to 5 and their parents, guardians, and providers. Investments used to support these projects addressed strategic objectives by offering services that focused on health, family support, and early care and education. Investments used to support families with young children included case management for at-risk families, family resource fairs at low-performing school sites that included up to 36 distinct agencies, and advocacy for children under the custody of the juvenile court system. Investments in health included support to ensure expectant mothers receive prenatal education and programs designed to increase breastfeeding rates, intensive child asthma case management services, and nutrition and fitness activities. Investments in early care and education included story time activities at over 50 preschool centers with a book give-away program, intensive preschool home instruction services, or preschool slots for children that have a mild disability or are "at-risk" of developing a disability but do not qualify for special education services.

As a result of funding during FY 2014–15, the developmental screening partnership was established between First 5 Imperial, Court Appointed Special Advocates (CASA), and a family resource center. First 5 Imperial awarded $203,264 to the early intervention program to offer developmental screening services for children ages 0 to 5 through its family resource center. CASA was awarded another $82,296 to provide advocacy and school readiness support for children ages 0 to 5 that are in the custody of the juvenile court dependency system. Through this partnership, 88 percent of children that are new CASA cases participated in developmental screening and surveillance services facilitated by Family Treehouse staff, where all children assessed with a developmental delay were supported with court-ordered follow-up referrals and evaluation. In addition, all CASA child cases that were closed resulted in placement in a permanent home where the majority of the children were reunited with their parents.

Other noteworthy accomplishments during FY 2014–15 included:

- Over 3,100 children from preschool centers were involved in multiple mobile library story time activities, with each child receiving three to five books for their home library.
- Over 1,400 children participated in fire/burn prevention activities at over 25 preschool centers, and 30 childcare providers were involved in hands-on fire safety training.
- The parents of 151 hundred children diagnosed with asthma or asthma symptoms participated in intensive case management; results showed an increased compliance in parental asthma control medication and 80 percent learned to identify asthma triggers.
- Nutrition and fitness were promoted through education, cooking classes, and active gardening at 15 preschool centers for 226 children.
- Over 70 children completed a model 30-week home instruction program; parental involvement increased significantly (78 percent) for first-time parents learning to work with their children.

Inyo County

The goal of First 5 Inyo County is to promote optimal early development, shaping the trajectory of a child's life to yield ongoing benefits and rewards by investing in the Five Protective Factors to improve child health, development, family strengths, and critical resources for children from before birth through age 5.

One of the most significant accomplishments of First 5 Inyo was the systems work the Commission embarked upon in order to take a more targeted Collective Impact approach to its five-year plan. By narrowing the goal focus (based on a year-long needs assessment process) to improve early child health and family strengthening programs county-wide, the Commission was able to pledge its funds toward helping establish a few high-quality evidence-based programs that will benefit early child health and education providers, as well as the families served, by creating a more diverse and sustainable network of support. Common goals related to family strengthening, universal screening, early language/literacy, and infant health are now being tackled by many community partners with coordinated focus.

Other highlights during FY 2014–15 included:

- Planning occurred for population-level training and limited pilot service delivery of the Positive Parenting Program (Triple P) parent education model.
- More than 70 at-risk families with children ages 0 to 5 were engaged in an average of six different support services, four of which were reoccurring on a weekly or monthly basis.
- Thirty-three incarcerated parents received five or more weeks of introductory parenting training.

- One-hundred fifty-eight expectant families received birth and breastfeeding planning support through the *Newborn Evaluation Support and Teaching (NEST) Program* co-sponsored with Northern Inyo Hospital, which won a California Breastfeeding Coalition Gold Nugget Award in January 2015.

Kern County

The goal of First 5 Kern County is to ensure all children are healthy, well-protected, and fully supported in early childhood growth toward kindergarten entry. In FY 2014–15, First 5 Kern continued funding 39 programs of early childhood services in the three result areas: Improved Child Health, Improved Child Development, and Improved Family Functioning.

One of the most significant accomplishments was national recognition of the Medically Vulnerable Care Coordination Project (MVCCP) as a Promising Practice by the Association of Maternal & Child Health Programs (AMCHP) in June 2015. With a funding investment of $51,000 from First 5 Kern, MVCCP leveraged additional funds from Lucile Packard Foundation for Children's Health ($4,000), Health Net ($1,000), Kaiser Permanente Kern County ($10,000), and matching Federal Financial Participation funds ($40,000). Since 2008, this project has organized biweekly meetings of key stakeholders to coordinate services for children ages 0 to 5 with special health care needs. The efforts have helped reduce unintended delays that could result in greater medical costs and worsen long-term results for children.

Positive changes during FY 2014–15 included:

- More expectant mothers received timely prenatal care in the first trimester, impacting 963 children in 15 programs.
- The rate of monthly prenatal care increased among expectant mothers across 13 programs.
- An increase in the percentage of full-term pregnancy occurred in 17 programs.
- The proportion of children with low birth weight dropped among 17 programs that provided services for a total of 1,610 children.
- More mothers breastfed their babies and the improvement was demonstrated across 18 programs that supported a total of 1,069 children.
- More parents maintained two or more reading activities with children each week in 11 programs that assisted 851 children.
- The proportion of children who never had a dental visit dropped from 35.41 percent to 27.29 percent across 17 programs.
- The percentage of children who did not have an annual health checkup decreased from 10.25 percent to 5.65 percent among 20 programs.
- Nine programs demonstrated an increase in the percentage of children with all immunization shots recommended by a doctor.
- The percentage of mothers smoking during pregnancy dropped from 17.73 percent to 8.73 percent across 11 programs.
- The rate of smoke exposure at home declined from 9.56 percent to 5.78 percent for 1,276 children in 18 programs.

Kings County

The goal of First 5 Kings County is to ensure all Kings County families receive access to the tools, knowledge, and quality care necessary to encourage each child to develop to their fullest potential. First 5 Kings, in partnership with the community, will strengthen families, communities, and systems of care for children prenatal through age 5 and their families.

During FY 2014–15, one of the most significant accomplishments was the First 5 Kings Family Resource Centers (FRC). With a funding investment of $704,726, the FRCs provided early childhood education, home visitation, developmental screening, parent education, and referral services. Almost 1200 children ages 0 to 5 and over 1,000 parents, siblings, and caregivers visited an FRC. The total number of services delivered by the five funded FRCs was over 28,000.

Other highlights during FY 2014–15 included:

- The 2015–20 Strategic and Fiscal Plan was developed.
- The Linkages 2 Learning project distributed 1,388 school readiness backpacks to incoming kindergarteners and facilitated kindergarten orientations prior to the first day of school at all 12 participating school sites, serving 834 incoming kindergarteners.
- The local CARES Plus program provided support, ranking, technical assistance, and materials to 46 preschool classrooms. In addition, it provided training and professional growth counseling to 93 professionals working in the early childhood education field.
- The United Cerebral Palsy Special Needs project provided 222 developmental assessments of children with or at risk of developing special needs, and 214 interventions and/or treatment plans were provided to children with or at risk of developing a special need.
- The United Cerebral Palsy Parent & Me project served 277 children ages 0 to 5 and 231 parents through weekly center-based early childhood activities.
- The Kettleman City Family Resource Center provided 279 home visits, serving 26 families.

Lake County

Through its investments, First 5 Lake County works to achieve its long-term goal, as stated in its 2014–19 strategic plan, to inspire and promote healthy, safe, happy, and family-centered experiences for children ages 0 to

5 through partnerships with local families and service providers.

During this past fiscal year, one of the most significant accomplishments through First 5 Lake funding was the opening of the Clearlake Early Learning Center (ELC) by Easter Seals of the Bay Area (ESBA). With a budgeted annual funding investment of $32,388, ESBA has the goal of increasing the availability of and access to community-based, age-appropriate, early learning opportunities that build the capacity of families to meet the developmental needs of their children. Parents come to the ELC with their children to spend time in a safe play environment; receive onsite consultation and tips to understand their child's development, including timely follow-up on the results of their child's Ages and Stages Questionnaires; receive useful information; and be connected to available community resources. Seven other agencies also have used the facility to meet with parents in this child-appropriate environment. A total of 230 children ages 0 to 5 and their parents participated in the ELC activities over this past year. A second center, located in Lakeport, is planned for next fiscal year.

Other highlights during FY 2014–15 included:

- Through its website, social media, and events, the Lake County Hero Project **(http://www.lakecountyheroproject.com/)** works to promote the strengths of families and inspire parents to be heroes to their children. Local families are highlighted to demonstrate how easy it is to be a child's hero. The program provides parenting information, monthly family challenges, social supports, and community connections to resources for families with children ages 0 to 5. Almost 1,300 parents were enrolled in the program. In January 2015, families accepted the challenge to "play together." Of the 87 families that accepted the challenge, there was a 62 percent completion rate, with 28 percent of parents reporting an increase in the number of times they engaged in focused play each week.
- The *Children's Oral Health Program* (operated by Lake County Public Health Dental Disease Prevention Program and funded by First 5 Lake) provided 766 children ages 0 to 5 with education, screening, and/or treatment. It included nutrition and oral health lessons, and dental screening at preschool/school sites with 40 percent of the children screened as cavity-free. This result has held steady for the last two years.
- North County Opportunities/Rural Communities Child Care Choice Program worked with 28 child care providers to increase opportunities for children to experience healthy nutrition and physical activity during the day and create written policies to inform parents of this effort. Eighty-six percent of the providers moved from serving fruit and vegetables two times per day to three times per day, and 95 percent offered at least 60 minutes per day of physical play time.

Lassen County

Through its investments, the goal of First 5 Lassen County is to fund programs aimed at ensuring all children enter school healthy and ready to learn. First 5 Lassen has two primary areas of focus—oral health and home visiting—both serving high risk populations. Two programs, the *Pathways to Child and Family Excellence* program (commonly referred to as *Pathways*) and *Children's Oral Health Program,* also known as *Smiles for Life,* have been important investments of First 5 Lassen.

During FY 2014–15, one of the most significant accomplishments of First 5 Lassen was its home visiting program implemented by *Pathways to Child & Family Excellence, Inc.* With a funding investment of $263,100, this program provides home visiting services to high-risk families. It is designed to improve family functioning, child development, health, and systems of care. The primary services include weekly parent education and child development lessons using the *Parents as Teachers (PAT)* curriculum. Screenings and assessments are completed on both children and parents to determine an individualized approach to addressing child, parent, and family needs. Each child is screened for developmental progress using the Ages and Stages Questionnaire®; simple *PAT* health screenings are used for hearing and vision. The Life Skills Progression Tool is used with each family to gauge the strengths of the family and the areas needing attention. Based on this tool and weekly communication with the family, the home visitor is able to make targeted referrals. The *Home Visiting Program* served 137 children ages 0 to 5 and 144 parents or caregivers. Another 32 children (siblings 6 years or older) participated in the program, increasing the total number of children served during the year to 169. In 2014–15, the number of service units was 2,037.

The First 5 Lassen *Children's Oral Health Program*—implemented in the community by *Smiles For Life, Inc.*—serves Lassen County via different service delivery strategies, including education, direct prevention, consultation services, assessment, health services, community health events, and resource and referral

activities. During FY 2014–15, 732 children received an oral health screening, and 570 children ages 0 to 5 received direct oral health services. Hospital-based oral health services for children, a local First 5-funded program started in 2003 and now sustained by Banner Lassen Hospital, continued to provide oral surgery services to children.

Los Angeles County

Since its creation by voters in 1998, First 5 Los Angeles County (First 5 LA) has invested more than $1 billion as it worked collaboratively across Los Angeles County to improve the health, safety, and school readiness of children prenatal to age 5.

Realizing it needs to live within its means, as well as be even more strategic in its investments, First 5 LA finalized development of its 2015–20 Strategic Plan during FY 2014–15 to lay out a clear path to maximize First 5 LA's impact to strengthen families and improve outcomes for the greatest number of children prenatal to age 5.

As part of its mission to ensure all children in Los Angeles County enter kindergarten ready to succeed in school and life, First 5 LA accomplished the following:

- Working with other First 5 commissions and a statewide network of early childhood education advocates, First 5 LA supported state lawmakers' $265 million commitment to rebuild California's early learning system through high-quality care with the addition of 7,000 preschool slots and 6,800 child care slots, rate increases to providers and teachers, and a one-time $24 million commitment to the Quality Rating and Improvement System (QRIS) for infants and toddlers.
- Working with community partnership members, First 5 LA staff is supporting an array of strategies and activities to produce outcomes that benefit children prenatal to age 5 through the Learning By Doing process—a process by which community members develop results-focused activities to strengthen children and families in their community–in all, 14 *Best Start* Communities.
- Supporting new parents, more than 9,100 women received home visits under First 5 LA's "Welcome Baby" program – which provides pregnant women and new moms with in-hospital and in-home information and support during pregnancy and throughout a baby's first nine months.

First 5 LA looks to the future, building upon existing work, experiences, and lessons learned from previous investments to maximize its impact to strengthen families and improve outcomes for the greatest number of children in Los Angeles County.

Madera County

The goal of First 5 Madera County is to ensure children are healthy, families are strong, and children are learning. It strives to serve the families of Madera County through the promotion of meaningful, lasting programs that greatly contribute to the betterment of the community.

During FY 2013–14, one of the most significant accomplishments of First 5 Madera was the *Oral Health Initiative*. With a funding investment of $40,000, this program provided oral health screenings and referrals in a school-friendly setting, using the tooth fairy concept to entice children and counter some hesitations that many children have for the dentist. The program screened 436 children. Of these, 33 percent (n=148) were referred for services. The findings demonstrated that 22 percent of the 148 referred (n=45) did not have a dental home. A total of 60 percent (n=89) of families that indicated their children had a dental home demonstrated the need for services. Further data regarding the intensity of the need and population served is being reviewed. First 5 Madera is using this information to determine future policy and programming.

Early identification is key to prevention and treatment. In FY 2014–15, 150 first-time parents received case management via the *First Parents Program*. The program performed 1,320 screenings, including Denver II, Ages and Stages Questionnaires®, Ages and Stages Questionnaires: Social-Emotional, and Life Skill Progression. Of the various screenings, two children were identified as having concerns.

In addition, 152 families received intensive multidisciplinary services via the Healthy Beginnings Program. Of the cases closed in 2014–15, none of the families had any recurrence of maltreatment.

Marin County

Through its investments, the goal of First 5 Marin County is to support a strong start in life for every child in every community through children's health, school readiness, and community support for families.

During FY 2014–15, one of the most significant accomplishments of First 5 Marin was a collaborative effort to fund affordable child care and preschool slots, dental services, and a public education campaign about the highest priority needs of young children in Marin County. First 5 Marin joined with the County of Marin and the Marin Community Foundation, with matching investments of $250,000 each, to fund these critical needs identified by the new Marin Strong Start Coalition. The Coalition and expenditures represent a critical first step toward a countywide commitment to invest in a strong start for all children in Marin. This particular

funding triad also is a significant partnership among three important funders in the county, and serves as an important precedent for ongoing cooperative efforts.

Other highlights that took place during FY 2014–15 included:

- **Advocacy and Investment:** First 5 Marin supports the work of *"MarinKids,"* an education and advocacy movement for the county's children (convened in 2008). *MarinKids*, in turn, is an active partner and staffs *"Marin Strong Start,"* a coalition working to establish an ongoing revenue stream for children in the county.
- **Thought Leadership:** First 5 Marin supports regular submission of opinion editorials on priority issues such as child care, preschool, children's health, and family support systems. Authors include commissioners, staff, and community partners.
- **Capacity Building:** As part of its efforts to expand the capacity of community partners to outreach, serve, and advocate for local children and families, First 5 Marin offers free monthly workshops (via the "Marin Communications Forum" and "Voces de Marin") with speakers, presentations, and training on media, public education, outreach, and advocacy skills (including workshops aimed at the Latino and Spanish-language community).
- **Quality Rating and Improvement System (QRIS):** By funding the assessments that were necessary for submission, First 5 Marin supported a successful QRIS grant request from a coalition lead by the Marin County Office of Education.

Mariposa County

During this past year, one of the most significant accomplishments of First 5 Mariposa County was the *School Readiness* program, funded with $149,040. It served three of the county's preschools (Catheys Valley, Greeley Hill, and Lake Don Pedro). The three preschools provide an outstanding play-based preschool program that prepares children for kindergarten. The facilities, curriculum, and activities are creative, educational, and focus on developmentally appropriate activities. This year, there was a focus on science, technology, engineering, and math (STEM).

Another highly successful program was the *Children's Dental Health Program,* funded with $55,000. This program provided dental education by a dental hygienist, dental services for children with severe dental problems, and dental screenings. Three local dentists provided reduced-cost services.

In addition, the CARES Plus program was funded with $10,000 from First 5 Mariposa and $20,000 from First 5 California. This program provided stipends for child care providers and preschool teachers. Many of the participants completed the CORE training and 21 units in Early Childhood Education. The CARES Plus program made it possible for four teachers to enroll in college course work—helping them to work toward a degree in Early Childhood Education.

An instructional aide was hired to work in the Mariposa Elementary School Transitional Kindergarten (TK) classroom. The instructional aide worked with the reading program/assessments, and provided extra assistance to children who were having difficulty. Having the aide in the classroom also provided time for the teacher to work with children on an individual basis. The class had 25 TK students who ranged from four to six years old. Having an aide made it possible for the students to work on enrichment projects and technology.

An additional instructional aide was hired to work in the Sierra Foothill Charter School TK classroom. The instructional aide worked closely with the teacher in providing support, extra assistance, and one-on-one instruction. She made a difference by providing opportunities for the students to be involved in extracurricular activities (e.g., working in the school's garden and on computers in the classroom).

Mendocino County

The goal of First 5 Mendocino County is to increase parenting skills and decrease substance abuse so children are happy, healthy, and ready for kindergarten.

During this past fiscal year, one of the most significant accomplishments of First 5 Mendocino was providing support for the Family Dependency Drug Court (FDDC) "Parent Mentor Program." With a funding investment of $35,000, the program is designed to offer support to parents and caregivers in recovery, to maintain their sober lifestyle, and provide safe and nurturing care to their children. First 5 Mendocino provides for at least three parent mentors to be available for support services. FDDC also refers its clients to participate in the *Recovery Positive Parenting Program (Triple P).* With an additional funding investment of $20,000, this program provides a 10-week parenting group that focuses on parents in recovery of substance abuse. *Recovery Triple P* is designed to empower parents to continue to make positive parenting decisions for their children and enables them to feel confident in those choices. It also helps to rebuild relationships that have been, or may have been, damaged during the period of time parents were abusing a substance.

Other highlights during FY 2014–15 included:

- For divorced parents, First 5 Mendocino provides Supervised Visitation and Parenting Apart workshops for the Mendocino County Superior Court. During these sessions, parents are strongly encouraged to sign up for a *Triple P* group to build on their parenting skills.
- More awareness was brought to the bilingual Raise and Shine "Warm Line," increasing the number of calls from 43 (FY 2013–14) to 143 (FY 2014–15) for an increase of 333 percent. It is available for parents,

caregivers, social workers, and others in related fields who work with children. This line offers a variety of resources, including referrals to outside agencies, scheduling support services for Regional Center and Early Start participants, and acts as the Inland Mendocino Early Start Family Resource Center mainline to provide support services to children in Early Start. It also acts as an access point for developmental screenings, one-on-one parent support, parenting class information, and other resources and services available in the community.

- The early literacy program, *Mendocino County Imagination Library,* has made many new community contacts this year, which helps First 5 Mendocino get closer to its goal that every child under the age of 5 in the county will have a home library of their own by the time they start kindergarten. With the help of community partners, enrollment has increased from 2,877 to 3,105 children. It's estimated that this number is over 50 percent of the eligible children in the county.

Merced County

Through its investments, the goal of First 5 Merced County is to:

- Improve parents' (especially new parents) nurturing and engaging relationships with their children
- Improve the quality of care provided in out-of-home settings (including center-based care, family child care, and non-licensed environments)
- Improve the system for early screening, referral, assessment, and services for children with developmental, health, social, emotional, behavioral, and other special needs
- Improve community-level awareness and acknowledgment of the critical need to prioritize and support structured action for change benefitting children ages 0 to 5
- Advocate for improvement and preservation of systems at the local and state levels

During FY 2014–15, one of the most significant accomplishments of First 5 Merced was the increased quality with identified Child Signature Programs 1 and 2. With a funding investment match of $525,125, the program maintained quality in identified Quality Enhancement classrooms and continued improvement across the Maintenance of Effort classrooms. Targets of family engagement and coaching for teachers were reached. Specialized training was offered for classroom and child-level work. A large number of reliable Early Childhood Environment Rating Scale (ECERS) and Classroom Assessment Scoring System® (CLASS®) assessors were trained. Professional Development was offered with an emphasis on social, emotional, and developmental screening and individualized teaching strategies, which were offered to neighboring counties and partnering agencies.

Other highlights during FY 2014–15 included:

- Twelfth Annual Children's Summit, with 343 attending, featured Dr. Dayna Long (University of California San Francisco, Benioff Children's Hospital) as the keynote speaker to open a discussion regarding social determinants of health
- Engaged 150 providers in the Steve Spangler group training "Silly Slimy Science"
- Assisted the Department of Public Health in receiving the Partnerships in Community Health grant that started a Baby Friendly Hospital Initiative at the two local hospitals

Modoc County

Through its investments, the goal of First 5 Modoc County is to ensure every child in Modoc County is in an environment conducive to optimal development and that parents and families have the first option to be primary caregivers and teachers for their children ages 0 to 5.

During the last fiscal year, one of the most significant accomplishments of First 5 Modoc was its dedication to Improved Child Development. With a funding investment of $71,206, it funded three separate programs, providing a high-quality preschool experience for 18 children throughout Modoc County. The success of these programs is partly due to a strong collaborative relationship with the Modoc County Office of Education and the Surprise Valley Joint Unified School District. Funding supports either the full cost or a share of the cost to attend preschool. Families were provided additional support through a family support worker. Monthly parent meetings were held and information was provided on health, safety, nutrition, parenting skills, and the preschool learning foundations. Weekly child observation and results of Desired Result Developmental Profile assessments also were shared with parents. The family support worker helped ease the transition of the children to the next educational setting.

Other highlights during FY 2014–5 included:

- The parents of 122 children attended parenting classes to increase parenting skills and knowledge.
- Fifty families who did not have access to medical services now receive medical benefits.
- Ten licensed home care providers increased the quality of care they offer by participating in the Child Care Initiative Project (CCIP).
- Ten center-based providers increased teacher effectiveness by participating in the CARES Plus program.
- The parents of 42 children strengthened and improved positive parent-infant interactions, healthy infant development, and parental competencies through the "Healthy Beginnings" home visiting program.
- Eighteen children were able to access an enhanced transitional kindergarten classroom

due to the expansion of the classroom experience with STEAM (Science, Technology, Engineering, Art, and Math) activities.

Mono County

Through its investments, the goal of First 5 Mono County is to enhance the network of support services for families with children ages 0 to 5. First 5 Mono invests in school readiness, family behavioral health, oral health, child safety, and quality child care.

During this past fiscal year, one of the most significant accomplishments of First 5 Mono County was service to families through its universal home visiting program, "Welcome Baby!" for families with children prenatal to age 1. One hundred and twenty children were served—84 percent of projected 2014 births. With a funding investment of approximately $86,000, this program provided families with prenatal education, breastfeeding support, developmental activities, and connections to playgroups, behavioral health services, special needs services, low-income housing, heating assistance, and multiple other community supports.

Other highlights that took place during FY 2014–15 included:

- County-wide health and safety fairs
- Topical fluoride varnish application provided to children in early learning settings
- Books to families from "Free First Book"
- County-wide playgroups

Monterey County

The mission of First 5 Monterey County is to serve as a catalyst to create sustainable change in systems, policies, and practices that enrich the development of children in their first five years. First 5 Monterey focuses on three vision areas: Parenting Development, Child Care Quality, and Mental and Physical Health.

Through its investment of $7.1 million in FY 2014–15, First 5 Monterey provided services to more than 41,000 young children, parents, and providers.

During the last fiscal year, one of the most significant accomplishments was the tenth offering of the "Summer Bridge" program as part of the Special Needs Initiative, which has served over 300 children. Summer Bridge originally evolved from the Special Needs Project that was partially funded by First 5 California. Through this project, incoming kindergarteners with or at risk of special needs can experience a high-quality summer preschool program.

The goal is to support children in transitioning to kindergarten with a sense of self-confidence in their expressive, social, and intellectual abilities. Observational assessments in summer 2015 show 70 percent of children showed improvements in their relationships and social interactions with adults after six weeks. Summer Bridge also serves as a training platform for early educators to build capacity. The program supports parents in understanding their child's behaviors and needs, and encourages participation in and advocating for the education of their child.

Some additional highlights from 2014–15 include:

- First 5 Monterey and the Monterey County Health Department co-chair the Early Childhood Development Initiative (ECDI). ECDI began implementing its strategic vision and road map to help children, from the prenatal stage through third grade, reach their full potential. Using a Collective Impact framework, five communities in Monterey County stepped forward to bring together multiple sectors working to improve early childhood.
- Analysis of over 3,000 outcome surveys over the past four years show statistically significant improvements across service areas of home visiting, playgroups, and group parenting classes. The greatest growth was in parents' knowledge of how their child and their child's brain is growing and developing, and what behavior is age-typical. Parents reported 81 percent improvement in this area. They also reported significant gains in their confidence (66 percent), abilities (58 percent), activities (66 percent), and connections with other families (58 percent). This translates to an overall 66 percent improvement across parenting practices.
- The Infant-Family and Early Childhood Mental Health training series continued to expand locally as more service providers are interested in improving their capacity to meet the needs of young children and their families.

Napa County

Through its investments, the goal of First 5 Napa County is to support a comprehensive system of services that ensures children ages 0 to 5 will enter school healthy and ready to learn.

During FY 2014–15, First 5 Napa County made a $65,500 investment in the local resource and referral agency to provide *Active Minds,* a bilingual, play-based school readiness program that serves children with low to no preschool experiences. As part of the program, parents are provided education, support, and role-modeling on how to support their preschoolers in home-based early learning experiences. A total of 36 children and 42 parents attended *Active Minds.*

Children were assessed using the Ages and Stages Questionnaire-3 (ASQ-3) at the start of the program and again at completion. Children demonstrated improvements, and upon completion of the program were developing typically as listed below:

- 100 percent of children in the *problem solving* domain
- 97 percent of children in the *communication* domain
- 91 percent of children in the *personal-social* domain
- 100 percent of children in the *gross motor* domain
- 83 percent of children in the *fine motor* domain

Upon completion of the program, parents had increased confidence in their ability to provide age-appropriate routines, play, and expectations of their child:

- 100 percent of parents report they read or share books with their child at least two times a week.
- 85 percent of parents report that when they read or share books with their child, they do so for at least 10 minutes.
- 92 percent of parents report they support expanded learning for their child through conversation at least once a week.
- 97 percent of parents report they provide early learning experiences around shapes and colors at home.

Nevada County

Through its investments, the goal of First 5 Nevada County is—in partnership with the community—to create, foster, and support programs that promote health, wellness, and child development for children ages 0 to 5 and their parents. First 5 Nevada works on behalf of all children prenatal to age 5 and their families, and focuses on those who face significant risks and challenges in achieving their maximum physical and socio-emotional health and learning potential. First 5 Nevada is engaged in four initiatives: early learning, family strengthening, communication and outreach, and capacity building and systems change.

During this last fiscal year, one of the most significant outcomes achieved with First 5 Nevada funding was attained by the PARTNERS Family Resource Centers (FRC), who implemented the evidence-based *Positive Parenting Program (Triple P)* curriculum, led by a Marriage and Family Therapist. Participating parents showed improved parenting practices, parenting knowledge, and communication with their partners, while children showed a drop in problem behavior. The PARTNERS FRCs received $161,907 in funding in FY 2014–15 with some of the funds supporting the *Triple P* classes. *Triple P* series were held six times with participants reporting high satisfaction with the curriculum, instructor, peer interaction, and their relationships with their children; 62 parents with 69 children ages 0 to 5 attended one or more sessions. These evening classes included dinner and childcare, removing barriers to participation. The class also was available in Spanish for the first time. "Parenting Ladder" retrospective surveys were given to all Triple P participants and showed an overall average increase of 1.62 points on a six-point Likert scale in the areas of parenting knowledge, communication with their partner about child issues, consistency of positive discipline, and awareness of community resources. "The Parenting Scale," a 30-item measure of dysfunctional discipline styles, which is scored on a seven-point Likert scale with lower scores indicating more effective parenting, showed participating parents improved from a pre-test average of 3.19 to a post-test average of 2.65, an improvement of 17 percent. Children's problem behavior also showed an improvement, going from an average of 1.97 to 1.31 on a 4-point Likert scale, for a 34 percent improvement. This data come from the Impact subscale of the Strengths and Difficulties Questionnaire.

Other highlights during FY 2014–15 included:

- 28 child care homes and centers were rated for quality over a three-year period.
- 143 service providers participated in collaborative meetings in eastern Nevada County, and 294 attended collaborative meetings in western Nevada County.
- 27 children received intensive home visiting services in the Healthy Families America evidence-based model.
- 97 children and 91 parents who were not otherwise eligible for services received behavioral health care.

Orange County

First 5 Orange County is a convener, planner, and sponsor for the implementation of programs in four goal areas: healthy children, early learning, strong families, and capacity building. Through First 5 Orange investments, the vision is that all children are healthy and ready to learn.

During this past fiscal year, one of the most significant accomplishments was the completion of the community school readiness assessment using the Early Development Index (EDI), a population measure of school readiness. Since 2007, First 5 Orange has partnered with school districts to collect information about kindergarten-aged children in participating geographic areas, to create an overall snapshot of their developmental progress in five areas:

physical health and well-being, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge.

With a funding investment of approximately $200,000, this year marked the first year of 100 percent school participation. The EDI data were reported for over 34,000 children, representing 90 percent of the total kindergarten population served by public schools in the county. The EDI data is a catalyst for bringing together individuals, organizations, and community leaders to improve school readiness and create better environments for children. Furthermore, EDI provides valuable information to improve programs and supports, and better coordinate services to help children develop and learn before and during their school years.

Other highlights during FY 2014–15 included:

- **Bridges Maternal Child Health Network Sustainability Plan:** This successful prevention and early intervention program to ensure children have a healthy start received $250,000 in technical assistance awards to consider the feasibility of implementing a "Pay for Success" funding strategy for sustainability. The funding awards have created significant value in strengthening the Bridges Network evaluation and program model.
- **Pediatric Mobile Vision Program:** The partnership with the University of California Irvine Health (Gavin Herbert Eye Institute) and Children's Hospital of Orange County to collectively invest $3 million for the Pediatric Eye Mobile is providing early vision screening and follow-up care to preschool-aged children throughout the county. An additional $15,000 from the Lon V. Smith Foundation funds free glasses to disadvantaged children.
- **Children's Mental Health Initiative:** In response to the increasing demand for children's mental health services, a process began to improve an integrated health delivery system focused on optimizing young children's social-emotional health. The Commission's efforts will align with the broader mental health planning efforts in the county, and focus on the integration of parent and child mental health, and prevention services into the health systems.

Placer County

First 5 Placer County has three long-term goals: 1) Children are nurtured, healthy, safe, learning, and developmentally reaching their potential; 2) Families are strong and connected; 3) Communities are caring and responsive. To help achieve these goals, the county commission integrates a protective factor framework for family and community strengthening. Part of the commission's role in implementing the protective factor framework is to help support and build the capacity of its funded partners.

In FY 2014–15, First 5 Placer funded 25 major programs, including those focusing on child health and development, parent support, and connecting families to community resources. Each program has a logic model that aligns with the commissions' strategic plan, as well as an individual evaluation plan that outlines the programs' evaluation requirements. After the end of the fiscal year, each program participates in group learning conversations that aim to facilitate peer-to-peer learning exchanges and provide opportunities for networking and collaboration.

Through First 5 Placer-funded partners:

- Services are being coordinated and are more accessible to families in need.
- Children are being screened early to identify any developmental delays or special needs.
- Parents (including pregnant and parenting teens) receive counseling, case management, and parent education services.
- Children who are suspected victims of felony child abuse receive mental health advocacy services.
- Mothers who are experiencing perinatal depression receive therapy.
- Organizations are building collaborative linkages with service providers to develop an integrated system of support.

Plumas County

Through targeted investments, the goal of First 5 Plumas County is to promote healthy children, optimal child development, strong families, and integrated systems of care for children ages 0 to 5 and their families. First 5 Plumas funds intensive ongoing home visitation modeled after Healthy Families America and Behavioral Health/Mental Health services for children and their parents. The Home Visitation Program is implemented by four separate projects working together toward common shared outcomes.

During this last fiscal year, one of the most significant accomplishments of First 5 Plumas was funding a pilot program for a Behavioral Health Therapist to provide mental health services in the home. An Early Childhood Development Specialist also provided early childhood development services, with bonding and attachment services in the home, to infants and children who have experienced emotional trauma. With an initial investment of $27,000 for a six-month pilot project, the initiative provided therapeutic counseling, infant attachment/bonding, play therapy, and family therapy to parents and children ages 0 to 5. Based on the early success of the pilot project, the Plumas County Board of Supervisors invested $286,000 of Mental Health Services Act funding to have First 5 Plumas expand the program significantly in the upcoming program year.

Other highlights during FY 2014–15 include:

- Families participating in home visits experienced improved

access to health care and increased the frequency of family literacy activities with their children.
- Clients of the Behavioral Health Therapist showed marked improvement in their mental health status on a standardized screening tool–the Threshold Assessment Grid.

Riverside County

First 5 Riverside County has invested in a range of Early Learning and Health services with the goal of preparing children for success in school and life. First 5 Riverside investments include promotion of parent/caregiver education to assist early learning everyday practices, increased access to quality child care/preschool, special needs child care services, early care and education workforce development, improved quality healthcare services for asthma, breastfeeding support home visitation services, health access, nutrition and physical activity, oral health, behavioral health, and the University of California Riverside Pediatric Residency Program.

During FY 2014–15, one of the most significant accomplishments of First 5 Riverside was the accreditation of one of its home visitation-funded programs. El Sol Neighborhood Center attained PCHP (Parent-Child Home Program) and HIPPY (Home Instruction for Parents of Preschool Youngsters) certification. With a funding investment of $2,142,399 for three years, this program provides evidence-based home visitation models integrated with the Promotoras, a promising-practice model, creating a unique approach in providing intensive home visitation services to children and families in Riverside County. Over 500 families have benefited from this program and parents reported an increase in parental knowledge regarding child development, parent-child engagement, the importance of early literacy practices, and increased participation in activities that foster early brain development. Formal evaluation of this program recently concluded, with findings to be available later in the year.

Other highlights during FY 2014–15 included:
- 951 children accessed quality child care services.
- Almost 1,700 children screened for asthma-related symptoms; 160 environmental assessments were completed in child care facilities.
- Breastfeeding support services were delivered to over 9,900 mothers through the Helpline and Home Visitation Services.
- 264 children were enrolled in health insurance.
- More than 6,200 children received mental health screenings and almost half of these children received treatment services.

Sacramento County

First 5 Sacramento County served approximately 60,122 children, parents, and providers through the work of 36 contractors. Highlights included:

Effective Parenting: The "Birth & Beyond" (B&B) program provided parent education, crisis intervention, and home visitation services through nine Family Resource Centers throughout Sacramento County. During FY 2014–15, the program served over 11,000 children and caregivers. During a four-year period (July 1, 2010 to June 30, 2014), the B&B evaluation included a cumulative study of referrals to Child Protective Services (CPS) for 2,512 families. The rates of CPS reporting pre-, during, and post-program declined for both the cohort of families with prior CPS history (50 percent, 1,256 families) and for families without any prior referrals to CPS (50 percent, 1,256 families). Altogether, 50 percent of families enrolled in B&B without any CPS history, and 81 percent of the participants had no referrals to CPS post-program. For the 50 percent of B&B families with CPS history, only 17 percent had new referrals post-program; the rate of substantiated dispositions with CPS declined from 8 percent pre-program to 4 percent post-program.

School Readiness: Project Screening, Outreach, and Referral Services provided developmental screenings, referrals, home visitations, and parent support to children living in transitional housing. During FY 2014–15, 462 parents and children were served. Home visits were provided to 425 parents and children, 247 children received the Ages and Stages Questionnaire (ASQ) Developmental Screening, and 36 children received the ASQ:Social and Emotional Developmental Screening.

Oral Health: First 5 Sacramento continued to support five children's dental centers offering free or low-cost dental services. Combined, the five centers served 2,972 children. Sacramento also funded the Smile Keepers Mobile Dental Van, providing dental screenings and fluoride varnishes to 7,198 children at schools and community events. In addition, First 5 Sacramento provided leadership and staff support for the Sacramento County Medi-Cal Dental Advisory Committee (MCDAC), working to implement policy and systems change to improve dental care for children and families with Medi-Cal. MCDAC efforts involved working with local dentists, community partners, the California Department of Health Care Services, and legislators to identify and address issues for the more than 390,000 Medi-Cal recipients in Sacramento County.

Media Efforts: Social engagement efforts span across four platforms (Facebook, Twitter, Instagram, and Pinterest) with more than 8,750 followers. In partnership with the Dairy Council of California and child development agencies throughout California, First 5 Sacramento participated in quarterly Twitter Party Chats #Tips4Tots. The one-hour parties on various children's topics went viral nationwide. A three-month, multi-media campaign about the family resource centers, featuring the newest center, generated 1.5 million impressions from radio spots, digital ads, customized default text

reply, streaming ads, and pre-roll. In addition, First 5 Sacramento co-branded the Sugar Bites ads with the campaign creator, First 5 Contra Costa, for outdoor display ads that targeted high-need areas throughout Sacramento at 33 convenience stores and 25 bus transit shelters.

San Benito County

Through its investments, the goal of First 5 San Benito County is to ensure children thrive and reach their full potential at home, in school, in the community, and throughout life.

In FY 2014–15, First 5 San Benito funded the Fit for Kids program, which provides physical fitness and nutrition education to children in early education sites. Children participating in the program showed:

- Daily fruit/vegetable consumption increased overall from 63 percent to 93 percent.
- Daily water consumption increased overall from 68 percent to 95 percent. The greatest increase by site was 50 percent (from 50 percent to 100 percent).
- Daily soda/juice consumption decreased overall from 62 percent to 20 percent. The greatest decrease at a single site was 66 percent (from 81 percent to 15 percent).

First 5 San Benito enhanced the quality of its parent education program by adding *Positive Parenting Program (Triple P)* education to the Family Wellness network of ten school-based partners. Highlights from the *Triple P* Level Three Stepping Stones provided by Easter Seals include:

- Parents' perceptions of their parental efficacy improved between pre and post surveys in seven out of eight categories.
- Parents were satisfied with workshops. While most said they would use the parenting strategies taught, results varied by parenting topic.

As part of the commission's commitment to literacy, First 5 San Benito staff members provided weekly *Story Time* in Hollister and San Juan Bautista Public Libraries. Parent participants reported high rates of library card use and book checkouts, and strong agreement that *Story Time* provided benefits.

First 5 San Benito served more than 800 families in the *Raising A Reader* program. Participants showed the following:

- Increase from 49 percent to 62 percent of parents who reported having a routine for looking at books
- Increase in child enjoyment of reading and positive behaviors while reading books
- Increase in weekly library/ bookmobile visits (from 6 percent to 20 percent)

San Bernardino County

First 5 San Bernardino County aims to promote, support, and enhance the health and early development of children prenatal through age 5. This is accomplished through investments in the areas of health, family support, and early education as well as support for systems improvement and capacity building efforts in the county of San Bernardino.

FY 2014–15 yielded many notable accomplishments and positive outcomes for San Bernardino County's youngest residents and their families. One of the most significant investments was 586 participants in a family literacy initiative, yielding an increase in parents' perceptions of their abilities to actively support and enhance their children's love for reading. Data from this initiative demonstrated that a significant number of parents who, prior to the program, rarely or never practiced important behaviors with their children such as reading together, following a reading routine (bedtime, etc.), practicing the alphabet, singing songs, and playing rhyming games, began to practice these behaviors regularly as assessed through a standardized evaluation tool.

Other highlights in FY 2014–15:

- A comprehensive year-round preschool experience for 984 children
- Asthma stabilization and education provided to 327 children and their caregivers
- Oral Health Screenings for 8,300 children and treatment provided to 1,300 children
- Successful Literacy, Water Safety, and Oral Health Campaigns
  - Oral Health: Distributed promotional material (toothbrushes) to all contracted oral health agencies.
  - Water Safety: Attended three water safety events in the Inland Empire, serviced more than 1,000 families at the annual water safety event, and distributed promotional materials (coloring books, water watch tags).
  - Literacy: Attended four literacy events, serviced over 2,000 families at the annual literacy events, and distributed promotional materials (books, book markers, growth charts, backpacks, crayons, glue sticks, scissors, and pencils) to the community and a variety of agencies.
- Developmental screenings provided to 4,392 through direct service contracts and thousands more through early intervention system support

San Diego County

The goal of First 5 San Diego is for all children ages 0 to 5 to be healthy, loved and nurtured, and enter school as active learners.

During the last fiscal year, one of the most significant accomplishments of First 5 San Diego was its home visiting initiative, *First 5 First Steps*. With an annual funding investment of $5,000,000, this initiative provides county-wide home visitation services to specific high-risk target populations, including pregnant and parenting teens, military personnel, refugees, immigrants, and low-income families using the Healthy Families America model and the Parents as Teachers curriculum. *First 5 First Steps* strengthens

child and family relationships by providing support, education, and guidance during home visits. The program promotes positive parenting, nurtures the development of healthy relationships between parent and child, enhances parent knowledge about the growth and development of their children, and provides community referrals for parents and their children, including connections to a medical provider. *First 5 First Steps* served over 600 families county-wide and provided approximately 12,000 home visits. First 5 San Diego was honored to be the recipient of the 2015 Achievement Award by the National Association of Counties in recognition of outstanding innovation for its *First 5 First Steps* home visiting initiative.

San Francisco County

The goal of First 5 San Francisco County is to ensure all children, birth to age 5, will be safe, healthy, and thrive in supportive, nurturing, and loving families and communities. This goal is supported by strategic investments within five initiatives representing more than 200 funded programs: Preschool for All, Early Childhood Education Quality, Family Resource Centers, Family Support Quality, and Early Childhood Health and Mental Health.

The biggest accomplishment of FY 2014–15 for the city and county of San Francisco was the passage of local legislation that will ensure high-quality, universal preschool for all four-year-olds for the next 25 years. This legislation, predicated on First 5 San Francisco's successful implementation of the city's Preschool for All Initiative since 2004, also represents a 30 percent increase in funding for San Francisco's children, and offers continued opportunity to leverage support for related child health and family strengthening initiatives.

Other highlights from FY 2014–15:

- Funded preschools continue to achieve high ratings in the quality of their environments (94 percent of sites meeting benchmark scores) and teacher/child interactions (96 percent of sites meeting benchmark scores). In addition, San Francisco's Quality Rating and Improvement System expanded its reach among funded preschool sites as well as to several family child care homes, with a total of 163 sites rated.
- Nearly 10,700 parents/caregivers and children were served by San Francisco's Family Resource Center (FRC) Initiative. Centers offered a wide array of prevention services, including 68 parent/child interactive playgroups promoting positive parent/child relationships for over 3,000 parents and young children. More targeted one-to-one services also are a core part of the family support model, with approximately 2,000 hours of intensive case management provided to 300 families referred from child welfare through Differential Response. An evaluation has demonstrated these families are less likely to have substantiated child welfare referrals following case management services at a funded FRC.
- As a result of funded health and mental health early identification and intervention initiatives, a total of 9,451 health and developmental screenings were conducted with children birth to age 5.

San Joaquin County

Since its inception, the First 5 San Joaquin Children and Families Commission (F5SJ) has brought critical services to tens of thousands of high-need parents, caregivers, and children in San Joaquin County. Today, F5SJ continues to invest in the community by funding high-quality programs and services to improve the lives of the county's youngest children and their families.

In FY 2014–15, with a funding investment of $1.06 million, First 5 San Joaquin administered the federal Race to the Top–Early Learning Challenge (RTT-ELC) grant for early learning and development sites throughout San Joaquin County. The cohorts of 148 licensed programs participated in a Quality Rating and Improvement System (QRIS). Early learning providers are supported by coaching and mentoring, and have opportunities for scholarships, quality awards, training, and professional development as they advance through the QRIS tiers. RTT-ELC QRIS highlights during FY 2014–15 included:

- Early child care center and home-based providers received $618,000 in Quality Awards to support quality improvement activities.
- Scholarship awards of $16,875 helped teaching staff further their education in Early Childhood and Child Development coursework.
- The local *Lifestyles Magazine* featured a family child care provider with a QRIS score of 5.

In FY 2014–15, with a funding investment of $100,000, F5SJ administered the *Breastfeeding Initiative* to increase breastfeeding rates in the county by supporting hospitals to become "baby friendly." Through this project, San Joaquin County Public Health Services coordinates six local hospitals to select and implement the California Department of Public Health Breastfeeding Model Hospital Policy. Highlights included:

- Delta Health Care (Women, Infants, and Children [WIC]

agency), Lodi Memorial Hospital, and the Breastfeeding Coalition of San Joaquin County piloted an electric breast pump loan program.
- Lodi Memorial Hospital became the second hospital in San Joaquin County to receive the World Health Organization (WHO) designation of "baby-friendly."
- A third hospital is in the process of applying for this designation.

In FY 2014–15, with supplemental targeted revenue from San Joaquin County CalWORKs and the Lucile Packard Foundation for Children's Health of $190,365, F5SJ administered the *Help Me Grow* San Joaquin County project and supported the San Joaquin County California Community Care Coordination Collaborative (5Cs).

Highlights of these projects included:

- The *Help Me Grow* Call Center and Care Coordination staff responded to 984 inquiries for support, and provided referrals for 350 children whose parents participate in the county CalWORKs program.
- The San Joaquin County 5Cs supported the development of a county-wide team of health navigators to improve care coordination for children with special health care needs.

San Luis Obispo County

Through its investments, the goal of First 5 San Luis Obispo County is to ensure that our children thrive in nurturing, respectful environments and enter school healthy and ready to learn. It allocates funds and advocates for quality programs and services, supporting children prenatal to age 5, to ensure that every child is healthy and ready to learn in school.

During FY 2014–15, First 5 San Luis Obispo investments contributed to the success of many programs and services supporting children and families in its five initiative areas: Health, Oral Health, Perinatal Substance Abuse Prevention, School Readiness, and Special Needs.

Among many accomplishments this past year, one highlight has been the expansion of Social and Emotional Foundations for Early Learning (SEFEL) trainings offered through the First 5-funded Early Learning for All Network. This professional development program provides educators and other providers with the knowledge, tools, and support they need to implement social and emotional learning in preschool, transitional kindergarten, and kindergarten classrooms. Support of the program begins with the commission's strong belief that social and emotional growth and development are critically important for the overall development and school readiness of children. The trainings this year included 32 graduates from a diverse mix of Early Childhood Education teachers, administrators, and college instructors, as well as a new focus on parent trainings. First 5 San Luis Obispo is proud to advance this vital component of child wellness in classrooms and homes throughout the county.

Other highlights of FY 2014–15 included the following:

- In partnership with the County Childcare Planning Council, Community Foundation, local nonprofits, and businesses, First 5 San Luis Obispo promoted April as "Month of the Child" and "Child Abuse Prevention Month" through a rich calendar of events, including the Thirty-seventh Annual San Luis Obispo Children's Day in the Plaza, and the Fifth Annual Dinner Honoring Hands-on Heroes and Champions of Youth. The awards were presented to individuals for their outstanding contributions that make a positive difference in the lives of children every day.
- As a member of the county Healthy Eating Active Living San Luis Obispo (HEALSLO) Coalition, First 5 San Luis Obispo helped sponsor a Drink Water Week "H2Only" media campaign encouraging families to replace sugary beverages with water.
- First 5 San Luis Obispo County participated in the development of the P5 Children's Advocacy Network (P5CAN), a new collective of agencies dedicated to serving and advocating for the county's youngest children.
- Through its quarterly partner meetings, First 5 San Luis Obispo educated its funded partners on the impact of adverse childhood experiences and toxic stress on brain development and overall health.
- As part of the local Post-Partum Depression Support Program, First 5 San Luis Obispo and the Center for Family Strengthening welcomed Walker Karraa, Ph.D., author of *Transformed by Postpartum Depression,* to San Luis Obispo County's annual Maternal Wellness Forum.
- First 5 San Luis Obispo hosted "Drop Everything and Read" book signings at two school readiness sites featuring Shalini Singh, author of *Lee the Bee, Turn Off That TV.*

San Mateo County

During FY 2014–15, First 5 San Mateo County maintained its multifaceted investments in programs supporting all aspects of a child's early years, including Early Learning; Child Health and Development; Family Engagement; and Policy, Advocacy, and Communications. Supported by $8.7 million in community investments, its funded partners provided over 20,000 services to children, parents, and providers, and distributed 2,352 *Kits for New Parents*.

During the past fiscal year, a key accomplishment of First 5 San Mateo was developing and beginning the implementation of its new strategic plan. An exciting aspect of this work was conducting collaborative community planning processes for two large-scale, complex initiatives. First 5 San Mateo is proud to work with its community partners to intentionally grow their capacity to

enhance connections among and across agencies and sectors, analyze gaps in the local service array, identify and tap into broad-based resources, and tackle systemic issues that compromise the quality and accessibility of services.

- Fifteen partner agencies are participating in the Watch Me Grow Special Needs Project, which includes service strategies such as developmental screening and assessment, care coordination embedded within communities and public health clinics, cross-disciplinary medical case management for complex cases, legal assistance, and work focused on systems improvement.
- Twenty partner agencies are involved in efforts toward Early Learning Quality Improvement & Expanded Access for Children with Special Needs, which includes service strategies such as support for early learning sites, including family child care homes, to participate in the local Quality Rating and Improvement System; professional development for current early learning providers, including coaching, mentoring, and professional learning communities; Early Childhood Education workforce development at the community colleges; enhanced referrals to quality child care for children with special needs; early childhood mental health consultation; and embedding transformational family engagement principles and practices within early learning settings.

Other highlights during FY 2014–15 included:

- Convening a Children's Policy Cabinet with director-level representation from multiple county agencies and community-based organizations. The purpose of this group is to allow for open conversation about the status and needs of young children, identify areas where policy change can have a meaningful impact on their well-being, and generate momentum by acting on these opportunities.
- Developing the Child Signature Program infant classroom into a model site for center-based infant care. A critical component of the model site has been the development of an observation room to support provider professional development as well as parent education and engagement. Office space in a building adjacent to the infant center is now equipped so a live video feed of the classroom can be streamed. This program will develop capacity through observation, coaching, and reflection. This unique resource will benefit the county as a whole by creating a place where ECE students from local community colleges, as well as other infant/toddler care providers, can come to observe best practices in teacher-child interactions, program design, environment, and parent engagement and support.

Santa Barbara

Through its investments, the goal of First 5 Santa Barbara County is to devote its funding and organizational capacity in the following two primary areas:

- Family Support
  - Parent education and support
  - Intensive case management, information, and referral/linkages to services with follow-up
  - Child and maternal health access
- Early Care and Education
  - Improving the quality of existing childcare and preschool services
  - Creating new quality childcare and preschool services and expanding access to them

FY 2014–15 was First 5 Santa Barbara's first fully operational year of the Quality Rating and Improvement System (QRIS), serving a total of 3,967 children. All 118 participating center and family child care sites developed plans and received assessments, coaching, training, grants, and ratings. First 5 Santa Barbara's QRIS is unique in that it requires accreditation for the top tier. To simplify the system for users, and show the cross-benefits of both, First 5 Santa Barbara worked with the National Association for the Education of Young Children (NAEYC) to develop a crosswalk and integrated verification system. Through this model, accreditation validators review sites looking at the criteria for both accreditation and the QRIS matrix (along with other local quality initiatives). The goal is that all sites will be validated this way when accredited and for QRIS ratings. With nearly 30 percent of all centers currently accredited (state/national average is 5 percent), and a growing number of family child care homes working toward accreditation, this model will continue to be the framework and will help sustain the local QRIS. The vision is an integrated QRIS and accreditation system that is streamlined for providers and adaptable as the system grows and changes, a model that can be used by other counties across the state.

Other highlights during FY 2014–15 included:

- Because of the QRIS system in Santa Barbara County, more child care programs are screening children for developmental delays. A total of 1,604 children are now receiving developmental screenings, using a valid and reliable screening tool, in programs that did not conduct screenings prior to QRIS. As providers and parents respond to concerns uncovered through this effort, children have a better chance for early interventions and being ready for kindergarten. There are now 3,191 children receiving developmental assessments through QRIS programs.
- Parents who had at least two assessments in the Family Development Matrix (FDM) showed improvements for

nearly all FDM indicators, with the largest gains seen in the areas of child health insurance, knowledge of community resources, clothing, employment, childcare, nutrition, and support system.

- The Welcome Every Baby program provided home visits by a registered nurse to 488 families; 18 of those families also received a second nurse visit. Most mothers (80 percent) were breastfeeding at the initial nurse visit, which occurred within two to seven days of hospital discharge. The nurse helped 85 percent of the mothers with breastfeeding and provided a referral for lactation support services as necessary.

Santa Clara County

Through First 5 Santa Clara County's partnership with Santa Clara Valley Health and Hospital System (SCVHHS) and Behavioral Health Services Department, it was able to leverage $11,483,121 from Medi-Cal and the Early Periodic Screening, Diagnosis, and Treatment Program with the direct investment of $2,470,000 in the Universal Developmental Screening Initiative (UDS). This sustainable, leveraged investment ensures that developmental and behavioral screening, through the use of the standardized Ages and Stages Questionnaires (ASQ)-3 and ASQ: Social-Emotional (ASQ:SE) screening tools, is routinely conducted during well-baby/child visits in pediatric clinics and practices throughout Santa Clara County. Children whose screening results indicate potential developmental and/or behavioral health concerns are connected to prevention and early intervention services. As a result of the partnerships and investments made in UDS, the following are First 5 Santa Clara's key accomplishments:

- **Leadership and Governance Structure:** Provides strategic oversight of UDS implementation, systems and policy alignment and advocacy, professional development, clinical guidance, and evaluation.
- **Technological Innovation:** Made through the creation and piloting of the ASQ and ASQ:SE mobile application (App) for the Apple iPad. This App is being piloted in English and Spanish, contains audio and video enhancements, scores automatically, and prints wirelessly.
- **Sustainability Planning Efforts:** Through the collaboration with other First 5 counties and the First 5 Association, First 5 Santa Clara is participating in a pilot project to leverage and align with healthcare reform efforts involving managed health care organizations and other funding streams at the national, state, and local levels that prioritizes developmental screening, home visitation, and care coordination. Additionally, First 5 Santa Clara is proposing a pilot project to the Santa Clara Family Health Plan for the purpose of developing a cost model for universal developmental screening, and lastly, is partnering with Stanford University's Center on Longevity to study the impact of volunteering on county retirees. Through the partnership with SCVHHS, county retirees will have the opportunity to be trained and to volunteer as developmental screeners in pediatric clinic settings to enhance UDS sustainability.
- **Early and Comprehensive Health Screening Approach:** To ensure children receive comprehensive health screenings during their well-baby/child visits, First 5 Santa Clara is developing a pilot project to integrate vision and hearing screening with developmental and behavioral health screening. Furthermore, First 5 Santa Clara and its partners are developing a pilot project with obstetric clinics to conduct perinatal substance use and mental health screening with pregnant women using the 4Ps Plus (Parent, Partner, Pregnancy, Past) screening tool.

As a result of investments in UDS, there were 14,262 developmental and behavioral health screenings conducted between January 2013 and April 2015. Of the children screened, approximately 683 were referred to early assessment and intervention services, which significantly increased children's ability to interact positively with others, self-regulate their behavior, effectively communicate their feelings, and enter school prepared to learn. In addition, the parents/caregivers served were more confident in their parenting skills, more sensitive to their children's needs, more able to manage stress, and better prepared to support their children's ability to recuperate from trauma.

Santa Cruz County

First 5 Santa Cruz County's mission is to help children succeed in school and in life by investing in their health, early learning, and family support. Through these investments, First 5 Santa Cruz helps ensure all children enter school ready to achieve their greatest potential.

In FY 2014–15, First 5 Santa Cruz continued to lead implementation of the Newborn Enrollment Project known locally as Baby Gateway. Operating in all three local birthing hospitals (Watsonville Community Hospital, Dominican Hospital,

and Sutter Maternity and Surgery Center), the program provides enrollment assistance to mothers and their newborns, and helps link newborns to a medical home. The program conducted 2,706 newborn visits, reaching over 87 percent of all newborns and also distributed the First 5 California *Kit for New Parents*. In 2015, Santa Cruz added educational information to the *Kit* promoting timely vaccination and awareness of the ongoing risks of lead poisoning. Since the beginning of the program in FY 2009–10, Watsonville Community Hospital has seen a substantial decrease in Emergency Department visits by children less than one year old, from 2,315 in the year prior to the program's start, to 1,268 in 2014.

Other key accomplishments in the past year include:

- First 5 Santa Cruz commissioned a phone survey of the *Positive Parenting Program (Triple P)* participants to better understand the impact of the program. Participants reported high levels of satisfaction, use of program strategies, and continued interest in participating in *Triple P* services. The data also indicated that *Triple P* has a high success rate: 77 percent of participants reported a lot or some improvement related to their original concerns. On an average of 10 months after completing services, 95 percent of participants said they were still using strategies learned from *Triple P*.
- The *Santa Cruz Reading Corps* program grew to 14 tutors serving over 600 children in 16 classrooms. On one key emergent literacy skill, letter naming, the percentage of children at or near target for later reading success, grew from 31.7 percent to 71.1 percent by the end of the school year.
- Through braiding First 5 California Child Signature Program and Race to the Top – Early Learning Challenge Grant funding, First 5 Santa Cruz coordinated the continued implementation of a local Quality Rating and Improvement System. Of the 43 center-based sites receiving technical assistance, coaching, independent assessment and rating, 17 were designated Child Signature Program 2 sites. Quality was enhanced at these sites through ongoing Classroom Assessment Scoring System®, Ages and Stages Questionnaire, and Early Childhood Environment Rating Scale/Infant Toddler Environment Rating Scale technical assistance and coaching. At the close of the fiscal year, 15 CSP 2 sites were rated at Tier 4 and two sites at Tier 3.

Shasta County

First 5 Shasta County's vision is that all Shasta County young children are ensured optimal early development and are ready to enter school. First 5 Shasta uses its adopted strategic framework "Pathway to Children Ready for School and Succeeding at Third Grade" (Pathway) and five selected Pathway Goals to guide its investment in early childhood. These goals include Healthy, Well-timed Births; Health and Development on Track; Supported and Supported Families; High-Quality Childcare and Early Education; and Continuity in Early Childhood Experiences.

During FY 2014–15, one of First 5 Shasta's most significant accomplishments was the development and implementation of First 5 Institute, a coordinated effort to provide education and training opportunities to parents and providers of services to children ages 0 to 5 on a wide variety of topics related to the Pathway. With an investment of only $23,000, First 5 Institute hosted 71 events serving 530 unduplicated participants. Professional development opportunities included topics such as Understanding Poverty, Mandated Reporting, Technology of Participation facilitation methods, Brown Act, and *Positive Parenting Program*. For parents, activities included a wide range of parent-child activities such as library story times and the creation and management of a calendar of parent-child activities in the community.

Other highlights during FY 2014–15 included:

- Literacy Efforts: First 5 Shasta provided a grant to the Shasta Early Literacy Project to support a wide range of literacy efforts in Shasta County, including the placement of Little Free Libraries across the county, of both *Reach Out and Read* and *Raising a Reader,* and a variety of parent and community literacy activities. In addition, First 5 Shasta distributed over 18,000 children's books through a wide range of community partners and at a variety of community events.
- *Cuddle-a-Reader:* First 5 Shasta partnered with the Mercy Foundation and the Mercy Volunteer Guild to provide each baby born at Mercy Medical Center (Shasta County's primary birthing hospital) with a tote bag of materials, including a board book, information on how and why to read to your baby, and a library card application.
- Week of the Young Child (WOYC): First 5 Shasta coordinated over 40 parent-

child events and community activities for children ages 0 to 5 during the annual WOYC. A total of 1,537 people attended with distribution of 13,000 calendars and over 1,300 children's books.
- Mercy Maternity Center: First 5 Shasta partnered with a local maternity clinic to provide online childbirth instruction, and prenatal education and support in order to address the high rate of patients with no childbirth preparation and to provide additional education and support about the importance of prenatal care and lifestyle management for a healthy pregnancy.

Sierra County

First 5 Sierra County continued its program, Provider Network, which encourages professional growth of childcare/preschool providers. Approximately $17,000 (7 percent of the total program budget) is used to subsidize college units in early childhood education and incentivize providers attaining educational milestones (licenses, degrees, etc.). The county is quite rural and access to college classes is difficult. Most of the providers have been with the county for many years and have "maxed out" on classes they could take, and therefore there has been a decline in program participation.

In FY 2014–15, First 5 Sierra contracted with a parent, who teaches in the Sonoma State Early Education program, to provide a series of workshops shaped directly by input from providers. The incentive structure was changed to include stipends for the county's own sponsored workshops. (Previous stipends required accredited college units.) The workshops have been well received and participation in the program has increased by 40 percent. Another workshop series is being planned for next year and the hope is to partner with the public schools to support teachers needing Early Childhood units to teach transitional kindergarten. First 5 Sierra is pleased the change of approach to better include participant input has resulted in more participation and enthusiasm for professional growth.

Siskiyou County

The goal of First 5 Siskiyou County is to work collaboratively with partners to provide education, support, and resources to families with children prenatal to age 5 to optimize every child's development and preparedness for academic, social, and life success. First 5 Siskiyou plays a key role in advocating and modeling increased partnerships to support the ultimate outcome for its youngest citizens.

One of the most significant accomplishments of First 5 Siskiyou was the investment in 10 Family Resource Centers (FRC). With a funding investment of over $250,000, this initiative provides essential services and support such as Cal Fresh and other application assistance programs, playgroups, parent support groups, early childhood resources, education, evidence-based parenting classes, case management services, tobacco use prevention, second- and third-hand smoke resources, an early literacy program, and more. In addition, the FRCs are a key partner in our *Read–Sing–Play Every Day!* Campaign and provide educational resources and presentation at local preschools, such as *Harvest of The Month* program. Investing in the 10 FRCs located throughout our frontier county creates the opportunity for families to access services, support, and educational resources within their community. Results from families participating in FRC programs show notable improvement in daily reading habits, parent-child interactions, social support, knowledge of child development, increased quality family time, and a decrease in isolation.

Other highlights during FY 2014–15 included:
- Oral Health Education and Screening Initiative
- Welcome Home BABY! Universal new parent home visitation program
- Siskiyou Reads! Early literacy Initiative to promote daily reading and increase the number of books in a child's home library; initiated partnerships to adopt the Reach Out and Read partnership through local clinics
- Collaborative investment in county-wide robust parenting education workshops and classes
- Eat Healthy—Stay Active Initiative: nutrition education and promotion in partnership with Siskiyou County Public Health and FRCs
- Collaborative investment in professional development trainings for those who work with families. These free in-county trainings provide quality education opportunities to build the capacity of medical providers, social workers, family support workers, educators, clinicians, etc. Topics included Perinatal Mood and Anxiety Disorder with Dr. Pec Indman.

Solano County

The mission of First 5 Solano County is to be a leader that fosters and sustains effective programs and partnerships with the community to promote, support, and improve the lives of young children, their families, and their community. Through its strategic framework, the First 5 Solano funds services in the Priority Areas of Health & Well Being; Early Learning & Development; Family Support and Parent Education; and First 5 Futures. First 5 Solano values the key criteria of evidence-based, focus on high risk/high need, coordination, collaboration, leveraging, and increasing access.

During FY 2014–15, one of the most significant accomplishments of First 5 Solano was the launch of the *Help Me Grow Solano* call center. *Help Me Grow Solano* became an affiliate in December 2013. The official call center was launched in October 2014 and received 1,141 calls and referrals within a 9-month

period. In addition, nearly 400 families with multiple needs were provided with family navigation to assist them in accessing resources. *Help Me Grow Solano* also is a leader in the county's Collective Impact effort for young children to strengthen and align the early childhood system.

Other highlights that took place during FY 2014–15 included:

- First 5 Solano received Healthy Families America Accreditation (evidence-based home visiting).
- The county commission conducted a poll of likely Solano voters showing support for a potential ballot initiative introducing a tax measure to support children and families.
- First 5 Solano hosted the sixth annual Solano Economic Development Corporation business breakfast with keynote speaker Dowell Myers (Sol Price School of Public Policy, University of Southern California) focusing on why investing in children is so critical for the economy. Over 100 business leaders and public officials attended.
- Nearly 600 children without prior preschool experience or who are considered high-risk attended Pre-Kindergarten Academies in summer 2014, an increase of 30 percent over 2013 attendance.
- Solano County Family Resource Centers provided 851 children and families basic needs, information and referrals, and case management.
- As part of the Family Strengthening Partnership, 246 children received screening from a Child Welfare Social Worker or Public Health Nurse. Ninety-nine percent of children receiving Child Welfare Services remained safely in the home or with the family unit.
- *Solano Kids Insurance Program (SKIP)* secured health insurance for 614 children ages 0 to 5, providing their families with access to preventive medical services, dental services, and risk assessments.
- Ninety-three families attended the Kindergarten Readiness Round-up. Each child completed an assessment of skills needed for success, and parents were provided information on helping their child to develop school readiness skills.

Sonoma County

First 5 Sonoma County has developed a three-year allocation plan to support continued investment in three major goal areas (Healthy Development, Family Support, and Early Care and Education), totaling $10.4 million. It's also supporting innovative systems change and community engagement efforts by making an additional $1.7 million investment over the next three years. The county commission has focused on leveraging resources by supporting collective impact efforts aligned with its strategic priorities, including Cradle to Career **(www.c2csonomacounty.org)**, *Upstream Investments* **(www.upstreaminvestments.org)**, and the *Sonoma County Funder's Circle* as strategies to develop sustainable funding sources for First 5 Sonoma programs. Systems change efforts include advancing Adverse Childhood Experiences (ACEs) and trauma awareness in the community, developing universal access to quality preschool, promoting developmental screening as a common practice in clinic settings, supporting a home visiting collaborative, working with school districts to develop preschool facilities on school campuses that maximize state and federal preschool funding, and developing pay-for-success investment models.

By joining with *Cradle to Career*, a cross-sector partnership connecting all segments of the educational continuum to improve educational attainment and career outcomes, First 5 Sonoma expanded its stakeholders beyond the 0 to 5 community. *Cradle to Career* identified four bold steps to accomplish goals in early childhood (with First 5 Sonoma providing backbone support): increase access to quality preschool; launch a community-wide literacy campaign to engage parents; promote professional development of early care providers in order to improve quality early care environments; and adopt a countywide, common kindergarten readiness assessment to promote greater articulation between pre-K and K-12 systems. A *Cradle to Career* workgroup conducted a preschool facilities needs assessment and identified critical space needs. Commissioners acted to create a Preschool Facilities Grant program and the Sonoma County Board of Supervisors provided matching funds for grants totaling $655,000. Two hundred sixty-four preschool slots were created or preserved as a result of this collective effort. First 5 Sonoma continues to address this need by developing partnerships with local school districts and guiding funding to open more preschools on school campuses.

First 5 Sonoma works closely with the *Upstream Investments Policy* initiative, promoting strategic investments in evidence-based and prevention-focused approaches that can help guide funders to support effective programs that improve community well-being. The connection between *Upstream Investments* and First 5 Sonoma's investment in evaluation and data collection has helped build grantee capacity to understand and report outcomes that can be presented to

local funders and, in turn, supports sustainability of programs outside of First 5 Sonoma funding. The *Funder's Circle* has come together under the *Upstream Initiative* goals to *"invest early, invest wisely, and invest together."* As part of investing early, the *Funder's Circle* has identified early childhood programs as a priority, with its members supporting First 5 Sonoma's investments in parent-child programs like AVANCE and *Pasitos* Playgroups. In 2015, Sonoma County was selected by the Institute for Child Success to receive technical assistance for developing a local pay-for-success model to attract investors to First 5-funded programs in early care and education and Nurse-Family Partnership.

Stanislaus County

Through its investments in family support, child safety, health, and early learning, the goal of First 5 Stanislaus County is to promote the development and well-being of children ages 0 to 5 and their families. During FY 2014–15, one of its most significant accomplishments was the operation of the Family Resource Center/Differential Response Program. With a funding investment of $2,059,357 from First 5 Stanislaus and the Stanislaus Community Services Agency, this program provided intensive family support and child protection services to families when child maltreatment reports are filed. Since the start of the program in 2005, the rate of recurrence of additional maltreatment reports, within six months of the first report, has remained below the rates existing prior to the program's initiation. In two quarters, the rate of recurrence of additional maltreatment reports within six months of the initial report has been below the national goal of 5.4 percent.

Other highlights during FY 2014–15 included:

- Parents of 10,809 children received family support services through countywide Family Resource Centers or other programs.
- Parents of 2,040 children received more intensive services focused on improving child abuse risk factors.
- 389 children experienced improvements in their family environments after being enrolled in respite childcare.
- 1,204 families increased the time spent reading with their children at home after receiving literacy services.
- Families of 6,790 children have increased knowledge and utilization of community resources.
- Proposition 10-funded programs brought in more than $7 million from other funding sources during FY 2014–15, increasing the level of services for children ages 0 to 5 and their families. Of that $7 million, $5 million came from funding sources outside of Stanislaus County.

Sutter County

First 5 Sutter County, together with its community partner, Tri-Counties Breastfeeding Alliance of Colusa, Sutter, and Yuba Counties, were awarded the California Breastfeeding Coalition's "Golden Nugget Award for Excellence in Reducing a Key Barrier to Breastfeeding." The award, one of seven statewide, was given in recognition of the collaborative efforts of First 5 Sutter, as well as the Geweke Caring for Women Foundation, for increasing the awareness of not only the health advantages and cost savings of breastmilk, but the preventive value of breastfeeding on breast cancer. First 5 Sutter Executive Director, Michele Blake, and the Tri-Counties Breastfeeding Alliance's chair, Tina Lavy, along with the support of Larry, Dale, and the Geweke Family, organized a campaign to promote and support breastfeeding at the 2014 Pink October Fashion Show, held in Yuba City during Breast Cancer Awareness Month. The Sutter County Commission distributed pink and gold pins, attached to a card that stated "a pink ribbon wrapped in a gold bow reminds us that breastfeeding reduces the risk of breast cancer," to guests as they arrived, encouraging them to wear the pin and recognize that breastfeeding helps reduce the risk for breast cancer. The award is on display at the First 5 Sutter County office.

Statewide data demonstrates low breastfeeding rates in Sutter County (ranks 48th out of 50 counties where data was collected), and the need for mothers to receive continued support to initiate and sustain breastfeeding. That support comes from the community – the community of mothers, grandmothers, and others. First 5 Sutter and the Tri-Counties Breastfeeding Alliance, along with many other local partners, such as Sutter County Women, Infants, and Children program, work continuously to promote and educate local health providers, businesses, and parents about the benefits of supporting breastfeeding mothers and infants, which is vitally important to improving the health of children and families to reduce the risk for breast cancer.

Tehama County

First 5 Tehama County focuses resources on ensuring children ages 0 to 5 are ready for school. Three funded programs work toward this goal. *The School Readiness Program,* a multi-faceted program, including home visits, playgroups, KinderCamp, developmental screenings, and "READY! for Kindergarten" classes, is implemented in four school districts in the county. The *Mobile Dental Clinic* provides oral health care to pregnant women and children, targeting the communities served by the School Readiness Program. The third program, the *Corning Family Resource Center,* serves low income, primarily Spanish-speaking families residing in Corning.

During FY 2014–15, with an investment of $329,129, the School Readiness Program:

- Provided over 1,600 home visits, 233 case management

services, screened 492 children for kindergarten readiness or developmental milestones, and identified 166 three- and four-year-old children in need of early care and education and referred them to programs
- Conducted 127 playgroups, 70 KinderCamp sessions, and three "READY! for Kindergarten" classes for parents
- Served children who are more likely to have access to health care and oral health care, and more likely to participate in formal early childhood education programs than children in school districts not served by the program

The *School Readiness Program* expanded into Red Bluff Elementary District schools with Local Control Accountability Plan funding from the Tehama County Department of Education and Small Population County Funding Augmentation dollars from First 5 California. The project leverages AmeriCorps funding by using AmeriCorps members as home visitors. A complementary county-wide public education campaign, "Read, Sing, and Play," encourages all parents to read, sing, and play with their children every day, and to take them to the doctor and dentist at recommended intervals.

First 5 Tehama spearheads the Early Intervention Partnership, which has become the prevention committee of the newly formed Blue Ribbon Commission and championed by the Juvenile Justice Court Judge. In the Partnership, administrators that have direct influence on organizational systems work in an integrated fashion to promote the best outcomes for children and families. Efforts include:
- The *School Readiness Program* as a safety net
- Expanding community agency involvement in *School Readiness Program* Path I referrals
- Utilizing the Strengthening Families Framework as a platform for collaboration

Trinity County

First 5 Trinity County continues to improve the lives of children ages 0 to 5 by maximizing strong community partnerships and resources. Through its investments, the goal of First 5 Trinity is to improve children's lives by providing opportunities for school readiness and healthy living.

During the past fiscal year, one of the most significant accomplishments of First 5 Trinity was the Trinity County Office of Education's *School Readiness Program*. With a funding investment of $62,500, this program provided the following outcomes:
- Kinder Camp at Hayfork was well attended by parents and children, with a total of 17 students and 25 adults over the last two summers.
- The *School Readiness Program* successfully served students and families in seven locations across the county, reaching the most frontier areas and providing early learning concepts to students and early learning strategies to their families.
- *School Readiness* providers received a total of 18 hours of professional development in the areas of early literacy, classroom management, art, science, and mathematics for pre-K students.

Other highlights that took place included:
- Funding a total of six projects: Children's Garden project, soccer program, swimming safety program, school readiness, Parent Nursery Preschool, and a Welcome Baby project
- A new Executive Director to assist the county commission in establishing goals and objectives for the upcoming five-year strategic plan
- Expanded outreach efforts by participating in more community events to highlight what First 5 Trinity offers the community

Tulare County

The goal of First 5 Tulare County is to promote early childhood development of children ages 0 to 5 in the areas of health and wellness, early care and education, parent education and support services, and integration of services. In FY 2014–15, First 5 Tulare invested $5,360,980, which supported services for 24,550 children and 17,830 caregivers.

During the past fiscal year, a significant accomplishment of First 5 Tulare was achieved by the Tulare Community Health Clinic Breastfeeding Pilot Project. With an investment of $80,000, this program promotes breastfeeding for new mothers prior to hospital discharge and during home visits. Project staff became Certified Lactation Educators, and together with an International Board Certified Lactation Consultant, trained clinic staff to support all aspects of breastfeeding. The Tulare Chamber of Commerce partnered with project staff to decorate the Chamber's storefront with breastfeeding promotional materials, building awareness and support for breastfeeding moms with employers and community residents.

Other highlights during FY 2014–15 included:
- Building awareness for those serving young children and their families by hosting a Hands-On Heroes awards banquet, which drew 200 attendees
- Developing core service provider agreements for the next three-year funding cycle to both continue and enhance services
- Funding $600,000 in capital projects for community organizations to better serve young children and their families in both urban and rural settings
- Building preschools' technology capacity for both classroom instruction and reporting by purchasing tablets and providing training for instructional staff

- Promoting learning and sharing among two hospitals and a community health center on breastfeeding, sharing best practices, and achieving "Baby-Friendly" designation

Tuolumne County

The goal of First 5 Tuolumne County is to enhance the healthy development of young children through direct services and by enhancing the capacity of the adults who care for them. The biggest investments were targeted for intensive services for families with the most entrenched barriers to success. The overall funding investment for grants and programs in FY 2014–15 was $502,253.

First 5 Tuolumne supported multi-year investments in five focus areas:

1) Children's oral health through education, screening, and fluoride treatments
2) Nurse home visiting for at-risk newborns and young children
3) Family learning and literacy to promote family stability and early learning
4) Parent education and support for parents at risk of child abuse and neglect
5) Social-emotional consultation to preschool teachers

In addition, First 5 Tuolumne partnered with First 5 California in CARES Plus and the Child Signature Program, supporting early childhood educators with coaching, professional development, and stipends.

Outcomes measured in FY 2014–15 included:

- Parents improved their parenting skills and knowledge, with those at highest risk making the most significant gains.
- Children improved early literacy skills, and parents supported early literacy by reading more to their children.
- Teachers learned how to incorporate curriculum and practices to support children's social-emotional development into early childhood classroom environments, and learned how to better communicate with parents about children's behavior.
- Fewer young children had cavities or dental disease.
- Children served in programs targeting high-risk families received a developmental screening.
- Linkages between community programs, services, and systems continued to contribute a more comprehensive approach to serving families.

Ventura County

First 5 Ventura County adopted a new strategic plan in June 2015 to guide its investments over the next five years. The plan builds on the significant accomplishments realized for young children and their families and addresses declining resources in future years. Moving forward, the county commission will actively identify and prioritize investments in systems and/or infrastructure development, funding direct services only when there is an inability of current services or resources to meet a demonstrated need and when there is a long-term plan for sustainability. Strategic investments will shift toward capacity-building efforts that promote parent engagement, build best practices and quality standards, engage partners in cross-system governance, and increase the alignment of resources for improved outcomes for young children.

Significant strides were made this year in Ventura County's *Help Me Grow* collaborative. With a focus on early learning settings, the collaborative-trained teachers conduct developmental screenings and launched a toolkit for early childhood educators that includes a strong set of protocols for proper screening, referral, and follow-up. Initiated as a pilot project, a strong partnership was built with 2-1-1 Ventura, demonstrating the role of 2-1-1 in asking callers with young children about developmental concerns and facilitating appropriate

referral and follow-up. First 5 Ventura looks forward to expanding this pilot in FY 2015–16.

Several accomplishments were realized this year in the development of countywide systems initiatives in strengthening families, oral health, prenatal care, and promoting breastfeeding. Through these partnership-based collaboratives with county agencies, schools, and community organizations, common frameworks for addressing the needs of young children and their families were created and advanced. First 5 Ventura championed the Five Protective Factors framework to create a common language and approach to family needs, and built on that framework to align partners in trauma-informed care efforts and community implementation of *Positive Parenting Program* seminars. An oral health educational curriculum, designed by a countywide collaborative, has been rolled out to service providers working with children ages 0 to 5. A Perinatal Bill of Rights was drawn up to communicate the vision of many different partners for high-quality, accessible prenatal care. An ongoing convening of birthing hospitals has resulted in all six local hospitals either having achieved or actively working toward "Baby Friendly" status.

First 5 Ventura has championed access to quality preschool since its inception. Through the work of its implementation partner, the Ventura

County Office of Education, 116 sites are participating in the quality initiative, including 48 family child care homes. Largely due to technical assistance and trainings, 64 of the 89 sites rated in FY 2014–15 were in the highest quality tiers of 4 or 5. Over 1,400 children attended preschool as a result of First 5 Ventura funding. Close to 60 of these spaces were successfully converted to State Preschool, allowing First 5 Ventura County to invest these dollars in facilities, further expanding the number of available preschool slots.

Over the past 15 years, First 5 Ventura has made a significant countywide investment in its place-based *Neighborhoods for Learning (NfLs)* initiative. Through 11 *NfLs* initiatives, 25 family resource centers are now available throughout the county, bringing together early learning, health, and family support resources to families in their neighborhoods.

Yolo County

FY 2014–15 marked the third and final year of First 5 Yolo County's enhanced strategic plan. As a result of the restoration of Assembly Bill 99 funds in 2012, First 5 Yolo expanded its strategic plan to include stronger family support services through a place-based Family Resource Center model. This funding strategy enabled First 5 Yolo to address high needs of children ages 0 to 5 and their families, including:

- Resource and Referral: Helping families access services for which they are eligible
- Financial Literacy: Helping families maximize and manage their financial resources
- Early Childhood Education: Providing parents with interactive parent/child workshops to increase skills and confidence in their ability to be the child's first teacher
- Parent Education: Providing parents with education on a wide variety of parenting skills and nutrition
- Quality Food: Increasing access to fresh produce in communities throughout the county
- Developmental Screenings: Providing developmental/mental health assessments to children ages 0 to 5 and ensuring referral and access to appropriate levels of treatment

A total of $850,000 was allocated in FY 2014–15 to the *Expanded Family Resource Center (EFRC)* initiative. This year's accomplishments included:

- 985 eligible families were connected to needed services
- 180 families received services to increase financial management skills and to maximize their income through the Earned Income Tax Credit
- 286 parents received the knowledge, skills, and opportunities to engage in activities that support their child's social, emotional, physical, and cognitive development
- 671 families received fresh fruits and vegetables every week through free produce distribution at the family resource centers
- 552 children were screened for developmental issues and are accessing appropriate levels of treatment

In addition to the *EFRC* services, many activities continued through First 5 Yolo's programs funded under the *Integrated Family Support Initiative (IFSI)*, including oral health prevention and treatment for young children and pregnant women; early learning/child development programs for children in West Sacramento and rural Yolo County; family literacy programs; foster parent recruitment and retention efforts; home visiting using the Healthy Families American model; as well as health insurance outreach, enrollment, retention, and utilization. A total of $3.2 million was invested in support of First 5 Yolo's *IFSI*.

Outstanding achievements through *IFSI* investments included:

- 16 newly licensed foster homes, for a total of 84 countywide and a 98 percent retention rate
- 98 families received intensive case management and home visiting services as part of the Step by Step/Paso a Paso program
- Increased dental access funding allowed for over 827 pregnant women and 2,207 children ages 0 to 5 to have dental visits, with an additional 1,518 children reached through the Smile Savers program
- 860 children ages 0 to 5 obtained and used library cards with the support of family literacy programs

Yuba County

Through its investments, the goal of First 5 Yuba County is to devote its funding to local resources and services that exist in the community and proven to improve parenting, the health of children, and the quality of early education.

During the past fiscal year, one of the most significant accomplishments of First 5 Yuba was the expanded focus in the delivery of care for children with special needs. With a funding investment of $152,230, this provided more than 300 children with special needs services such as swimming, art, music, and sand therapy.

Other highlights during this past fiscal year included:

- Increased educational services for parents with children demonstrating behavioral and physical delays
- Increased car safety services for parents
- Improved access to pediatric dental care
- Instrumental in the development of a quality early education parent cooperative preschool
- Improved access to children's bereavement services
- Continued support for the professional development of early education providers

Appendix A: Number of Services and Expenditures by Result Area and Service Type, 2014-15

Result Area and Service Type	Children 0 to 5 Services	Parent Services	Provider Services	Total Adult and Provider Services	Total Number of Services	Percent of Services in Result Area	Total Expenditures for Services	Percent of Services in Result Area	Percent of Total Expenditures
Improved Family Functioning *									
Community Resource and Referral	39,907	278,991	396	279,387	319,294	33%	$10,766,693	10%	
Distribution of *Kit for New Parents*	22,171	57,891	35	57,926	80,097	8%	$613,455	1%	
Adult and Family Literacy Programs	168,358	158,845	1,890	160,735	329,093	34%	$7,067,335	7%	
Targeted Intensive Family Support Services	27,776	58,232	1,072	59,304	87,080	9%	$52,779,453	50%	
General Parenting Education and Family Support Programs	61,155	84,344	585	84,929	146,084	15%	$27,911,512	26%	
Quality Family Functioning Systems Improvement	17,611	773	2,056	2,829	20,440	2%	$5,944,754	6%	
Subtotal	336,978	639,076	6,034	645,110	982,088	100%	$105,083,202	100%	23%
Improved Child Development *									
Preschool Programs for 3- and 4-Year-Olds	42,601	5,698	767	6,465	49,066	21%	$113,111,298	58%	
Infants, Toddlers, and All-Age Early Learning Programs	25,281	15,808	218	16,026	41,307	18%	$11,746,787	6%	
Early Education Provider Programs	27,945	3,504	25,806	29,310	57,255	25%	$35,124,503	18%	
Kindergarten Transition Services	16,899	12,493	481	12,974	29,873	13%	$6,629,046	3%	
Quality ECE Investments	28,357	16,154	7,526	23,680	52,037	23%	$29,514,965	15%	
Subtotal	141,083	53,657	34,798	88,455	229,538	100%	$196,126,599	100%	43%
Improved Child Health *									
Nutrition and Fitness	35,499	37,348	3,334	40,682	76,181	7%	$18,642,475	12%	
Health Access	46,642	39,733	519	40,252	86,894	8%	$14,428,204	9%	
Maternal and Child Health Care	26,161	78,308	510	78,818	104,979	10%	$34,704,497	23%	
Oral Health	207,571	91,556	5,476	97,032	304,603	30%	$21,893,921	14%	
Primary and Specialty Medical Services	64,780	20,164	4,418	24,582	89,362	9%	$11,495,495	8%	
Comprehensive Screening and Assessments	117,873	24,278	2,163	26,441	144,314	14%	$20,481,316	13%	
Targeted Intensive Intervention for Identified Special Needs	22,410	5,889	1,901	7,790	30,200	3%	$22,530,038	15%	
Safety Education and Injury Prevention	73,434	87,297	246	87,543	160,977	16%	$936,064	<1%	
Tobacco Education and Outreach	618	2,968	1,755	4,723	5,341	1%	$517,077	<1%	
Quality Health Systems Improvement	38	19,069	9,397	28,466	28,504	3%	$7,509,079	5%	
Subtotal	595,026	406,610	29,719	436,329	1,031,355	100%	$153,138,166	100%	34%
Total	1,073,087	1,099,343	70,551	1,169,894	2,242,981		$454,347,967		100%
Improved Systems of Care **									
Policy and Broad Systems-Change Efforts	–	–	–	–	–		$19,369,819	18%	
Organizational Support	–	–	–	–	–		$77,899,759	74%	
Public Education and Information	–	–	–	–	–		$8,056,990	8%	
Total	–	–	–	–	–		$105,326,568	100%	
Grand Total	1,073,087	1,099,343	70,551	1,169,894	2,242,981		$559,674,535		

* Counts may include individuals in more than one Result Area or Service Type.
** Improved Systems of Care does not list counts of individuals served because it supports services in the other Result Areas.
Note: Services and expenditures are for 57 county commissions reporting in November 2015. Six county commissions provided financial data pending final audits.

Appendix B: First 5 California Result Areas and Services

Result 1: Improved Family Functioning

Providing parents, families, and communities with relevant, timely and culturally appropriate information, education, services and support.

Services

a. Community Resource and Referral
Programs providing referrals or service information about various community resources, such as medical facilities, counseling programs, family resource centers, and other supports for families with young children. This includes 2-1-1 services or other general helplines and services that are designed as a broad strategy for linking families with community services.

b. Distribution of *Kit for New Parents*
Programs providing and/or augmenting the First 5 California *Kit for New Parents* to new and expectant parents.

c. Adult and Family Literacy Programs
Programs designed to increase the amount of reading that parents do with their children, as well as educate parents about the benefits of reading or looking at books together (e.g., Even Start, Reach Out and Read, Raising a Reader). Family literacy may include adult education programs that provide English as a Second Language and literacy classes, and/or a General Equivalence Diploma.

d. Targeted Intensive Family Support Services
Programs providing intensive and/or clinical services by a paraprofessional and/or professional, as well as one-to-one services in family support settings. Programs are generally evidence-based, and are designed to support at-risk expectant parents and families with young children to increase knowledge and skills related to parenting and improved family functioning (e.g., home visiting, counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This category also includes comprehensive and/or intensive services to homeless populations.

e. General Parenting Education and Family Support Programs
Programs providing short-term, non-intensive instruction on general parenting topics, and/or support for basic family needs and related case management (e.g., meals, groceries, clothing, emergency funding or household goods acquisition assistance, and temporary or permanent housing acquisition assistance). Fatherhood programs are also included here. In general, these programs are designed to provide less intense and shorter term ("lighter touch") support services and classes for families by non-clinical staff (e.g., Family Resource Centers).

f. Quality Family Functioning Systems Improvement
Family functioning system efforts are designed to support the implementation and integration of services primarily in Result Area 1. This may include use of the Family Strengthening approach, Protective Factors planning or implementation, service outreach, planning and management, interagency collaboration, support services to diverse populations, database management and development, technical assistance, and provider capacity building. Provider loan forgiveness programs for which child or provider counts are not measured are included in this category.

Result 2: Improved Child Development

Increasing the quality of and access to early learning and education for young children.

Services

a. Preschool Programs for 3- and 4- Year-Olds
Programs providing preschool services, preschool spaces, and comprehensive preschool initiatives primarily targeting three and four year-olds. Child Signature Programs (CSP) 1 and 3 are included in this category, as well as county programs which mirror the quality and intensity of the CSP.

b. Infants, Toddlers, and All-Age Early Learning Programs
Programmatic investments in early learning programs for infants and toddlers, as well as all-age programs. Examples of all-age programs that may be included here are child related early literacy and Science, Technology, Engineering, and Math (STEM) programs; programs for homeless children; migrant programs; and similar investments.

c. Early Education Provider Programs
Programs providing training and educational services, supports, and funding to improve the quality of care. This includes Comprehensive Approaches to Raising Education Standards (CARES) Plus and workforce development programs.

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

e. Quality Early Childhood Education Investments
Improvement efforts designed to support the implementation and integration of services primarily in Result Area 2. This may include Race to the Top—Early Learning Challenge and other Quality Rating and Improvement System investments. This category includes early literacy and STEM systems-building projects. This also could include interagency collaboration, facility grants and supply grants to providers, support services to diverse populations, and database management and development. CSP 2 is reported in this category.

Result 3: Improved Child Health

Promoting optimal health through identification, treatment, and elimination of the risks that threaten children's health and lead to development delays and disabilities in young children.

Services

a. Nutrition and Fitness
Programs providing strategies to promote children's healthy development through nutrition and fitness, including programs to teach the facts about healthy weight, basic principles of healthy eating, safe food handling and preparation, and tools to help organizations incorporate physical activity and nutrition. Recognized strategies include "Let's Move" Campaign, MyPyramid for Preschoolers, and sugar-sweetened beverage initiatives.

b. Health Access
Programs designed to increase access to health/dental/vision insurance coverage and connection to services, such as health insurance enrollment and retention assistance, programs that ensure use of a health home, and investments in local "Children's Health Initiative" partnerships. Providers may be participating in Medi-Cal Administrative Activities to generate reimbursements.

c. Maternal and Child Health Care
Programs designed to improve the health and well-being of women to achieve healthy pregnancies and improve their child's life course. Voluntary strategies may include prenatal care/education to promote healthy pregnancies, breastfeeding assistance to ensure that the experience is positive, screening for maternal depression, and home visiting to promote and monitor the development of children from prenatal to two years of age. Providers may be participating in Medi-Cal Administrative Activities to generate reimbursements.

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

e. Primary and Specialty Medical Services
Programs designed to expand and enhance primary and specialty care in the community to ensure the capacity to serve children. Services include preventive, diagnostic, therapeutic, and specialty medical care provided by licensed healthcare professionals/organizations. Services may include immunizations, well child check-ups, care coordination, asthma services, vision services, services for autism/attention-deficit hyperactivity disorder, other neurodevelopmental disorders, and other specialty care.

f. Comprehensive Screening and Assessments
Programs providing screening, assessment, and diagnostic services, including developmental, behavioral, mental health, physical health, body mass index, and vision. Screening may be performed in a medical, education, or community setting. These services determine the nature and extent of a problem and recommend a course of treatment and care. This may include strategies to connect children to services which promote health development, such as *Help Me Grow*.

g. Targeted Intensive Intervention for Identified Special Needs
Programs providing early intervention or intensive services to children with disabilities and other special needs, or at-risk for special needs. May include strategies targeting language and communication skills, social and emotional development, developmental delays, and related parent education. Mental Health Consultations in ECE settings are included in this category. "Special Needs" refers to those children who are between birth and five years of age and meet the definition of "Special Needs."

h. Safety Education and Injury Prevention
Programs disseminating information about child passenger and car safety; safe sleep; fire, water, home (childproofing) safety; and the dangers of shaking babies. Includes education on when and how to dial 9-1-1, domestic violence prevention, and intentional injury prevention. Referrals to community resources that specifically focus on these issues also may be included in this category.

i. Tobacco Education and Outreach
Education on tobacco-related issues and abstinence support for people using tobacco products. Includes providing information on reducing young children's exposure to tobacco smoke.

j. Quality Health Systems Improvement
Efforts designed to support the implementation and integration of services primarily in Result Area 3. This may include service outreach, planning and management (general planning and coordination activities, interagency collaboration, support services to diverse populations, database management and development, technical assistance and support, contracts administration, and oversight activities), and provider capacity building (provider training and support, contractor workshops, educational events, and large community conferences). Provider loan forgiveness programs for which child or provider counts are not measured are included here. Includes Baby Friendly Hospital investments, projects for cross-sector data integration, and designing a community-endorsed developmental screening framework.

Result 4: Improved Systems of Care

Implementing integrated, comprehensive, inclusive, and culturally and linguistically appropriate services to achieve improvements in one of more of the other Result Areas.

Services

a. Policy and Broad Systems–Change Efforts
Investments in broad systems-change efforts, including inter-agency collaboration, work with local and statewide stakeholders, policy development, and related efforts. This category includes county investment and work with The Children's Movement and/or on grassroots advocacy efforts.

b. Organizational Support
Training and support provided to organizations that does not apply to one of the three programmatic Result Areas, but instead has a more general impact. Other examples of organizational support include business planning, grant writing workshops, sustainability workshops, and assistance in planning and promoting large community conferences or forums. Database management and other cross-agency systems evaluation support, and general First 5 program staff time are included in this category.

c. Public Education and Information
Investments in community awareness and educational events on a specific early childhood topic that does not apply to one of the three programmatic Result Areas, or promoting broad awareness of the importance of early childhood development.

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COMMITTEE ROUTING

Administrative/Finance	☒
Operations	☒
Executive	☒

It's All About The Kids

Stanislaus County Children and Families Commission

ACTION AGENDA SUMMARY

AGENDA DATE: March 22, 2016 COMMISSION AGENDA #: VI.B.2

SUBJECT:

Presentation of Fiscal Year 2014-2015 Program Evaluation Report

BACKGROUND:

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.

Since 2005, an internal evaluator, as a member of Commission staff, has reviewed all programs, except for programs evaluated by other means (Child Signature Program #2 and Early Childhood Education Provider Conferences).

The 2014-2015 Program Evaluation Report, which was distributed with the Commission's March agenda packet, is designed to provide Commissioners with:

- Information about the effectiveness of 21 programs executing contracts
- Recommendations regarding program changes

The 2014-2015 Program Evaluation Report can be reviewed and/or printed from the Stanislaus County Children and Families Commission website at http://www.stanprop10.org/meetings.shtm.

The Administrative and Finance Committee and the Operations Committee met on March 7th and March 10th, respectively, to review and discuss this item. The Executive Committee met on March 16th to review and discuss this item.

STAFF RECOMMENDATIONS:

1. Hear a presentation by Commission staff.
2. Discuss the report, its findings, and recommendations.
3. Provide direction to staff, if any, regarding evaluated programs.
4. Accept the report.

FISCAL IMPACT:

There is no direct fiscal impact associated with this agenda item. It is anticipated that information from this agenda item may be used by the Commission to make future decisions about funding, contracts, and budgets.

COMMISSION ACTION:

On motion of Commissioner _____; Seconded by Commissioner _____
And approved by the following vote:
Ayes: Commissioner(s): _____
Noes: Commissioner(s): _____
Excused or Absent Commissioner(s): _____
Abstaining: Commissioner(s): _____
1) _____ Approved as recommended.
2) _____ Denied.
3) _____ Approved as amended.
Motion: _____

Attest: _____
Stephanie Loomis - Administration

Stanislaus County
Striving to be the Best
Children & Families Commission

2014-2015

Annual Program Evaluation

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

February 2016

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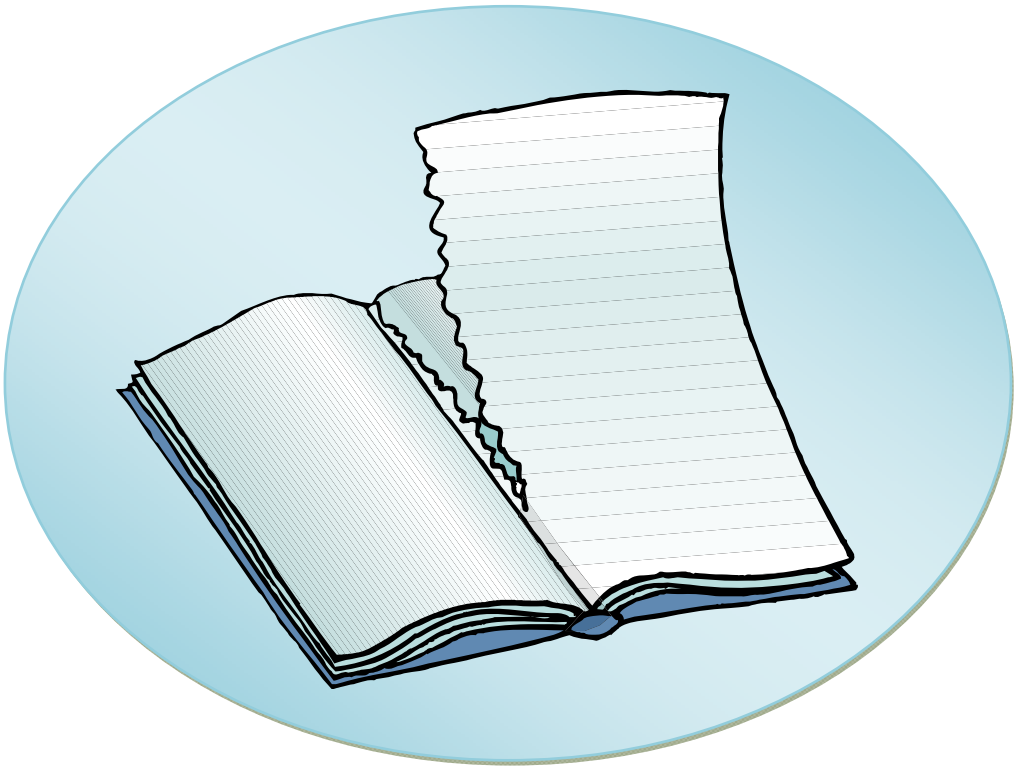

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Introduction

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

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

This Evaluation Report contains information on:

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

Strategic Plan Goals and Objectives

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

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

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

Children are eager and ready learners

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

Children are born healthy and stay healthy

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

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

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

Evaluation Purpose and Methodology

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

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

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

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

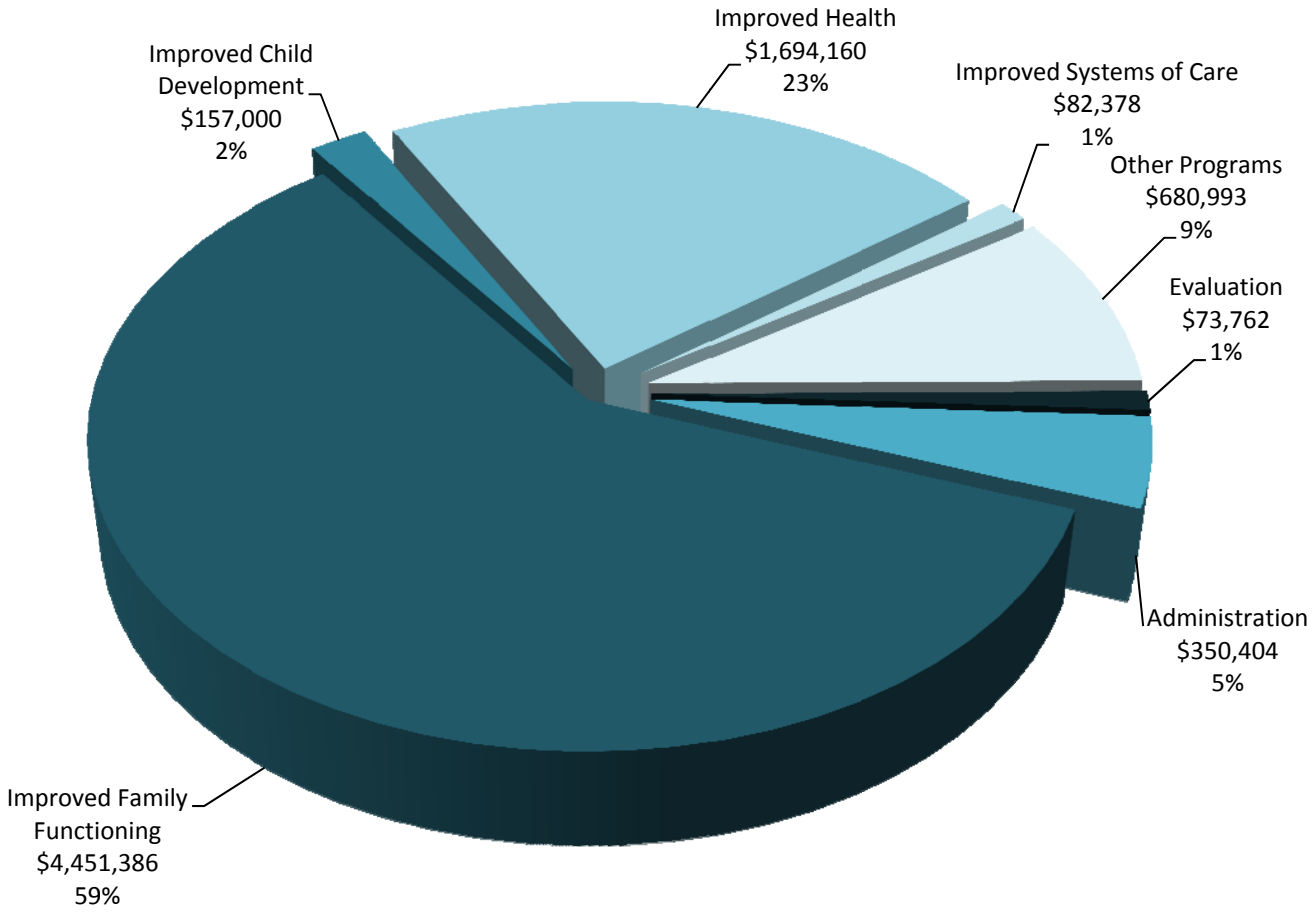
Program data was provided exclusively by the respective programs, and financial data and contract information were acquired from Commission records. Whenever possible, the contracted programs' self-analysis was integrated into the evaluation, at times in their own words. All programs were also asked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

Changes in Reporting Categories and Definitions

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

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

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

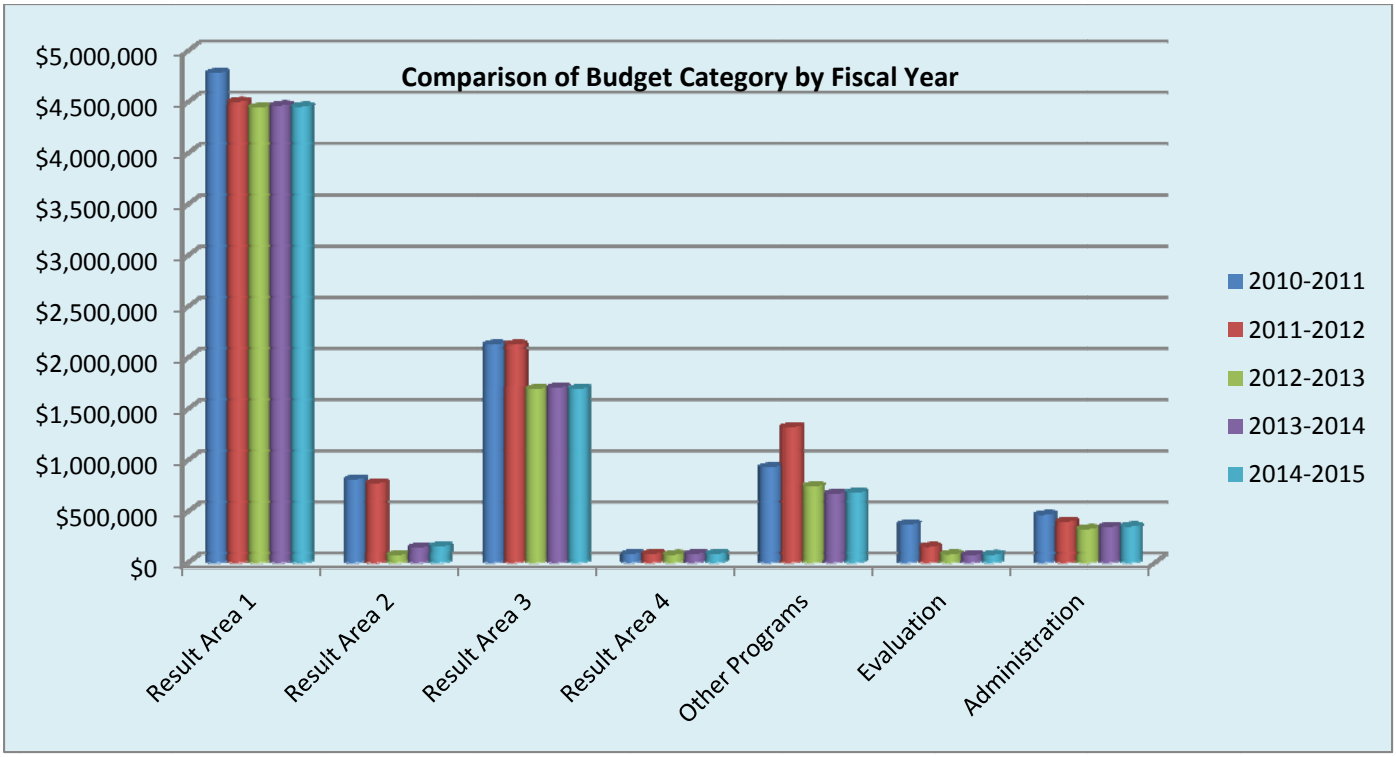


The 2014-2015 budget pie chart portrays the distribution of funding by budget category.

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

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

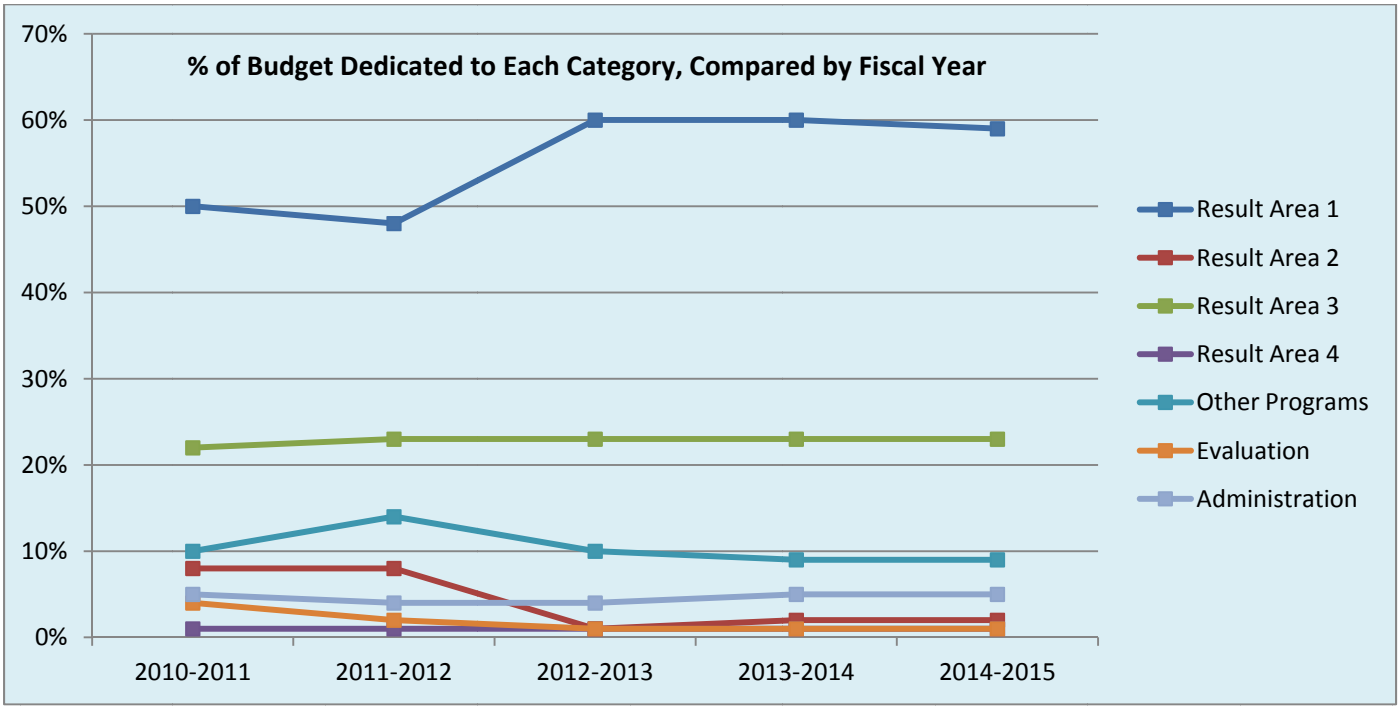
Administration and Evaluation Categories:
These categories make up just 6% of the annual budget.



Total Budget

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

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



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

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

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

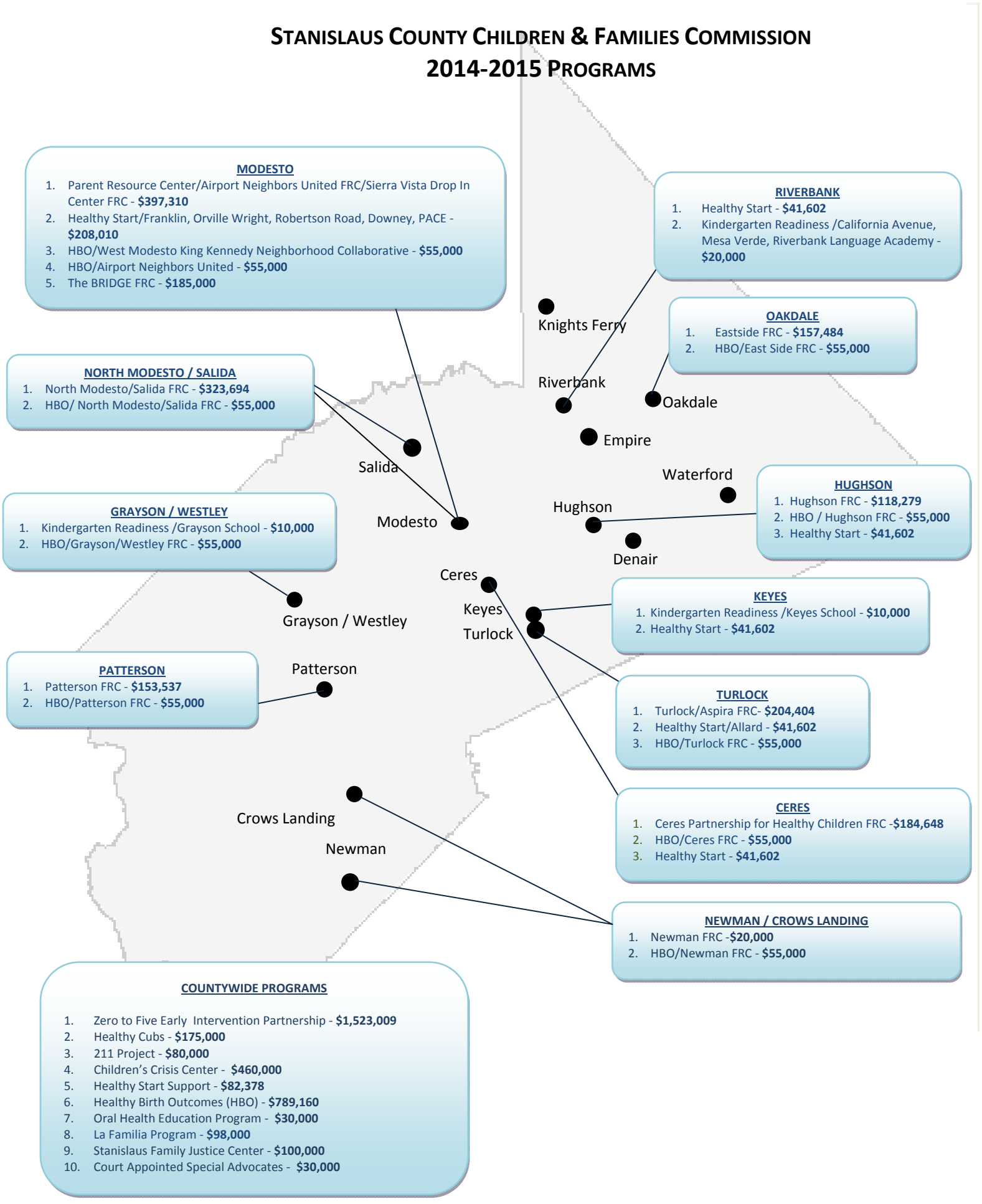
While the ***amount*** of funding dedicated to RA 3 decreased slightly in '10-'11 and again in '12-'13, the ***percentage of the total budget*** has remained consistent.

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

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

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

STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION
2014-2015 PROGRAMS



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

* Percent of Program Budget that is not allocated countywide

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

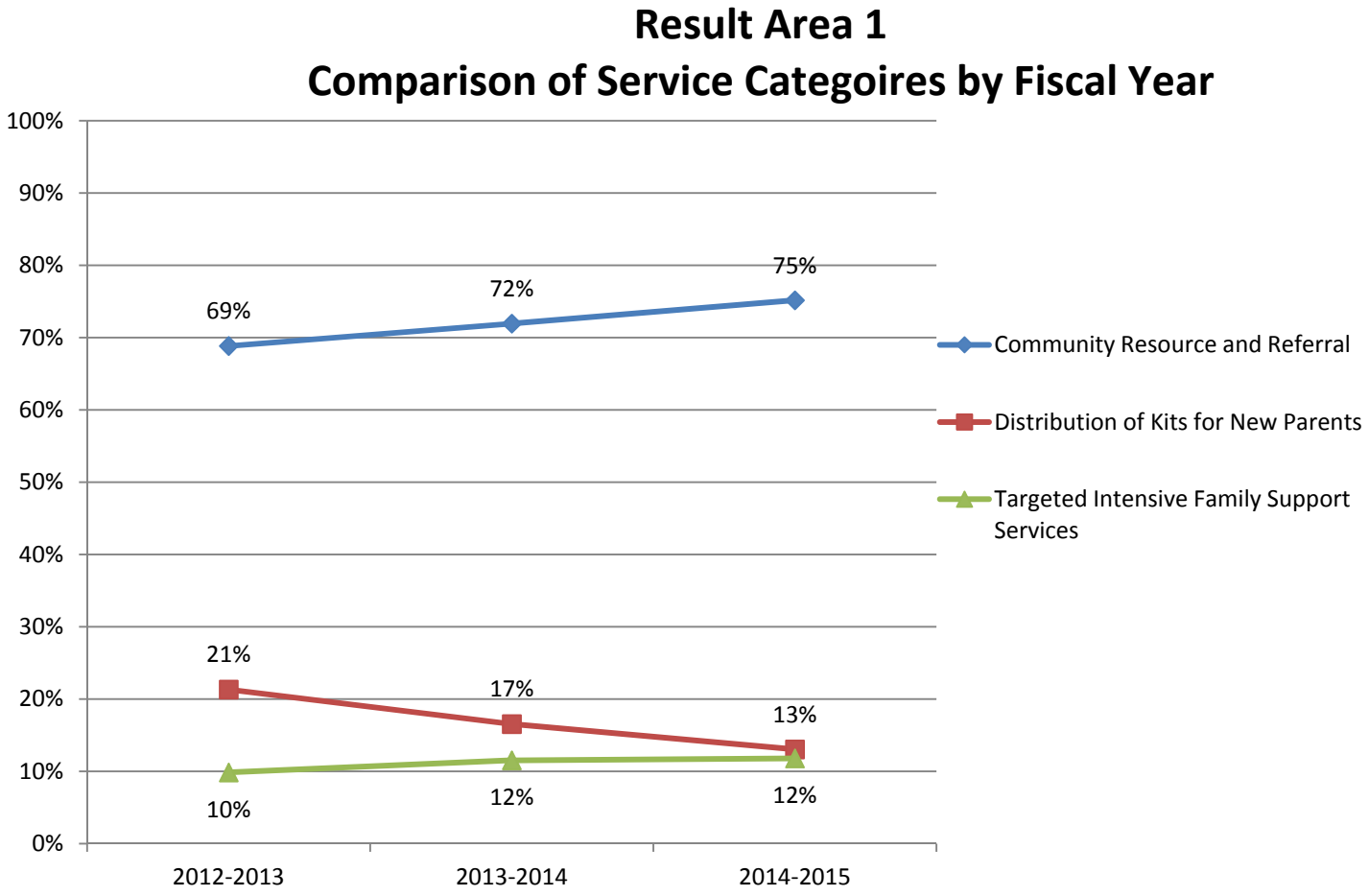
*** The program budget allocation for the Salida location includes parts of the North Modesto area.

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

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

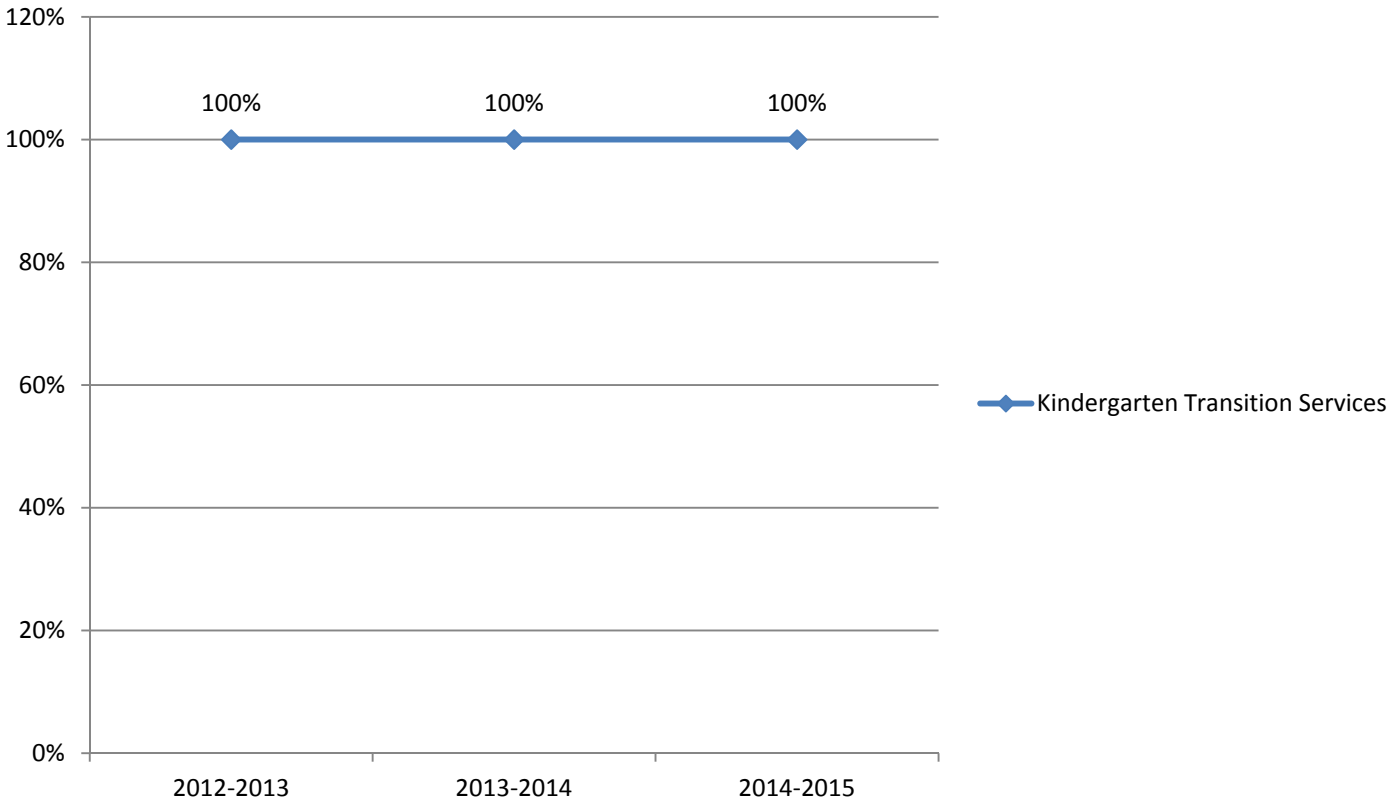
A total of $3,367,547 was allocated to programs that operate throughout the county, making up 55% of the total program budget. These countywide programs reach all of the above locations, and many have developed partnerships in order to collaborate with location specific programs, thereby leveraging Prop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

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



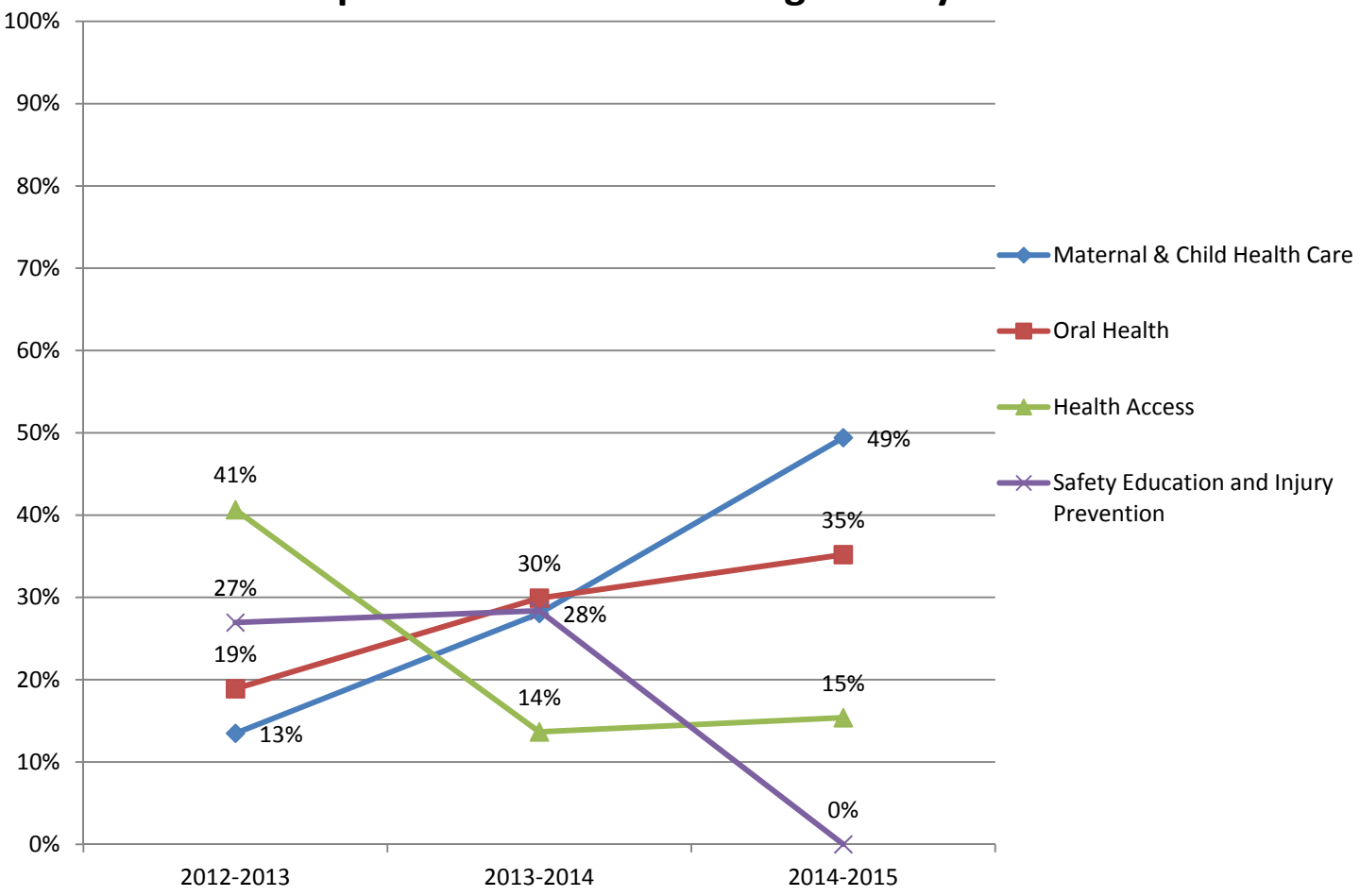
The highest percentage of services in Result Area 1 is consistently Resource and Referral services due in part to the broad base of participants and low level of intensity for this service. The percentage has increased as programs continue to build partnerships and the ability to provide resources and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

Result Area 2
Comparison of Service Categories by Fiscal Year



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

Result Area 3
Comparison of Services Categories by Fiscal Year



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

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

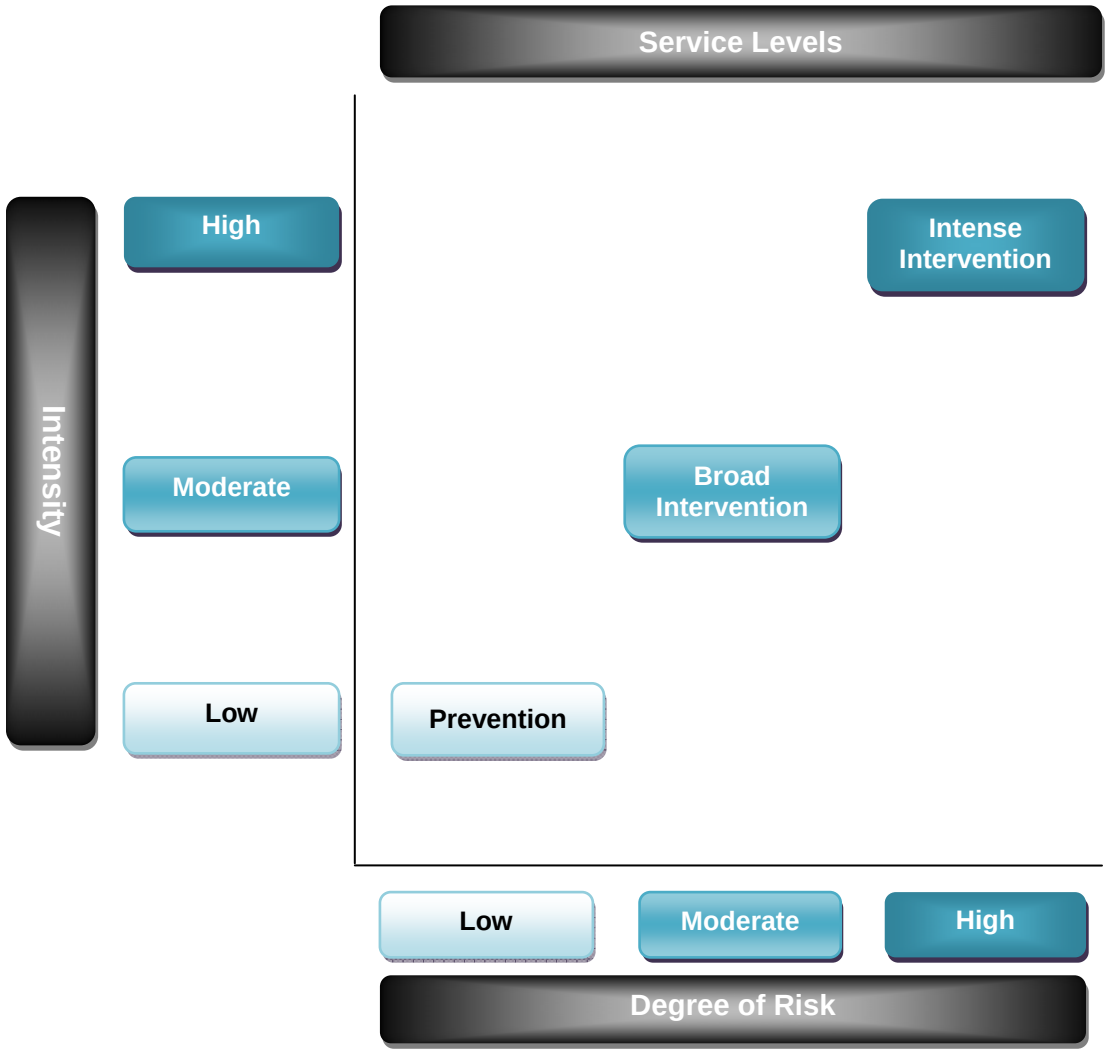
One of the Commission's funding strategies is to support a continuum of prevention and intervention programs that target all children 0-5 and their families in Stanislaus County. This means that Commission funds are working to benefit a spectrum of children from very low-risk to high-risk by providing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

Service Levels

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

Service Level Pyramid

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



Intense Intervention (43%)

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

Broad Intervention (47%)

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

Prevention (11%)

2-1-1*
Family Resource Centers*

Support

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

* Improved Family Functioning
** Improved Child Development
*** Improved Health
****Improved Systems of Care

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

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

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

Participant and County Demographics

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

Race/Ethnicity Served and Participant Primary Language

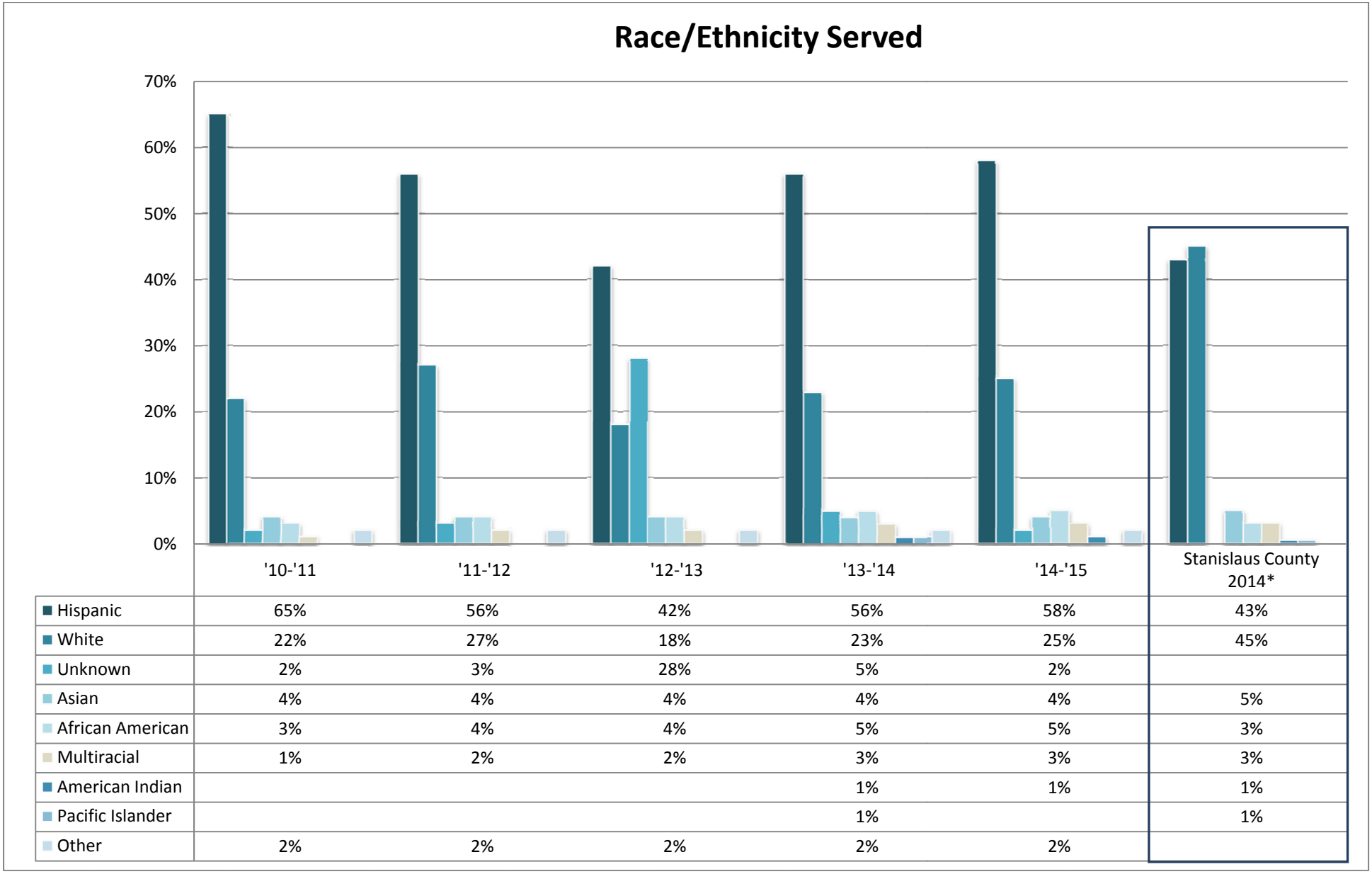
These charts depict the profile of the population being served by Prop 10 funded programs. As shown, the programs are providing services to a diverse population, with continuing emphasis on serving Hispanic and Spanish speaking families. Both the percentage of Hispanic and Spanish speaking children and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

Participating Children Age Distribution

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

Infant Mortality Rate

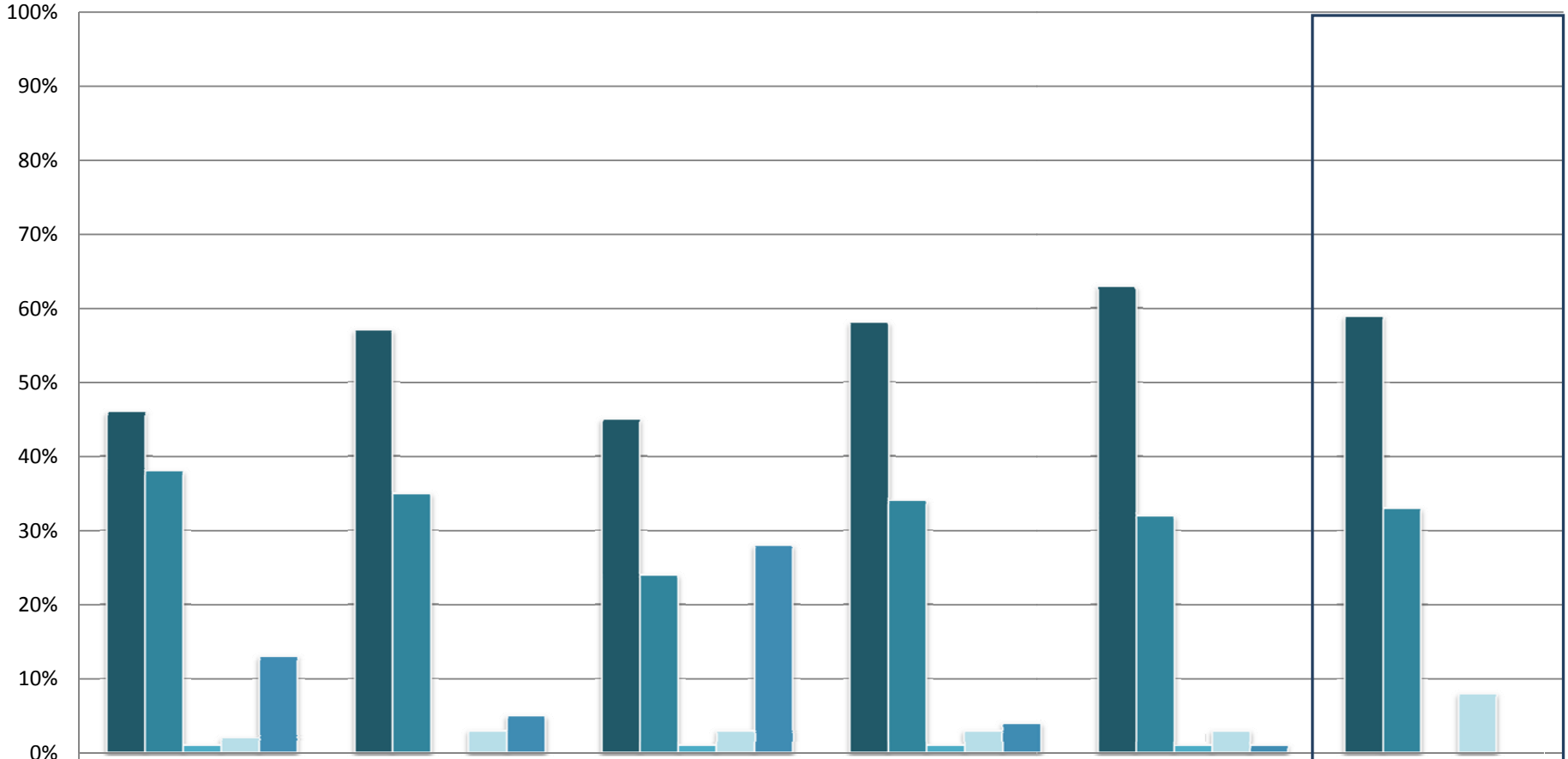
In general, infant mortality rates for Stanislaus County ethnic groups are higher than State group rates and the rates of all ethnic groups in our County tend to reflect the downward trends of the State as a whole. State statistics show infant mortality rates for Blacks are demonstrably higher than other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



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

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

Participant Primary Language

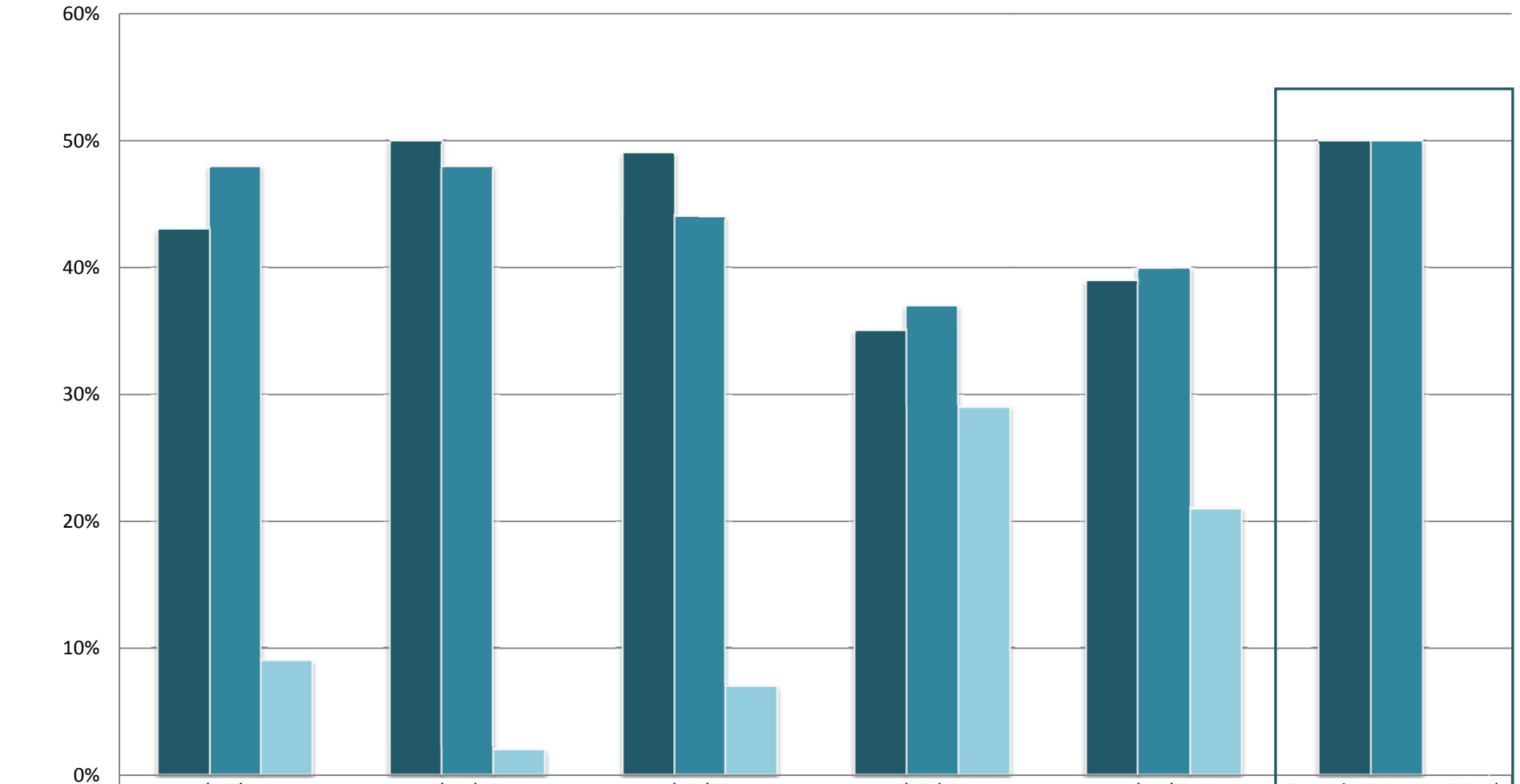


	'10-'11	'11-'12	'12-'13	'13-'14	'14-'15	Stanislaus County 2014*
English	46%	57%	45%	58%	63%	59%
Spanish	38%	35%	24%	34%	32%	33%
Hmong	1%		1%	1%	1%	
Other	2%	3%	3%	3%	3%	8%
Unknown	13%	5%	28%	4%	1%	

CFC data does not include provider capacity language data.

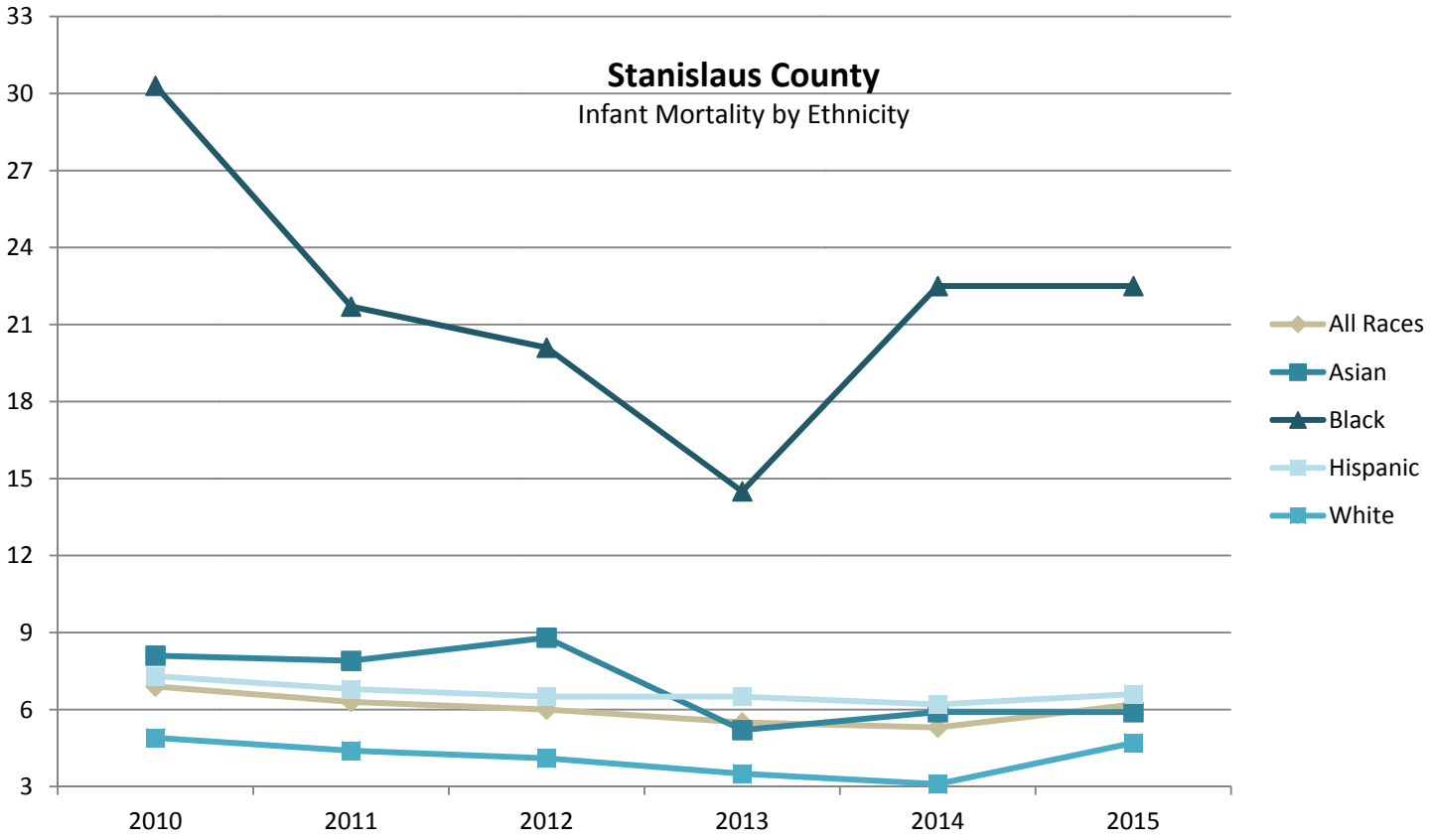
*U.S. Census Bureau, 2014 American Community Survey.

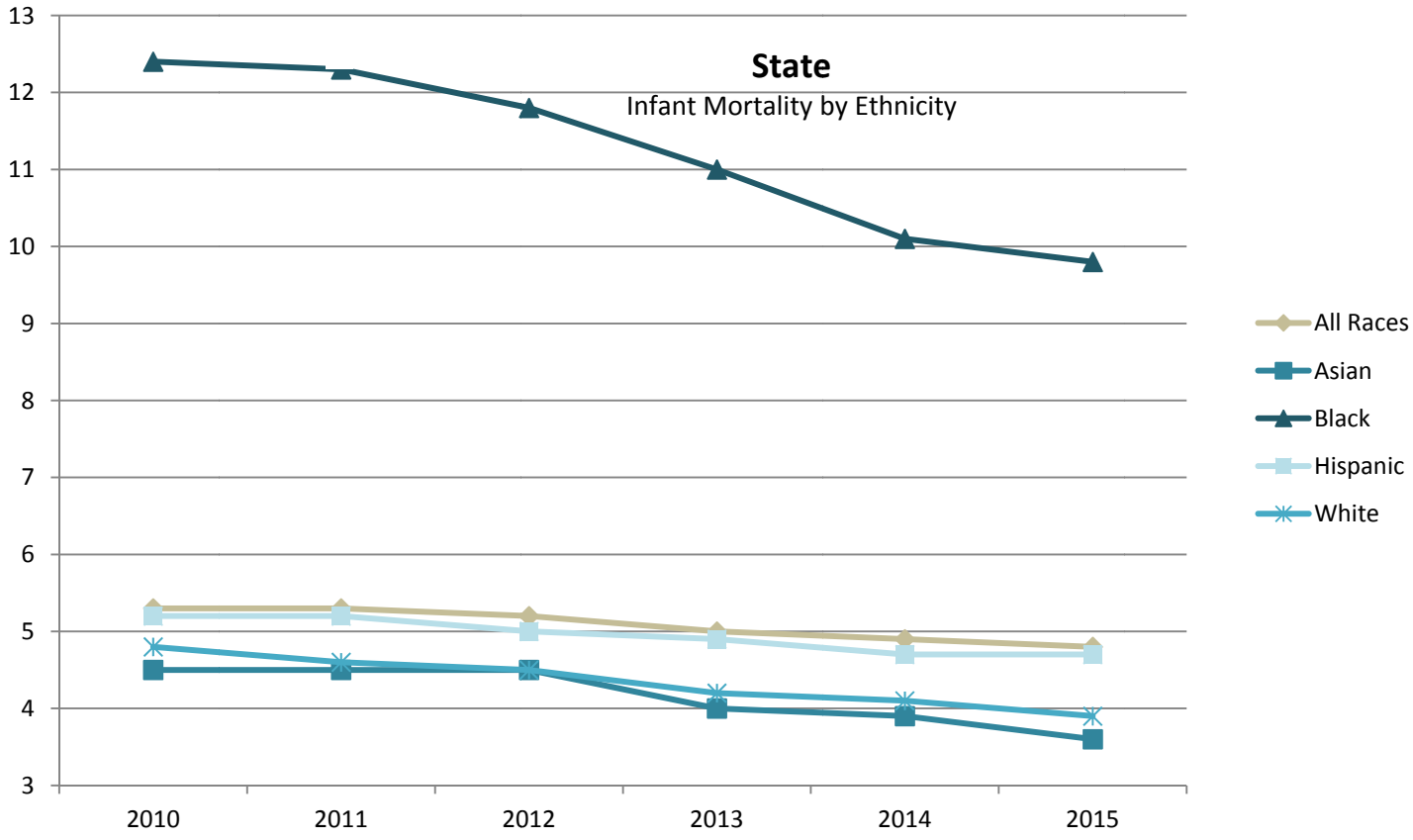
Participating Children Age Distribution



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

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


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


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

Result Area 1: Improved Family Functioning

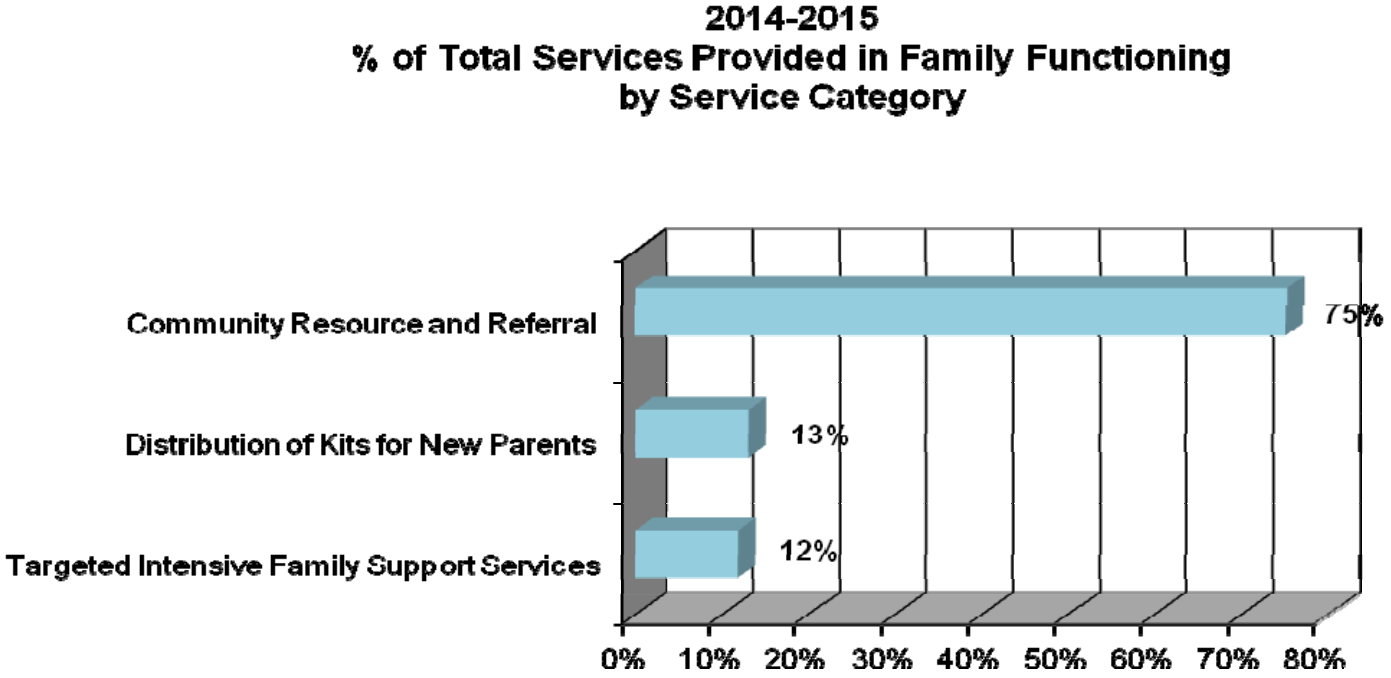
Description

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

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

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

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



Result Area 1 Services and Service Delivery Strategies

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

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

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

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

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

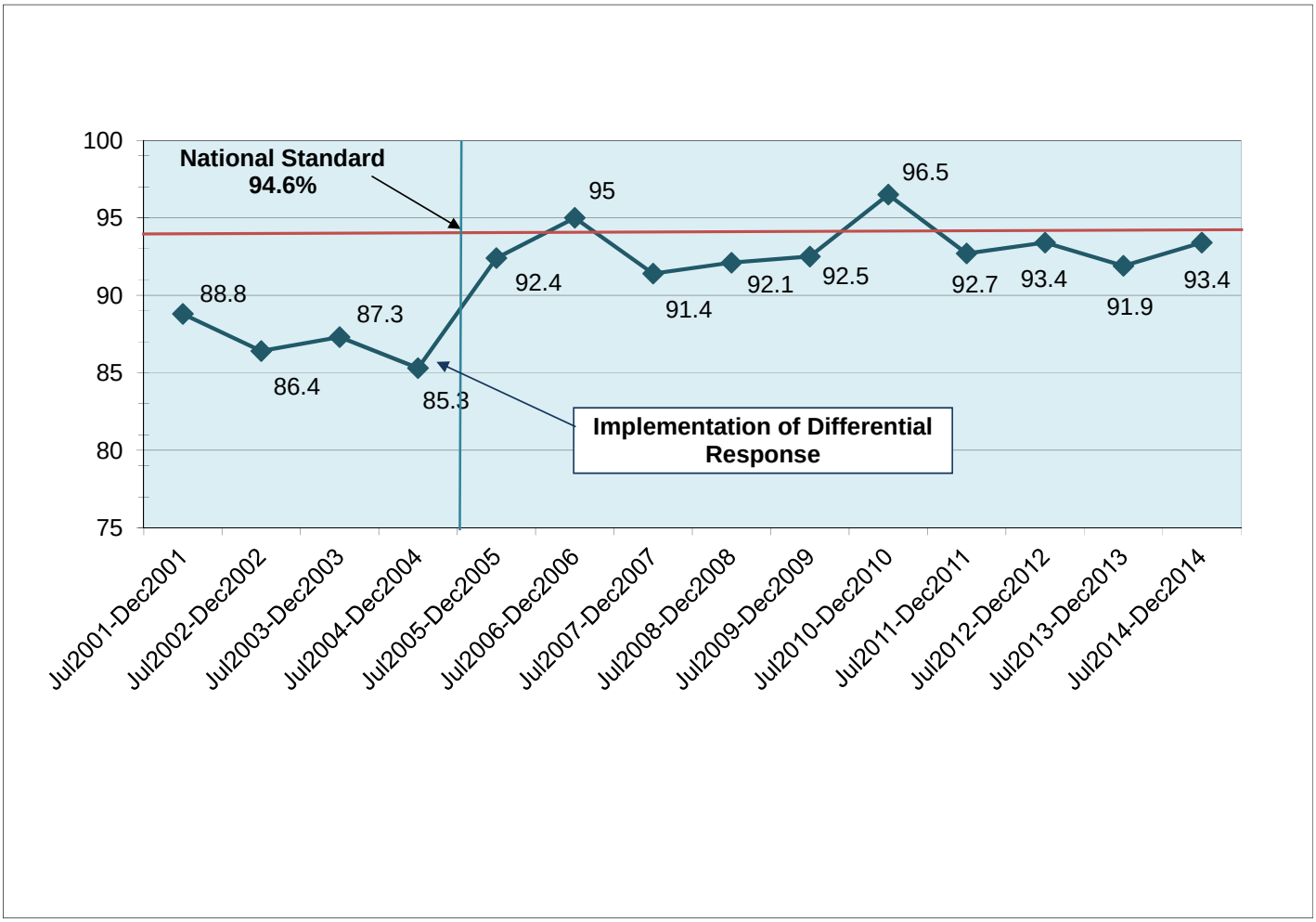
The services are offered by a spectrum of providers, from community based family resource workers to mental health clinicians. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals),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

Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2013 for children 0-5. Stanislaus County exceeded the National Standard of 94.6% "no recurrence" of maltreatment within 6 months of a substantiated report in 2006 and 2010 after the implementation of Differential Response (DR) through FRCs. The rate has dropped in subsequent years, but it has never fallen below the rate before Differential Response was implemented. In 2010, the rate of "no recurrence" of maltreatment was at the highest rate it has ever been in over a decade. Although there are many factors that contribute to this population indicator of "no recurrence" rate, 1,411 children 0-5 were referred through differential response, and of those the families of 53% of those children (754) engaged with the FRCs for family support services. This engagement and participation is a key component in assisting families who are at risk, and these DR activities contributed to the statistics shown below. In addition, all programs funded in this result area help support these outcomes.

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

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



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

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

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

Mental Health Access and Improvements

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

Behavior Improvements

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

Parents and Providers Skills Improvements

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

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

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

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

2-1-1

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

Program Description

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

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

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

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

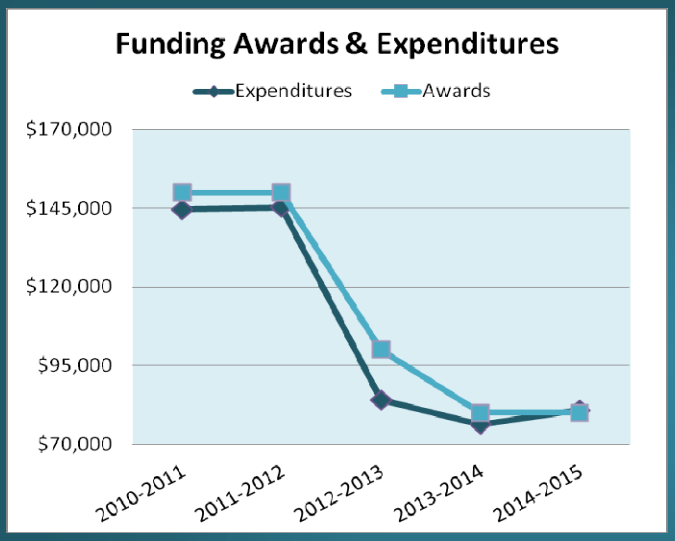
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (2,692) callers with a child 0-5)
$44,018	$35,525	$1,275	0%	$30

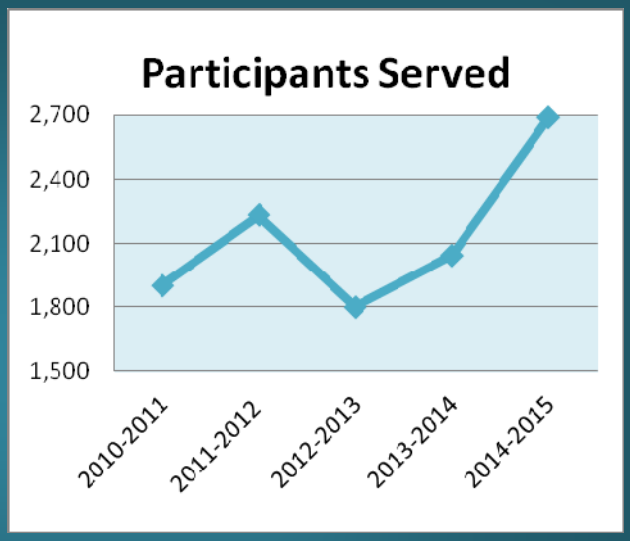
PARTICIPANT TYPE	% SERVED
Children 0-5	58%
20% <3; 15% 3-5; 65% unknown	
Parents/Guardians	41%
Other Family	1%

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

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

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





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

Program Highlights

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

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

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

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

Prior Year Recommendations

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

Planned Versus Actual Outputs / Outcomes

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

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

*Due to ACA implementation

Recommendations

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

Additionally, it is recommended that the program:

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

CASA

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

Program Description

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

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

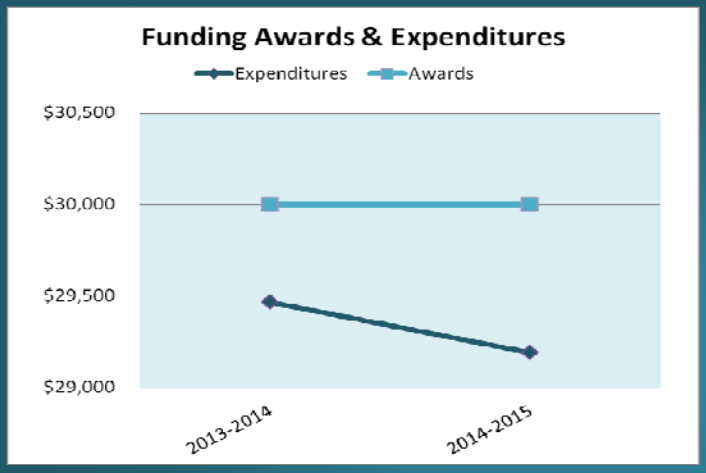
FY '14-'15 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Average Cost Per Child 0-5 (23)
$29,191	$0	$0	0%	$1,269

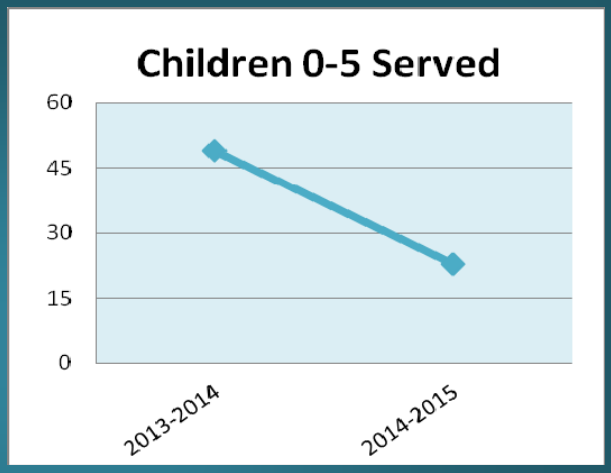
PARTICIPANT TYPE	% SERVED
Children 0-5	45%
24% <3; 76% 3-5	
Parents/Guardians	49%
Other Family	6%

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

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

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





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

Program Highlights

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

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

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

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

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

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

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

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

Prior Year Recommendations

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

Planned Versus Actual Outputs / Outcomes

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

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

Recommendations

Modify data gathering efforts to:

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

Children's Crisis Center

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

Program Description

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

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

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

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

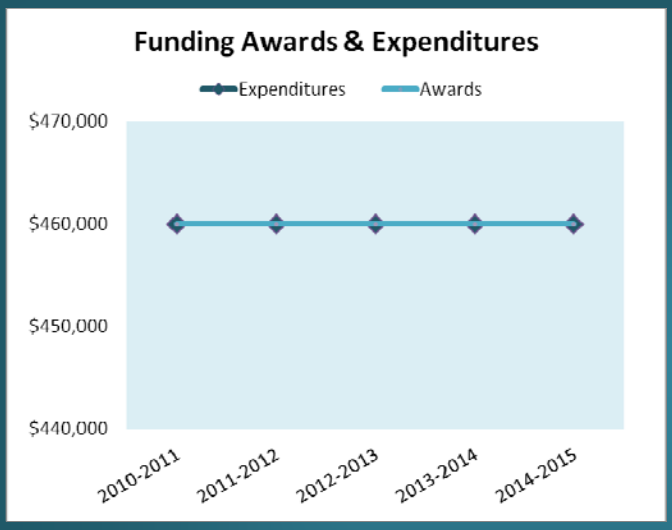
FY '14-'15 Budget / Expenditure Data			
Respite Care	Rent	Indirect Cost Rate	Average Cost Per Child 0-5 (399)
$460,000	$0	0%	$1,153

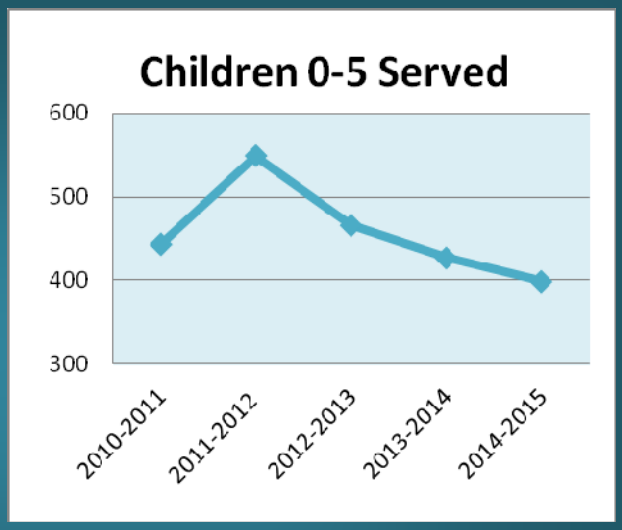
PARTICIPANT TYPE	% SERVED
Children 0-5	48%
(71% <3; 29% 3-5)	
Parents/Guardians	52%
Other Family	-

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

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

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





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

Program Highlights

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

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

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

Prior Year Recommendations

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

Planned Versus Actual Outputs / Outcomes

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

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

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

Recommendations

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

Additionally, it is recommended that the program:

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

El Concilio – La Familia

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

Program Description

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

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

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

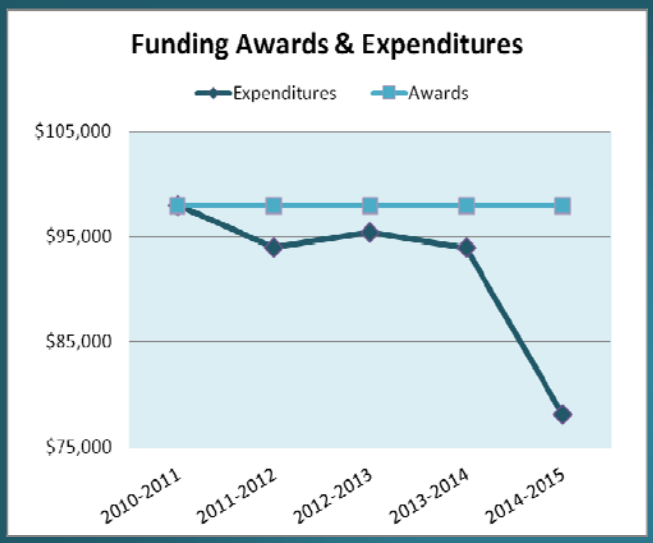
FY '14-'15 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (114)
$57,913	$20,218	10%	$685

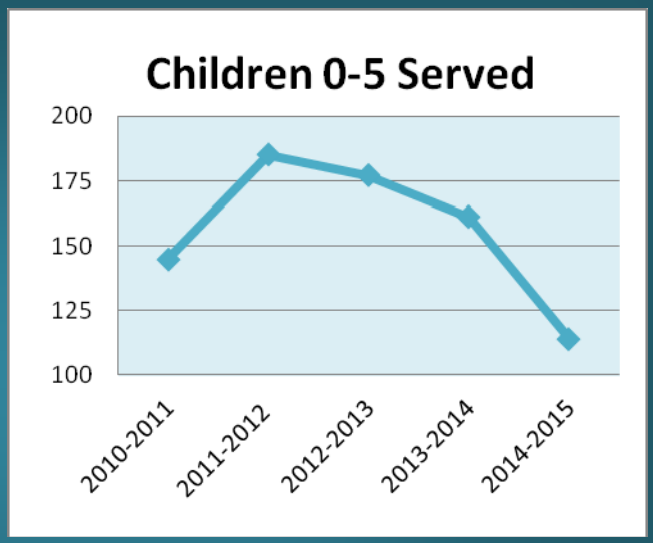
PARTICIPANT TYPE	% SERVED
Children	34%
35% <3; 65% 3-5	
Parents/Guardians	37%
Other Family	29%

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

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

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





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

Program Highlights

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

Prior Year Recommendations

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

Planned Versus Actual Outputs / Outcomes

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

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

Recommendations

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

Stanislaus Family Justice Center

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

Program Description

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

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

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

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

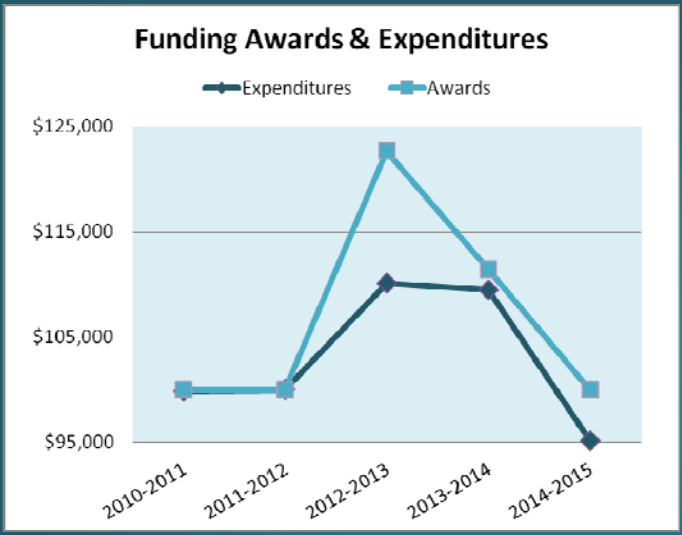
FY '14-'15 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (259)
$95,161	$0	0%	$367

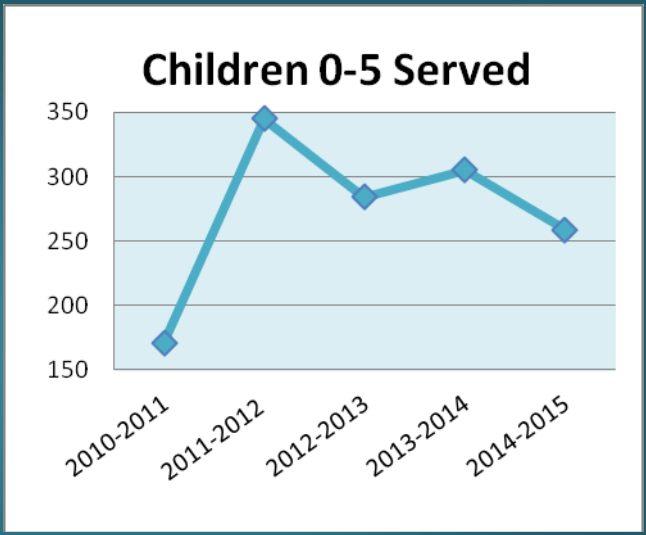
PARTICIPANT TYPE	% SERVED
Children	45%
40% <3; 60% 3-5	
Parents/Guardians	25%
Other Family	30%

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

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

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





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

Program Highlights

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

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

Prior Year Recommendations

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

Planned Versus Actual Outputs / Outcomes

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

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

Recommendations

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

Additionally, it is recommended that the program:

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

Healthy Start Support

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

Program Description

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

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

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

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

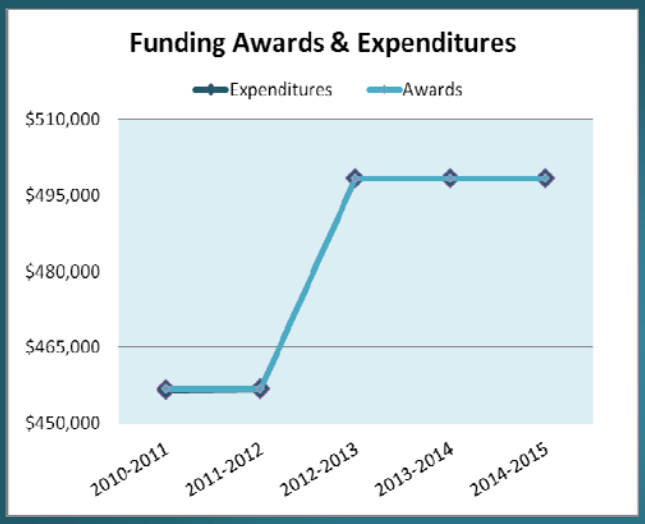
FY '14-'15 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (2,321)
$63,647	$18,731	$416,020	9.8% (excludes sites)	$215

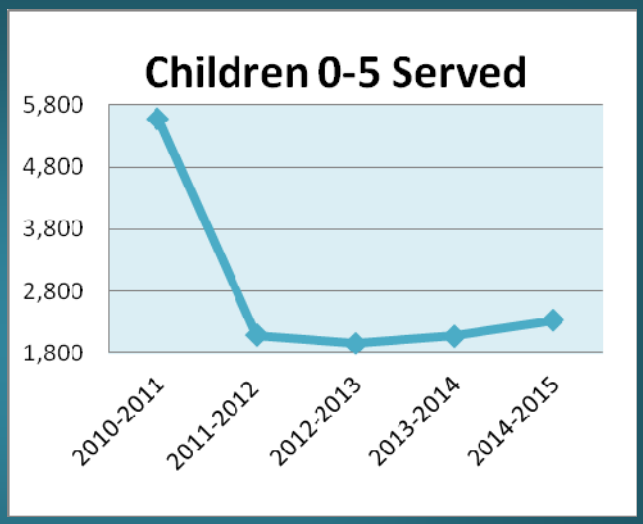
PARTICIPANT TYPE	% SERVED
Children	46%
49% <3; 51% 3-5	
Parents/Guardians	35%
Other Family	19%

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

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

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





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

Program Highlights

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

Prior Year Recommendations

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

Planned Versus Actual Outputs / Outcomes

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

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

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

Recommendations

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

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

The BRIDGE

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

Program Description

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

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

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

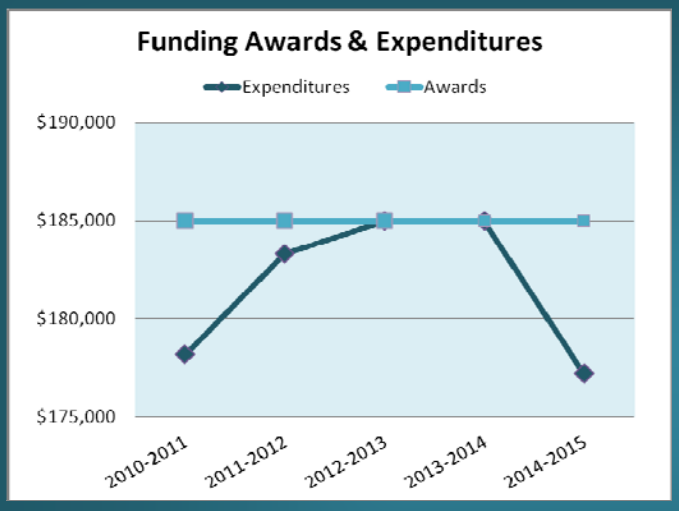
FY '14-'15 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (190)
$133,916	$27,196	$16,111	10%	$933

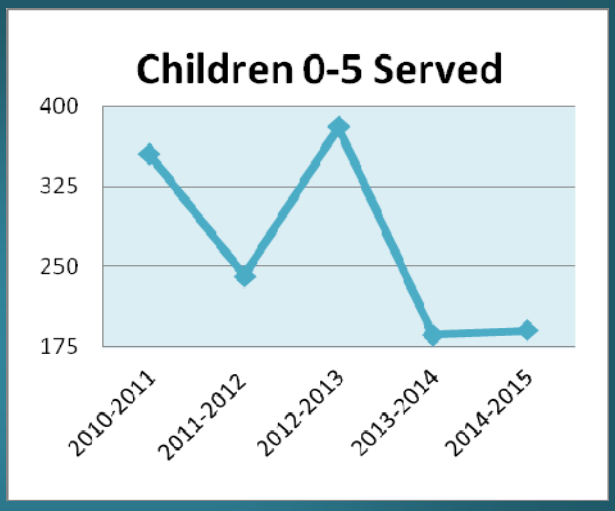
PARTICIPANT TYPE	% SERVED
Children	21%
35% <3; 65% 3-5	
Parents/Guardians	55%
Other Family	24%

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

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	-
Spanish	-
Hmong	25%
Other	75%
Unknown	-

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





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

Program Highlights

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

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

Prior Year Recommendations

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

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

Planned Versus Actual Outputs / Outcomes

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

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

Recommendations

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

Additionally, it is recommended that the program:

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

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

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

Program Description

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

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

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

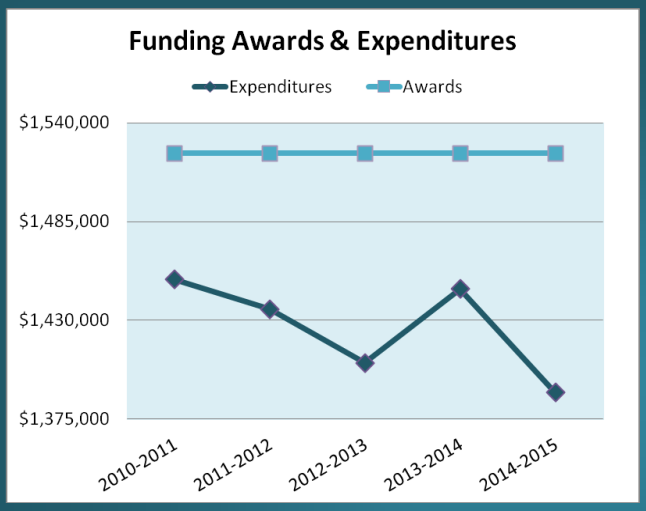
FY '14-'15 Budget / Expenditure Data			
BHRS	Sierra Vista	Cost Per Child 0-5 (1,207- includes parent ed.)	Cost per Service Hour (15,594)
$765,260	$624,654	$1,152	$89

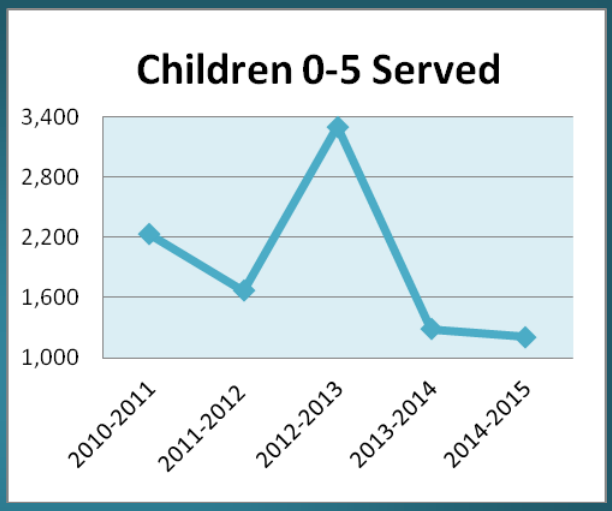
PARTICIPANT TYPE	% SERVED
Children	21%
28% <3; 72% 3-5	
Parents/Guardians	79%

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

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

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





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

Program Highlights

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

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

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

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

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• This will be done by promoting 0-5 EIP during community events such as conferences, health/street fairs and education and training that is done by the program. • 0-5 EIP will continue to leverage funding - currently this is being done through BHRS funding as well as contracts through the SCOE. Both sources together with funding through the Commission allows for the 0-5 EIP to provide much needed services to our 0-5 families and providers. • The program continues to promote and maintain collaborations in the community. Many collaborations and contacts are made throughout the fiscal year. Referrals for 0-5 EIP services are received from many sources in the community as well as education and training is provided to various sites and providers working with the 0-5 families.

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

Planned Versus Actual Outputs / Outcomes

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

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

Recommendations

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

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

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

FRC Countywide Summary

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

Current Contract End Date: June 30, 2015

Program Description

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

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

Finances

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

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

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

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

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

An Investment In Communities
Family Resource Centers and Differential Response

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

What Works

Family Resource Centers

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

Shared Principles

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

Key Characteristics

- Integrated
- Comprehensive
- Flexible
- Responsive to community needs

Differential Response

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

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

Effective Structure

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

Family Development Matrix and Case Management (Improved Family Functioning)

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

Parent Education and Support Groups (Improved Family Functioning)

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

Community Outreach

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

FRC Core Services

All funded DR-FRCs provide these core services

Behavioral Health Services/ Depression Screenings (Improved Family Functioning)

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

Developmental Screenings/Preparation for School (Improved Child Development)

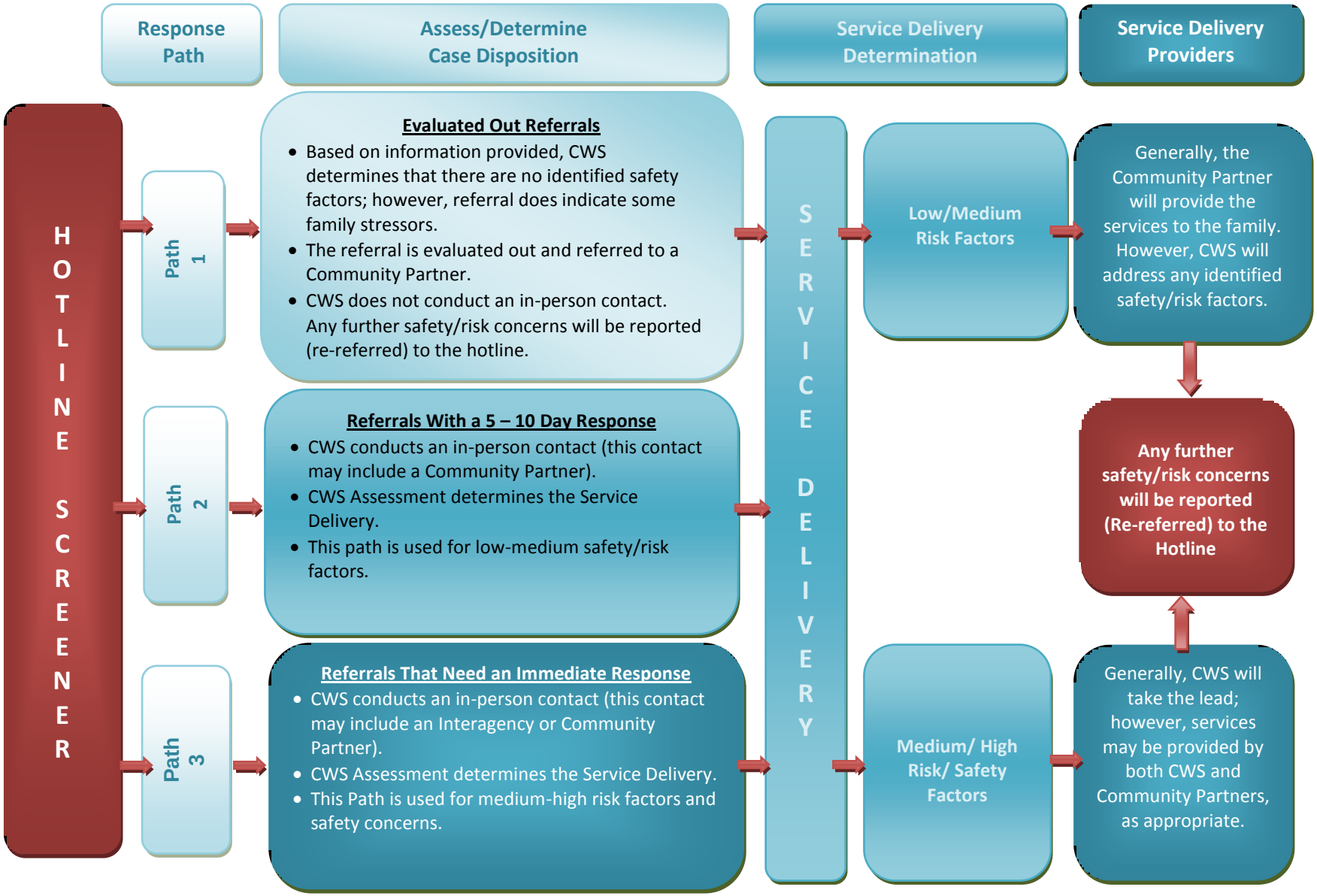
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated,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

Health Insurance Enrollment Assistance (Improved Health)

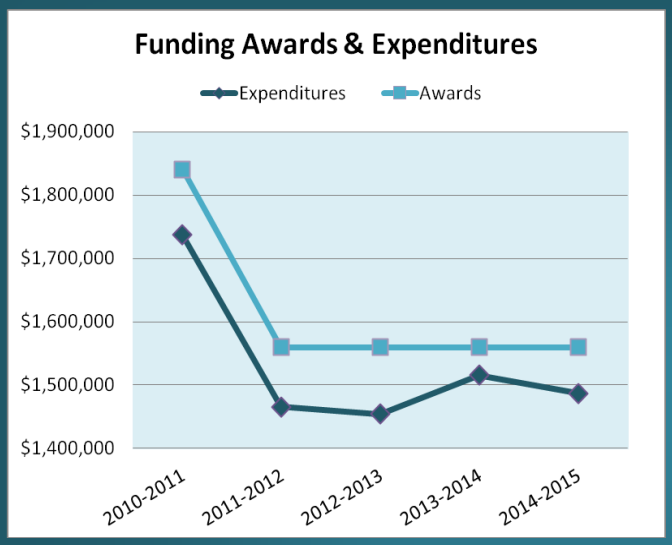
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal, Healthy Families, and Kaiser Kids within 90 days of the assessment. FRCs conduct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

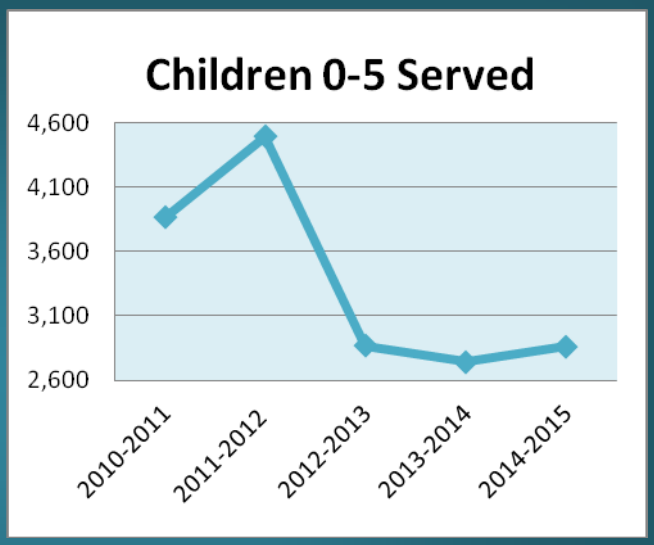
Differential Response is a strategy where community groups partner with the county's child welfare agency to respond to child abuse/neglect referrals in a more flexible manner (with three response paths instead of one). CSA's response to a referral depends on the perceived safety and risk presented.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

Stanislaus Differential Response Paths



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





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

Program Highlights

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

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

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

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

Prior Year Recommendations

In the 2013-2014 Local Evaluation Report, the seven Family Resource Center contracts were evaluated together as an initiative. And while the number and type of recommendations were the same for each contract, the individual responses of the contractors are listed below:

CERES	
2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Center for Human Services and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. Each FRC has a coalition of Community Champions or partners who help us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that have the potential to support family strengthening work here in Stanislaus County. • The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our continued partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger has donated $10,000 for the last three years to help with food, crisis and nutritional support for the FRC and families. Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRCs. This movement of community will help ensure sustainability beyond our agency's involvement.
2. Focus on outreach to isolated groups and communities.	• At Ceres Partnership for Healthy Children, we provide outreach in the community and often engage in door-to-door outreach in those more isolated areas of Ceres.

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

EASTSIDE	
2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Center for Human Services and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. Each FRC has a coalition of Community Champions or partners who help us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that have the potential to support family strengthening work here in Stanislaus County. • The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our continued partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger has donated $10,000 for the last three years to help with food, crisis and nutritional support for the FRC and families. • Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater

	community engagement and involvement in our FRCs. This movement of community will help ensure sustainability beyond our agency's involvement.
2. Focus on outreach to isolated groups and communities.	• We have worked to connect to the outlying communities of Knights Ferry and Valley Home. We outreach to these areas and encourage participation at the FRC and our activities and events.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• This year we were unable to secure a clinician to provide services directly to this population but we were able to connect a caregiver of 0-5 children to our sliding fee clinician to receive no cost services. We were also able to arrange for our sliding fee clinician to provide parent education groups one time per week.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• This was an area of focus this year. We worked specifically with CSA to connect with the Social Workers and increase the number of joint visits that occur with families. This and other strategies are helping to grow our engagement with families.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• This year we worked with several single fathers. They have been engaging in services and working to become more self sufficient. We have also intentionally involved father involvement in events like the community baby shower.

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

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

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

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

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

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

WESTSIDE	
2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Center for Human Services and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. Each FRC has a coalition of Community Champions or partners who help us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group

	has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that have the potential to support family strengthening work here in Stanislaus County. • The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our continued partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger has donated $10,000 for the last three years to help with food, crisis and nutritional support for the FRC and families. • Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRCs. This movement of community will help ensure sustainability beyond our agency's involvement.
2. Focus on outreach to isolated groups and communities.	• The Westside Family Resource Centers conduct a variety of outreach in the community. Newman FRC has an Annual Block Party for the community to learn about the different resources available to them in the community as well as the FRC. The Newman FRC also participates in a variety of community events like Movies in the Park, Newman Fall Festival, senior and school events. Patterson FRC is part of many events that occur during the year like: Apricot Fiesta, Back to School Bash and Safety Fair, National Night Out, etc.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• The Westside Resource Centers currently have in-house mental health clinicians from the Center for Human Services, El Concilio and Leaps and Bounds. Mental health referrals are made to each of the agencies mentioned previously, but the actual counseling takes place at the FRC. Families do not have to travel out of the Patterson or Newman.
4. Focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• The Westside Resource Centers are part of the Differential response program. This year the FRC was able to double the engagement of differential response clients.
5. Promote the involvement of fathers and male caregivers in the lives of young children.	• The Westside FRC's have a Fathers Day event to celebrate the importance of a father figure in the lives of their children.

Planned Versus Actual Outputs / Outcomes

Family Resource Centers 14/15 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Family Resource Connection		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide an FDM Assessment to the caregivers of children 0-5 (DR & Non-DR).																
65% children 0-5's caregivers who respond to a contact will receive an FDM assessment	26%	113 / 439	32%	61 / 192	77%	572 / 740	66%	140/ 212	59%	270 / 456	54%	133 / 248	24%	69 / 287	53%	1,358/ 2,574
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (DR & Non-DR).																
80% of the children 0-5 whose caregivers receive an FDM assessment will receive depression screenings	100%	113 / 113	100%	61/61	84%	483 / 572	89%	124 / 140	76%	206 / 270	90%	120 / 133	77%	53/69	85%	1,160/ 1,358
FRC staff or contracted staff will provide group and individual mental health counseling to caregivers of children 0-5. Improvement will be reported by clinician.																
96% of the children 0-5 whose caregivers receive GROUP counseling will, according to their clinician, indicate improvement with presenting issues	0%	0/0	100%	2/2	100%	21/21	100%	25/25	100%	12/12	0%	0/0	0%	0/0	100%	60/60
80% of the children 0-5 whose caregivers receive INDIVIDUAL counseling will, according to their clinician, indicate improvement with presenting issues	100%	22/22	100%	1/1	100%	12/12	100%	5/5	100%	13/13	100%	5/5	100%	12/12	100%	70/70

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

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

Demographic and referral type information:

Figure #1: Distribution of families by Referral type

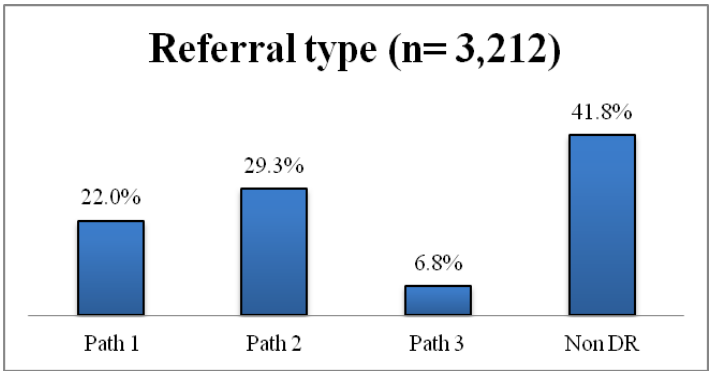


Figure 1 shows the percentage of families who were referred under Differential Response paths 1, 2, 3 or under a non-Differential Response referral. All families with a first FDM assessment with a valid path code are considered in the figure.

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

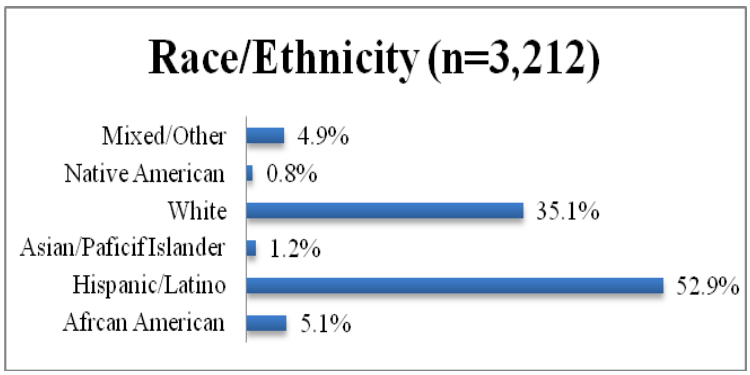


Figure 2 shows the distribution of race/ethnicity for all families with a first FDM assessment that had a valid race/ethnicity code.

Change in scores for core FDM indicators:

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

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

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

Change by protective factor:

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

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

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

Change by protective factor for DR vs. Non DR.

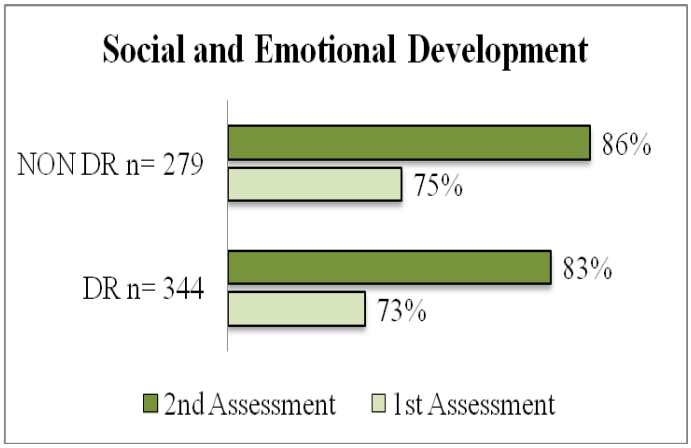


Figure #3: Percentage of families at the "safe" or "self-sufficient" level in all indicators considered in the "Social and Emotional Development" protective factor for DR and Non DR families in fist and second assessment

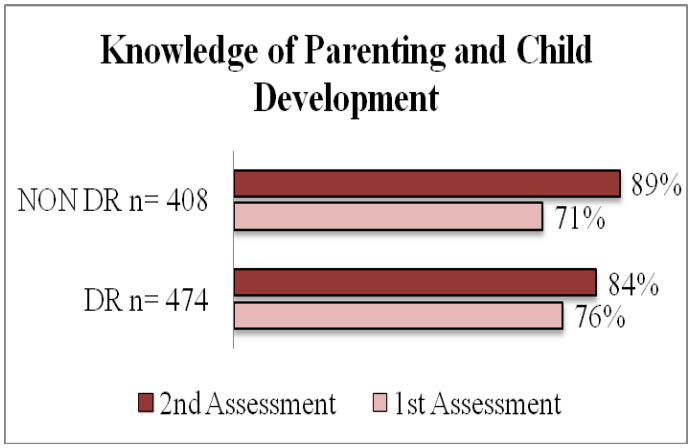


Figure #4: Percentage of families at the "safe" or "self-sufficient" level in all indicators considered in the "Knowledge of Parenting and Child Development" protective factor for DR and Non DR families in fist and second assessment.

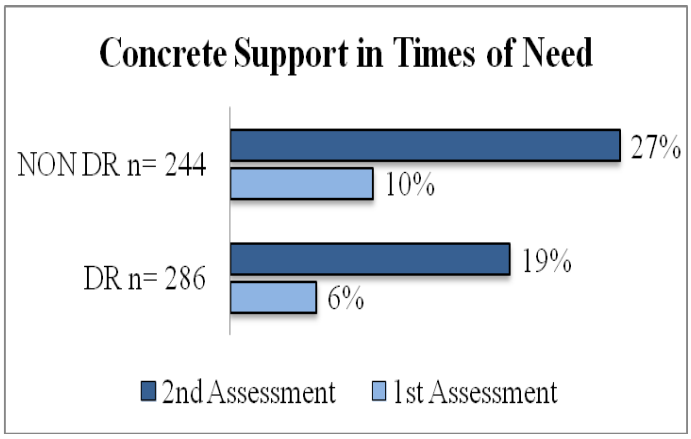


Figure #5: Percentage of families at the "safe" or "self-sufficient" level in all indicators considered in the "Concrete support in times of need" protective factor for DR and Non DR families in fist and second assessment.

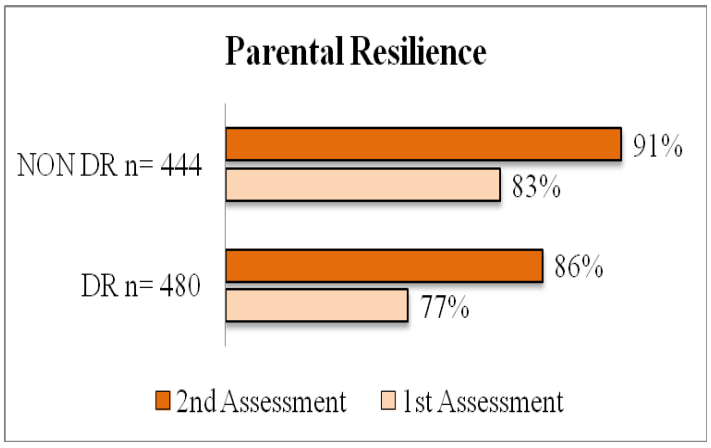


Figure #6: Percentage of families at the "safe" or "self-sufficient" level in all indicators considered in the "Parental Resilience" protective factor for DR and Non DR families in fist and second assessment.

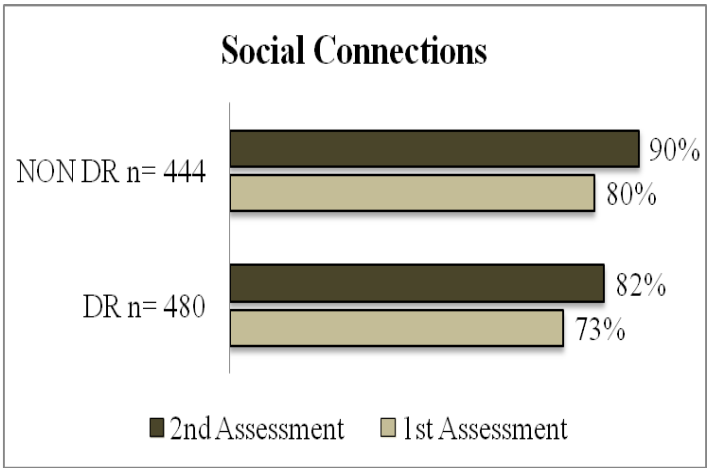


Figure #7: Percentage of families at the “safe” or “self-sufficient” level in all indicators considered in the “Social Connections” protective factor for DR and Non DR families in fist and second assessment.

Recommendations

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

Additionally, it is recommended that Family Resource Centers:

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

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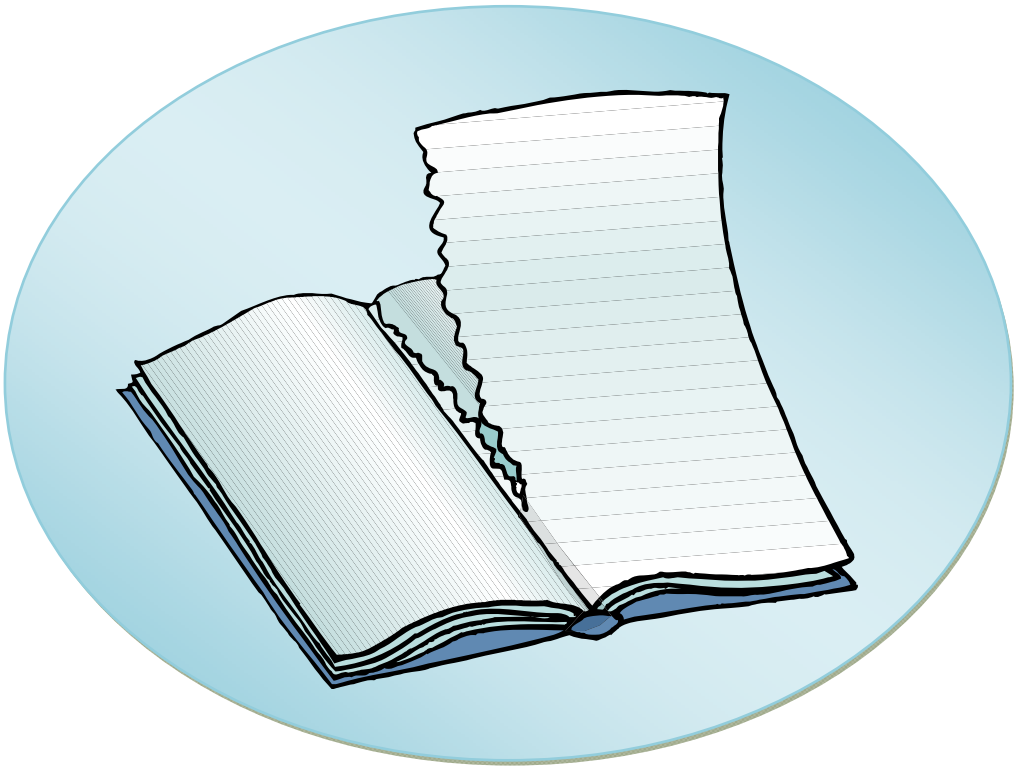


Result Area 2: Improved Child Development

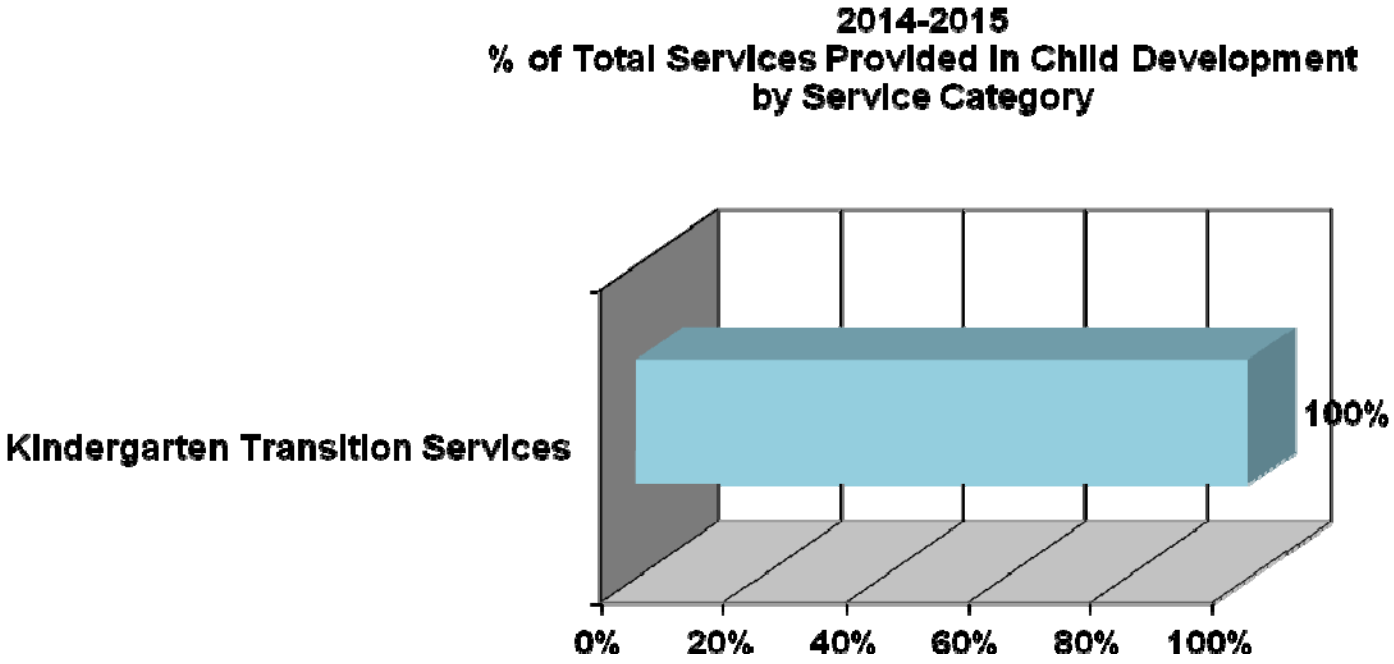
Description

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

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

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

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



Result Area 2 Services and Service Delivery Strategies

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

Desired Result: Children Are Eager and Ready Learners

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

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

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

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

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

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

Kindergarten Readiness Program

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

Program Description

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

The KRP is currently operated in 3 school districts:

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

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

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

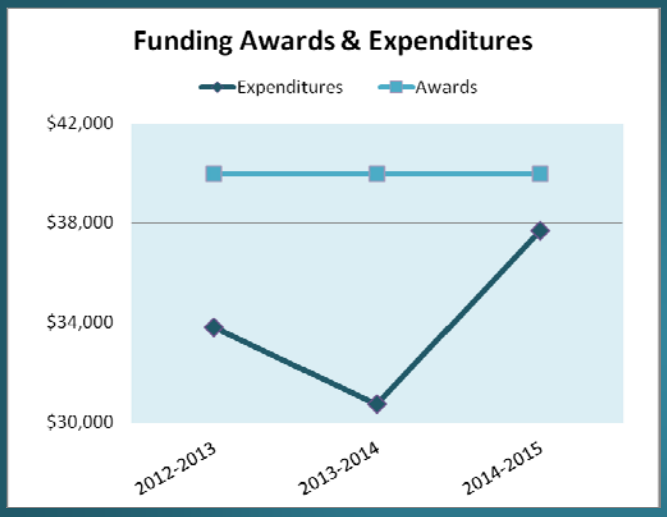
Cost per Child 0-5 (144) = $262

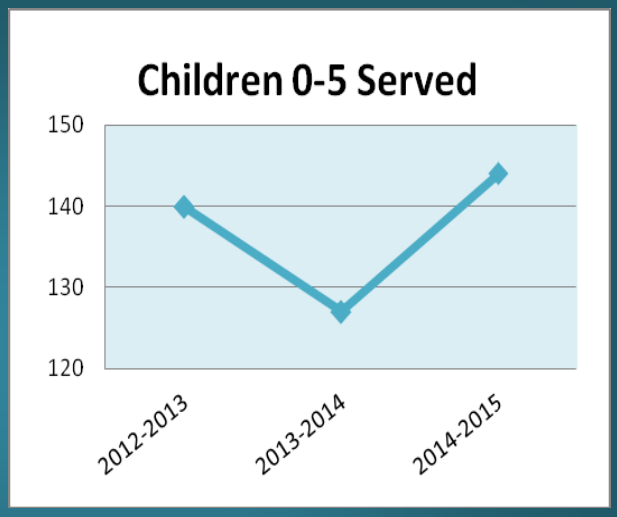
PARTICIPANT TYPE	% SERVED
Children	52%
100% 3-5	
Parents/Guardians	46%
Other Family	2%

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

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

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





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

Program Highlights

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

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

Program Challenges & Recommendations

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

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

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

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

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

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

Planned Versus Actual Outputs / Outcomes

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

Recommendations

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

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

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

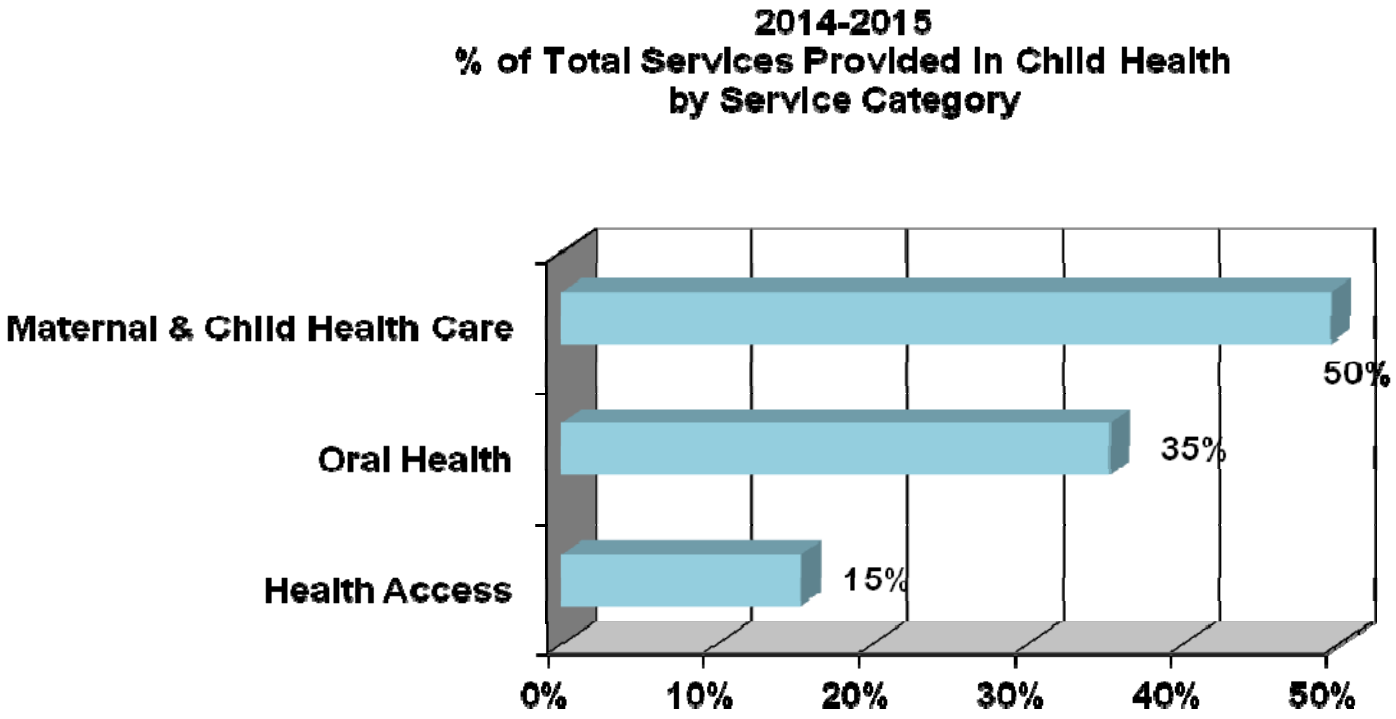
Result Area 3: Improved Health

Description

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

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

Finances – Improved Health	
FY '14-'15 Total Awards	FY '14-'15 Expended
$1,544,160	$1,404,001 (91% of budget)



Result Area 3 Services and Service Delivery Strategies

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

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

Desired Result: Children Are Born Healthy and Stay Healthy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dental Disease Prevention Education

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

Program Description

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

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

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

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

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

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

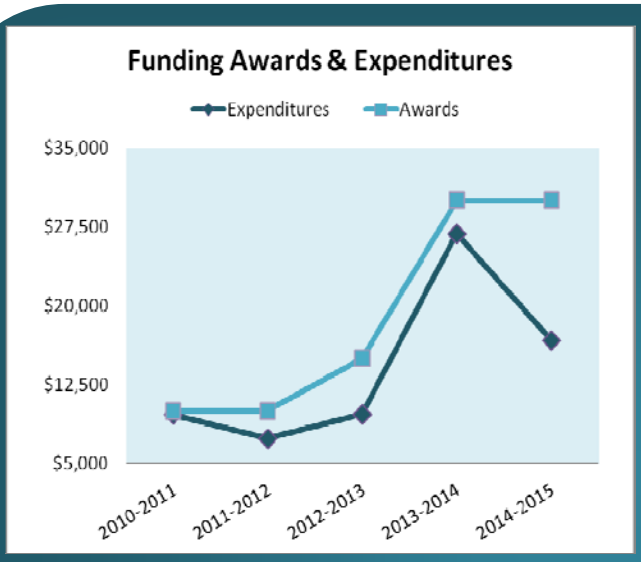
FY '14-'15 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (417)
$12,785	$3,067	$871	5%	$40

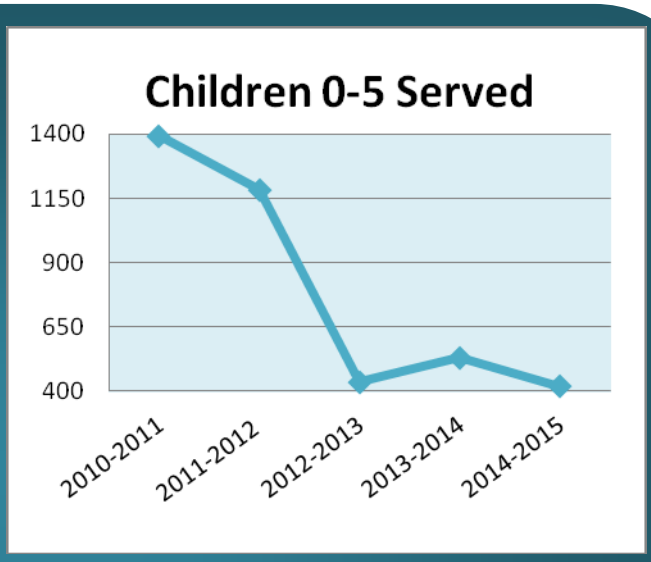
PARTICIPANT TYPE	% SERVED
Children	58%
39% <3; 61% 3-5	
Parents/Guardians	37%
Other Family	5%

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

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

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





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

Program Highlights

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

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

Prior Year Recommendations

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

Planned Versus Actual Outputs / Outcomes

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

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

Recommendations

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

Additionally, it is recommended that the program:

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

Healthy Birth Outcomes (HBO)

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

Program Description

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

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

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

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

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

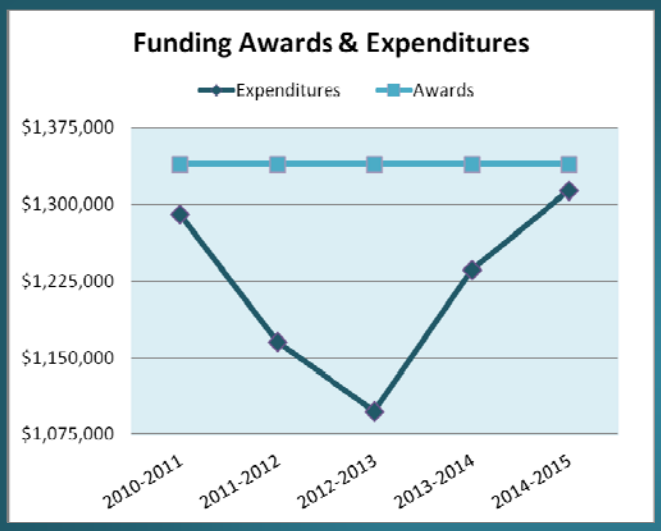
FY '14-'15 Budget / Expenditure Data						
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Cost Per Participant *Home Visits*	Cost Per Participant *Community Groups*	Total Cost Per Participant
$675,467	$113,649	$524,418	10% of personnel	$1,873 (292)	$957 (786)	$1,218 (1,078)

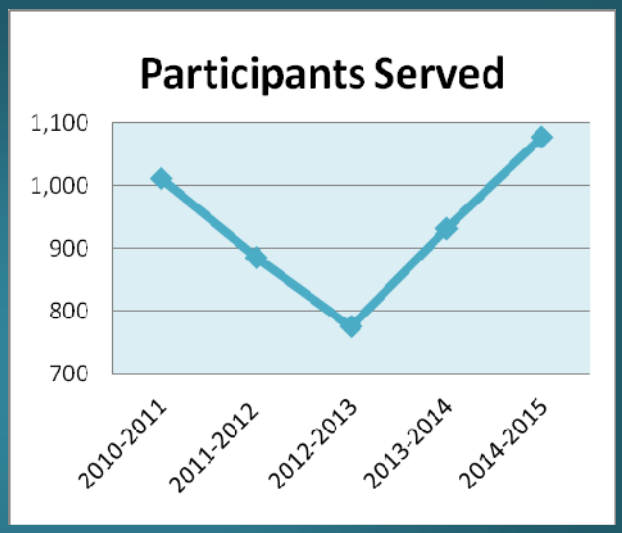
PARTICIPANT TYPE	% SERVED
Children	50%
100% <3	
Parents/Guardians	50%

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

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

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





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

Program Highlights

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

when they conduct home visits of Spanish speaking clients. Program materials are in Spanish and English, the two main languages used by program participants. Most recently, the program reached out to the Afghani refuge population.

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

Prior Year Recommendations

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

Planned Versus Actual Outputs / Outcomes

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

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

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

Recommendations

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

Additionally, it is recommended that the program:

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

Healthy Cubs

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

Program Description

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

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

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

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

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

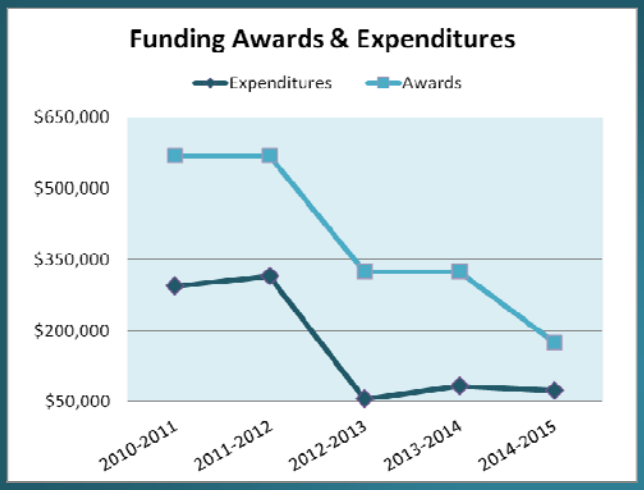
FY '14-'15 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Medical Claims	Indirect Costs	Cost Per Participant (411)
$30,212	$10,214	$25,593	$7,725 (12%)	$179

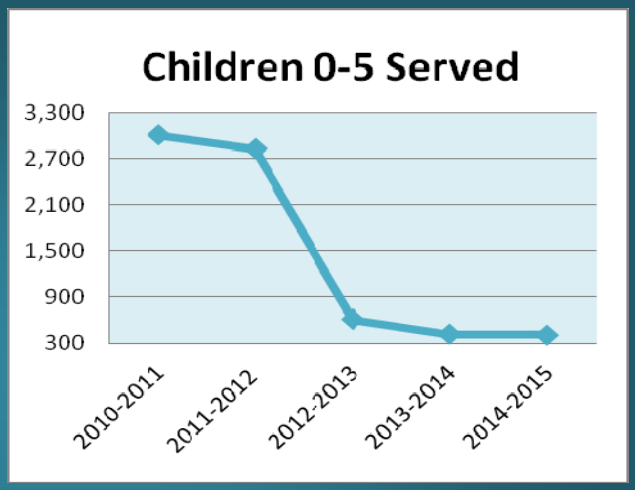
PARTICIPANT TYPE	% SERVED
Children	12%
72% <3; 28% 3-5	
Parents/Guardians	88%

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

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

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





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

Program Highlights

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

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

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

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• No Response Provided
2. Determine impacts the Affordable Care Act (ACA) will have on program operations and design.	• ACA has enabled more families to obtain health coverage; therefore, there are fewer enrollees into the Healthy Cubs Program.

Planned Versus Actual Outputs / Outcomes

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

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

Recommendations

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

Additionally, it is recommended that the program:

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

Result Area 4: Improved Systems of Care/Sustainable Systems

Description

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

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

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

Result Area 4 Services and Service Delivery Strategies

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

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

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

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

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

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

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

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

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

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

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

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

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

Increases in Leveraging Within and Outside of the County

Increase in Resources and Community Assets Leveraged Within the County

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

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

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

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

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

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

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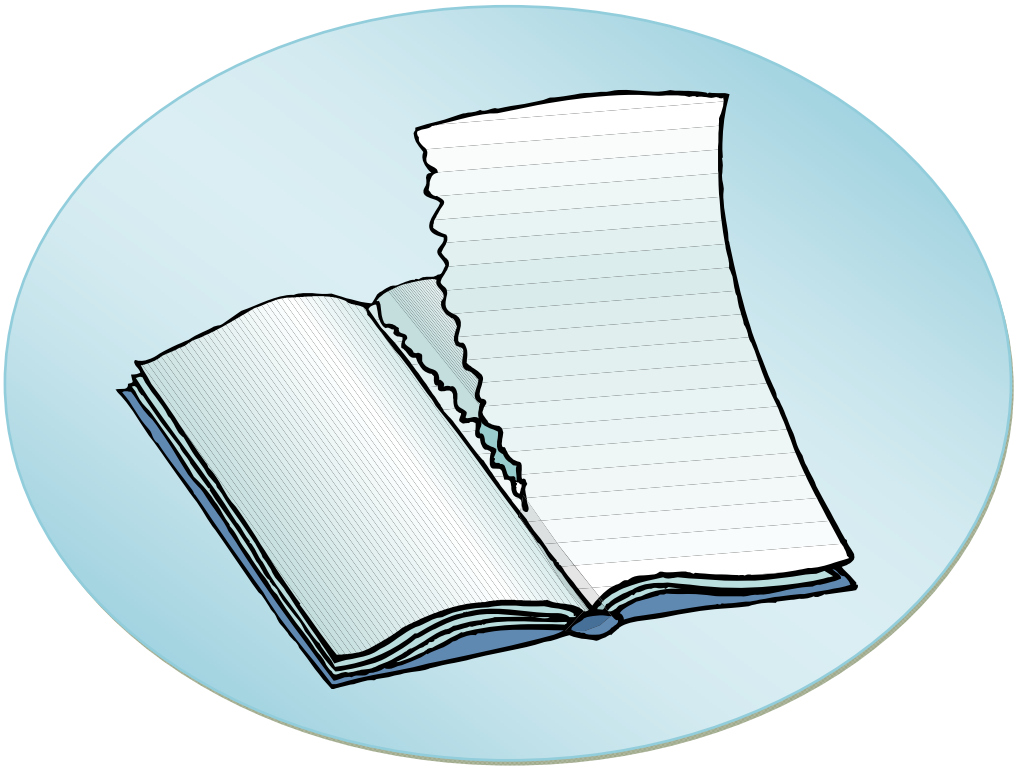

The following stories are told from the perspective of program managers, directors, and case managers to illustrate how Commission funded programs have touched the lives of children and families in Stanislaus – *they are stories within the Commission's larger story.* These are just a few of the many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

0-5 Early Intervention Program

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

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

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

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

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

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

Family Justice Center

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

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

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

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

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

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

Healthy Cubs

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

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

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

Keyes Kindergarten Readiness Program

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

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

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

Turlock Family Resource Center

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

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

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

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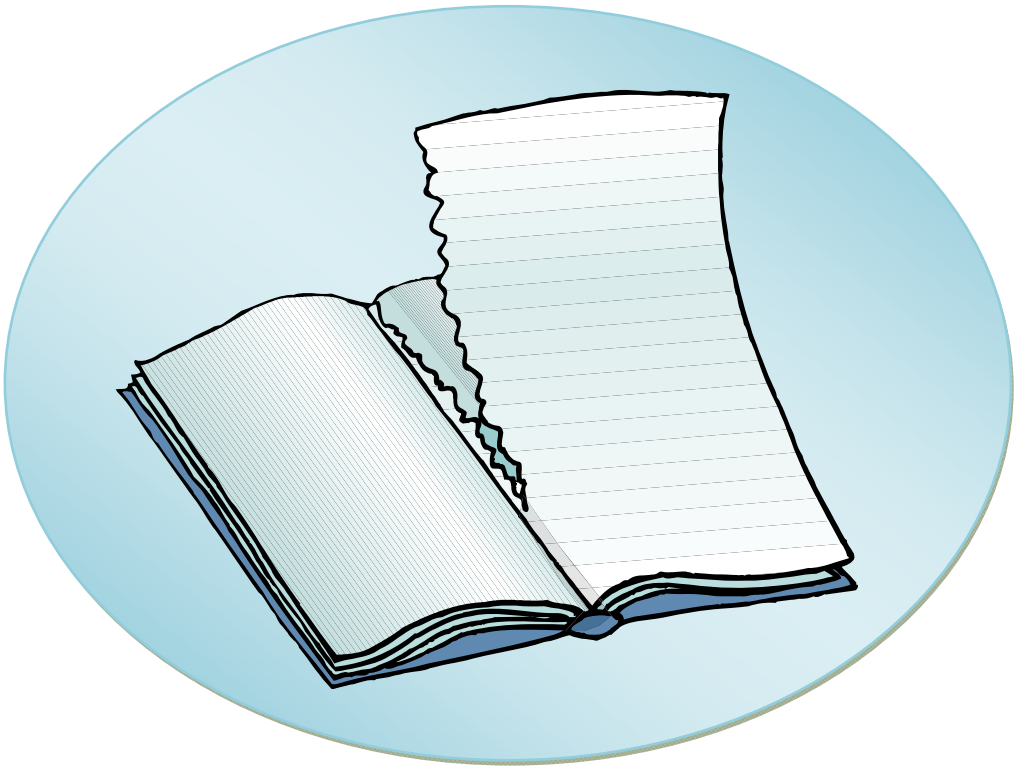

APPENDIX 1 - ACRONYMS

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

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

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

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

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Administrative Committee

Monday, March 07, 2016

Commissioners Present: Nelly Paredes-Walsborn, Madelyn Schlaepfer, and George Skol
Commissioners Absent: Mary Ann Lee
Staff Present: John Sims and Stephanie Loomis

1. The Committee was presented with the 2014-2015 State Annual Report. A public hearing on the report will be held at the March Commission meeting.

2. The Committee was presented with the 2014-2015 Local Program Evaluation report and informed the report will be on the March agenda for the Commission to accept. Staff noted infant mortality rates had been added to the Evaluation for 2014-2015. Commissioner Skol asked where the County ranked compared to the State and staff shared the County ranked 45th for All Races.

3. The Committee was presented with a Monthly Contract Financial Report as of February 29, 2016.

4. The Committee was presented with a Quarterly Financial Report through the second quarter of fiscal year 2015-2016 - July 2015 - December 2015.

5. The Committee was informed that the next Commission meeting is scheduled to be held March 22, 2016 in the Board Room at the Stanislaus County Office of Education. Items to be discussed include:
   a. Public Hearing: 2014-2015 State Annual Report
   b. 2014-2015 Local Evaluation
   c. Monthly Contract Financial Report as of February 29, 2016
   d. Quarterly Financial Report – July 2015 - December 2015
   e. Contractor Program Presentation
   f. Staff Report: Recap of Early Provider Conference – February 20, 2016

STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION
CONTRACT SCHEDULE
2/29/2016

		Budget	Actual Expenditures	Remaining Budget	% Actual to Budget
	RESULT AREA 1: Improved Family Functioning (Family Support, Education, and Services)				
	Community Resource and Referral				
1	211 Project *(United Way)*	$ 80,000	$ 17,848	$ 62,152	22%
	Family Resource Centers:				
2	Ceres Partnership for Healthy Children *(CHS)*	$ 184,648	$ 98,400	$ 86,248	53%
3	Hughson Family Resource Center *(SV)*	$ 118,279	$ 53,810	$ 64,469	45%
4	N. Modesto/Salida Family Resource Center *(SV)*	$ 323,694	$ 96,809	$ 226,885	30%
5	Oakdale/Riverbank Family Resource Center *(CHS)*	$ 157,484	$ 82,466	$ 75,018	52%
6	Parent Resource Center	$ 397,310	$ 150,282	$ 247,028	38%
7	Turlock Family Resource Center *(Aspiranet)*	$ 204,404	$ 29,587	$ 174,817	14%
8	Westside Family Resource Center *(CHS)*	$ 173,538	$ 85,946	$ 87,592	50%
9	The Bridge *(Sierra Vista)*	$ 185,000	$ 83,526	$ 101,474	45%
10	Healthy Start Sites	$ 416,020	$ 166,408	$ 249,612	40%
	Targeted Intensive Family Support Services				
11	Children's Crisis Center	$ 460,000	$ 268,439	$ 191,561	58%
12	Court Appointed Special Advocates	$ 60,000	$ 32,381	$ 27,619	54%
14	Family Justice Center	$ 100,000	$ 47,882	$ 52,118	48%
15	La Familia Counseling Program *(El Concilio)*	$ 98,000	$ 16,019	$ 81,981	16%
16	Zero to Five Early Intervention Partnership *(BHRS)*	$ 1,523,009	$ 723,692	$ 799,317	48%
	Total Area 1:	**$ 4,481,386**	**$ 1,953,496**	**$ 2,527,890**	**44%**
	RESULT AREA 2: Improved Child Development (Child Development Services)				
	Kindergarten Transition Services				
17	Keyes (1)	$ 10,000	$ -	$ 10,000	0%
18	Grayson (1)	$ 10,000	$ -	$ 10,000	0%
19	Riverbank (2)	$ 20,000	$ -	$ 20,000	0%
	Quality ECE Investments				
20	Early Care and Education Conference	$ 12,000	$ 7,577	$ 4,423	63%
	Total Area 2:	**$ 52,000**	**$ 7,577**	**$ 44,423**	**15%**
	RESULT AREA 3: Improved Health (Health Education and Services)				
	Health Access				
21	Healthy Cubs *(Health Services Agency)*	$ 126,278	$ 28,218	$ 98,060	22%
	Maternal & Child Health Care				
22	Healthy Birth Outcomes *(Health Services Agency)*	$ 1,339,160	$ 622,706	$ 716,454	46%
	Oral Health				
23	Dental Education *(Health Services Agency)*	$ 30,000	$ 3,505	$ 26,495	12%
	Total Area 3:	**$ 1,495,438**	**$ 654,429**	**$ 841,009**	**44%**
	RESULT AREA 4: Improved Systems of Care				
	Provider Capacity Building, Training and Support				
24	Healthy Start Support *(SCOE)*	$ 82,378	$ 36,955	$ 45,423	45%
	Total Area 4:	**$ 82,378**	**$ 36,955**	**$ 45,423**	**45%**
	Total Services Contracts	**$ 6,111,202**	**$ 2,652,456**	**$ 3,458,746**	**43%**

STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION
FISCAL YEAR 2015-2016
QUARTERLY FINANCIAL REPORT
12/31/15

		FY 14/15 Budget	Actual	Remaining Budget	% Actual to Budget
1	**Beginning Fund Balance**	$ 10,602,612	$ 10,681,772		
	REVENUE				
2	Interest	$ 84,821	$ 25,376	$ 59,445	30%
3	Tobacco Tax (Prop 10)	$ 5,094,712	$ 1,746,470	$ 3,348,242	34%
4	Grants, SMIF, Misc.	$ -	$ (320)	$ 320	0%
5	**TOTAL REVENUE**	**$ 5,179,533**	**$ 1,771,525**	**$ 3,408,008**	**34%**
	EXPENDITURES				
	Program				
6	Contracts	$ 6,111,202	$ 1,670,262	$ 4,440,940	27%
7	Contracts-Prior Year	$ -	$ 2	$ (2)	
8	Contract Adjustments (TBD)	$ 518,722	$ -	$ 518,722	0%
9	Salaries & Benefits	$ 155,639	$ 42,421	$ 113,218	27%
10	Services & Supplies	$ 31,461	$ 13,737	$ 17,724	44%
11	County Cap Charges	$ 7,934	$ 2,291	$ 5,643	29%
12	**Total Expenditures - Program**	**$ 6,824,958**	**$ 1,728,714**	**$ 5,096,244**	**25%**
	Evaluation				
13	Salaries & Benefits	$ 62,436	$ 8,653	$ 53,783	14%
14	Services & Supplies	$ 9,668	$ 2,008	$ 7,660	21%
15	County Cap Charges	$ 744	$ 491	$ 253	66%
16	**Total Expenditures - Evaluation**	**$ 72,848**	**$ 11,152**	**$ 61,696**	**15%**
	Administration				
17	Salaries & Benefits	$ 304,251	$ 161,657	$ 142,594	53%
18	Services & Supplies	$ 69,012	$ 47,138	$ 21,874	68%
19	County Cap Charges	$ 16,117	$ 8,768	$ 7,349	54%
20	**Total Expenditures - Administration**	**$ 389,380**	**$ 217,563**	**$ 171,817**	**56%**
21	**Total Expenditures**	**$ 7,287,186**	**$ 1,957,429**	**$ 5,329,757**	**27%**
22	**NET INCREASE (DECREASE) TO FUND BALANCE**	**$ (2,107,653)**	**$ (185,904)**		
23	**ENDING FUND BALANCE**	**$ 8,494,959**	**$ 10,495,868**		

Children & Families Commission
93015th Street,
Modesto, CA 95354
Phone: 209.558.6218 Fax: 209.558.6225

Operations Committee

Thursday, March 10, 2016

Commissioners Present: David Cooper, Denise Hunt, and Dr. Walker
Commissioners Absent: Vicki Bauman
Staff Present: John Sims and Stephanie Loomis

1. The Committee was presented with the 2014-2015 State Annual Report. A public hearing on the report will be held at the March Commission meeting.

2. The Committee was presented with the 2014-2015 Local Program Evaluation report and informed the report will be on the March agenda for the Commission to accept. Staff noted infant mortality rates had been added to the Evaluation for 2014-2015.

3. The Committee was presented with a Monthly Contract Financial Report as of February 29, 2016.

4. The Committee was presented with a Quarterly Financial Report through the second quarter of fiscal year 2015-2016 - July 2015 - December 2015.

5. The Committee was informed that the next Commission meeting is scheduled to be held March 22, 2016 in the Board Room at the Stanislaus County Office of Education. Items to be discussed include:
   a. Public Hearing: 2014-2015 State Annual Report
   b. 2014-2015 Local Evaluation
   c. Monthly Contract Financial Report as of February 29, 2016
   d. Quarterly Financial Report – July 2015 - December 2015
   e. Contractor Program Presentation
   f. Staff Report: Recap of Early Provider Conference – February 20, 2016

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Executive Committee

Wednesday, March 16, 2016

Commissioners Present: Vicki Bauman, Vito Chiesa, David Cooper, and George Skol
Commissioners Absent: None
Staff Present: John Sims and Stephanie Loomis

1. The Committee was presented with the 2014-2015 Local Program Evaluation report and informed the report will be on the March agenda for the Commission to accept. Staff noted infant mortality rates had been added to the Evaluation for 2014-2015.

2. The Committee was presented with the 2014-2015 State Annual Report. A public hearing on the report will be held at the March Commission meeting.

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