



Children & Families Commission

April 24, 2018 at 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, April 24, 2018 at 4:00 PM, Board Room, Stanislaus County Office of Education
 1100 "H" Street, Modesto, CA 95354

MEMBERS:

Vicki Bauman
 School Representative

Ignacio Cantu Jr.
 Community Representative

Vito Chiesa
 County Supervisor

David Cooper
 Community Representative

Kathy Harwell
 Chair
 Community Services Agency

Mary Ann Lee
 Health Services Agency

Nelly Paredes-Walsborn, Ph.D.
 Vice Chair
 Community Representative

George Skol
 Community Representative

Julie Vaishampayan, MD
 Public Health Officer

David T. Jones
 Executive Director

The Stanislaus County Children and Families Commission welcomes you to its meetings which are regularly held on the fourth Tuesday of most 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 930 15th Street, 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.



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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.



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COMMISSION MEETING AGENDA

April 24, 2018

Times provided are approximate times.

- 4:00 p.m. I. Welcome & Introductions (Optional) – Chair Harwell
- 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 February 27, 2018 p. 5-51
 - B. Executive Director’s Office
- 4:20 p.m. 1. **Public Hearing** on the First 5 California 2016-2017 Annual Report (the report in its entirety may be viewed at the following link: <http://www.stanprop10.org/meetings.shtm>) p. 52-112
- 4:30 p.m. 2. **Public Hearing** to Adopt Amended Policies and Procedures Manual p. 113-173
- 4:40 p.m. 3. Acceptance of the Report on the Stanislaus County Children and Families Commission 2016-2017 Annual Program Evaluation p. 174-286
 - C. Committee Reports p. 287-291
 - * 1. Accept the Minutes of the Administrative Committee Meeting of April 16, 2018 p. 287
 - a. Monthly Financial Report as of March 2018 p. 288
 - b. Quarterly Financial Report January 2018-March 2018 p. 289
 - * 2. Accept the Minutes of the Operations Committee Meeting of April 17, 2018 p. 290
 - * 3. Accept the Minutes of the Executive Committee Meeting of April 18, 2018 p. 291
- VII. Correspondence
- VIII. Commissioner Reports
- 4:58 p.m. IX. Staff Reports
- 5:03 p.m. X. Adjourn into Closed Session – Public Employee Evaluation, Title: Executive Director, Government Code: 54957(b)

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.



**Commission Meeting Minutes
Tuesday, February 27, 2018
Stanislaus County Office of Education
Board Room
1100 "H" Street, Modesto, CA**

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

Members Present: Vicki Bauman, Ignacio Cantu Jr., David Cooper, Kathy Harwell (Chair), Mary Ann Lee, Nelly Paredes-Walsborn (Vice Chair), George Skol, Dr. Julie Vaishampayan.

Members Absent: Vito Chiesa

Staff Present: David Jones, Executive Director; Veronica Ascencio, Accountant; Denae Davis, Confidential Assistant IV; and Jack Doering, Commission Counsel.

- I. Chair Harwell called the meeting to order at 4:02 p.m. Commission members, staff, and attendees were introduced and welcomed.
- II. Commission members and attendees recited the Pledge of Allegiance.
- III. Announcement of Commissioner Recusals – None
- IV. Public Comment Period – None
- V. Consent Calendar - Agenda items marked by an Asterisk (*)
- VI. Agenda Items

*A. The Commission approved the Commission Meeting Minutes of December 12, 2017.

Approved on the consent calendar. Motion by Skol, Second by Cooper. Unanimously approved.

B. Executive Director's Office

- 1. Approved the authorization to change the name for the Stanislaus County Children and Families Commission to First 5 Stanislaus and authorized the Executive Director to take necessary steps to implement the name change.
New logo/name projected to be implemented by July 1, 2018.
Opened to audience for questions - None
Motion by Paredes-Walsborn, Second by Skol. Unanimously approved.
- 2. Approved one-year contract awards for Fiscal Year 2018-2019 and one-year Contract Reductions for Differential Response Family Resource Center Contracts in Fiscal Year 2018-2019; authorized Executive Director to negotiate and execute contract amendments for the existing DR FRC Contracts for a 10% funding reduction in Fiscal Year 2018-2019; authorized Executive Director to negotiate and execute one-year agreements for Fiscal Year 2018-2019 with service providers; authorized staff to work with contractors to develop budgets up to the amounts specified on the attached contract schedules; designated the following agencies as contractors for Fiscal Year 2018-2019: Children's Crisis Center, Court Appointed Special Advocates, El Concilio (La Familia Counseling), Keyes Union School District (Kindergarten Readiness Program), Riverbank Unified School District (Kindergarten Readiness Program), Sierra Vista Child & Family Services (The Bridge), Stan. Co. Behavioral Health & Recovery Svc. (0-5 EIP), Stan. Co. Health Services Agency (Dental Disease Prevention), Stan. Co. Health Services Agency (HBO Program), Stanislaus County Office of Education (Healthy Start), Stanislaus Family Justice Center, United Way (211 Project);

designated the following DR FRC agencies for 10% reductions in Commission funding during Fiscal Year 2018-2019 only: Aspiranet (Turlock), Center for Human Services (Ceres), Center for Human Services (Oakdale/Riverbank), Center for Human Services (Westside), Parent Resource Center (Central Modesto), Sierra Vista Child & Family Services (Hughson), and Sierra Vista Child & Family Services (N. Modesto/Salida).

Presentation provided by Jones. *Powerpoint with presentation and graphs is attached.* Presentation included funding strategies for the Commission since the mid-2000s. Commission began with the financial strength of a \$23 million fund balance. Its economic drivers are a high community benefit need, poverty, 2x the national unemployment rate, and a tremendous scope of need. Historically there has been a strategic “spend down” of the fund balance through deficit spending. In 2009 a choice was made to have a “fiscal cliff” for the Commission, versus multiple cuts over time. The fiscal cliff was decided upon during the economic recession. During the recession, the state unsuccessfully tried to take Commission fund balances.

The fiscal cliff was designed to maintain program stability and sustainability. The cliff was expected to hit around 2012/2013, but instead the Commission experienced an extended five year time period without hitting the cliff. Benefits of the extension include an extra five years and \$15 million in local investments. The Commission has a history of adjusting its spending plan based on strategic priorities. Sustainability has been an ongoing discussion since 2009, which includes sustainability of services after funding is no longer available. A \$176,000 contract with Social Entrepreneurs, Inc. (SEI) was used for training of funded partners and creation of 16 custom sustainability plans for their organizations. Over time, revenue for the Commission has continued to decline as a result of decreased tobacco consumption through policy changes at the state level. While revenue is important, issue is in the structural plan of deficit spending – it’s not sustainable.

Commission has had five extra years before the cliff hit, there have been tremendous investments made, and we’re currently in a strong economy. Looking at the long range model and fund balance shows a need for change. We all perform community collective impact work. There is a community willingness to participate in collaborative and solution based work, and there is no single agency pulling all 0-5 partners together. The revenue declines continue to be projected. There is a need for greater 0-5 family systems development and coordination, and stronger data systems for 0-5 work.

An economic downturn and its impacts will come and will affect everyone. Looking at the general demographic cohort who we serve, changes with our cohort may require different strategies in the future – it’s a different world today than it was 20 years ago. There is a greater need for projects that are scaled up in the community for impact. There will be decisions made on how to use Children and Families Commission capital and changes in the fiscal policy. Planning is needed for change, the strategic plan we’re going to approach will be a 5 year plan, but our mindset will need to be out 10-20 years, if possible, keeping the community impact over time in mind. We will also keep population and program based outcomes in mind for future discussions. Future roles of the Commission may need to change. We’ve been a direct funder and may continue this. But as our resources become scarce, we’ll need to evaluate our role as a convener? Collaborator? Will we be involved in systems work? Do we look at advocacy and policy as revenue declines? How will we work with and form data? How will we build provider capacity within the community? Part of the context for future decisions is bigger than the cliff.

The Commission meeting in December discussed the possible Fiscal Year 2018-2019 reductions, which has lead to more meetings and extensive dialogue with partners regarding impacts and reductions. Jones has had extensive discussions with each partner. The Commission recognizes what impacts and reductions will mean to each partner, as

most partners are community non-profit organizations. We know that most of the organizations are not fully funded for the services they are already providing and have been making up deficits on their own.

The actions considered by the Commission today will serve multiple purposes: 1) it provides continuity for our funded partners through next fiscal year while at a reduced level, which means approximately 16 months of funding security from today; 2) it provides significant advance notice of reductions in funding to our partners for their fiscal planning purposes for 2018-2019; and 3) provides funding security while partners engage with the Commission's strategic direction/planning process.

Commission actions today include the approval of one-year contract budget allocations per contractor for Fiscal Year 2018-2019 and a one-year only 10% reduction for the Prop 10 DR FRC funding. This reduction would be for Fiscal Year 2018-2019 only. These are three year contracts that will begin their second year at the start of Fiscal Year 2018-2019 and this reduction would be for one-year only. This action does not impact the existing funding from the Community Services Agency as part of the totality of the DR FRC contract. These three year contracts are joint contracts signed by CSA and the Commission to provide a wide spectrum of services. The budget allocations are being approved three months earlier to allow partners extra time to prepare for Fiscal Year 2018-2019. With these changes, it is also acknowledged that organizations will need to change their scopes of what they do with the budget reductions and the SCOARRS criteria will also need to change. Commission staff is committed to working with each partner on both scope and SCOARRS over the next few months. Each DR FRC has complex funding and service mechanisms, changes to contracts carry the potential to impact how the FRCs provide services. In every contract there is a "30-day out" clause which applies to all contracts, including three-year contracts. A contract for Fiscal Year 2018-2019 is not a guarantee of a contract for Fiscal Year 2019-2020. Also, the Commission could decide that as a result of its strategic planning process in 2018, that all existing contracts are eliminated through system restructuring for Fiscal Year 2019-2020. Jones provided a visual of the Proposed 2018-2019 One-Year Contracts, which shows the Commission's level of support to each partner over the years, and what the contract amount for Fiscal Year 2018-2019 would look like, if approved. After careful consideration, conversation, and extensive dialogue, staff has applied a general methodology where one-year contracts above \$1 million received a 20% reduction from Fiscal Year 2017-2018 amounts, contracts over \$60,001 and under \$1 million received a 10% reduction and contracts \$60,000 and under received a 5% reduction. Also noted regarding the chart is the "Healthy Cubs" program is not shown, this is because the Health Services Agency voluntarily requested the Commission no longer fund this program. The Family Justice Center had a \$1,530 accounting adjustment included in the FY 2017-2018 total, therefore their 10% adjustment is based on a \$100,000 contract value, resulting a \$90,000 award for Fiscal Year 2018-2019, if approved, which has been discussed with FJC leadership. Stanislaus County Health Services Agency – Dental Disease Prevention voluntarily took a greater deduction going from \$30,000 down to \$20,000.

Today, approval of the 10% reductions for the Commission's three-year contracts for Fiscal Year 2018-2019 only. For the DR FRCs, it is recommended the Commission approve a 10% reduction in Prop 10 funding only, for a period of one-year only, that being Fiscal Year 2018-2019. Jones displayed a chart showing the Proposed 2018-2019 DR Family Resource Center Contracts. Total changes in funding allocations would be a savings of \$935,010, if contract funding reductions are approved. *Organizations less than \$60,000 took a 5% cut. These organizations include CASA, Keyes Kindergarten Readiness Program, and Riverbank Kindergarten Readiness Program. Concern of 5% being too large of a cut for the smaller organizations.* Jones reviewed the Staff Recommendations. He also noted on page 20 of

the agenda packet for item 1.b, there is an incorrect page number. The sentence should read: "Approve the following contract allocation recommendations on page 19 of the agenda packet and authorize the ED to negotiate and execute the contracts:"

Chair Harwell asked for feedback from Commissioners and then asked for any public comments on the item.

- Colleen Garcia (Children’s Crisis Center) spoke and acknowledged Jones for his time spent and approach regarding the process, meeting, feedback, and discussions on funding.
- Steve Ashman (CASA) spoke and stated CASA is small, but mighty. CASA has 460 on the waitlist, 40% of those served are under 5 years old, but they’re here to create solutions and are supportive of any decision made.

MOTIONS TO ADOPT 2018-2019 CONTRACT ALLOCATIONS

1. ALL COMMISSIONERS CAN VOTE ON THE FOLLOWING MOTION:

I move that the Commission:

- a. Approve the following FRC /DR initiative contract reduction recommendations on page 18 for 2018-2019 with the Community Services Agency (CSA) and authorize the ED to sign 3-way contract amendments with CSA and the following agencies in the following contract amounts:

Agency	Program	Amended Contract Amount	Commission Share for 2018-2019
Aspiranet	Turlock Family Resource Center	\$267,477	\$171,374
Center for Human Services	Ceres Partnership for Healthy Children	\$248,089	\$147,076
Center for Human Services	Oakdale Family Resource Center	\$216,618	\$142,962
Center for Human Services	Westside Family Resource Center	\$270,263	\$214,144
Parent Resource Center	Parent Resource Center	\$584,078	\$315,411
Sierra Vista Child & Family Services	Hughson Family Resource Center	\$187,488	\$132,422
Sierra Vista Child & Family Services	North Modesto Family Resource Center	\$529,408	\$280,032
Totals		\$2,303,421	\$1,403,421

Motion by Lee, Second by Cantu. Unanimously approved.

- b. Approve the following contract allocation recommendations on page [19] of the agenda packet and authorize the ED to negotiate and execute the contracts:

Agency	Program	Line	Amount
El Concilio	La Familia Counseling Program	Line 3	\$88,200
Keyes Union School District	Keyes Kindergarten Readiness Program	Line 4	\$9,500
Riverbank Unified School District	Riverbank Kindergarten Readiness Program	Line 5	\$19,000
Sierra Vista Child & Family Services	The BRIDGE	Line 6	\$166,500
Stanislaus County Behavioral Health & Recovery Services	Zero to Five Early Intervention Partnership	Line 7	\$1,218,407
Stanislaus Family Justice Center	Stanislaus Family Justice Center	Line 11	\$90,000

Motion by Skol, Second by Paredes-Walsborn. Unanimously approved.

2. Commissioner Skol leaves the room. A motion is made:

I move that the Commission approve the following contract allocation recommendation on page 19 of the agenda packet and authorize the ED to negotiate and execute the contract:

Agency	Program	Line	Amount
Children’s Crisis Center	Children’s Crisis Center	Line 1	\$414,000
Court Appointed Special Advocates	Court Appointed Special Advocates	Line 2	\$57,000

Motion by Cooper, Second by Lee. Opposed by Bauman. Skol abstains. Approved.

3. Commissioner Skol returns and Commissioners Lee and Vaishampayan leave the room. A motion is made:

I move that the Commission approve the following contract allocation recommendations on page 19 of the agenda packet and authorize the ED to negotiate and execute the contracts:

Agency	Program	Line	Amount
Stanislaus County Health Services Agency	Dental Disease Prevention Program	Line 8	\$20,000
Stanislaus County Health Services Agency	Healthy Birth Outcomes/Perinatal Home Visitations	Line 9	\$1,071,328

Motion by Bauman, Second by Cooper. Lee and Vaishampayan abstains. Approved.

4. Commissioners Lee and Vaishampayan return and Commissioner Bauman leaves the room. A motion is made:

I move that the Commission approve the following contract allocation recommendations on page 19 of the agenda packet and authorize the ED to negotiate and execute the contract:

Agency	Program	Line	Amount
Stanislaus County Office of Education	Healthy Start	Line 10	\$448,558

Motion by Cooper, Second by Skol. Bauman abstains. Approved.

5. Commissioner Bauman returns and Commissioner Harwell leaves the room. A motion is made:

I move that the Commission approve the following contract allocation recommendations on page 19 of the agenda packet and authorize the ED to negotiate and execute the contracts:

Agency	Program	Line	Amount
United Way of Stanislaus	211 Program	Line 12	\$72,000

Motion by Cooper, Second by Skol. Harwell abstains. Approved.

Commissioner Harwell returns and the meeting continues.

- 3. Approval to Issue a Request for Proposal for Strategic Direction/Planning
 The RFP will have a max contract cost of \$75,000.
 Opened for questions from audience – None
Motion by Skol, Second by Cooper. Unanimously approved.

C. Committee Reports

- *1. Accept the Minutes of the Administrative Committee Meeting of January 8, 2018
 - a. Monthly Financial Report as of December 31, 2017
 - b. Quarterly Financial Report July 2017 – December 2017
- *2. Accept the Minutes of the Operations Committee Meeting of January 11, 2018
- *3. Accept the Minutes of the Administrative Committee Meeting of February 12, 2018
 - c. Monthly Financial Report as of January 31, 2018

- *4. Accept the Minutes of the Operations Committee Meeting of February 15, 2018
- *5. Accept the Minutes of the Executive Committee Meeting of February 21, 2018

VII. Correspondence - None

VIII. Commissioner Reports

- d. Cantu attended the Parent Café at Garrison Elementary where parents were given skills to communicate, discuss, and learn how to strengthen families. Cantu reports a great turn out at event.
- e. Skol and Paredes-Walsborn attended the Early Childcare Conference at the beginning of February. Event was well attended and attendees were very positive.

IX. Staff Reports – None

X. The Commission meeting adjourned at 5:09 p.m.

Fiscal Year 2018-2019 Contracts

Creating the
CONTEXT

20th
anniversary



We are at the tail-end of an

historic & impactful
fiscal strategy

Understanding our Past

- Early years, finding our way
- Early fund balance & financial strength

\$23 million fund balance

Economic drivers of our community

- High community benefit need
- Poverty
- 2x national unemployment
- Tremendous scope of need

Funding history

- Strategic spend down of fund balance
- Done by deficit spending
- 2009 choice of fiscal cliff vs. death by a thousand cuts

Understanding the Fiscal Cliff

- Recognize challenging economic environment
- State tries to grab fund balance
- Designed to maintain program stability
- Sustainability

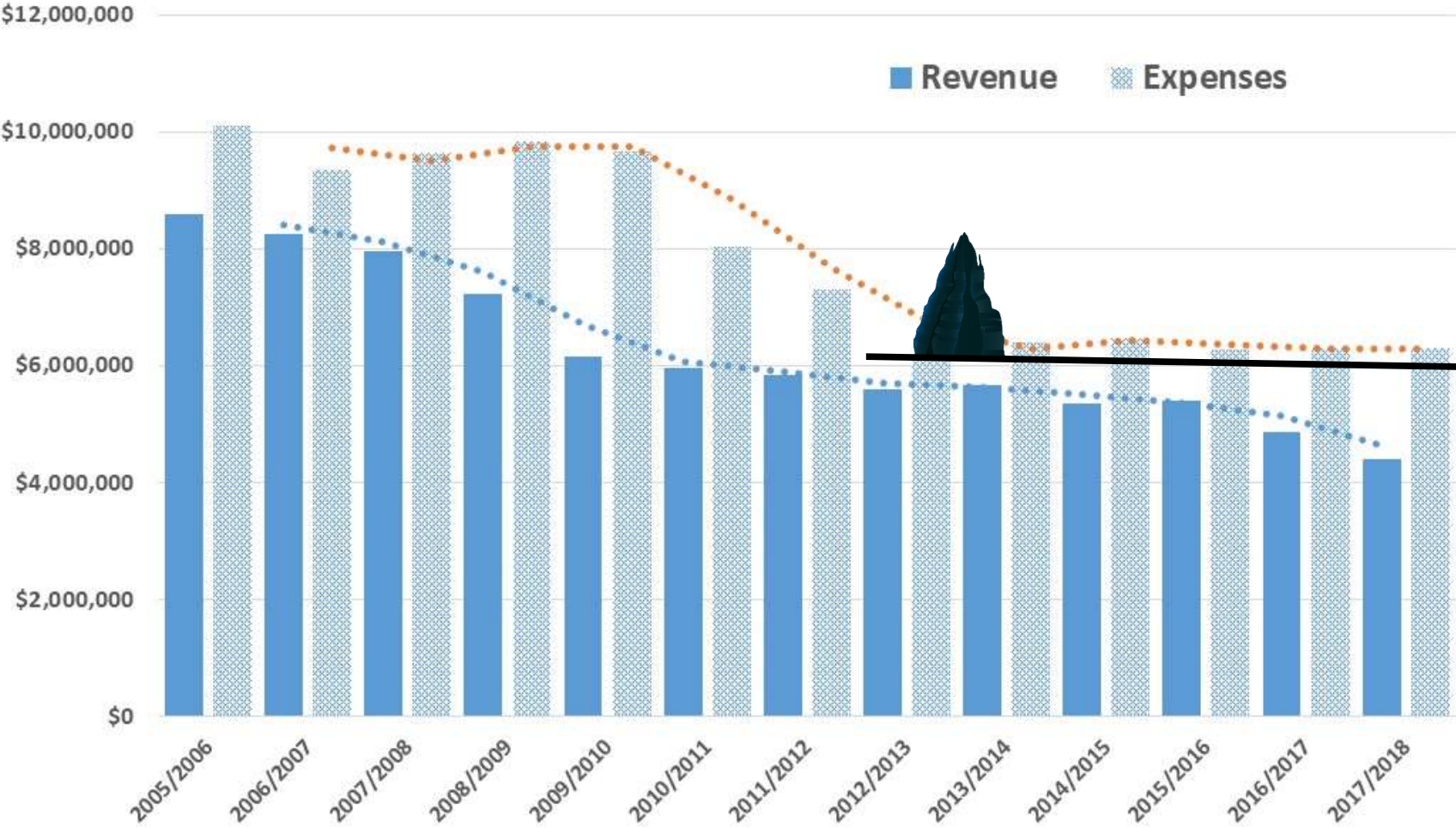


Understanding the Fiscal Cliff

A strategy that
would end



CFC Revenue/Expenses Since 2005-2006



Extra benefits/challenges of the cliff strategy

- Extra 5 years and \$15 million investment
- Comfort level that funding is always there

Strategy through the years

- Long-term stability for funded partners
- Commission has adjusted spending strategies as needed
- Ongoing “cliff” discussion

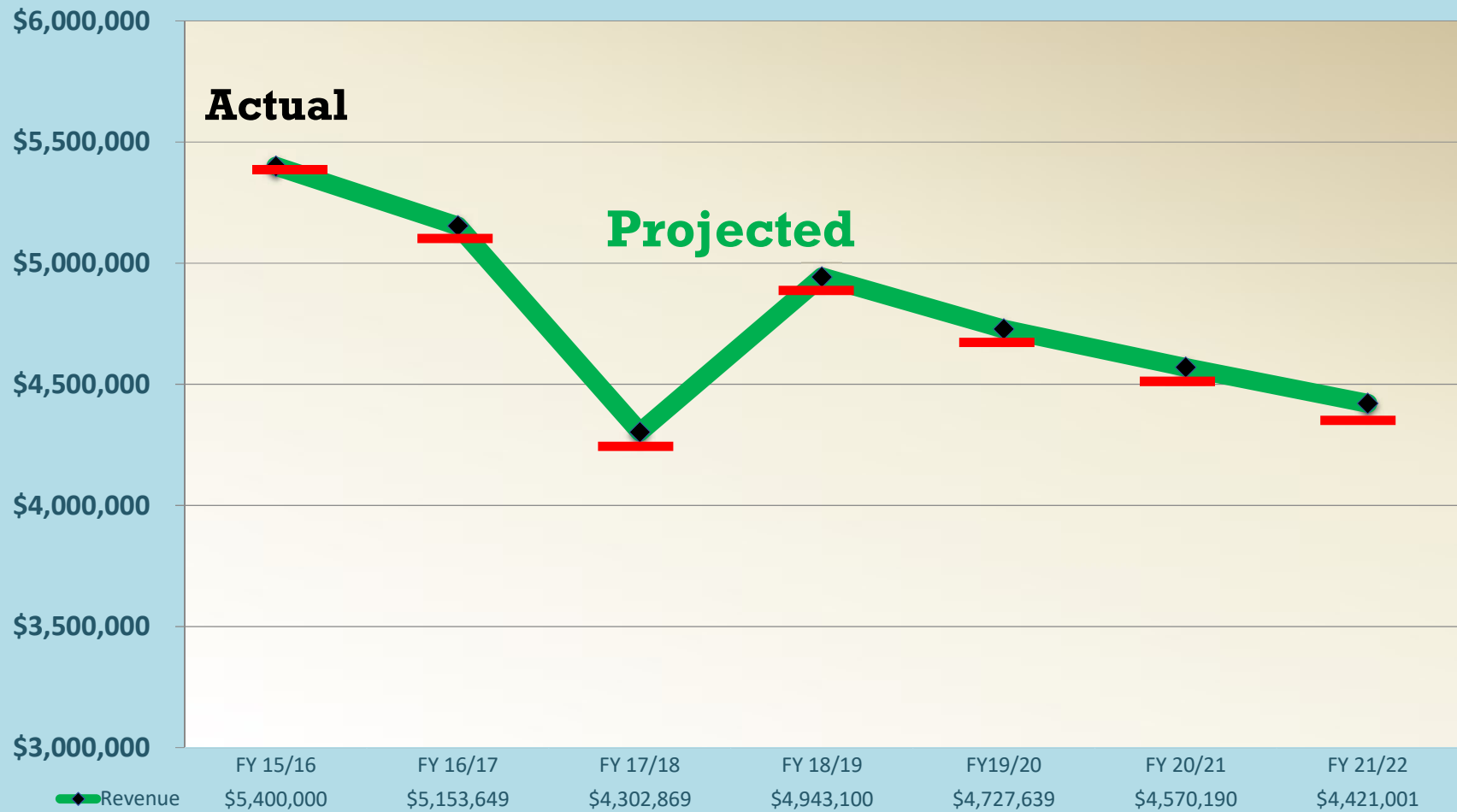
Sustainability

- Focus on sustainability of services after funding is no longer available
- SEI \$176,000 contract for trainings and creation of 16 custom plans for sustainability

Sustainability plans

- Center for Human Services (Family Resource Centers)
- Children's Crisis Center
- El Concilio
- Parent Resource Center
- Sierra Vista Child and Family Services (Family Resource Centers)
- Stanislaus County Behavioral Health and Recovery Services (0-5 EIP)
- Stanislaus County Health Services Agency (Healthy Cubs and Healthy Birth Outcomes)
- Stanislaus County Office of Education (Healthy Start)
- United Way (211 Program)

REVENUE TRENDS



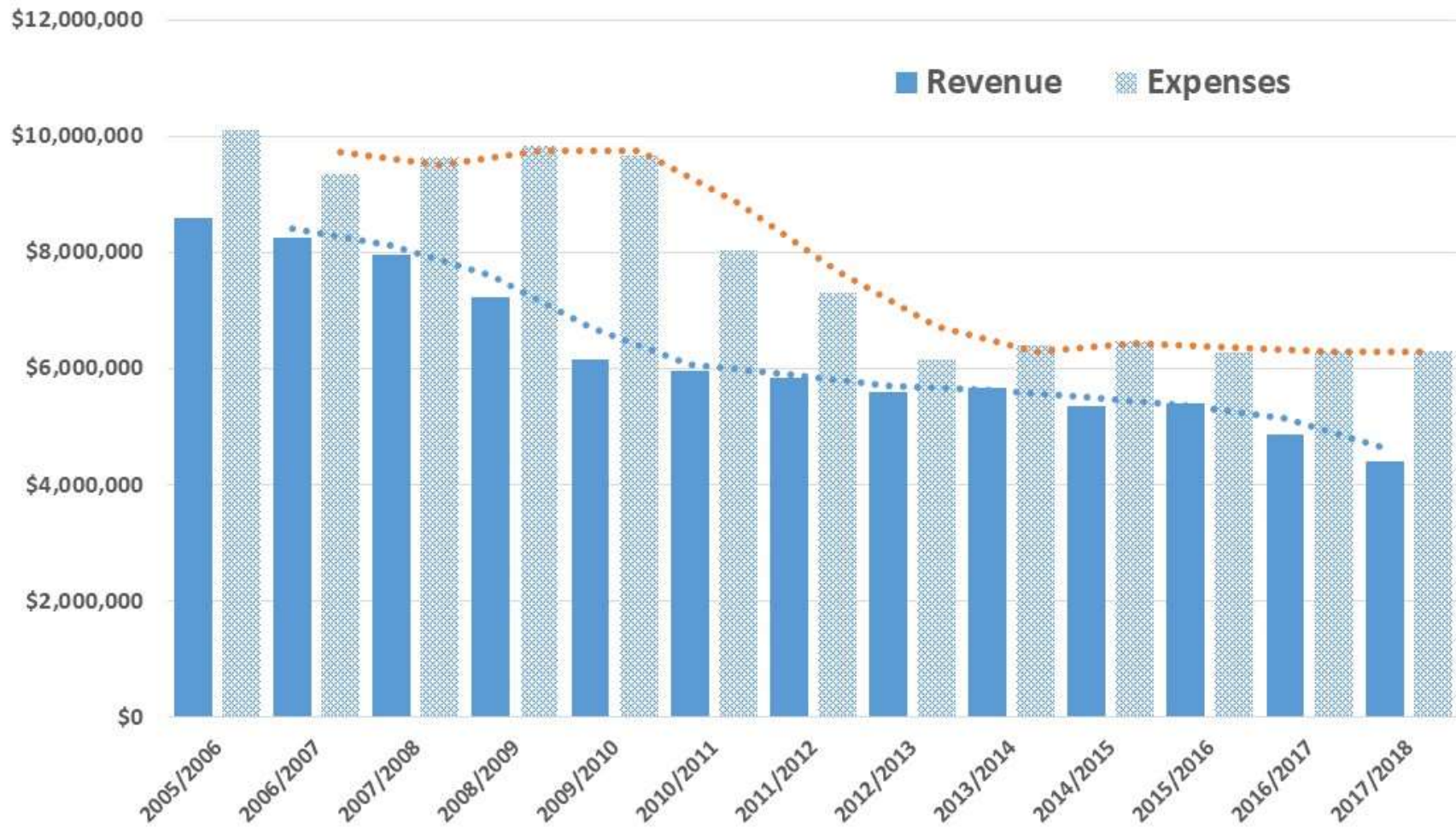
There are no
bags of money
big enough



This is a planned
structural issue

a deficit spending
strategy is
not sustainable

CFC Revenue/Expenses Since 2005-2006



It's time to plan

and implement
updated priorities

This is not business as usual . . .

Driving factors today

- We're five years later than planned
- We've made tremendous investment
- We're in a very strong economy
- Many reasons to celebrate

Driving factors today - fiscal

- Long-range model shows need for change
- Fund balance shows we need to make change
- Revenue declines continue to be projected

Driving factors today - other

- Community collective impact work
- Community willingness to participate in collaborative work
- No single agency pulling all 0-5 partners together

Driving factors today - other

- There is need for greater 0-5 and family systems development and coordination
- Need for stronger data systems for 0-5 work
- Economic downturn & its impacts will come

Driving factors today - other

- Generational demographic cohort changes require a possible change in strategies
- Greater need for projects that scale up for impact

Driving factors today - other

- Decisions on how to use CFC capital/fiscal policy
- Planning needed for change – possibly 10-20 years if possible
- Population-based as well as program outcomes

Future roles of the Commission?

- Direct funder
- Convener/collaborator/systems work
- Advocacy/policy
- Measuring impact/data
- Building provider capacity

Context for future decisions

- It's not just about the cliff
- The environment has changed over 20 years

**1998
Civic**



**2018
Civic**



Nokia 9000

first smartphone series



Iphone X



Where is the Commission today?

- Taking thoughtful steps
- Name change
- Budget reductions for FY 2018-2019
- Strategic /direction planning

Current Commission actions

- December Commission meeting discussion of possible reductions for FY 2018-2019
- Meetings and extensive dialogue with partners for impacts of various reductions

Current actions

- Dialogue has been extremely impressive
- Consideration of FY 2018-2019 contracts

Commission actions today

- Approve one-year contract budget allocations for FY 2018-2019

Proposed 2018-2019 One-Year Contracts		FY 2018-2019	Total Award
Agency	Program Name	Amount	Since Start
Children's Crisis Center	Respite Shelter	\$414,000	\$ 7,241,387
Court Appointed Special Advocates (CASA)	CASA	\$57,000	\$ 297,000
El Concilio	La Familia Counseling	\$88,200	\$ 1,772,200
Keyes Union School District	Keyes Kindergarten Readiness	\$9,500	\$ 69,500
Riverbank Unified School District	Riverbank Kindergarten Readiness	\$19,000	\$ 139,000
Sierra Vista Child & Family Services	The Bridge	\$166,500	\$ 2,171,500
Stan Co Behavioral Health & Recovery Services	Zero to Five Early Intervention Partnership	\$1,218,407	\$ 21,462,585
Stan Co Health Services Agency	Dental Disease Prevention	\$20,000	\$ 210,000
Stan Co Health Services Agency	Healthy Birth Outcomes/Perinatal H. V.	\$1,071,328	\$ 20,138,004
Stanislaus County Office of Ed.	Healthy Start	\$448,558	\$ 7,983,991
Stanislaus Family Justice Center	Stanislaus Family Justice Center	\$90,000	\$ 925,640
United Way of Stanislaus	211 Program	\$72,000	\$1,473,159
Total		\$3,674,493	\$ 63,883,966

Commission actions today

- Approve issuing a 10% reduction for the Commission's three-year contracts for FY 2018-2019 only

Proposed 2018-2019 DR Family Resource Center Contracts		Total Contract	FY 2018-2019
Agency	Program Name	Amount	Prop 10 Amount
Aspiranet	Turlock Family Resource Center	\$267,477	\$171,374
Center for Human Services	Ceres Partnership for Healthy Children	\$248,089	\$147,076
Center for Human Services	Oakdale Family Resource Center	\$216,618	\$142,962
Center for Human Services	Westside Family Resource Center	\$270,263	\$214,144
Parent Resource Center	Parent Resource Center	\$584,078	\$315,411
Sierra Vista Child & Family Services	Hughson Family Resource Center	\$187,488	\$132,422
Sierra Vista Child & Family Services	North Modesto Family Resource Center	\$529,408	\$280,032
Totals		\$2,303,421	\$1,403,421

Funding allocations

- Total changes, if approved, would result in a decrease in contract funding of approximately \$935,010 from the Fiscal Year 2017-2018 contract level. **

***adjusted for FRC \$1530 accounting adjustment in FY 2017-2018*

Staff Recommendations

- Authorize the Executive Director to negotiate and execute contract amendments for the existing DR FRC Contracts for a 10% funding reduction in Fiscal Year 2018-2019.

Staff Recommendations

- Authorize the Executive Director to negotiate and execute one-year agreements for Fiscal Year 2018-2019 with service providers.

Staff Recommendations

- Authorize staff to work with contractors to develop budgets up to the amounts specified on the attached contract schedules.

Other comments

- On page 20 of the agenda packet for item 1.b, there is an incorrect page number. The sentence should read:

“Approve the following contract allocation recommendations on page 19 of the agenda packet and authorize the ED to negotiate and execute the contracts:”

Any Questions



It's All About The Kids

Stanislaus County Children and Families Commission

ACTION AGENDA SUMMARY

COMMITTEE ROUTING	
Administrative/Finance	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
Executive	<input checked="" type="checkbox"/>

AGENDA DATE: April 24, 2018

COMMISSION AGENDA #: VI.B.1

SUBJECT:

Public Hearing on the First 5 California 2016-2017 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 Financial Committee, Operations and Executive Committee heard this item at their respective meetings in April 2018.

STAFF RECOMMENDATIONS:

1. Conduct a public hearing on the First 5 California 2016-2017 Annual Report.
2. Accept the First 5 California 2016-2017 Annual Report.

FISCAL IMPACT:

There is no fiscal impact associated with holding a Public Hearing on the First 5 California 2016-2017 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: _____

Denae J. Davis – Confidential Assistant IV



2016-17 | FIRST 5 CALIFORNIA ANNUAL REPORT

Building a Quality Early Childhood System Together



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.



Building a Quality Early Childhood System Together

2016–17 | 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

Conway Collis
Appointed by Speaker of Assembly

Muntu Davis
Appointed by Governor

Erin K. Pak (Member until January 30, 2017)
Appointed by Senate Rules Committee

Alejandra Campoverdi
Appointed by Senate Rules Committee

Lupe Jaime
Appointed by Governor

Shana Hazan
Appointed by Speaker of Assembly

Ex-Officio Member:
Diana Dooley
Secretary of the California Health and Human Services Agency

Jim Suennen, Ex-Officio Designee



Building a Quality Early Childhood System Together

MESSAGE FROM THE EXECUTIVE DIRECTOR

As California continues to evolve a system of early learning and care, First 5 California is encouraged to see the continuous strides we've made to support children and families this past year. Our mission is to "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." This mission forms the foundation for everything we do.

As the theme of this year's Annual Report will suggest, the past year has been focused on our continued investments to: 1) inform and support families on the early brain science around the power of talking, reading, and singing to their children; 2) advocate at the local, state, and federal levels for policies and funding to support the states youngest families and their children; and 3) develop a system of quality early childhood education and care. Significant advancements in this ambitious effort could not have happened without our continued partnerships with local First 5 county commissions and the mutual goals and vision we share for a brighter future.

Highlighted throughout this report are the accomplishments and collaborative efforts at both the state and local levels. They include:

- The launch of the fourth year of the *Talk. Read. Sing.*® public education and outreach campaign to inform parents and the public about the importance of early brain development through positive verbal engagement with young children; it continues to reach millions of Californians through television and radio ads, social media, and the First 5 California Parent Website
- Two pieces of First 5 California-sponsored legislation signed into law to expand opportunities for parents and caregivers to talk, read, and sing to babies in nurturing environments: Senate Bill 63 by Senator Hannah Beth Jackson, will extend job protections to 2.6 million more Californians when they take family leave with their new baby, and Assembly Bill 60 by Assemblymember Miguel Santiago was adopted in the 2017-18 Budget Act to expand subsidized child care eligibility and allow children to remain in their early learning setting for a minimum of one year—regardless of parent income changes.
- A successful second year of First 5 IMPACT (Improve and Maximize Programs so All Children Thrive), which included strides in local implementation of a quality rating and improvement system (QRIS) throughout all 58 counties, as well as increased participation from various early learning sites (e.g., centers; family child care homes; family, friend, and neighbor care; family resource centers; libraries, etc.) partaking in quality improvement activities
- Continued collaboration with state and local partners to administer California's locally-implemented QRIS, which adopted a new name in 2017: *Quality Counts California—Raising the Quality of Early Learning and Care* (formerly California QRIS)
- Development of a Dual Language Learner pilot, which will examine culturally and linguistically responsive and effective teaching practices and strategies for the development of DLL children ages 0 to 5 in early learning settings

We look forward to our ongoing partnerships with the First 5 county commissions and other state and local stakeholder groups as we move ahead with renewed optimism and commitment to invest in quality programs, resources, and support in early learning and health for our youngest children and their families.



CAMILLE MABEN
EXECUTIVE DIRECTOR, FIRST 5 CALIFORNIA

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Ensuring California’s Children Receive the Best Possible Start in Life and Thrive

PROPOSITION 10 AND THE LEGACY OF 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 nearly two decades, the California Children and Families Commission (First 5 California) has established standards of quality child care and invested in the development of programs and services emphasizing improvement in early education, child care, child health and development, research, and community awareness.

STRATEGIC PLAN

First 5 California’s Strategic Plan serves as an important compass for the Commission’s deliberations on how best to plan future work, investments, and partnerships. The Strategic Plan establishes a vision, mission, and values for the agency, along with strategic priority areas and goals for how First 5 California will act as a leader in its field. The vision of First 5 California is for all of the state’s children to receive the best possible start in life and thrive. The agency seeks to realize this vision by working on behalf of California’s children prenatal through age 5 and their families to create a comprehensive, integrated, culturally competent, and coordinated

system that optimizes early childhood development. First 5 California’s mission is to serve as a convener and partner that both supports and leads the movement to create and implement this system.

The agency’s work is driven by its values, including, but not limited to, its commitment to collaboration, civic engagement, accountability, and sustainability. The agency’s efforts are focused within the Plan on four strategic priority areas: creating child- and family-centered systems; providing leadership across networks and from a systems-approach; developing organizational capacity through strong internal systems and team members; and engaging the general public, and state and federal government to build public will and investment around its vision and mission.

The current Strategic Plan was revised by the Commission in April 2017, and will guide and focus First 5 California’s endeavors over five years from 2014 to 2019. For more information about the Strategic Plan, please go to http://www.cfcf.ca.gov/about/pdf/commission/resources/F5CA_Strategic_Plan.pdf.

BUILDING PUBLIC WILL AND INVESTMENT

First 5 California’s Children’s State Policy Agenda guides the agency’s efforts to advocate before the state Legislature for a comprehensive, integrated, culturally competent, and coordinated system to support California’s youngest children. The

Commission's 2017–18 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 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, First 5 California 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 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 shared goals. First 5 California continued to expand its policy and advocacy engagement in 2017, guided by its Policy Agenda which focused on the following four areas the Commission identified as its top state policy priorities, including targeted goals within each priority area to achieve a seamless statewide system of integrated and comprehensive programs for children and families:

Strong and Engaged Families and Communities

- Support evidence-based parent education and engagement, including parent engagement on child brain development and *Talk. Read. Sing.*[®]
- 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 visit programs

Child Health

- Protect children and families' access to health care, and support coordination across the health care system to ensure every pregnant mother and child age 0 to 5 has affordable and comprehensive health insurance coverage
- 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

First 5 Revenue

- Promote inclusion of funding 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, and sustainability of licensing and enforcement 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 2016–17, First 5 California received \$79.9 million and county commissions received \$318.9 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 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 Program Management Division and Administrative Services, Evaluation, Executive, Communications, External and Governmental Affairs, Fiscal Services, Contracts and Procurement, and Information Technology Offices 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
- Legislative advocacy efforts

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 2016, the Controller published its review of the counties’ audits for FY 2014–15, 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.cafc.ca.gov/research/research_reporting_tools.html.



FIRST 5 SUMMIT

As part of First 5 California's commitment to convene, align, collaborate, and support statewide efforts and initiatives to improve outcomes for children, First 5 California hosted the 2016 Child Health, Education, and Care Summit in November.

First 5 California partnered with departments in the Health and Human Services agency, as well as the California Department of Education and California Community Colleges, to hold the event. Approximately 700 early care and education professionals attended the 3-day Summit, which included breakout sessions, keynote addresses, and an evening reception featuring the documentary, *The Beginning of Life*.

The Summit highlighted a special strand focusing on California's Quality Rating and Improvement System implementation across all types of early childhood settings.

According to a Summit attendee, "This is becoming my favorite California conference to attend. This conference is top notch and I always come away with a wealth of "cutting edge" and relevant information to share with the early educators in my region."

NEW LEGISLATION

First 5 California continued to garner awareness of the importance of First 5-funded programs and significant state-level support for its Children's Policy

Agenda goals from policymakers, advocacy partners, and other stakeholders during the 2017–18 state legislative and budget session. By expanding the reach of First 5 California's policy education efforts, deepening its advocacy partnerships, and continuing its commitment to shared priorities with its partners and leaders in the Legislature, significant gains were made in each priority area.

2017 was an active year for policies impacting young children, and First 5 California sponsored legislation for the first time in over a decade. First 5 California co-sponsored AB 60 (Santiago and Gonzalez-Fletcher) with Parent Voices and the Child Care Law Center, which was implemented and fully funded through the 2017-18 Budget Act. The policy provisions of AB 60 adopted in the Budget Act modernize how working parents become eligible for child care subsidies by updating eligibility criteria to 70 percent of the current state median income (SMI) for all child care programs, taking into account the increasing state minimum wage and cost of living in California, and creating a graduated exit threshold of 85 percent of the modern SMI. Prior to this year's Budget Act, the State Budget had frozen the eligibility threshold for state subsidized child care at 70 percent of the 2005 SMI. In addition, the policy also ensures families receive a minimum of 12 months of continuous care, even if they experience minor pay changes, so they will not be forced to decline a raise in order to retain care for their children. These historic changes to family eligibility will help put more families within reach of California's limited state-subsidized child care programs.

First 5 California also co-sponsored the New Parent Leave Act—SB 63 (Jackson)—with the California Employment Lawyers Association and Legal Aid at Work, which was signed into law on October 12, 2017. SB 63 provides up to 12 weeks of job-protected maternity and paternity leave for more California employees. Prior to the passage of SB 63, only those who worked for an employer of 50 or more employees were eligible for job-protected parental leave to bond with a newborn or newly adopted child. SB 63 extends these protections to those who work for an employer with 20-49 employees. Consistent with First 5 California's *Talk. Read. Sing.*® campaign, SB 63 is based on the social equity imperative that every parent needs and deserves the facts about early brain science and must understand their crucial role in nurturing

their young children. Parents who talk, read, and sing to their children are developing their children's brain capacity and thus, their futures. SB 63 helps more parents take this pivotal action.

In addition to the historic legislative wins the early care and education (ECE) field experienced in 2017, the year also provided significant budget wins for the state's youngest children and their families, which were achieved through shared advocacy efforts between First 5 California and its early childhood education and care partners and leaders in the Legislature. First 5 California and the ECE Coalition were successful in advocating to restore the "paused" multi-year budget agreement to increase reimbursement rates and preschool slots, resulting in almost a quarter of a billion dollars in increased funds for per-child funding rates for all child care programs.

First 5 California is committed to building on its 2017 advocacy achievements by continuing to strengthen its partnerships with stakeholders and its efforts to build policymakers' knowledge base, will, and investment in shared priorities. Capitalizing on the momentum and commitment to early childhood education and care in the Legislature, First 5 California staff and partners pledge to work with the Legislative Women's Caucus and the Assembly Speaker's Blue Ribbon Commission on a road map for building a stronger, more comprehensive, high-quality early learning system for all California's children, and on how to best invest scarce resources in this crucial foundation for lifelong success. 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.

PARTNERSHIPS AND COLLABORATIVE EFFORTS

California Essentials for Childhood Initiative

First 5 California participated with other state agencies in the California Essentials for Childhood Initiative. Under a competitive five-year grant from the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH) co-leads the initiative with the California Department of Social Services, Office of Child Abuse Prevention. Using a collective impact model to address child maltreatment as a public health issue, the project focuses on: 1) raising awareness and commitment to promote safe, stable, nurturing relationships and environments; 2) creating the context for healthy children and families by changing social norms, programs, and policies; and 3) using data to inform actions. The Shared Data and Outcomes Workgroup identified three sources of data about adverse childhood experiences (ACEs) and resilience as well as key life course indicators for most California counties. The information is located on the Lucile Packard Foundation for Children's Health website (kidsdata.org).





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:

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

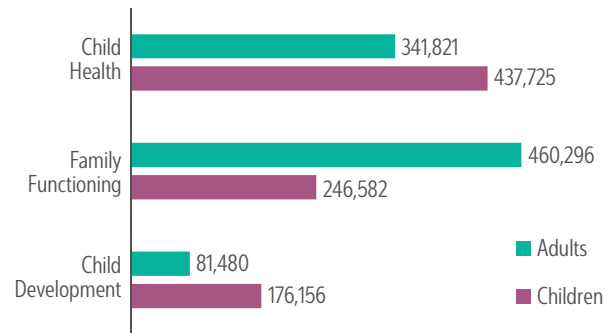
These result areas comprise a framework for reporting and assessing early childhood outcome data. Appendices A and B include descriptions of the result areas and services for First 5 California and 58 county commissions. This data reporting framework provides a statewide overview of the number, type, 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 1 contains the total numbers of services provided to children ages 0 to 5 and adults in FY 2016–17 for Improved Family Functioning, Improved Child Development, and Improved Child Health.

The distribution of total expenditures, \$361,376,215 for children ages 0 to 5 and adults receiving services in 2016–17, is presented by result area in Exhibit 2.

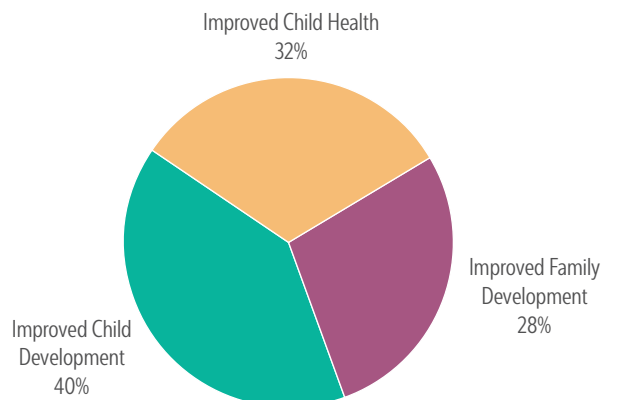
The result area, Improved Systems of Care (\$54,461,119), differs from the others; it consists of programs and initiatives that support program providers in the other three result areas.

Exhibit 1: Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2016–17 Across Result Areas



*Totals for Adults include both Adult and Provider counts

Exhibit 2: Total Expenditures for Children Ages 0 to 5 and Adults in FY 2016–17 by Result Area



Source: County Revenue and Expenditure Summary, November 2017





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

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 2016–17, First 5 county commissions provided 246,582 services to improve family functioning for children ages 0 to 5, and 460,296 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 3 displays the numbers of services provided. For children served, 41 percent were under 3 years old.

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group (50 percent). For children reporting a primary language, services were provided to English speakers 62 percent of the time and to Spanish speakers 33 percent of the time.

In FY 2016–17, county commissions invested \$146 million to improve Family Functioning. Exhibit 4 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.

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.

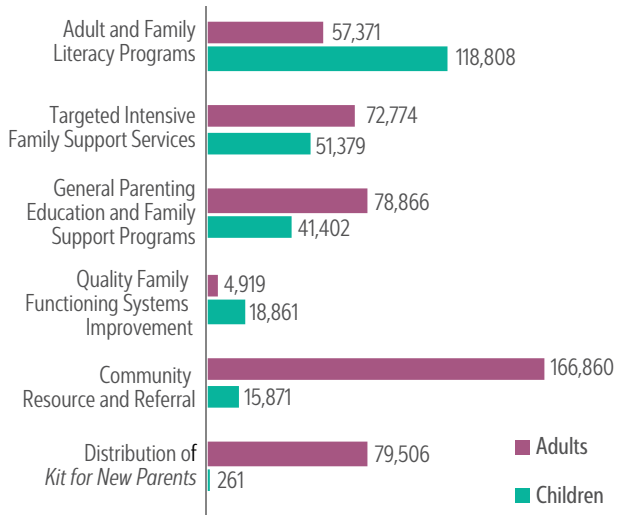
In FY 2016–17, First 5 county commissions delivered 176,156 child development services to children ages 0 to 5 and 81,480 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 5 displays the numbers of services provided. For children served, 35 percent were under 3 years old.

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group of services (70 percent). For children reporting a primary language, services were provided to English speakers 59 percent of the time and Spanish speakers 38 percent of the time.

In FY 2016–17, county commissions expended \$100 million to improve Child Development. Exhibit 6 shows the distribution of expenditures by service category.

Exhibit 3:

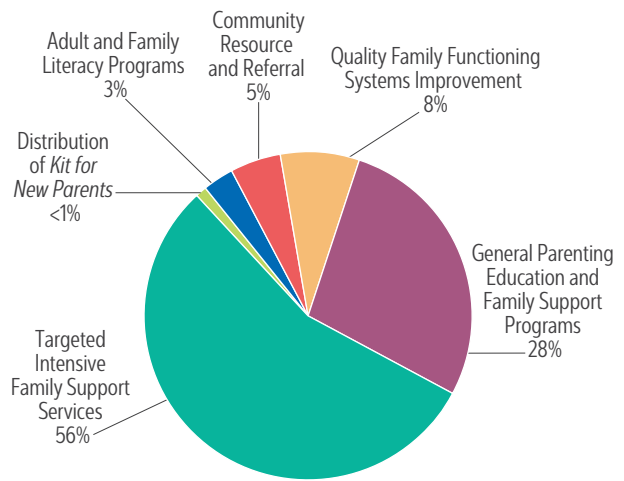
Family Functioning—Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2016–17 by Service



*Totals for Adults include both Adult and Provider counts

Exhibit 4:

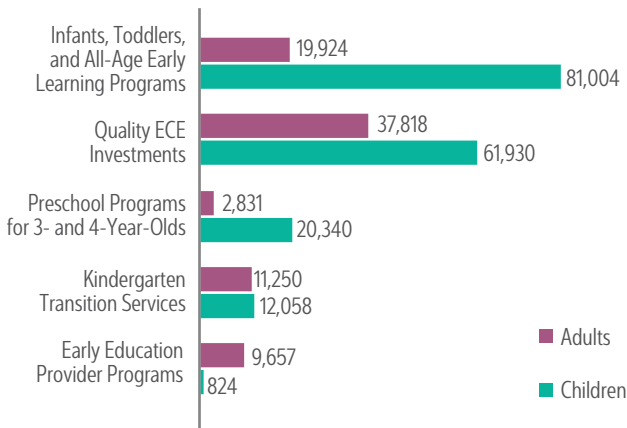
Family Functioning—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2016–17 by Service



Note: Does not add up to 100% due to rounding
Source: County Revenue and Expenditure Summary, November 2017

Exhibit 5:

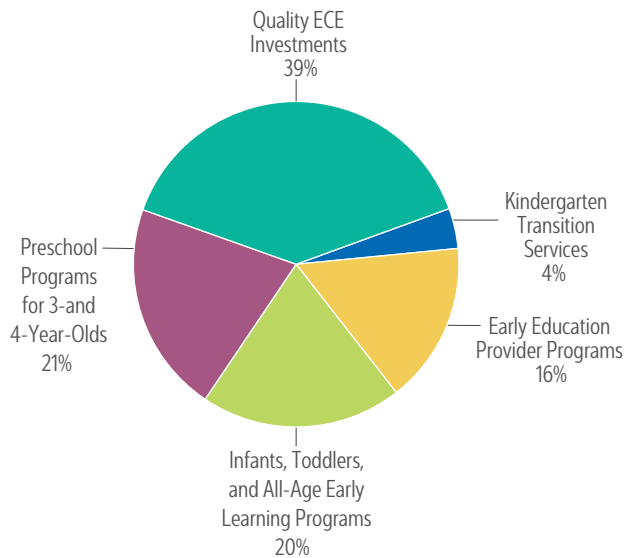
Child Development—Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2016–17 by Service



*Totals for Adults include both Adult and Provider counts

Exhibit 6:

Child Development—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2016–17 by Service



Source: County Revenue and Expenditure Summary, November 2017

IMPROVED CHILD HEALTH

First 5 county commissions fund a variety of 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 2016–17, First 5 county commissions provided 437,725 services designed to improve Child Health to children ages 0 to 5, and 341,821 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 7 displays the numbers of services provided. For children served, 30 percent were under 3 years old.

While children and adults from all ethnic groups received services, for those reporting an ethnicity,

Latinos were the largest recipient group of services (65 percent). For children reporting a primary language, services were provided to English speakers 54 percent of the time and Spanish speakers 41 percent of the time.

In FY 2016–17, county commissions expended \$116 million to improve Child Health. Exhibit 8 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

Exhibit 7:

Child Health—Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2016–17 by Service

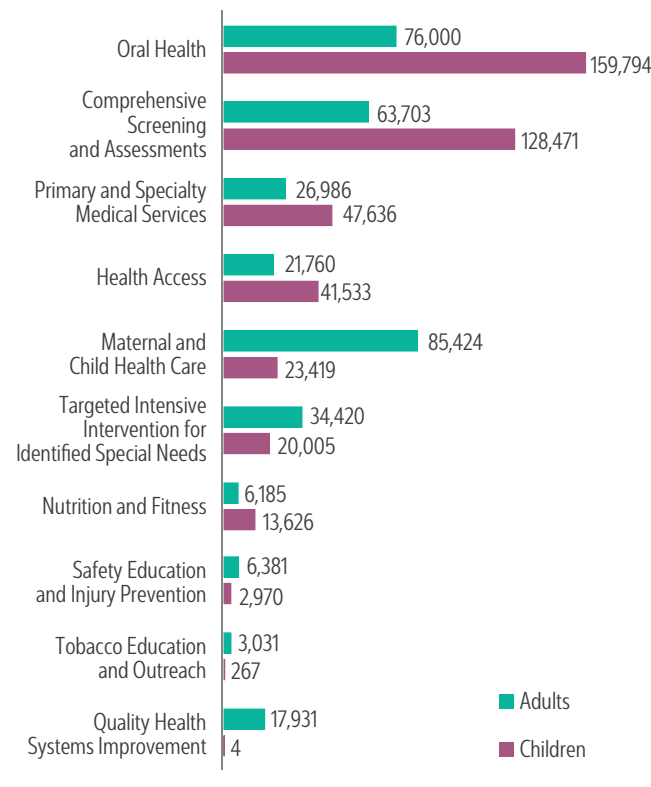
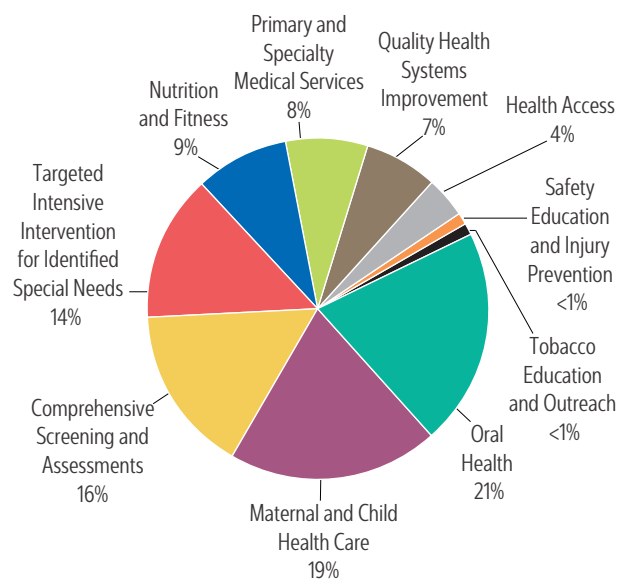


Exhibit 8:

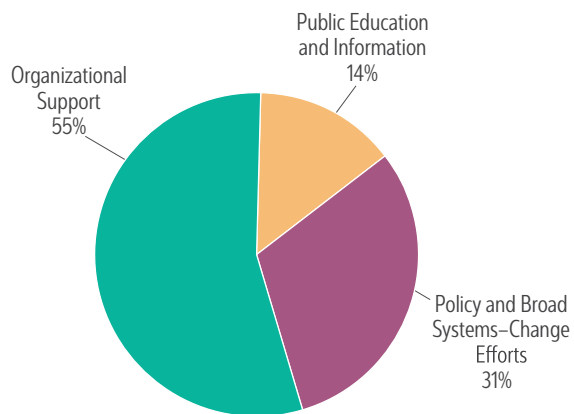
Child Health—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2016–17 by Service



Note: May not add up to 100% due to rounding
 Source: County Revenue and Expenditure Summary, November 2017

at a systems level, counties do not report numbers of children and adults served. Expenditure data indicate that for FY 2016–17, county commissions expended \$54 million to improve Systems of Care (Exhibit 9). In FY 2016–17, 14 percent of expenditures went toward Public Education and Information, 31 percent toward Policy and Broad Systems–Change Efforts, and 55 percent toward organizational support.

Exhibit 9: Systems of Care—Distribution of Expenditures in FY 2016–17 by Service





Child Development Focus

FIRST 5 IMPACT

First 5 California (F5CA) completed the second year of a five-year, \$190 million investment in First 5 IMPACT (Improve and Maximize Programs so All Children Thrive) supporting a statewide network of local quality rating and improvement systems (QRIS). QRIS is a research-based strategy to improve the quality of early learning settings across the entire continuum—from alternative settings and family, friend, and neighbor care, to family child care homes, centers, and preschools. First 5 IMPACT builds on a successful network of local quality improvement efforts, forges partnerships with all 58 counties, builds on past F5CA programs, and aligns with and leverages federal, state, and local investments.

Local county consortia participating in First 5 IMPACT reported many implementation accomplishments and lessons learned. During fiscal year 2016–17, nearly 6,000 sites participated in QRIS in California and of those, approximately 72 percent were supported in full or in part with First 5 IMPACT funding. The most frequently cited lesson learned is implementing QRIS takes time and commitment. Core to a successful QRIS is building partnerships across consortia with a common vision, goals, and plan to improve quality for all children in all settings. Many consortia also found particular success in building and maintaining partnerships with key agencies, creating outreach materials and messaging strategies to engage participants, and in establishing data systems.

A central source of support for consortia is a network of Regional Coordination and Training and Technical Assistance Hubs (Hubs). Funded through First 5 IMPACT, ten (10) regions covering the entire state support efficiencies in data collection and data systems, assessor management for rating and assessment tools, and provide training and technical assistance to maximize investments by focusing on the needs within a geographic region. Hubs meet regularly with consortia representatives in their region to address regional efficiencies, and with the State Support Team (cross-agency staff from F5CA and the California Department of Education) to discuss issues pertaining to Hub-related activities and gain support through technical assistance.

Support for the implementation of First 5 IMPACT is provided in large part through a contract with the WestEd Center for Child and Family Studies. The scope of this contract includes systems building and support for the work of the Hubs, the State Support Team, topical workgroups, as well as small counties and consortia newer to implementing QRIS. This contract provides training and technical assistance to counties based on local and regional needs and facilitates an annual peer networking forum focused on QRIS and systems building.

QUALITY COUNTS CALIFORNIA

First 5 IMPACT lead agencies fall under a wider umbrella of quality improvement efforts in California known as the Quality Counts California (formerly

CA-QRIS) Consortium. This is a decision-making and peer networking structure that collectively implements QRIS statewide. Its membership includes those lead agencies participating in First 5 IMPACT and CDE's California State Preschool Program (CSPP) and Infant/Toddler (I/T) QRIS Block Grants.

The Consortium has met biannually since its inception in early 2016, and one of the major tasks during the past fiscal year was the development of a communications brand in order to create messaging around QRIS efforts statewide. As a part of this movement, the Consortium has adopted a new name and tagline: Quality Counts California—Raising the Quality of Early Learning and Care. A logo is forthcoming that will complete the branding process. A state QRIS website will follow in 2018 to begin more formal messaging around the importance of quality early learning to audiences including parents, providers, and policy makers.

In FY 2016–17, F5CA and CDE agreed through a memorandum of understanding that all data derived from sites participating in First 5 IMPACT and/or the QRIS Block Grants will be reported using a statewide common data file. This major accomplishment allows local consortia to submit one data file inclusive of all of the state's QRIS funding streams, and provides F5CA and CDE an efficient and collaborative method for receiving data for each county participating in QRIS. As of June 30, 2017, there were a total of 5,926 participating QRIS sites across the state. Of the total, 3,527 were centers, 2,025 were family child care homes, and 374 were alternative sites such as libraries, home visiting programs, family resource centers, and family, friend, and neighbor providers.

In the upcoming fiscal year, the Consortium will be looking to increase their implementation capacity in order to include additional local providers into QRIS, increase efforts to message locally and statewide about the importance of high-quality programs, and refine other aspects of the system to maximize available funding and create efficiencies statewide.

RACE TO THE TOP—EARLY LEARNING CHALLENGE FINAL EVALUATION

In August 2016, the American Institutes for Research finalized an independent evaluation of the federally funded Race to the Top—Early Learning Challenge Quality Rating and Improvement System (QRIS) in California.¹ A cumulative technical report summarized how well the QRIS performed as a measure of quality, how the QRIS differentiated programs based on quality, the validity of rating elements, and how ratings could be refined in the future. Study highlights included: 1) Implementation of the QRIS was in an early stage at the time the study began, but significant progress was made over the course of the system's development during 2012 through 2015. By the end of the study term, there were 2,746 rated sites in 18 participating counties (2,022 centers and 724 family childcare homes). Each site was rated according to five tier levels, with Tier 5 indicating the highest quality. At the end of the study term, 4 percent of sites were Tier 1, 17 percent at Tier 2, 25 percent at Tier 3, 46 percent at Tier 4, and 8 percent at Tier 5. 2) The dissemination of QRIS ratings was limited, but analyses of the ratings as well as community input suggest that providing detailed quality element





scores may be beneficial for parents. 3) There is some evidence of the validity of California's QRIS ratings, though it was too early in the system's implementation to draw strong conclusions. 4) Analyses revealed high levels of participation in quality improvement activities by program staff and point to coaching as a promising approach. Separate from the study, the California Department of Education was pleased to find that counties participating in RTT–ELC exceeded planned targets by nearly 1,400 QRIS sites (or 57 percent) to reach 3,862 sites by the end of 2016.

CHILD SIGNATURE PROGRAM EVALUATION

In February 2017, First 5 California released the final evaluation report for the Child Signature Program, 2012 through 2015. The report documented program successes including serving more than 72,000 children, assessment of high quality in physical environments and teacher-child interactions, and child development gains for children served. Analyses showed program classrooms implemented high-quality practices and benefited at-risk children and families.²

FIRST 5 CALIFORNIA DUAL LANGUAGE LEARNER PILOT

First 5 California's investment in the Dual Language Learner (DLL) Pilot will examine culturally and linguistically responsive and effective teaching practices and strategies for the development of DLL children ages 0 to 5 in early learning settings. This effort is aimed to better support DLLs across California and to recommend scalable, implementable, and effective models and practices. First 5 California's DLL Pilot will increase early educators', families', and the general public's awareness about the benefits of bilingualism and home language through the participation Pilot sites, the *Talk. Read. Sing.*[®] campaign, and parent website. It also will share assessments of effective DLL practices and provide content for early childhood education preparation programs.

During the DLL Pilot development, First 5 California convened early childhood professionals and met with advocates, national experts, funders, and other stakeholders from the field for input on the pilot design. Based on survey data and feedback from the DLL Pilot Input Group and others, it was determined the primary goal of the pilot is to build the capacity of early educators, caregivers, and administrators to effectively serve DLL children through intentional and focused professional development. The DLL Pilot's priorities include professional development encompassing family engagement strategies, best practices and teaching strategies, assessment of effective DLL practices, and positive messaging about the benefits of bilingualism. The DLL Pilot will engage and work in partnership with the First 5 Association, county commissions, and other stakeholders to engage in a collective effort to support DLLs and early educators.

In September 2017, First 5 California executed a contract with American Institutes for Research to carry out the DLL Pilot. This is not a traditional pilot where an investment is made in new programs, which are then evaluated. This pilot is designed to study the feasibility and effectiveness of existing strategies implemented in early learning settings with young DLLs and their families, and the conditions under which they are effective. First 5 California will use findings to disseminate information about effective, scalable, and

implementable DLL strategies employed in diverse early learning settings across California.

First 5 California's investment in the DLL Pilot is approximately \$20 million over five years (FY 2017-18 through 2020-21). The evaluation is funded at \$7.5 million, and \$12.5 million will be used to support the counties and regions that will be chosen to participate in the evaluation.

EDUCARE

The Educare Quality Early Learning Model provides the comprehensive early learning services beginning at birth that early brain science shows are necessary to narrow the achievement gap for at-risk children so they have the foundation they need to thrive in school and beyond. Research on early brain development demonstrates poverty and toxic stress can negatively impact a child's cognitive development and ability to learn.³

California children from low-income families typically enter kindergarten 12 to 14 months behind the national average in pre-reading and language skills.⁴ 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 who are dual language learners) who enroll in Educare as infants or toddlers enter kindergarten with the same skills as their middle-income peers.⁵ The Educare model also focuses on intensive family engagement to foster strong parent-child relationships, family well-being, and ongoing learning and development for both parents and children.

In 2010, the First 5 California State Commission voted to become one of several public funders in bringing the public-private Educare Quality Early Learning Model to California. The Commission has now dedicated \$6 million to support the launch, operation, and evaluation of the first California Educare centers in Santa Clara and Los Angeles counties. First 5 California's investment in California's two Educare sites specifically supports the costs of high-quality elements in the classroom in order to meet the Educare Core Features program requirements that have been proven to increase the quality of early learning programs through improved teacher-child interactions.

Through funding from First 5 California and other national, state, and local public and private partners, Educare California at Silicon Valley opened its doors and began serving Santa Clara County-area children and families in the 2015–16 school year. The center is co-located with Santee Elementary School, and operates in partnership with First 5 Santa Clara, the Santa Clara County Office of Education Early/Head Start and State Preschool programs, and the East Side Union High School Child Development Program.⁶

Educare of Los Angeles at Long Beach, a public-private partnership lead by Long Beach Unified School District and the Los Angeles Chamber of Commerce, is currently in the planning, fundraising, and construction phase of its stand-alone facility located on the Barton Elementary School campus in the Long Beach Unified School District. The Educare of Los Angeles at Long Beach site soft-launched the 2017–18 school year in its temporary facility for preschool students. A full site





launch at the new facility is anticipated for the 2018–19 school year.^{7,8}

FUNDED RESEARCH

Two research projects funded by First 5 California were completed during FY 2016–17 relating to child education and health.

The American Institutes for Research completed its study of Transitional Kindergarten (TK) supported by a co-funded partnership of the Heising-Simons Foundation, the David and Lucile Packard Foundation, and F5CA. The cost of the completed study, shared among funding partners, totaled approximately \$7.4 million. The final report, released June 2017, assessed impact of TK on two cohorts: students in kindergarten during 2014–15 and students in kindergarten during 2015–16.⁹ The final report analyzed data for more than 6,000 students in 20 California school districts. Key findings included:

- TK improves kindergarten readiness skills, including language, literacy, math, and student engagement for all students.
- TK improves kindergarten readiness skills, including English language proficiency for English learners from all language groups.

- TK students show continued growth in the kindergarten year, but there is less of an impact of the TK program on end-of-kindergarten outcomes.
- Most TK classrooms are stand-alone and full day, have CLASS scores typical of Pre-K and kindergarten settings, and spend more time on didactic instruction than scaffolding student learning.
- TK has an impact on student outcomes regardless of program structure and small variations in instructional approaches. The impact of TK may be due to having highly qualified teachers, a universal program, and alignment with kindergarten.
- Districts provide some wrap-around services to TK students and families and would like to provide more, if funds were available.

Multiple research briefs and reports for the TK study are available online at <http://tkstudy.airprojects.org>.

The UCLA Center for Health Policy Research released the report: *Families with Young Children in California: Findings from the California Health Interview Survey, 2011-2014*, by Geography and Home Language. The study describes families based on 6,600 survey responses by adults with young children (infants through 5 years of age). The report summarized socio-economic characteristics of these families within three frames of analysis: 1) a statewide overview; 2) regional differences by urban, suburban, and rural residence; and 3) families speaking a language other than English in the home (i.e., families with a dual language learner child). The report identified strengths and challenges of families with young children in California. Strengths include high levels of trust and compatibility with neighbors, and a new generation of young children who speak both English and another language. Challenges include improving these families' perceived neighborhood safety in California's cities, and enhancing school readiness for dual language learners so that benefits of being multilingual can be optimized. The report was one deliverable of a \$1.7 million contract supporting the California Health Interview Survey during 2015–17.¹⁰



Parent Support Focus

PARENT WEBSITE

While first5california.com has historically served as the main portal for health, education, literacy, smoking cessation, it has expanded to include more information about early brain development, including activities, downloadable resources, and links to organizations that support families. In early 2017, new content was integrated into the site to support the launch of the "Smarter Birds" campaign, including tips and information about *Talk. Read. Sing.*® and an array of new activities for babies, toddlers, and preschoolers. During FY 2016–17, first5california.com received more than 552,111 visits and nearly 1.1 million page views.

SOCIAL MEDIA

The parent website also links to multiple social media channels, including Facebook, Instagram, Pinterest, and YouTube. Across most platforms, followers receive regular posts that highlight simple, actionable tips and ideas surrounding early brain development and beyond—everything from reading tips to words of encouragement. As of June 30, 2017, First 5 California's Facebook page has over 213,000 page likes and Instagram has more than 4,200 followers. In Spring of 2017, First 5 California underwent a collaboration involving Univision personality Argelia Atilano taking over First 5 California's Instagram Stories for a day. Argelia drove her followers to First 5 California's channel to learn how she integrates dual-language learning into her

everyday life with her children, resulting in hundreds of new followers for First 5 California.

KIT FOR NEW PARENTS

The award-winning *Kit for New Parents* 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 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, over 5 million *Kits* have been distributed throughout California since 2001, with 175,000 distributed this fiscal year alone.

FIRST 5 EXPRESS

Since 2006, First 5 California's mobile outreach tour has traveled to every corner of the state, reaching out to families and caregivers of children ages 0 to 5 in all 58 counties. This interactive exhibit called the First 5 Express features "Edutainers" who educate



parents and caregivers and entertain children. The Express teaches families about a wide variety of topics, including nutrition, physical activity, oral health, literacy, and most recently, early brain development. In FY 2016–17, the exhibit traveled to 134 schools, libraries, resource centers, community festivals, county fairs, and other family oriented events. The Edutainers directly engaged with more than 43,791 people who walked away with helpful First 5 resources. Over 142,293 newly designed resources were distributed, including a branded hand puppet to give parents and caregivers a tool to spark conversation with their young children, bilingual storybooks to help make reading a regular routine, a healthy portions plate to encourage a balanced diet, and age-appropriate musical instruments to bring out the joy of song. Together with the already established *Kit for New Parents*, “Fast, Fresh, and Fun Food from First 5” cookbooks, and brain development information, families were provided resources to reinforce the healthy behaviors they experienced.

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 has been linked to a range of ailments in babies and young children, including asthma, ear infections, pneumonia, bronchitis, and Sudden Infant Death Syndrome (SIDS). Smoking during pregnancy carries even greater risks. To reduce the incidence of these health problems and to help smokers quit, in FY 2016–17 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 of pediatric care providers to screen for secondhand smoke exposure. First 5 California participants are provided with telephone counseling and also receive free nicotine patches sent directly to their homes.

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 are 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. This year saw the publication of results from a large, randomized trial that proved the efficacy of a specialized Helpline counseling protocol for pregnant women that was supported in part by funds received from First 5 California.¹¹

In FY 2016–17, First 5 California’s investment provided Helpline services for 4,578 participants, including 226 pregnant smokers and 4,352 tobacco-using parents or caregivers of children ages 0 to 5 (note: 90 were both pregnant and had a child age 0 to 5). Tobacco users with less education or of ethnic minority background were well represented among Helpline callers. (See Exhibits 10 and 11 for breakdowns by racial/ethnic background and education, respectively.)

First 5 California’s recognition of the important role that grandparents and other adults in the home play in protecting young children from secondhand smoke

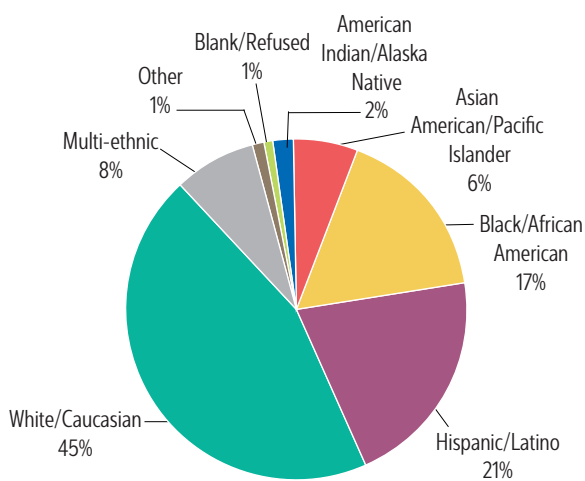
has been important to extending needed services to this population. Consider the case of a grandmother from Riverside who called the Helpline because she wanted to quit smoking. She lived with her very young grandchildren and was able to quit smoking using nicotine patches and counseling she received from the Helpline. She expressed gratitude for the help. She states that, despite having other smokers in the home, she is determined to not smoke and to prevent anyone from smoking inside the home in order to protect her grandchildren.

In addition to supporting direct services to tobacco users, First 5 California also supports the training of child care providers, preschool teachers, pediatric healthcare providers, and parents in the importance of quitting smoking and protecting children from exposure to secondhand smoke. Although no longer a requirement of First 5 California funded programs, the online tobacco training modules, “Kids and Smoke Don’t Mix” and “Los Niños y el Humo no se Mezclan,” available on the California Smokers’ Helpline website, continue to be used. The modules give child care providers, preschool teachers, and other classroom staff the knowledge and skills they need to encourage parents and caregivers who smoke to quit. In FY 2016–17, a total of 454 individuals completed the online training.

Again this year, First 5 California supported the ongoing Clinical Effort Against Secondhand Smoke Exposure (CEASE) California project. Through CEASE, pediatric care providers are trained to screen patients for secondhand smoke exposure and help parents who smoke to quit. CEASE now has champions at each of five University of California Medical centers (UC San Diego, UC Davis, UC Los Angeles, UC San Francisco, and UCSF’s Benioff Childrens’ Hospital in Oakland). These champions are overseeing the CEASE training for pediatric residents and working to integrate it into the electronic health record system to standardize delivery. The training emphasizes motivational interviewing techniques to counsel people about smoking cessation, and covers how to refer smokers to the Helpline, as well as the importance of prescribing nicotine replacement. The CEASE online training module was updated to include the latest recommendation from the American Academy of Pediatrics on e-cigarette usage; 35 providers have completed the online module thus far, with 21 more in progress. These efforts at the UC Medical Centers have generated over 300 referrals to the Helpline in FY 2016–17.

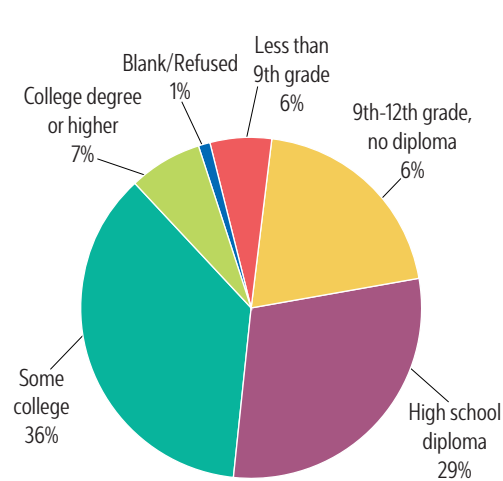
The Helpline is a collaborative effort with the California Department of Public Health and is operated by the University of California, San Diego.

Exhibit 10: California Smokers’ Helpline—Race/Ethnicity of Callers in FY 2016-17



*The percentages in this chart do not add to 100 due to rounding

Exhibit 11: California Smokers’ Helpline—Education Level of Callers in FY 2016-17



*The percentages in this chart do not add to 100 due to rounding



Teacher Effectiveness Focus

The foundations for health and learning are built in the first years of a child's life. In addition to parents and families, teachers and early childhood caregivers are foundational to the health and education of young children. One of First 5 California's (F5CA) goals is to ensure all young children in all types of settings are cared for by a highly qualified, well-trained teacher/caregiver. To best support children's growth, we need to make sure the early childhood workforce is well trained and supported in their work.

TRANSFORMING THE WORKFORCE FOR CHILDREN BIRTH THROUGH AGE 8

In 2015, the Institute of Medicine (IOM) and the National Research Council (NRC) released a seminal report, *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. The report offers extensive research about early childhood development, and the competencies and supports professionals working with young children need. Drawing on this and other national and California-specific reports, F5CA and the California Department of Education Early Education Support Division (CDE-EESD) set out to craft recommendations and specific objectives to address the key issues facing California's early childhood workforce.

In 2016, F5CA and CDE-EESD brought together a team of experts and leaders from across California to create an implementation plan (IP) to prepare and support our early childhood workforce throughout their careers. This IP pertains to providers who teach

in early learning classrooms to those who provide children with health, welfare, and social services. California's IP draws on extensive research and is rooted in the recommendations from the IOM's *Transforming the Workforce* report.

The IP calls for a system where professionals working with young children have the knowledge, skills, and abilities needed to support each child's learning and development. The system supports professionals to access and complete training, higher education programs, and ongoing professional development opportunities that enable them to progress along career pathways such as education, childcare, and health. The IP outlines priorities for improving California's early childhood workforce, and details specific next steps in three Priority Areas:

- **Permitting and Credentialing**—Current California requirements for early childhood professionals vary depending on funding, program type and age. The IP offers recommendations for developing appropriate certification standards, establishing a statewide professional development system, and strengthening preparation programs to help candidates meet certification standards.
- **Professional Pathways**—A challenge for California is to identify the early childhood career pathways that outline how to obtain the skills, knowledge, degrees, and experiences needed for different careers in the early childhood field. The IP offers recommendations for developing a career lattice

for the early childhood workforce, building on previous efforts; identifying challenges and solutions to career advancement; and increasing use of the California ECE Workforce Registry to more effectively track progress and answer key questions about the workforce.

- Higher Education and Ongoing Professional Learning—California’s higher education system must ensure future early childhood professionals have the skills and knowledge they need to help children thrive. The system also needs to build mentoring, coaching, and other programs to support lifelong learning at all levels of the early childhood workforce. The IP offers recommendations for:
 - Identifying needs and ways to support degree-granting institutions
 - Aligning training programs with new certification standards
 - Promoting faculty and administrators to develop and revise programs
 - Supporting institutional infrastructure.

TRAINING AND TECHNICAL ASSISTANCE INFRASTRUCTURE DEVELOPMENT

Building a high-quality, effective early childhood workforce relies upon clear standards and a statewide delivery system that ensures all training and coaching meets those standards. In March 2017, First 5 California awarded a \$12 million contract (through June 2020) to WestEd for the creation and implementation of statewide training, infrastructure, and resources to promote evidence-based practices across California and within consortia implementing continuous quality improvement, including rating and monitoring activities as part of Quality Counts California (California Quality Rating and Improvement System [CA-QRIS]). The system includes two primary areas of focus—workforce development for continuous quality improvement (CQI) and tools and resources to communicate with early childhood educators about QRIS standards of quality.

Through this contract, F5CA, CDE-EESD, and WestEd are engaging University of Florida, University of Washington, Zero to Three, other national experts,

and state and local leaders, to develop workforce supports. Over the next several years, California will develop and implement:

- A coach certification process that includes basic training, assessment of coaching competency, and resources and ongoing supports.
- Trainer and training standards to ensure all early childhood providers have access to high quality training
- Family engagement training for early childhood educators to promote caregiver-parent relationships that improve child and family outcomes
- Quality Counts California training modules and resources to help faculty, trainers, coaches, and implementers understand and communicate about the California QRIS system
- Assessor and rating guidelines and supports that enable early learning settings across California to be assessed and rated using consistent standards



SUPPORT FOR EFFECTIVE INTERACTIONS

Quality teacher-child interactions are powerful contributors to children's learning and success. Children are supported and developed through meaningful 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 greater quality interactions with children that result in positive effects on learning. 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.

Although the Comprehensive Approaches to Raising Educational Standards (CARES) Plus program sunset in June 2016, F5CA embedded lessons learned from that program into new supports for early childhood educators. Through CARES Plus, F5CA incorporated training and use of the Classroom

Assessment Scoring System® (CLASS®) into all its requirements. One of the most successful aspects of CARES Plus was 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.¹² F5CA worked with Teachstone, the creator of CLASS, to develop and implement CLASS-Based Coaching, a similar one-on-one coaching program, but designed for coaches who support center-based teachers and administrators, family child care providers, and early educators who work with children in community-based settings. In the CLASS-Based Coaching Program, dedicated cohorts of coaches join together around one goal: to ensure children have access to high-quality adult interactions. Coaches receive one-on-one support from a Teachstone Specialist who helps them use CLASS as they help teachers focus on effective and culturally responsive interactions, anchoring coaching in educators' actual practice.





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 supports to prepare children ages 0 to 5 for success in school and life so that children are ready for kindergarten and third grade success, and are free from abuse and neglect. As most of the families served by First 5 Alameda are very low income, the County Commission's investments took a special focus on identifying and connecting families to resources to meet immediate and emerging needs, ensuring that families have what they need to support their child's optimal development.

- 793 prenatal and postpartum families were immediately connected with Emergency Medi-Cal insurance to ensure families' health coverage did not lapse, and 173 families were linked with the Women, Infants, and Children Program for food and basic needs assistance. Almost 1,600 families were referred to available prenatal and newborn home visiting and lactation support programs.
- 2,844 families were connected with the *Help Me Grow* (HMG) Phone Line to discuss concerns they had about their child's development. With further family navigation support, 49 percent of HMG families were referred to an entitlement system (Early Start, Special Education, etc.), 10 percent

to play and learn/socialization playgroup/services, 9 percent to developmental services, 8 percent to mental health services, 8 percent to child care/early care and education, and 16 percent to other types of support.

- In a partnership with the Center for the Study of Social Policy, First 5 Alameda began implementation of one of the Developmental Understanding and Legal Collaboration for Everyone (DULCE) pilot projects. A Family Specialist connected families of newborns to a variety of supports, including legal and basic needs resources in the pediatric clinic setting while working in tandem with a pediatric care team. Almost 200 families were served. Legal issues surfaced as a large unmet need: 66 families received legal consultation on housing, public benefits denials, and immigration.
- Two major training events provided tips and resources to service providers on helping families to navigate financial assistance and to build financial literacy.

Another highlight that took place during FY 2016–17 was supports for developmentally vulnerable children were offered to 137 parents and caregivers who have concerns about their child's development but whose child may not be eligible for entitlement services through the regional center or the school district.

Alpine County

During FY 2016–17, First 5 Alpine County emphasized improving family functioning. First 5 Alpine directed energy and resources toward advancing parent education and outreach to increase parents' knowledge and understanding of the Five Protector Factors, including healthy child development and new parenting strategies. Being in such a small, isolated county, providing access to effective, positive parenting information and tools is paramount for families living in such a rural community. First 5 Alpine made the commitment to enhancing partnerships with community agencies through parent education programs and weekly playgroups. First 5 Alpine joined the Alpine County Wellness Coalition and ignited an Early Learning Task Force in tandem with the local school district and county office of education in order to minimize barriers for children receiving early childhood education. This collaboration elevated work and the county is now prioritizing local systems of care to reach all families and their needs. Alpine County embodies the African proverb, "It takes a village to raise a child" and it aims to be a key player in supporting families and children ages 0 to 5 and the community at-large.

Amador County

In order to sustain lasting improvements in the lives of Amador's youngest residents, First 5 Amador

partners with local organizations, private and public agencies, and families to promote the importance of the first 5 years. First 5 Amador continues to look for opportunities to improve systems that support children's health and well-being, and readiness for school and life. An important component is providing families and caregivers access to information and services for early literacy, connections to health care, and social and emotional development of children.

Examples of successful strategies include the integration of a preventive practice (screening and fluoride varnish application) during well-child checkups at the only pediatric office in Amador County. The success of Amador's Oral Health Task Force was recognized by the California State Association of Counties. Another successful initiative spearheaded by First 5 is the Amador/Calaveras Perinatal Wellness Coalition. To date, this successful collaborative has established a seamless system that includes outreach, education, and treatment for families experiencing perinatal mood and anxiety disorders.

A universal system for developmental screenings has been set in motion with the training of local service providers, including family child care and private preschools. Playgroups, family resource centers, newborn home visiting, etc. are now part of a unified system that will utilize a consistent tool for families with young children.

First 5 Amador continues to coordinate the Child Abuse Prevention Council, Oral Health Task Force, Perinatal Wellness Coalition, Children and Families Program Committee, and participates in the Domestic Violence Council as well as the Behavioral Health Advisory Council. By providing the forum for or participating in the discussions, First 5 Amador has been successful in leveraging resources for young children and their caregivers as well as helping to move the dial in addressing gaps in systems that affect families.

Butte County

Supported by First 5 Butte County since 2011, Mothers Strong, a local group dedicated to bringing vital mental health information and resources to

moms and families in Butte County, was awarded the best "Community Solutions Award" by the Maternal Mental Health Innovations Awards Program. This national award recognizes programs that are closing gaps in awareness, delivery of care, access to care, or prevention in innovative ways, and which should be lifted up for adoption across the country. Over 50 submissions from across the U.S. were judged on innovation, impact, sustainability, and replicability. The award enabled the Mothers Strong program to be presented at the 2017 Perinatal Mental Health Society's national conference in Chicago. The focus of Mothers Strong is the development of effective and sustainable systems of services for families struggling with Perinatal Mood and Anxiety Disorders (PMAD). Dedicated perinatal professionals from 12 agencies, private therapists, and champion moms within Butte County work to develop links between local resources, medical providers, and new mothers that help address challenges connected to PMAD.

First 5 Butte County has a successful Reach Out and Read (ROR) campaign throughout the county. In a desire to serve more families beyond the physician-oriented structure of ROR, First 5 staff began working with the local Women, Infants, Children (WIC) program to design and implement an early literacy project for WIC families. Children now receive a new, age-appropriate book at each of their WIC visits. WIC staff have enthusiastically embraced this new opportunity to enrich the lives of those children to whom they provide resources. Over 1600 children's books were distributed during the first four months of the program at the two primary WIC locations. Two new WIC offices are scheduled to open in early 2018, and the program will be expanded to serve these locations.

Calaveras County

First 5 Calaveras successfully continues to facilitate partnerships and fund strategies that strengthen families and support them in raising healthy young children.

During FY 2016–17, one of the most significant accomplishments was the

continued collaboration with Behavioral Health Services which services families with children ages 0 to 17. Funding from the Mental Health Services Act provided 67 training sessions for over 430 adults on a variety of topics. Training focused in three areas: 1) classes for parents and educators; 2) Parent Café/Conversation Groups; and 3) Mindful Schools training for educators and other service providers. Parents attending had an estimated 400 children indirectly served, with 41 percent of children ages 0 to 5. Trainings were offered in English and Spanish and in many locations throughout the county, including isolated areas. Efforts were made to build upon the success of one rural elementary school where Mindful Schools was implemented in each classroom during the previous year. Mindful Schools is a neuroscience approach to teach skills to teachers and children that improve attention, emotional regulation, adaptability, compassion, calming, and resilience. Eighty-six educators attended local Mindful Schools training. As a result of the training, 62 teachers enrolled in a Mindful Schools fundamental class, with some advancing to Essential Curriculum. Intensive work was done at one rural elementary school as the entire faculty was engaged in implementing the Mindful Schools curriculum and philosophy throughout the school year. Parent Café/Conversation Groups doubled throughout six communities. Classes for incarcerated fathers and classes in Spanish continued to be successful.

Other highlights during this past fiscal year included:

- The Children's Dental Project provided screenings, cleanings, fluoride treatments, and/or oral health education to over 250 children in local Head Starts, state preschools, and private preschools in seven geographically isolated communities. Sixty-one Women, Infants, and Children parents received dental health education.
- The Kids Farmers Market provided nutrition education, hands-on cooking experiences, healthy recipes, and gave children in local preschools the opportunity to

choose their own vegetables and fruits. In addition, the 131 children together took home over 4,400 pounds (or over 2 tons!) of fresh produce to their families.

- School Readiness Expansion-Raising A Reader Home Visiting Program expanded access to quality early childhood education for 32 children that had transportation, financial, or other barriers preventing them from enrolling in local preschools. Sixty-two parents were taught about child development domains and their role as their child's primary teacher, using the Ages and Stages Questionnaire (ASQ) and other developmental assessments as the baseline of information. Parents increased their literacy activities with their children: reading regularly, going to the library, and adding interactive elements to their reading.
- The S.A.F.E. Self (Safe, Assertive, and Fit Education) Preschool Program taught personal safety and prevention skills to 226 preschoolers by means of stories, puppets, songs, and movement activities focusing on a variety of topics, including stranger danger, expression of feelings, and household, car, and gun safety.
- A grassroots collaborative, Talk. Read. Sing.[®] Calaveras, was established to: 1) Enhance quality interactions between parent and child; 2) Increase the number of quality, age-appropriate books in young children's homes; and 3) Encourage parents and older siblings to read to their child/sibling for 15 minutes per day. Through this effort nearly 400 children 5 years and younger applied for a special "frog" library card, over 800 new books were distributed to young children, and 6 Little Free Libraries were constructed and set up throughout the county.
- First 5 Calaveras partnered with Prevent Child Abuse Calaveras to administer developmental screenings (ASQ3) to assess the impact of trauma on 16 children in

the child welfare system. Referrals to early intervention services addressed children's mental health and developmental challenges. Twenty-five parents and 36 children were served through the Team Decision Making/Child Family Team Meetings in which family members and children are ensured a voice and a consensus decision that best provides safety and stability. Prevent Child Abuse Council Calaveras and partners brought a greater awareness of programs and activities for Child Abuse Prevention Month through community events, presentations, wear blue day, blue ribbon pins, and a proclamation to the Board of Supervisors. The 2017 Light of Hope Ceremony was attended by 59 people and included local youth singers, speakers, refreshments, and resources.

Colusa County

The mission of First 5 Colusa Children and Families Commission is to enhance the lives of all children, prenatal to age 5, and their families through a countywide, comprehensive, integrated system of early childhood development.

First 5 Colusa County invested nearly \$466,958 in programs and services, benefiting a total of 2,149 children birth to age 5 and 4,371 parents, family members, and providers. A large percentage of the children and families served received services through First 5 Colusa Family Action Centers of Colusa County (FACCCs). Funded and operated by First 5 Colusa, the FACCCs provide a central hub of services to families located outside of the county seat, in the rural towns of Arbuckle and Williams. Both centers offer satellite services to the three additional towns that have limited access to county resources and services. Services and/or programs offered include various parent education classes, provisions of basic needs, application assistance, translation, and school readiness services.

First 5 Colusa collaborated with Colusa County Community Advocates for Parents & Children (CAPC) and the Colusa County Library to expand Family Resource Center (FRC) services

to the city of Colusa. With CAPC as the lead agency and funder, First 5 Colusa provided additional funding and resources to assist with the opening of an FRC in Colusa. With the opening of the Community in Unity FRC, all towns and cities in Colusa County now have access to FRC services.

Other First 5 Colusa investments and initiatives included:

- Child Passenger Safety Program (classes, certified check-up stations, low-cost car seats)
- Growing Start (evidence-based parent/child playgroups)
- Improve and Maximize Programs So All Children Thrive
- First 5 Service Corps/AmeriCorps (child development screenings and assessments)
- Health Access Services (Covered California and MediCal outreach, education, and enrollment)
- CalFresh Application and Enrollment Assistance
- Family Resource Centers in Arbuckle, Colusa, and Williams, and satellite services in Grimes, Maxwell, and Dunnigan
- Kindergarten Transition Programs (Kinder Camp and Backpack Program)
- Nutrition Services/Programs—Kids Farmers Market, Food Voucher Program (Community Services Block Grant), food distributions, Colusa County Grown Food



Council, and nutrition classes, Rethink Your Drink Campaign)

- Adult and Family Literacy Services (Raising A Reader at all library branches, Sensory Storytime, and enhanced children's areas at branches)
- Family Strengthening Services (Family Hui, parenting classes, countywide trainings and workshops)
- Breastfeeding Initiative (Certified Lactation Counselors on site, warm-line funding, TriCounties Breastfeeding Alliance, The BIG Latch On)

Contra Costa County

As a trusted partner to families for nearly 20 years, First 5 Contra Costa heard from families throughout the county about the fear and anxiety provoked by new federal policies in 2017. First 5 Contra Costa's Community Engagement and Family Support programs offered specialized trainings to ensure contractors had accurate information about immigrant rights and safe spaces, and offered first-hand support to parents and caregivers feeling the stress of aggressive deportation policies.

Additional highlights from the year include:

- First 5 Contra Costa's child care rating system shows quality is improving. Combined with last year's ratings, the ratings for 109 licensed child care programs. Of the 28 sites that were re-rated this year, 11 increased their score, many moving from a 4 to a 5.
- To address demographic changes in the county, First 5 Contra Costa assessed its First 5 Centers, which are innovative, place-based hubs where parents receive support, training and information, and connections to other parents and resources in their community. The assessment led First 5 Contra Costa to pursue the purchase of a new large regional site located in Pittsburg to better serve families in the eastern portion of the county. An additional site acquisition is planned.
- Two new playgrounds were built in Contra Costa as a result of the local

organizing work done by parent community leaders trained by First 5 Contra Costa's Community Engagement Program.

- Contra Costa's *Help Me Grow* (HMG) program continues to build: 19 low-income pediatric offices, over 50 child care sites, and a wide range of programs and providers that serve vulnerable families conducted developmental screenings for more than 3,000 low-income children. In addition, the centralized HMG phone line provided referrals and support to 250 families.

Del Norte County

First 5 Del Norte (F5DN) works to promote and enhance the health, development, and wellness of children ages 0 to 5 and their families. FY 2016–17 was a year of new beginnings in Del Norte County. On July 1, 2016, the Family Resource Center of the Redwoods took over the management and programming of the family resource center building owned by F5DN. The change has brought new programming and services to families.

F5DN refreshed two programs this year, updating the local materials added to the *Kit for New Parents* and completely overhauling a packet given to new parents in the hospital. The updates were based on parent feedback gathered in multiple one-on-one and small group sessions. Public health nurses now give a gift bag with five high-quality board books to all new parents, funded jointly by F5DN and Sutter Coast Hospital.

F5DN continues to work with a team of local partners targeting early literacy. In January 2016, 27 in-depth empathy interviews were conducted with 27 families and 11 early childhood educators. One insight from this work is that parents need better connections to each other and to local resources, and that parents need more help understanding school readiness. F5DN is promoting Ready4K (R4K), a texting program to help parents prepare their children for kindergarten. F5DN also is pursuing funds from the Mental Health Services Act to expand R4K to include family strengthening, mental health,

and local resource information. The additional content is being co-designed by parents and providers.

As a small county, Del Norte is often included in with other counties or left out of data reporting for state- and nation-wide surveys. This raises difficulties for understanding local issues and pursuing funding. F5DN is working with state legislators to make sure small counties are able to access reliable data about Del Norte children and families.

F5DN is proud to work with a wide range of partners to achieve common goals to improve the health, development, and happiness of all children in Del Norte County.

El Dorado County

The First 5 El Dorado Children and Families Commission has invested in areas of practice that support parents as their children's first teacher. These investments include:

- Ready to Read at Your Library, an early literacy program operated by local libraries
- Together We Grow, a program directed at providing families with structured activities to support their child's optimal development
- High 5 for Quality, a program focused on ensuring early care and education providers have the support needed to increase their quality of care
- Children's Health, a program that utilizes health advocates to support access to health and dental care for children and families

Each of these programs are required to operate within the structure of Community Hubs and to provide services which are aligned with the Strengthening Families Protective Factors framework.

During FY 2016–17, a total of 6,367 (duplicated across programs) individuals were provided with First 5 funded services, resulting in the following accomplishments:

- **Families are using positive strategies to guide and teach their children.** Seventy-eight percent of parents served who completed a family survey reported that they or another family member reads with their child each

day, a 13 percent increase from the previous year.

- **Children are receiving preventive health and dental care.** Ninety-seven percent of parents served who completed a family survey reported that their children birth through age five had received timely well child visits. Seventy-seven percent reported that their children had received a dental exam within the past 6 months, nearly doubling the percentage from the previous fiscal year at 39 percent.
- **Providers are focused on quality early care and education service provision.** The High 5 for Quality program served 63 percent of the county's licensed early care and education center-based sites.

Fresno County

First 5 Fresno County (F5FC) works to create an accessible and effective network of quality services for children ages 0 to 5 and their families. Major highlights of the Commission's work in FY 2016–17 include investments of over \$5.1 million in Family Engagement efforts with the goal of expanding access to quality services for families ranging from universal to targeted interventions to promote optimal child and family development.

Highlights of some of our efforts are described below:

1. The Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO) Xi'na Navali (Children First) program targeting migrant farmworker indigenous families across the county participated in the parenting program using the Abriendo Puertas/Opening Doors evidence-based curriculum. The curriculum was provided in Mixteco, Spanish, and other native languages of Mexico. In response to the proposed punitive immigration policies at the national level, the program facilitated parent groups and offered individualized support to navigate education, health, and other services. This program through CBDIO has become a place for parents, feeling

vulnerable to the current political rhetoric, to share information, learn from one another, and be a support to each other in times of uncertainty and hardship.

2. In early 2017, F5FC commissioned a needs assessment to evaluate the effectiveness of the existing breastfeeding promotion efforts in Fresno County. The study identified challenges, barriers, gaps, and opportunities for improvement in breastfeeding promotion efforts in the county. This assessment brought to light the opportunity to explore new partnerships with the medical community to enhance collaboration and leverage efforts with existing resources. As a result, F5FC plans to implement the recommendations around breastfeeding promotion by partnering with a variety of health care organizations and medical providers.
3. Through the partnerships that emerged during the development of the African American Infant Mortality Assessment in 2015, F5FC was chosen as the recipient of a grant from UC San Francisco's Preterm Birth Initiative California (UCSF PTBi-CA) to serve as the lead agency for the implementation of a Group Prenatal Care (GPC) Demonstration Project in Fresno. GPC is a proven strategy to reduce the longstanding racial/ethnic disparities in maternal and child health outcomes by increasing social support for pregnant and parenting families. To improve the well-being of vulnerable mothers in Fresno County, this demonstration project launched in fall 2017 at the Lighthouse for Children located in downtown Fresno. In partnership with Fresno State Central Valley Health Policy Institute and the Yale School of Public Health, this presents the unique opportunity to demonstrate effectiveness of the group prenatal care model in addressing the social determinants of health and

promote policy change for women enrolled in private and government health insurance programs in Fresno County.

Glenn County

Through its investments, the goals of First 5 Glenn County are to: 1) Improve Family Functioning: Strong Families; 2) Improve Child Development: Children Learning and Ready for School; 3) Improve Child Health: Healthy Children; and 4) Improve System Functioning.

During this past fiscal year, one of the most significant accomplishments of First 5 Glenn County was increasing parents' skills and reducing numbers at post testing for those who scored in the "high-risk" category through the Nurturing Parenting Curriculum facilitated through the Little Learners program. Almost all parents initially identified with high-risk behaviors had increased skills and knowledge because of program participation, and moved out of the high-risk category by 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 that took place during FY 2016–17 included:

- A total of 27 children received developmental assessments.
- Four AmeriCorps supported First 5 Glenn.
- 70 Nurturing Parenting classes were hosted in Glenn County.
- A four-week Summer Kinder Camp was provided in Orland.
- Professional training for 300 teachers and educators was provided in Glenn County.
- Dental packets and oral health education was provided to 1,788 children

Humboldt County

First 5 Humboldt County's (F5H) vision is that all Humboldt County children thrive in healthy, supportive, nurturing families and neighborhoods, enter school ready to learn, and become active community participants.



Humboldt County, with Mendocino, has the highest percentage of residents with four or more Adverse Childhood Experiences (ACEs) which puts the county at high risk for negative physical and mental health outcomes. F5H promotes resilience by supporting 18 playgroups in communities throughout 3,600 county square miles, reaching families in remote areas. In FY 2016–17, there were at least 12,724 parent/caregiver visits, 10,643 visits by children ages 0 to 2, and 4,652 visits by children ages 3 to 5 at 959 playgroup events. Playgroup survey data collected in 2016 from parents/caregivers showed attendance is significantly related to improvements in parenting capacity (data was analyzed using a Spearman’s Rank Order correlation test at a .05 level of significance). Playgroup attendance also appears to be correlated to school readiness; since 2012, the Humboldt County Office of Education’s Kindergarten Screening Tool has shown that children attending playgroups score higher than those not attending.

F5H funds specialists certified in Infant-Family and Early Childhood Mental Health to provide support to playgroup families through activities such as parent support, informal screenings, support for mental health-related and developmental concerns, and referrals to early intervention services. Survey data collected in 2016 showed parents who talked with a specialist at playgroups knew more about where to get information about services, learned more about behaviors typical for their child’s age, dealt better with parenting issues, felt more supported as a parent, and

were more likely to have someone to talk with about concerns/frustrations than parents who hadn’t talked with a specialist. Results were statistically significant (results range from $p=0.040$ to $p=0.008$).

F5H funds the Paso a Paso Program and Nurse Family Partnership (NFP). Both programs work with pregnant women to get early prenatal care. In 2016, 89.3 percent of Paso a Paso clients and 83.2 percent of NFP clients received early prenatal care, surpassing the Healthy People 2020 goal of 77.9 percent.

With F5H’s support, the 0-8 Mental Health Collaborative (MHC) focuses on further developing the local workforce through transdisciplinary training on trauma-informed and developmentally-appropriate practice, as well as the reflective practice model. In 2016, the 0-8 MHC offered 10 trainings with over 530 participants.

Imperial County

First 5 Imperial County continues to enhance the lives of children ages 0 to 5 and their families with investments of approximately \$2.5 million for FY 2016–17. Projects funded included commitments to increasing the development of children ages 0 to 5, supporting parents/guardians and/or building capacity for providers. Through planning and capacity building, projects addressed strategic objectives by offering services that focused on health, family support, and early care and education. Projects designed to support families with young children included case management for at-risk families, family resource fairs in program improvement catchment areas with partnerships with over 30 health/human services agencies, and advocacy for children under the custody of the juvenile court system. Projects supporting improved child health ranged from programs to help increase prenatal care and lactation rates to intensive child asthma case management services, and nutrition and fitness activities that address childhood obesity. Early care and education projects ranged from mobile literacy activities at over 50 preschool sites or an intensive 30-week preschool home

instruction program to continuous quality improvement measures targeting childcare providers and subsidizing 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.

One of the outstanding benefits of investments in the community was grounded on the work of the First 5 Health Children: Healthy Lives Project, which provided an array of services to promote nutrition and fitness at 10 preschool and family childcare homes to address childhood obesity issues, which for the county are some of the highest in the State. Components included cooking classes, developing and sustaining a garden with fresh vegetables and herbs, physical activity, and training for childcare providers and parents. The Health Project conducted a child preference taste-testing before and after implementing activities in order to assess changes in the children’s preferences for vegetables and herbs. Results from pre/post-intervention activities suggest that children did increase their preference in taste for 11 selected vegetables and herbs during the year. For example, there was an overall increase of 60 percent in the proportion of children stating that they “liked a lot” after the post-intervention. In addition, the proportion of children that were willing to try vegetables and herbs increased by 59 percent for those that “did not try” between interventions.

Other FY 2016–17 accomplishments for projects funded by First 5 Imperial are:

- Providing case management to the families of 127 children with asthma or asthma-like symptoms, where 90 percent of parents felt confident in managing their child’s condition, and 85 percent worked to reduce triggers.
- Offering preschool inclusion services to 12 children with disabilities that were not eligible to receive special education services due to the level of the disability.
- Providing mobile child literacy services to 4,174 children in preschool centers, which included over 12,000 books given to children for their home libraries.

- Funding to support and training for volunteers providing advocacy and educational surrogacy for 49 new cases of children in the foster care system, resulting in increased preschool enrollment, immunizations, and developmental screening services.
- An increase in exclusive breastfeeding rates from one local hospital to 40 percent from the baseline of 5 percent.
- Providing a 30-week home instruction program to 87 children, where significant gains were achieved in a number of school readiness activities.
- The work to continue to strengthen the Childhood Obesity Prevention Alliance through a 25 percent increase in new members.

Inyo County

First 5 Inyo County focused on strategies to improve early child health and family strengthening efforts in FY 2016–17, using evidence-based programs and evaluation tools for implementing services countywide. Activities to improve early child health focused on Ages and Stages universal screenings and efforts to support family strengthening focused on implementing Triple P (Positive Parenting Program).

One of the most significant accomplishments around Family Strengthening was parenting education efforts grew by leaps and bounds! First 5 Inyo staff taught six Triple P parenting classes to 54 parents in the community and county jail setting. Parents completing the classes shared that 93 percent learned encouragement skills and 73 percent learned new tools to manage misbehavior. To build a system of parent supports countywide, Triple P curriculum trainings were brought to Inyo County. Four trainings were offered with 43 partners attending, representing a diverse array of organizations and staff roles, including local hospital, clinic, preschool, school, probation, Child Protective Services, and health and human services staff. Through this countywide collaboration, a Triple P Network was formed, supporting individual and collective efforts in parenting education. In fall 2017, the first

of our trained partners offered Triple P education at their Head Start preschool site.

The second greatest accomplishment was in Child Health, laying the foundation for referral process after children are screened for developmental delays. In its second year of implementation locally, preschool and family child care providers completed 268 Ages & Stages developmental screenings. First 5 Inyo staff worked closely with schools and families to refer children to services. Through these efforts, 13 children from high-risk target families were offered intensive wrap-around services.

Kern County

Kern County is the third largest county in California by land area and is equivalent to the size of New Jersey. With such a large reach, First 5 Kern County was strategic in the distribution of funds to ensure children across the diverse terrain of mountain, valley, and desert communities receive services. In FY 2016–17, the second year of a five-year funding cycle, First 5 Kern County funded 42 programs across three focus areas: 14 in Health and Wellness, 18 in Parent Education and Support Services, and 10 in Early Childcare and Education.

Funded programs achieved the following: 1) Programs completed 1,749 Ages and Stages Questionnaires to ensure children received a developmental screening and appropriate referrals were made; 2) The Differential Response program provided case management services to 1,447 at-risk parents and 2,141 children; 3) Approximately 253 parents/guardians attended Nurturing Parenting community-based workshops to increase knowledge and utilization of nurturing parenting techniques; 4) Pre- and post-test assessments showed improvement in school readiness among 362 children who participated in the Ready to Start summer bridge program; and 5) 295 families received case managed services. By the sixth month of case management services, families did not report any unmet childcare needs.

In addition to the accomplishments listed above, First 5 Kern held 12 town

hall meetings countywide, participated in the Kern Early Stars Consortium, promoted the Safe Sleep Initiative, and participated in 27 collaboratives/committees. Through its funding strategies and collaborative efforts, First 5 Kern strives to promote and accomplish its vision statement that “all Kern County children will be born into and thrive in supportive, safe, loving homes and neighborhoods and will enter school healthy and ready to learn.”

Kings County

During this past fiscal year, one of the most significant accomplishments of First 5 Kings County was the First 5 Kings County Family Resource Centers (FRCs). With a funding investment of \$720,948, the Kings County FRCs provide early childhood education, home visitation, developmental screening, parent education, and referral services.

During FY 2016–2017, 1,224 children ages 0 to 5, and 1,158 parents, siblings, and caregivers who live in Kings County visited an FRC. The total number of services delivered by the 5 funded FRCs was 26,447.

Other highlights included:

- The Linkages 2 Learning project distributed 1,350 school readiness backpacks to incoming kindergarteners.
- The Kings County CARES About Quality (KCCAQ) project provided support, ranking, technical assistance, and materials to 62 preschool and childcare sites.
- The local CARES project provided training and professional growth advising to 262 professionals working in the early childhood education field.
- The United Cerebral Palsy Special Needs project provided 202 developmental assessments and 223 interventions to children ages 0 to 5.
- The United Cerebral Palsy Parent and Me project served 208 children ages 0 to 5 and 181 parents through weekly center-based early childhood activities.
- The Kettleman City FRC provided home visitation services; through this approach, 306 home visits were provided to 22 families.

Lake County

Through its investments, First 5 Lake works to achieve its long term goal, as stated in its 2014–2019 Strategic Plan, *to inspire and promote healthy, safe, happy, and family-centered experiences for children 0-5 through partnerships with local families and service providers.* First 5 Lake has adopted a family and community strengthening protective factor framework as the basis for its current strategic planning, focusing on the conditions in families and communities that, when present, increase health and well-being.

In 2016–17, www.firstfivelake.org was updated, and a Facebook page, radio ad campaign, and Before-the-Movie ad launched to educate the community about protective factors. During this past fiscal year, Lake County parents improved their social connections, knowledge, and skills, and received concrete support through participation in the Lake County Office of Education (LCOE) Hero Project, Imagination Library, and Nurturing Families programs. Parents improved in all five constructs of nurturing parenting that are critical to supporting their children’s growth and development, with improvement especially in the area of understanding the need for empathy toward children’s needs (43 percent increase) and parent-child roles and responsibilities (26 percent increase). Children were provided opportunities to learn self-regulation skills and improve their social emotional development through participation in Second Step lessons taught by trained LCOE AmeriCorps members. Children also received oral health and developmental screenings to ensure their good health and development. A total of 496 preschool and kindergarten children were screened through the LCOE Oral Health project with 64 percent having no immediate dental needs. Easter Seals provided 333 parents and children with developmental screening, education, and support for early identification of special needs. In addition, through an annual effort by First 5 Lake County and LCOE, children entering kindergarten in fall 2016 showed improved school readiness in the areas of language

comprehension, cognitive competency, and social-interpersonal skills.

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. During FY 2016–17, the primary area of focus was home visiting, serving high risk populations, and startup funding for a preschool in a remote area of Lassen County.

Home Visiting: The most significant accomplishment of First 5 Lassen was its home visiting program implemented by Pathways to Child & Family Excellence, Inc. With a funding investment of \$265,000, this program/initiative provides home visiting services to high risk families. The program is designed to improve family support and strengthening as well as improvement in child development, health, and systems of care. Weekly parent education and child development lessons using the Parents as Teachers (PAT) curriculum are provided. Screenings and assessments are completed on both children and parents to determine an individualized approach to addressing child, parent, and family needs. The Home Visiting Program served 105 children ages 0 to 5 and 107 parents or caregivers. Another 34 children (siblings six years or older) participated in the program, increasing the total number of children served during the year to 139. The number of service units provided was 2,178.

Preschool Development: The northern most area of Lassen County had no preschool opportunities for young children. First 5 Lassen provided startup funding. Through extensive collaboration of key leaders in the community, a preschool solution was developed. Big Valley Preschool is now hosted on the elementary school campus. It is licensed to serve 24 children. With one teacher/director, they are currently providing preschool services to 12 children for 10 months of the year.

Los Angeles County

First 5 Los Angeles (First 5 LA) continued to successfully implement the second year of its FY 2015–2020

Strategic Plan, placing a greater emphasis on promoting sustainable public financing, public policy, and systems-level change to make young children a priority and improve child outcomes. The plan also strengthens F5LA’s reach and effectiveness through partnerships and collaboration with others that share their goals.

F5LA has refocused their work by committing to four interlinked outcome areas—Families, Communities, Early Care and Education, and Health-related Systems. Working together, these outcomes will help children in Los Angeles County enter kindergarten ready to succeed in school and life. They have made great strides in each of these areas and done so in partnership with parents, the County, the First 5 community, and diverse stakeholders.

Making sure F5LA’s new emphasis guides all that they do is particularly evident in their long-standing investment in home visitation. Today, First 5 LA serves over 13,000 families a year in its Welcome Baby home visiting program. They are the single largest funder of home visiting in L.A. County, and the only funder of universally-offered services. Yet there still exists a large, unmet community need for home visiting. So they are collaborating with other partners to connect the current network of home visiting programs in the County, as well as providing for the long-term sustainability for these programs.

Highlights include:

- **County Agency Partnerships:** As part of First 5 LA’s continued efforts to build strong partnerships in L.A. County, First 5 LA offered support to the newly established Los Angeles Office of Child Protection (OCP), including participation in its informal working group on prevention. They have supported the development of OCP’s prevention work and the writing of the County prevention plan. Through their direct participation, First 5 LA helped ensure the voice of parents and communities was reflected in the County prevention plan in meetings with *Best Start* Community Partnership members, providers of prevention

and aftercare, and community-based organizations. This effort exemplifies First 5 LA's new strategic plan: to align systems and maximize their collective ability to improve outcomes for children and families in L.A. County.

- **Help Me Grow (HMG):** First 5 LA is a member of the HMG-LA Leadership Council and Workgroup tasked with leverage resources in place to develop and enhance a comprehensive, systems-level approach to support the success of young children by connecting them to timely developmental services and supports. A year-long design and planning process involved 124 individuals from more than 60 county departments, agencies, organizations, and programs who participated in a total of 32 planning sessions and convenings. This process has yielded a shared understanding of Los Angeles' early identification and intervention pathways, and system complexities and specific recommendations for implementing HMG-LA. These recommendations will guide the early implementation planning and rolling out of HMG-LA. First 5 LA will be partnering with Los Angeles County Department of Public Health to serve as the organizing entity for HMG-LA, providing support, oversight, and facilitation of broad system change activities to benefit kids.

- **Public Policy Outreach:** First 5 LA continued to leverage investments in advocacy to elevate and prioritize the needs of young children and their families in local, state, and federal policy discussions particularly in relation to health systems. Their advocacy with First 5 commissions and other partners resulted in the state Department of Health Care Service's decision to study developmental screening rates in California. The study highlights the wide disparity in developmental screening rates across the state, and recommends the state adopt new guidelines and reporting requirements which

encourage health plans to promote developmental screens for young children—consistent with coverage requirements.

- **State Funding:** Working with a statewide Early Care and Education (ECE) Coalition composed of nonprofit groups and First 5s throughout California, the Coalition urged Governor Brown to fulfill a promise to restore funding for early care and education opportunities for California's children. In a significant win for everyone, the final FY 2017–18 State Budget expanded and updated subsidized early care and education program eligibility requirements to better meet the needs of low-income working families, and developed much-needed emergency child care and navigation support for foster families.

As First 5 LA looks to the future, their work is going to continue to be done in partnership with the County, community organizations, and leaders that are all working to improve the health and development of L.A. County's young children.

Madera County

First 5 Madera County aims to ensure that all children in the county are healthy, grow up in a strong family environment, and are continuously learning. It is the goal of the local county commission to fund meaningful and sustainable programs that will have a lasting positive impact in the community.

The Oral Health Initiative is a preventive program that provides oral dental screenings and referrals to preschool children. Through a collaboration with the Darin Camarena Health Center, a team of dental staff educates parents and children about the importance of good oral hygiene, demonstrates proper brushing and flossing techniques, and surprises the children with a visit by the "Tooth Fairy." The "Tooth Fairy" helps parents and children understand what to expect during a dental office visit, mitigating some of the concerns parent and child may have. At the end of the presentation, all children in attendance

receive a dental kit consisting of a toothbrush, stickers, two-minute timer, floss, toothpaste, and informational brochures. A total of 12 preschools participated in the program, 555 students received a dental kit, 210 parents attended the screenings, 499 students were screened by a dentist, 224 students received a referral, and 142 students required dental services. Seventeen percent of the participating schools met the Healthy People Objective 2020 of decreasing dental decay in children ages 0 to 5 years of age. The outcomes of this program have been consistent over the past few years: 1) steady increase in children receiving a dental kit, 2) steady increase in children screened, 3) increased parent participation during the screening, and 4) a steady decline in children requiring services without a dental home. The Oral Health Initiative continues to be a significant contributor in filling the pediatric dental gap in the community.

Marin County

While First 5 Marin continues funding key programs and initiatives for children's health and school readiness, they also have focused on convening colleagues and community partners for free monthly educational presentations and workshops to inform, educate, and inspire the community serving children and families in Marin County. The program is called the "Marin Communications Forum." With thoughtful scheduling, First 5 Marin is able to respond to trending topics, such as "Adverse Childhood Experiences" as well as urgent community needs (immigration and detention).

First 5 Marin also works in partnership with multiple community organizations to address a variety of public health needs (childhood obesity, nutrition, oral health), early childhood/education issues (quality child care, preschool, social-emotional development) and community concerns (Spanish-language outreach, affordable housing, emergency preparedness and communications, and cannabis).

The response has been thoroughly positive, and the series is popular enough that community partners have asked for specific topics to be covered

or asked that their own programs be featured in future presentations. The Forum series has allowed First 5 Marin to be a part of critical discussions, to spark community interest, improve knowledge, and prompt response or action for the benefit of young children and families.

Mariposa County

During this past year, one of the most significant accomplishments of First 5 Mariposa was the School Readiness Program, funded for \$152,909. The School Readiness Program serves three preschools (Catheys Valley, Greeley Hill and Lake Don Pedro) located throughout Mariposa County. The three preschools provide an outstanding play-based preschool program that prepares children for kindergarten. The facilities, curriculum, and activities are creative and educational, and focus on developmentally appropriate activities. This year there was a focus on Science, Technology, Engineering, and Math and more play-based activities.

In addition, First 5 Mariposa has several highly successful programs:

- Children's Dental Health Program. The program was funded for \$30,000. This program provided dental education by the Dental Hygienist, dental services for children with severe dental problems, and dental screenings. Three local dentists provided reduced cost dental services.
- Instructional aide hired to work in the Mariposa Elementary School Transitional Kindergarten classroom. The program was funded for \$16,882. The instructional aide worked with the reading program/assessments, and she provided extra assistance to children who were having difficulty. Having the aide in the classroom also provided time for the teacher to work with the children individually. The class had 21 TK students who ranged in age from 4 to 6, and having an aide made it possible for the students to work on enrichment projects and technology.
- Part-time instructional aide hired to work in the Kiwanis Preschool.

The program was funded for \$10,000. The instructional aide worked closely with the teacher in providing support, extra assistance, and one-on-one instruction.

- Yosemite Child Care Center for a trainer from University of California at Davis who provided developmentally appropriate activities with an emphasis on hand-on play-based instruction. The staff were observed and coaching was provided to help focus the training.
- Listening center for the Kid Korral Day Care Center. The center received \$1,000 for a listening center with headphones and books on tape.

Mendocino County

First 5 Mendocino continued its transitional period from FY 2015–16 through FY 2016–17 with the hiring of Roseanne Ibarra as the new Executive Director.

The Family Resource Centers (FRCs) receive the majority of First 5 Mendocino's grant funding. Mendocino County is geographically diverse, making it difficult for FIRST 5 staff to effectively reach the remote areas of the county. The grants with the FRCs are used to reach the families in those areas through information and referrals to services and programs funded by First 5 Mendocino. This year, Triple P (Positive Parenting Program) was added as a contract requirement for FRCs. FRCs now are asked to offer Triple P groups and have at least one person trained in the basic level of Triple P at their site.

First 5 Mendocino joined Mendocino County's Community Health Improvement Plan, known locally as Healthy Mendocino. This is a collaborative effort among Mendocino County Health and Human Services, Adventist Health Ukiah Valley, and Howard Memorial Hospital, among others to implement strategies to improve outcomes for families. The targeted areas are Childhood Trauma, Poverty, Mental Health, Housing, and Childhood Obesity and Family Wellness.

To help build the professional skills of those who work in Mendocino County with the youngest and most vulnerable

(including young children in foster care), this past year, First 5 Mendocino administered several trainings targeted to decrease the negative effects on a child's brain from trauma. They have begun implementing Community Resiliency Skills® to the Inland County from Trauma Resource Institute. These skills are simple to use and build a connection with one's central nervous system with the goal of an individual learning to be calm when faced with stress.

Merced County

Through its investments, the goal of First 5 Merced County has the following Desired Outcomes:

- Families raise their children in safe, stable nurturing homes
 - Enhance the system of effective family support and strengthening programs
 - Support families in building and enhancing the 5 protective factors that promote optimal development
- Children have access to high-quality early learning opportunities
 - Support and enhance local implementation of the California Quality Rating and Improvement System (CA-QRIS) Rating Matrix and Continuous Quality Improvement Pathways
 - Increase awareness of and support for high-quality Early Childhood Education (ECE) among parents and policymakers
 - Enhance or support existing efforts to communicate about the importance of high-quality ECE and levels of quality in ECE programs
- Children achieve optimal developmental, behavioral, and social-emotional health
 - Improve the system for identifying children's health and developmental concerns and linking families to early intervention services

In addition, First 5 Merced County:

- Funded University of California at Merced virtual resource center for families of children diagnosed with disabilities (<http://www.help4mychild.org>)

- Increased overall reach through Facebook
- 14th Annual Children’s Summit with 322 participants featuring Dr. Michael Allshouse, discussing trauma and injury prevention and local panel of experts discussing the importance of Early Screening and Intervention
- Engaged 200 early educators in developing a conceptual understanding of Early Numeracy, and utilizing practical math activities in the classroom. Frog Street representative Marissa Russo presented on literacy and dual language learning
- Began IMPACT outreach and coaching
- Supported a cross-community coalition addressing early developmental screening
- Supported breastfeeding efforts at two local high schools, the County Fair, and the Department of Public Health
- Supported art and music education for young children
- Encouraged the community to value water safety for young children

Modoc County

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

A critical area of need in the community is in the result area of Improved Child Development. Many families would not have access to a preschool program without the support from First 5 Modoc. With a funding investment of \$99,759, they were able to fund two separate programs, providing a high-quality preschool experience for 19 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 in the cost to attend preschool.

Families were provided additional support through a family support worker. Monthly parent meetings were held and information was shared on health, safety, nutrition, parenting skills, and on the preschool learning foundations. Weekly child observations and results to their DRDP assessments also were shared with parents. Parents responded in their survey the programs were excellent.

Other highlights that took place during FY 2016–17 with support from First 5 Modoc included:

- Improved Family Functioning: The Tulelake/Newell Family Resource Center provided services and activities that helped build families strength and capacity by providing quality services and support. Services included parenting classes, resource and referral, case management, community strengthening and support, and playgroups. 138 children and 93 parents received services.
- Improved Family Functioning: The Healthy Beginnings program is a Collaborative project between Public Health and Behavioral Health that provided families with access to case management and education on positive parenting, nutrition, and other health-related topics by a home visiting nurse. Mental health and alcohol and drug services also were also provided to families that were not able to afford these services otherwise. 43 children and 36 parents received services.
- Improved Family Functioning: The Dollywood Imagination Library provided age appropriate books to participating families free of charge. The program is designed to inspire a love of reading. Each month an age appropriate book is mailed directly to children enrolled in the program. 151 children were enrolled this year.
- Improved Child Health: The Increase Access to Preventative Oral Health program provided free dental screenings and fluoride varnish applications throughout Modoc County. 137 children received a free dental screening

and fluoride varnish application. Referrals were made for follow-up care when necessary.

Mono County

First 5 Mono County’s goal is to enhance the network of support services for families with children ages 0 to 5 years. To this end, the commission invested in school readiness, family behavioral health, oral health, child safety, and child care quality.

In FY 2016–17, First 5 Mono sustained existing levels of service in all investment areas by funding the following programs. The First 5 California Small Population County Funding Augmentation is a significant funding source. Without this, the majority of the programs could not be sustained.

- Home Visiting, with the Parents as Teachers curriculum supported parents in myriad ways. Home visiting continues to be the largest investment and served 51 percent of all births to Mono County residents.
- Countywide Transition to Kindergarten activities supported transition into the K-12 system with Kindergarten Round Up, Summer Bridge (a two-week program in the kindergarten classrooms for incoming kindergartners), and school readiness assessments.
- “First Book” books were given to families at no cost to support literacy.
- Raising a Reader supported early literacy.
- Peapod Playgroups served 24 percent of children ages 0 to 5. Playgroups provided children and parents an opportunity to socialize and supported child development.
- Topical fluoride varnish application was provided twice in early learning settings to support oral health.
- Countywide health & safety fairs provided families with connections to resources.
- Safe Kids California, Mono Partners provided helmets and car seats to families across the county to improve child safety.
- Improve and Maximize Programs so All Children Thrive supported completion of Ages and Stages

developmental screenings and alignment with state QRIS efforts.

- Due to funding applications completed by First 5 for Community Development Block Grant and State Preschool, two new childcare centers opened in communities with no other licensed care.

Monterey County

First 5 Monterey County (F5MC) invested \$7.1 million in FY 2016–17, providing services to over 35,000 young children, parents, and providers. Of those receiving services, most were served by Parent Development programs (65 percent), and others were served by Child Health (18 percent) and Early Care and Education (17 percent) programs. F5MC also launched a new strategic plan that takes a more integrated, holistic approach to creating change at the systems and organization levels, beginning with awarding grants for collaboratives offering screening, referrals, and care coordination to facilitate family access to cohesive services. Additionally, systems alignment deepened, as F5MC and its countywide partners joined forces to launch a countywide Advisory Group comprised of cross-disciplinary experts in the county. The group is identifying the key drivers and strategies which will be the focus of the county's collective impact work. F5MC played a key role in leveraging the funding needed to support countywide work in Early Childhood Development. Four local foundations provided new funds for F5MC-supported and/or community-based early childhood programs. In response to parent advocacy, two school districts agreed to sustain parent-child playgroups that would no longer be funded by F5MC. In terms of policy that contributes to the possible financial sustainability of early childhood supports in Monterey County, F5MC sponsored AB 300, a bill that will allow the counties of Monterey, San Benito, and Santa Cruz to create their own county child care subsidy pilot programs. After a year of research, coordination, and advocacy efforts, AB 300 was signed by the Governor and helped to leverage statewide discussion on systems and policy change.

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 of Napa County will enter school healthy and ready to learn.

During FY 2016–17, First 5 Napa County made a \$44,900 investment in the Queen of the Valley Medical Center (QVMC) Community Outreach Mobile Dental Clinic. With this investment, QVMC aims to improve access to oral health services. This comprehensive oral health program serves low-income children six months to five years of age through on-site visits to preschools and kindergartens. Preventive dental care, oral health education services, and dental treatment services are provided in the mobile dental clinic.

Children are receiving appropriate and timely oral health visits:

- 857 children received dental exams, x-rays, cleanings and/or sealants.
- 93 percent of existing patients saw a dentist within six months to one year prior.
- 95 percent of patients presented with improved oral health on the dentist-completed oral health status checklist.
- 310 children received specialty services. Procedures performed include composite fillings, extractions, space maintainers, crowns, and root canals.

Parents report knowledge of recommended preventive dental care practices:

- Of the 34 first time clients to the mobile van, 53 percent reported their child brushes their teeth twice a day. However, of the 129 existing clients, 73 percent reported their child brushes their teeth twice a day.

Nevada County

First 5 Nevada County fosters and supports programs that promote health, wellness, and child development for children ages 0 to 5 and their parents through four initiatives: early learning, family strengthening, communication and outreach, and capacity building and systems change.

Highlights from funded programs include:

- The number of college units earned by Early Childhood Educators in the county grew from nine units in FY 2015–16 to 221 units in FY 2016–17. The number of professional growth hours earned grew from 786 hours in FY 2015–16 to 1,512 hours in FY 2016–17.
- 127 early childhood educators and parents attended workshops with a board certified behavior analyst on supporting young children's social emotional development and all showed gains in knowledge, tools, and skills for supporting child development.
- Of 155 children and their caregivers enrolled in evidence-based, intensive home visiting services, 100 percent of the children received developmental screenings and 100 percent of the children identified as needing follow-up received needed services.
- 31 children and 24 parents received behavioral health care who were not otherwise eligible for services; a pre/post test showed parental distress improved by 20 percent after treatment and parent report of child difficult behavior decreased by 14 percent after treatment.
- 100 percent of clients in an in-home therapy program for postpartum depression who completed six or more sessions showed a reduction in their postpartum depression scores after services.
- 2,402 parents and children ages 0 to 5 received family support services at 4 family resource centers. 95 percent of those receiving case-management services for 15 hours or more were no longer rated as in immediate danger of abusing or neglecting their children.
- 120 family service providers participated in collaborative meetings in eastern Nevada County and 204 attended collaborative meetings in western Nevada County.

Orange County

The Children and Families Commission of Orange County provides leadership and support for programs to achieve the vision that all children are healthy and ready to learn. This year, progress continued on sustaining Commission-funded initiatives that measurably contribute to children's healthy development and school readiness.

The California Department of Health Care Services awarded a grant for just over \$11 million to improve dental care for youth covered by Medi-Cal. Within the three-and-a-half-year grant period, 17 virtual dental homes will be established to provide onsite dental services for approximately 11,500 children at school and community sites throughout Orange County, significantly increasing access to prevention and early intervention. The Children and Families Commission is leading the program in partnership with Healthy Smiles for Kids of Orange County, the Coalition of Orange County Community Health Centers, six Federally Qualified Health Centers, and the University of the Pacific.

A cohort of eight community groups received a funding allocation to improve early learning outcomes for young children in the city of Santa Ana. The Santa Ana Early Learning Initiative used Early Development Index* (EDI) data as the primary resource to develop a shared vision, set measurable goals, align and coordinate diverse stakeholders, and establish community ownership for ongoing collaboration and advocacy for early learning outcomes. The Santa Ana Early Learning Initiative is a replicable model that has generated interest in other communities.

**Developed over the course of nearly 30 years, the EDI is a population-based measure of early child development and school readiness in five key domains. Through rigorous, international testing, the EDI has been found to be a reliable indicator of a child's well-being.*

Placer County

Improved Child Development

Early childhood development services are a critical way to ensure children enter school ready to learn

and succeed. In FY 2016–2017, First 5 Placer invested \$441,000 in programs across the county that support child development. As a result:

- 689 parents and providers participated in early literacy trainings offered through Placer County Office of Education's Improved Reading Through Early Literacy program.
- 106 kindergarteners took part in afterschool enrichment at the Boys and Girls Club of North Lake Tahoe.
- 169 children and parents participated in school readiness programs through Tahoe Truckee Unified School District's Family Room.
- 3,842 children and families received art, literacy, and science enrichment through the KidZone Museum.
- 705 preschool and elementary children received music education from the Auburn Civic Symphony.

Improved Family Functioning

Children benefit when caregivers receive education, referrals, and support to meet basic needs. In FY 2016–2017, First 5 Placer invested \$1.08 million in programs that improve family functioning. With this support:

- 1,712 children and families participated in family strengthening programs offered through the North Tahoe Family Resource Center and Lighthouse Counseling and Family Resource Center.
- 148 families received weekly home visits through the KidsFirst Parents as Teachers program.
- 54 families received legal assistance at the Family Resource Center of Truckee.
- 43 parents received support to achieve reunification with children in the foster care system through Child Advocates of Placer County.
- 21 children and their parents participated in safe exchange services at Parenting Time.
- 93 mothers received substance abuse treatment and child development support from Community Recovery Resources' Mothers in Recovery program.

Improved Health

First 5 Placer is committed to programs that support the health and well-being of children and their families. In FY 2016–2017, First 5 Placer invested \$407,000 in programs that address maternal and child health, behavioral health, and oral health. As a result of this funding:

- 95 mothers received counseling for perinatal or postpartum depression through Insights Counseling Group's Mom Squad.
- 30 women received support from *promotores* at Latino Leadership Council to access prenatal and postnatal care.
- 147 children received free oral health screenings through the Placer County Health and Human Services Women Infants and Children (WIC) Dental Days.
- 166 children and families received advocate support from the Placer Multi-Disciplinary Interview Center following allegations of child maltreatment.

Improved Systems of Care

In addition to services, children and families in Placer County need systems that work together effectively in order to succeed. First 5 Placer invested \$213,000 to support improvements in these systems, including:

- Community education and outreach activities to advocate for affordable housing, improved immunization rates, and trauma-informed care.
- Opportunities for agencies to share resources and build partnerships, such as the Community Collaborative of Tahoe Truckee and the Placer Community Foundation's Non-Profit Leadership Summit.

Furthermore, First 5 Placer has taken steps to develop its role as a catalyst, convener, and advocate for children's well-being in the county. This includes:

- Establishing a Strategic Plan and Evaluation Plan with explicit goals around this new aspect of its work.
- Taking steps towards a model that focus on collaboration and shared goals to achieve collective impact.



Plumas County

The First 5 Plumas County Children and Families Commission's primary strategy in realizing its vision and fulfilling its mission is through the support of home visiting services. Currently, the Commission funds four direct service grants that provide home visiting services to families (including foster parents) who have children ages 0 to 5. All programs utilize the Strengthening Families™ Protective Factors framework to support and measure success. First 5 Plumas County investments in home visiting resulted in the following accomplishments:

Families are engaged in home visiting services:

- A total of 84 families were provided with home visiting services, 31 of which received
- integrated care. A total of 599 service contacts were made by home visitors in which 3,320 services were provided. 41 children were screened using the Ages and Stages Questionnaire (ASQ), while 9 were screened using the Social Emotional (SE) version of this tool. Families are stronger as a result of home visiting services. All of the home visiting programs identify outcomes achievement related to each of the five Strengthening Families™ Protective Factors. In each of the protective factors, there was an increase in parental perception of skills, supports, and knowledge after having received home visiting services.
- 100 percent of parents agreed that the program has helped them improve their parenting skills. 78 percent of parents agreed that the program has helped them

reduce the stress in their life. Families accessing services report a high level of satisfaction. The overwhelming majority of parents who completed the questions related to client satisfaction at the end of the Protective Factors survey were very satisfied with the home visiting program.

- 100 percent of parents agreed that their overall satisfaction with services was very good and that their ideas and opinions were welcomed and included in the program.

Riverside County

First 5 Riverside County has made significant investments in Early Learning and Health so all children are healthy and thrive in supportive, nurturing, and loving environments and enter school ready to learn and embrace lifelong learning. One of the most significant accomplishments this past fiscal year was the implementation of Quality Start Riverside County (QSRC), funded by First 5 California and California Department of Education. Through a strategic partnership with Riverside County Office of Education, 155 sites were rated and 317 of these received site-based coaching. QSRC supports more than 102 family child care home providers, 128 state-funded preschool providers, and 31 private centers. In February and March 2017, on behalf of QSRC, VIVA Strategy + Communication conducted a survey in English and Spanish of 2,137 parents with children ages 0 to 5 years old, and 77 early learning educators participating in QSRC and not participating in QSRC to gain understanding of and opinions on quality early learning and quality improvement, awareness of the local QRIS, and to further understand communication preferences. Key findings: parents believe that child care plays a role in their child's learning and development. In fact, 92 percent of parents surveyed expressed confidence that their child care program was helping their child be ready for kindergarten.

Other highlights included:

- 828 children accessed quality child care services

- breastfeeding support services were delivered to over 11,000 mothers
- more than 5,292 children received mental health screenings
- 423 of these children received treatment services

Sacramento County

Over the course of FY 2016–17, First 5 Sacramento County made significant accomplishments in support of its priority to ensure the sustainability of much needed programs and services. The Commission recognized that with fewer resources available to invest in the coming years, systems change efforts are necessary to continue to respond to community need. To support these efforts, the Commission created a Sustainability Committee, developed a Policy Platform, created a Policy and Advocacy Protocol, and integrated sustainability planning into its strategic direction. The Sustainability Committee was charged with developing a Systems Sustainability Plan (SSP) to outline ways that the Commission can act to sustain programs and services impacting children ages 0 to 5 and their families. The SSP outlines concrete strategies to support the sustainability of outcomes outlined in the Commission's Strategic Plan through more systemic, cost effective ways.

Additional accomplishments include the continuation and exceptional outcomes of the programs to reduce African American Child Deaths and the First 5-funded preschool programs.

Reduction of African American Child Deaths: The Commission continues to support programs focused on the reduction of perinatal condition deaths, infant sleep related deaths, and child abuse and neglect homicides in the African American community. The cultural broker program served 415 pregnant women. There were 241 births; 85 percent of the babies were born at a healthy weight and born full-term. The infant pre-term rate of 8 percent is lower than Sacramento County's African American rate (13 percent), and low-birth weight is the same as Sacramento County's rate (12 percent).

Over 550 African American parents and caregivers received education on

how to safely sleep their infant through the Safe Sleep Education Campaign. If needed, they also received a free pack-and-play (crib). In addition, a multimedia perinatal education campaign, “Stress,” generated over 85 million impressions delivered through digital, radio, transit, and convenience store ads.

First 5 Sacramento-Funded

Preschool: Across the First 5 Sacramento service region, incoming kindergarteners in 2016 were more likely to be ready for school if they had participated in any First 5 Sacramento services prior to kindergarten, but particularly if they had attended preschools supported directly by First 5 Sacramento. Forty-five percent of children who attended preschools supported by First 5 school readiness services were fully ready for kindergarten, as compared to 24 percent of children who did not attend preschool (adjusted for other child and family factors, such as family socioeconomic status, child gender, and English proficiency).

These results are based on an analysis of kindergarten teachers’ observations of 1,874 students across the First 5 Sacramento service region, spanning 40 elementary schools across nine school districts. Data were collected in August and September 2016, and combined with First 5 service records and a parent background survey.

San Benito County

First 5 San Benito provided services, supports, and resources to children, families, and providers that addressed the First 5 California four result areas: Improved Family Functioning, Improved Child Development, Improved Child Health, and Improved Systems of Care.

Below are highlights of programs that contributed to these results:

Improved Family Functioning:

Parents in the Family Wellness Court parenting classes reported that by the end of the program, family members were significantly more likely to listen to one another, express their needs and feelings to one another, and communicate with the children in a clear and positive way. In addition, 206 parents participated in the Raising a Reader program, and showed a

significant increase in the number of positive literacy behaviors they engaged in with their child over time.

Improved Child Development:

Twenty-five Early Childhood Education providers enrolled in the Quality Rating and Improvement System program, and 24 providers attended Classroom Assessment Scoring System trainings on improving teacher-child interactions. After the program, 100 percent of participants surveyed rated their understanding of why teacher-child interactions are important as high or very high, compared to 53 percent who said their understanding was high or very high before the program.

Improved Child Health: Child health and safety outcomes in the community were addressed through the inspection of 95 car seats for safe and appropriate installation, and the distribution of 76 new car seats.

Improved Systems of Care:

Let’s Play at the Park was a monthly community event at which 36 families, with 46 children ages 0 to 5, engaged in activities that encouraged quality child-parent interactions. Story and music time were provided for the children, and families learned about services and supports available to them.

San Bernardino County

FY 2016–17 yielded many notable accomplishments and positive outcomes for the youngest residents and their families in San Bernardino County. One of the most significant investments by First 5 San Bernardino was in the continued building and implementation of a Quality Rating Improvement System (QRIS). Quality Start San Bernardino (QSSB) was fully launched to capacity in FY 2016–2017 with 115 early care and education sites participating. Of those sites, 76 received a quality rating while 39 received quality improvement services to prepare them for a future rating. Forty-seven of the sites rated received a rating of 4 (Quality Plus) or 5 (Highest Quality).

Other highlights were:

- The continued Family and Community Support and Partnerships initiative served 1303 parents to minimize the risk of child maltreatment.

- The Launch of “Footsteps to Brilliance,” an interactive mobile “app” designed to encourage and improve reading for young children. Through partnership with other stakeholders, Footsteps to Brilliance has been made available to EVERY child in San Bernardino County at no cost.
- The Launch of “Career Online High School” offering 100 parents of young children the opportunity to complete the requirements to earn a high school diploma online.
- Asthma screening, stabilization, and education provided to 604 children and their caregivers.
- Oral health screenings for 7,464 children and 759 pregnant women, education for their families around optimal oral health practice, and assistance with the establishment of a dental home.
- Successful literacy, water safety, and oral health campaigns.
- A successful “town hall” event for the community and local legislators to discuss early child education and quality childcare.
- Developmental screenings provided to 2,474 children countywide.

San Diego County

First 5 San Diego’s KidSTART program was recognized as a Program of Excellence by Jackson Healthcare as part of the 2016 Hospital Charitable Services Awards program. KidSTART is an integrated program within First 5 San Diego and County of San Diego Behavioral Health Services to support children with complex needs. Through this collaboration, the program performs triage, assessment, referrals, and treatment for children with multiple, complex delays and disorders as well as comprehensive behavioral and social-emotional clinical treatment. KidSTART was one of 10 programs recognized nationally for setting new standards for health and wellness in the community through education, access, and delivery.

Prevent Child Abuse America fully accredited First 5 First Steps, the Healthy Families America (HFA) affiliate in San Diego, as an official HFA multi-site system. HFA accreditation marks

a successful milestone for the home visiting program, which has been serving families throughout San Diego County since October 2013 through four regional service networks that provide in-home family support services and a countywide coordinator that provides support to all four regional service providers. This model ensures high quality and cohesive services are offered regardless of what part of the county a family lives in.

First 5 San Diego's Offsite Oral Health Services received a 2017 Achievement Award from the National Association of Counties. The program provides preventive and restorative oral health services to an underserved child population, ages birth to 5, utilizing location-based portable services technology. By providing oral health services and education in a community setting, the program brings services to children who might not otherwise receive care.

San Francisco County

First 5 San Francisco works to ensure all children birth to age 5 will thrive in supportive, nurturing, and loving families and communities by advancing systems of support for quality early childhood education, family well-being, and early intervention. Each of these systems reached new and important milestones.

With kindergarten enrollment topping 90 percent, First 5 San Francisco is placing a heightened emphasis on quality early childhood education by investing in the Quality Connections Quality Rating and Improvement System. Participation in Quality Connections has reached an all-time high of 218 sites serving 8,112 children. Over 1,800 providers received Quality Connections professional development, which helped to increase ratings for 83 percent of child care centers and 93 percent of family child care homes.

San Francisco's network of 26 Family Resource Centers secured renewed, five-year funding from First 5 San Francisco and three other departments, totaling nearly \$14 million annually and further ensuring the initiative's longevity. Results from core services reaching over

12,000 parents and children are notable. Surveys completed at the beginning and end of parent education classes showed improvements for 75 percent of parents who were initially above the risk threshold. Among families scoring in-crisis/at-risk at the start of case management, 85 percent had made progress in targeted areas of well-being by year-end assessment; 72 percent had moved up to stable/self-sufficient.

San Francisco's *Help Me Grow* Initiative continued to expand early intervention services. In 2016, 924 parents were provided information, and referral and/or care coordination in response to concerns about their child's development; 95 percent received the support they needed from the call-center or were successfully connected to a service.

San Joaquin County

First 5 San Joaquin (F5SJ) has several key projects that focus on improving services across systems and addressing the gaps in, and barriers to, service access. The following describes some project activities:

- The Lucile Packard Foundation for Children's Health (LPFCH) funded the California Community Care Coordination Collaborative (5Cs) in San Joaquin County (SJC) in 2015 for an 18-month project. The SJC 5Cs addresses care coordination needs for the families of children with special health care needs (CSHCN). The SJC 5Cs Collaborative noted multiple requests for care coordination support caused by a need for specialty health care requiring travel outside of SJC, as there is no tertiary level hospital in SJC. In 2016, 5C's members engaged in committee work with the San Joaquin Council of Governments and the San Joaquin Regional Transit District. As a result, designated funding and planning for a public transportation system to provide non-emergency medical transportation for families of CSHCN to out-of-county medical centers has been established.

In collaboration with the San Joaquin County Human Services Agency—California Work Opportunity

and Responsibility to Kids (CalWORKs) Division, F5SJ implemented the CalWORKs Helping to Enhance Parent's Potential (CalHEPP) program. CalHEPP is funded entirely through CalWORKs Family Stabilization Funds. CalHEPP assists CalWORKs families with children ages 0 to 5 to strengthen job search and job readiness skills, improve health and nutrition, enhance early literacy skills, and improve financial management. In the first year of implementation, CalHEPP participants reported an increase in job readiness/self-sufficiency skills, increase in reading with their children and the number of books in the home, as well as an increase in knowledge and access to additional community services. High-risk children received early detection and intervention services that were identified through the Ages and Stage Questionnaire. This targeted program aligns with the F5SJ Strategic Plan 2015-2018 Goal Area "To Enhance Partnership and Community Support" and enables F5SJ to reach families that are of the highest need in SJC.

San Luis Obispo County

This year launched a new four-year strategic plan at First 5 San Luis Obispo County (F5SLO), with investments and advocacy in four Priority Areas: Perinatal Readiness, Child Health and Development, Early Learning, and Family Strengthening.

- A variety of local F5SLO-funded programs provided critical supports for more than 17,000 children, family members, and providers in preschools, clinics, family resource centers, and homes throughout the county.
- *Talk. Read. Sing.*® continued to inspire the community through ongoing state level media messaging and with the First 5 Express Traveling Talk. Read. Sing.® Exhibit coupled with a complementary local campaign, including "Let's Talk About Food" grocery cart ads, movie ads, and thematic infusion into provider trainings; Women, Infants, and Children appointments; and parenting education classes.

- 2017 marked a new chapter in F5SLO County’s celebratory tradition honoring local “Hands-on Heroes” who dedicate themselves to improving the lives of children, this year linking the program directly with the Children’s Bill of Rights for San Luis Obispo County and broadening the reach of these two signature programs. Each monthly Hero embodied the essence of one of the Rights statements, and was featured in a multi-platform media campaign that included monthly print and video profiles plus social media.
- F5SLO mobilized community conversations and advocacy in two issue areas critical to young children’s health and well-being. This Commission is one of the first in California to issue a Statement on the Impact of Climate Change on Young Children. Business and policy leaders teamed up with First 5 to begin crafting an outreach agenda on the subject of family-friendly workplaces.
- The events of 2016–17 that have contributed to an air of uncertainty and division across the nation have been met by F5SLO and local partners with a commitment to fostering communities of shared respect and care for all of our children. In this spirit, F5SLO County offered a workshop series called “Caring for Immigrant Families in Turbulent Times,” and coordinated local participation in a national Multicultural Children’s Book Day.
- A multi-agency planning dialogue began this year that has generated widespread enthusiasm for the launch of *Help Me Grow* in San Luis Obispo County.

San Mateo County

First 5 San Mateo County (F5SMC) promotes positive outcomes for young children and their families through strategic investments, community leadership, and effective partnerships. F5SMC 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 \$6.3 million in community investments, funded partners provided over 14,453 services to children, parents, and providers, and distributed 2,934 *Kits for New Parents*.

Highlights of the year included:

- F5SMC’s ongoing partnership with the Human Services Agency, County Office of Education, and Silicon Valley Community Foundation supporting a comprehensive look the role that a shortage of facilities plays in the county’s child care gap. F5SMC has funded an Early Learning Facilities Task Force to explore policy approaches, propose funding mechanisms to support facilities, and build relationships across sectors that facilitate a common understanding and sense of purpose around this issue. This year, the fiscal forecasting and analysis aspect of the project was completed. Not including the price of land, costs for creating one child care space ranged from \$25,000 (for portables) to \$53,800 (for repurposing existing commercial space), with an average cost per space of \$40,717. This is comparable to the cost of creating a new parking space in Silicon Valley and San Francisco, which runs anywhere from \$25,000 to \$48,000. With a shortage of over 10,000 spaces as of 2015, this cost estimate suggests that it would take over \$400 million to meet the current need for child care in San Mateo County.
- Implementation of “Friday Cafés:” These monthly professional development events for service providers working in family support and engagement emphasize the principles of authentic family engagement. They incorporate invited speakers, small group activities, networking, and self-care. Because family support service providers work in a sector that is frequently less systematized than those of health or early learning, they may lack formal professional developmental opportunities and

local peer support networks. The Friday Cafés are an important step toward meeting this critical need.

- Continued expansion of the Quality Rating and Improvement System: By the end of this fiscal year, approximately 10 percent of the early learning programs in San Mateo County had enrolled in IMPACT and been rated. Of rated programs, 10 percent received a 5; 47 percent received a 4; 28 percent received a 3; and 15 percent received a 2.
- Establishing the only center-based parent-participation early learning program for toddlers in the South Coast region: This area of the county is home to a population of Spanish-speaking agricultural workers who are often linguistically and geographically isolated. This year, F5SMC funded two agencies to start a parent participation program for toddlers. Family Connections, an F5SMC grantee that runs a similar program in an urban area, provided training and technical assistance to Puente de la Costa Sur, a family resource center in the South Coast. The new program is called Sueños Unidos, and provides full-time care for toddlers as well as resource and referral services, parent workshops, support groups, and family social activities.

Santa Barbara County

First 5 Santa Barbara County (F5SBC) devotes its funding and organizational capacity in the following two primary areas: 1) Family Support; and 2) Early Care and Education. This past fiscal year within Early Care and Education, F5SBC achieved several noteworthy results in improving the quality of child care setting for children:

- In FY 2016-17, 144 sites participated in the Santa Barbara County Quality Rating and Improvement System (QRIS), which included 95 childcare centers and 49 family childcare homes. Baseline and post-assessment information was available for 92 of the participating centers and 29 of the participating family childcare homes. For both

centers and family childcare homes, there was a statistically significant improvement in the overall quality of the program over time (i.e., from baseline to latest post-assessment), $t(91) = -26.89$, $p < .001$ for centers and $t(28) = -19.48$, $p < .001$ for family childcare homes.

Within Family Strengthening, the following was achieved:

- Family Support (FS) partners monitored the growth of case managed families across several important family functioning domains using the evidence-informed Family Development Matrix (FDM). Parents who had at least two assessments (i.e., an intake and a first follow-up) on the FDM ($n = 123$) showed statistically significant improvements in the four major areas of access to services, parenting, basic needs, and emotional health. In particular, families significantly improved their functioning on the following FDM indicators that form the basis of some of the four major areas: knowledge of community resources, health services, parenting skills, employment, childcare, support system, emotional well-being/sense of life value, budgeting, and clothing.
- Family Support programs made a total of 2,839 referrals for children and families for additional support and services. The majority of referrals (86 percent) addressed the area of concrete support, which covers referrals concerning basic needs, childcare, education, job training, financial assistance, or health and wellness. At follow-up, the vast majority of the referrals made were successful (77 percent) or services were still in progress (10 percent).

Santa Clara County

Universal Developmental Screening and KidConnections/Help Me Grow System Overview

In January 2013, Santa Clara County Supervisor Ken Yeager identified the need for universal and more frequent developmental screenings for young children during their well-child pediatric

visits. Supervisor Yeager asked that pediatric health clinics perform routine developmental screenings for all children according to the American Academy of Pediatrics' guidelines. Once children are identified through a standardized developmental and behavioral health screening tool (i.e., Ages and Stages Questionnaires-3rd Edition and Ages and Stages Questionnaires: Social-Emotional-2nd Edition) with a potential developmental and/or behavioral health concern, they and their families are connected to the KidConnections(KCN)/Help Me Grow System of Care for follow-up services.

The KidConnections/Help Me Grow system is a comprehensive system of care for children under the age of six and their families, including a centralized call center and robust workforce development and evaluation system. The aim is to provide high quality, specialized developmental and behavioral health screening, assessment, and early intervention services (that are culturally and linguistically responsive) for young children and their families within a network of established community-based organizations that is sustained through leveraging of Medi-Cal's Early Periodic Screening, Diagnosis, and Treatment Program revenue and blended funding provided jointly by Behavioral Health Services Department and First 5 Santa Clara.

The following are evaluation highlights:

- Universal Developmental Screening is taking hold.
 - Valley Medical Center has committed to sustaining developmental screening efforts by hiring licensed vocational nurses to make certain all county-funded pediatric health clinics have the capacity to ensure routine developmental screening.
 - FIRST 5 and its partners conducted 13,003 developmental and behavioral health screenings.
 - 40 percent of the 1,767 children served in KCNs were referred from pediatric health settings.
- **KCN is reaching a high-risk population.**
 - Of the 1,767 children served, 71 percent of children in KCNs are from the highest risk zip codes in Santa Clara County.
 - 56 percent of parents/caregivers report making \$30,000 or less a year, and 40 percent report being unemployed.
- KCN services are having a positive impact on the lives of young children and their families.
 - Parents/caregivers improved their parenting skills.
 - Parent/caregiver-reported child behavior issues improved.
 - Children improved their ability to cope with trauma.
- KCN providers are connecting families to needed resources.
 - 1,730 referrals were made to community resources and services, such as, but not limited to, FIRST 5 Family Resource Centers, school districts, Early Start, and San Andreas Regional Center.

Santa Cruz County

VisionFirst Program—First 5 Santa

Cruz County is helping preschool children get critical early vision screenings. Following the completion of a successful pilot program in summer 2015, VisionFirst has now been integrated into the First 5 Santa Cruz Reading Corps program, as well as select early care and education settings throughout the county, which has increased the program's reach. VisionFirst provides children as young as six months with a simple and efficient vision screening using the Spot Vision Camera that quickly detects common vision problems. Parents of children found to have possible vision issues are assisted in getting a full vision exam for their child with a local optometrist. Of the 988 children screened, 176 (18 percent) had possible vision problems identified, and to date, 126 of those children have received a full vision exam. Of these children, 109 (87 percent) have been prescribed eye glasses or are being monitored.

Baby Gateway Program—First 5 Santa Cruz County is connecting newborns to medical care. The goals of First 5's Baby Gateway Program are

to visit mothers who have given birth in local hospitals and provide health insurance enrollment assistance, First 5's Kit for New Parents, and information on using primary care appropriately. This program reached 91 percent of all mothers while in the hospital. Baby Gateway also assisted 96 percent of all mothers who had Medi-Cal births to complete a Medi-Cal application for their newborns, and 93 percent of these mothers identified a preferred primary care provider or clinic for their child before discharge from the hospital. This program also may be having an effect on the use of the Emergency Department (ED) for very young infants, and particularly those who are covered by Medi-Cal. Since the launch of this program, the number of infants (under age one) on Medi-Cal who visited the ED at one hospital has dropped 38 percent.

Shasta County

First 5 Shasta's investment in early childhood is guided by its strategic framework and five Pathway Goals, which include Healthy, Well-Timed Births; Health and Development on Track; Supported and Supportive Families, High-Quality Childcare and Early Education, and Continuity in Early Childhood Experiences. Highlights of activities included:

- Increasing community awareness of Adverse Childhood Experiences (ACEs) by holding a successful town hall focused on ACEs and continued work with Strengthening Families Collaborative and community partners around ACEs education, prevention, and intervention throughout the county. This is accomplished with trainers going into the community, media spots addressing ACEs, and support of programs addressing the impacts of trauma.
- Support for the redevelopment of the Kids Kingdom at Enterprise Park by replacing a play area in significant disrepair with an inclusively-designed playground to meet the needs of all Shasta County children, including those with disabilities.
- Assessment of over 1,300 Shasta County kindergarteners with the Kindergarten Readiness Snapshot,

an App that provides teachers with an easy-to-use assessment tool in the domains of literacy and numeracy skills, as well as social-emotional and physical development.

- Funding community education activities, including Community Baby Showers, which provide a fun and educational baby shower experience for pregnant women and their support partners; information on healthy pregnancy, safe sleep, and maternal mental health along with hospital tours; and opportunities to connect with further resources.
- Supporting the Healthy Babies Program, which provides mental health services for pregnant women and mothers of children ages 0 to 2 experiencing depression or anxiety during the postpartum period. Mothers who otherwise wouldn't be able to access services are able to receive counseling for maternal mood and anxiety disorders that, left untreated, could impact the health and development of their children.
- Coordination of 40 parent-child events and community activities for children ages 0 to 5 during the annual Week of the Young Child (WOYC). A total of 2,737 children ages 0 to 5 attended WOYC events.
- Distribution of over 23,000 children's books through a wide range of community partners and at a variety of community events.

Sierra County

The vision of First 5 Sierra is to ensure a continuum of appropriate and integrated health, education, and recreational support services for a balanced and sustainable Sierra County community. First 5 Sierra focuses investments on accessible, high-quality early learning opportunities for families, family support programs, maternal health, dental health screenings, child safety, and family literacy. First 5 Sierra's strongest and most successful program supports families through preschool tuition subsidies. Sierra County experienced the highest rate of preschool attendance, with 94 percent of students having attended

high-quality preschool prior to entering kindergarten. Kindergarten readiness assessments validated the level of academic skills students develop through the preschool experience. Many of the children who attend local preschools come from families who would not be able to send their children to preschool without tuition assistance. The 94 percent preschool attendance rate is one of First 5 Sierra's greatest accomplishments in providing all of Sierra County's youngest children with early educational opportunities. First 5 Sierra continued to provide preschools with curriculum enrichment programs designed to serve multiple functions—the music program is taught by a behavior specialist who consults with parents and teachers, the Strider Bike program combines science and math activities with developing healthy exercise habits, the gymnastics program teaches students movements that support early literacy development. First 5 Sierra's Provider Network program continued its successful collaboration with Sonoma State University's Professor deKorsak and provided 15 hours of professional development trainings held locally and well-attended by providers. First 5 Sierra's investment in the High Sierra Family Resource Center supported the development of Nurturing Parenting programs offered locally and one-on-one for families in remote areas of the county with no transportation. New parents were supported through provision of prenatal vitamins and distribution of the *Kit for New Parents*. Many children received oral health screenings and fluoride varnish treatments at the annual Dental Health Fair.



First 5 Siskiyou

First 5 Siskiyou's primary focus remains on building systems to advance community-based programs and resources that strengthen families and enhance capacity, skills, and knowledge for those that work with them. Their goal is to build public will and sustainable investments to help parents raise children who thrive. Commitment toward innovation and collective impact continue to be critical cornerstones of its success. Through civic engagement, networking, collaboration, high-quality standards, and accountability, they have leveraged nearly 100 percent in additional funds. Furthermore, they collaborated with Ford Family Foundation to host community meetings and coordinate interviews for a County Snapshot. The findings from this process has and will help them target their strategic efforts. Their Snapshot of assets and resources includes recognized leadership; planning and coordination; local service capacity, including community-based Family Resource Centers (FRCs); policy and influence including understanding of the policy landscape; advocacy partners; and business champion for kids. Often, First 5 Siskiyou is the backbone of the early childhood family support systems. Highlights of First 5 Siskiyou investments include:

- Partnerships with nearly all school districts to implement first countywide standardized kindergarten readiness assessments in nearly 20 kindergarten classrooms in fall 2017.
- FRCs, located in communities throughout the county, offer essential services and support to families with children birth to age 5 and beyond. The centers provide over 12,000 hours of drop-in services, resources, and referrals.
- Siskiyou Reads! Family Literacy Initiative: Over 80 special reading events were held in one day for the Tenth Annual Read Across Siskiyou to promote daily reading, talking, playing, and singing with children. In January 2017, in partnership with Delta Kappa Gamma and Yreka Community Resource Center, they

became Dolly Parton's Imagination Library Partner. Over 600 children now receive monthly books delivered to their home.

- Parenting Education System: First 5 provided support and coordination for a multi-agency collaborative to offer over 250 evidence-based parenting education and classes.
- *Help Me Grow* Systems: Local system under way to increase resources for education, vision, dental, and hearing screenings, and case management for children in need of treatment.
- Siskiyou Professional Development Partnership: Worked with partners to offer multiple no-cost trainings in the county.
- Systems Change Efforts: The partnership with First 5 California on IMPACT and Small Population County Funding Augmentation programs have provided the means to leverage other resources and influence advocacy for sustainable systems.

Solano County

First 5 Solano County implemented the first year of its Systems Change Action Plan with the goals of strengthening, expanding, integrating, and sustaining early childhood systems.

Highlights of activities in the first year include:

- Conducted outreach to Bay Area funders and supported nine funding requests for over \$3 million. Four grants were awarded for a total of \$1,752,000 to support children and families in the community.
 - Grants included \$40,000 from Zellerbach Family Foundation to fund a cohort of Solano nonprofits to attend the University of California Berkeley Extension Fundraising and Volunteer Management Program.
- Partnered to convene a Children and Youth Leadership Council to identify and address systemic barriers to services for children and youth.
- Adopted a First 5 Solano Legislative Platform.

Other highlights included:

- Over 7,300 Solano residents were served by First 5 Solano.
- Enrolled 43 early care and education sites in QRIS.
- Provided 856 children and families case management, including connection to basic needs, financial literacy skills, and parent education. 100 percent of 184 children receiving assessments from a Child Welfare Social Worker remained safely in their home.
- Secured health insurance for 1,027 expectant months and children.
- Screened 326 high-risk children for developmental and social-emotional concerns. Provided 230 children with mental health treatment.
- Provided 392 children a Pre-kindergarten Academy to prepare them to transition to kindergarten.
- Opened a Head Start/Early Head Start center co-located with Solano County Health & Social Services.
- Conducted an evaluation of *Help Me Grow* Solano which has been shared with *Help Me Grow* California and National.

Sonoma County

First 5 Sonoma County engaged in an extensive and participatory strategic planning process. Through this process, the Commission sought to establish a plan for sustaining impact while reducing investments in light of uncertain and diminishing resources.

The Strategic Planning Advisory Workgroup included equal representation from the Commission, funded partners, and community stakeholders. This group engaged in an intensive review of current research literature on child development and return on investment; community needs assessments and inventories of community assets; summary of funding strategies taken by other First 5 Commissions; grantee data and performance summaries prepared jointly by First 5 staff and grantees; and results from a stakeholder survey of over 100 First 5 Sonoma County stakeholders on community needs and how the Commission should prioritize its remaining investments to have the most sustainable impact.

Over a period of six months, the workgroup gave public updates at Commission meetings and shared proposed strategic plan updates and allocation recommendations. A public hearing was held to allow all interested agencies and community members to speak and inform the Commission before a vote was taken on the strategic plan update. The three-year funding guidelines that emerged from this process were as follows:

- Prioritize existing programs and approaches that have shown strong outcomes, are scalable and sustainable, and are foundational to critical systems of care for children ages 0 to 5 and their caregivers.
- Gradually scale down First 5 Sonoma operational costs, while sustaining organizational human capital and institutional knowledge.
- Strengthen the infrastructure and operational practices of local community-based organizations to support their long-term sustainability.
- Intensify advocacy efforts and leverage First 5 Association's advocacy agenda to effect legislative change at the state and federal levels.
- Seek local public and private funding partnerships to align and leverage investments whenever possible.
- Require grantees to match cash and in-kind resources to First 5 funding.
- Support the development of innovative financing mechanisms and initiatives that may generate dedicated revenue for children's service.
- Expand community engagement and communication efforts to increase public awareness of the critical first five years.

New allocations follow these guidelines and include innovative investments that will build the capacity of community-based organizations to advocate, secure funding, and operate collaboratively and efficiently. By building and strengthening systems of care and diversifying the partners investing in young children, the

Commission can have a lasting impact on the lives of children and families in Sonoma County.

Stanislaus County

The goal of First 5 Stanislaus County Children and Families Commission is to promote the development and well-being of children ages 0 to 5 through its investments in family support, child safety, health, and early learning.

During this past fiscal year, one of the most significant accomplishments of First 5 Stanislaus was the operation of the family resource centers/ 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 a child maltreatment report was 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 and for the first time ever, the rate of recurrence of additional maltreatment reports within six months of the first report has been below the national goal of 5.4 percent.

Other highlights included:

- Parents of 10,400 children received family support services through countywide Family Resource Centers or other programs.
- Parents of 2,373 children received more intensive services focused on improving child abuse risk factors.
- 418 children experienced improvements in their family environment after being enrolled in respite childcare.
- The families of 1,698 children increased the time spent reading with their children at home after receiving literacy services.
- Families of 6,561 children have increased knowledge and utilization of community resources.
- Proposition 10-funded programs brought in more than \$8.7 million from other funding sources during FY 2016–17, increasing the level of services for children ages 0 to 5 and their families. Of that \$8.7

million, nearly \$5.7 million came from funding sources outside of Stanislaus County.

Sutter County

In the *2016 Hospital Breastfeeding Rates Fact Sheets* published by the California Women, Infants, and Children (WIC) Association and University of California, Davis Human Lactation Center, three counties were ranked the lowest: Sutter and Yuba County came in 48th and Colusa ranked 50th out of 50 counties included. From 2011 to 2015, these rankings had not changed. Despite the low breastfeeding rates in their region, the TriCounties Breastfeeding Alliance (TCBA), which includes Colusa, Sutter, and Yuba counties, and partnering agencies, including Sutter County Children and Families Commission, are hard at work to improve them.

To address these low rates, the TCBA, all three county public health departments, Rideout Health (the only local delivering hospital), Ampla Health, Sutter County WIC Programs and Sutter County Children and Families Commission, partnered together to host a 2-day "Best Practices in Breastfeeding" conference. The TCBA received funding from First 5 Colusa, First 5 Yuba County, and the Sutter County Children and Families Commission to conduct the conference for the three partnering counties.

The goal was to increase local health care provider's knowledge and skills toward advancing breastfeeding as a cultural norm and develop evidence-based practices. It had been six years since an educational forum like this had been offered in the region. A nationwide search led them to secure Dr. Todd Wolyynn, a board-certified pediatrician and International Board of Lactation Consultant Examiner (IBLCE) from Pittsburgh, PA, as the event's dynamic and energetic speaker.

Aiming for at least 100 attendees, the partners invited maternal and infant service providers, pediatricians, obstetricians and supporting office staff, hospital and home health nurses, breastfeeding counselors, lactation consultants, and others directly involved in the care of new mothers and infants.

To ensure the conference fit attendees' work schedules, three repeated sessions were offered: morning, afternoon, and at the lunch hour for medical providers. Funding from Sutter County Children and Families Commission and its neighboring First 5 Yuba and Colusa counties enabled the TCBA to provide continuing education credits for RNs, MDs, and IBLCEs at no cost. Rideout Health furnished the use of their conference center in Yuba City free of charge.

The planning committee was ecstatic to surpass their initial goal and registered 121 attendees. The evaluations were very positive. The conference, and especially Dr. Todd Wolynn, brought rekindled interest and determination to implement better breastfeeding care practices in the region. The partners knew this conference was just a start and convened a follow-up meeting in June. Their Collective Impact forum focused on action steps in hospital maternity care practices, community and public health programs and support, lactation training, and advocacy. Other issues needing to be addressed included limited access to breastfeeding support and supplies, and lactation accommodation for all moms. The tri-county partners' efforts are already paying off. As of late August, the local hospital no longer was giving formula-supplied "diaper bags" to new parents. A second conference is already planned in 2018, with nationally known pharmacologist, Dr. Thomas Hale, set to speak. Funding has already been secured from a grant through Sutter County Children and Families Commission. The TCBA will continue to collaborate and track their breastfeeding data so that, down the road, Sutter, Yuba, and Colusa won't come in last again!

Tehama County

First 5 Tehama investments in programs focus resources on ensuring children birth through age 5 are healthy, thriving, and enter school ready to learn. Three funded programs work toward this goal: 1) the School Readiness Program is a multi-faceted array of supports, including "Parents as Teachers" home visits, playgroups,

KinderCamp, developmental screenings, and case management implemented in school districts around the county; 2) the Corning Family Resource Center serves low income, primarily Spanish speaking families in Corning; and 3) the Strengthening Families Initiative which includes community education, system integration, and capacity building activities.

One of the most significant accomplishments of First 5 Tehama was its School Readiness Program. With an investment of \$316,711 and serving 799 children and 566 adults, this program:

- Conducted over 1780 home visits, 244 case management services, screened 287 children for kindergarten readiness or developmental milestones, and identified 68 three- and four-year-old children in need of preschool and referred them to early learning programs.
- Conducted 155 playgroups and 66 KinderCamp sessions.
- Continued to utilize and help meet the needs of parents and children in the county by providing essential information regarding available support services and referrals to partner agencies.
- Parents using the Parents as Teachers home visiting model and curriculum had positive increases in targeted behaviors.
- Children served in the School Readiness Program are more likely to have access to oral health care and more likely to participate in formal early childhood education programs than children in school districts not served by the program.

First 5 Tehama County continued School Readiness Program expansion efforts due to its strong partnerships and the use of Tehama County Department of Education Local Control and Accountability Plan funding, the First 5 California Small Population County Funding Augmentation, and leveraged AmeriCorps funding by utilizing AmeriCorps members as home visitors.

First 5 Tehama County also spearheads the Early Intervention Partnership, the prevention committee of the Blue Ribbon Commission on

Children, which provided a venue for developing integrated support services that promote the best outcomes for children and families. Partner agencies shared best-practices, collaborated through organizational systems, and shared efforts that maximize positive impacts. The efforts include implementing the Strengthening Families Framework, a major component of its action plan. This year's activities included an asset mapping project and the development of a formalized 0 to 5 program referral system with stakeholders ensuring no child or family has a waiting period for early care and education services.

Trinity County

Trinity County is the fourth least-populous county in California encompassing 3,208 square miles of rural terrain in California's Northwest Territory with a population of 13,373 persons at a growth rate of less than three percent over a 15-year period. There are an estimated 650 children under the age of 5 in Trinity County and approximately 20 percent of those children live in poverty with little access to community resources.

The Commission modified the existing five-year strategic plan to address the continued need for evaluation and accountability, as well as to address issues relevant to a remote community and the lack of access to resources. As a result, the Commission approved the release of a Request for Proposals to solicit the assistance of a consultant to provide guidance on program evaluation for next fiscal year.

Trinity County lacks any dental services for children ages 0 to 5, which, with the additional travel time for dental care, becomes prohibitive for most Trinity County families. Highlights include for the second year, an increase in the investment in mobile dental van services to serve children, so that services could be provided to them without leaving the county. This investment allowed 216 children, ages 3 to 6, to receive dental services and referrals. Although this mobile clinic was highly successful, the county will no longer be able to take advantage of the service because of the size and

remoteness of the county; it is too costly for the provider.

Local stakeholders and Commissioners developed a Wellness and Prevention Pilot Project which has engaged key stakeholders that have the need to address local barriers, needs, outcomes, and collaboration of ideas on a regional level so that First 5 Trinity makes the best use of limited resources and staffing capacity.

First 5 Trinity continues to focus on building the capacity within its small community to address the needs of children and families to help them further succeed in school and beyond.

Tulare County

Through its investments, First 5 Tulare County's mission is that it will enhance the early development of Tulare County's children by providing direct services, funding partner organizations, and strengthening an integrated system of care serving children prenatal through age 5 and their families without regard to income. First 5 Tulare County funded 4 school readiness programs. The programs served 1,108 children and 569 parents, and offered 567 hours of professional development opportunities. One of the school readiness sites realized an opportunity for growth via the Desired Results Developmental Profile. Through review of the scores it was found that children needed more opportunities to increase their knowledge in the area of science. The program began with a baseline of 50 percent with an end goal of 60 percent at the "building middle" or "higher range." The program applied for additional funding via First 5 Special Project Grant to secure Science, Technology, Engineering, and Math kits. These kits served to provide engaging opportunities for students to explore, predict, and hypothesize. The teachers benefited from the kits meaningful lesson plan/guides to assistant students with activities. As a system, the district recognized the importance of cross-collaboration with other grade levels. Within Tulare City School District, "early childhood" is under one umbrella (preschool through first grade). This past year, the preschool curriculum specialist and kindergarten teacher collaborated

throughout the year to create a continuum of science lessons activities that build on and support one another.

Tuolumne County

Tuolumne County invested \$544,333 in grants and programs to support direct services for children, parents, and teachers. Five focus areas were supported:

4. Parent Education and Support for parents at risk of child abuse and neglect
5. Social-Emotional Consultation to preschool teachers and direct help for children struggling in preschool settings
6. Children's Oral Health through education, screening, and fluoride treatments
7. Family Learning and Literacy to promote family stability and early learning
8. Public Health Nurse outreach

In addition, First 5 Tuolumne partnered with First 5 California in IMPACT, supporting early childhood educators with professional development.

Outcomes measured in FY 2016–17 included:

- Parents at high risk for child neglect and abuse improved their parenting skills and knowledge.
- Teachers learned how to support children's social-emotional development in their preschool classrooms, and how to better communicate with parents.
- Fewer young children had cavities or dental disease.
- More children received developmental screening, and their parents learned about appropriate developmental expectations.
- Children with behavioral issues were helped to succeed in their preschool setting.

Linkages between community programs, services, and systems continued to contribute to a more comprehensive approach to serving families.

Ventura County

First 5 Ventura County (F5VC) implemented the first funding year of its new five-year strategic plan that was

adopted in June 2015. The plan builds on the significant accomplishments realized for young children and their families in Ventura County and addresses declining resources in future years. For funding years one through three (FY 2016–19), investments in strategies and programs largely remain the same. For years four and five (FY 2019–21), strategic investments will shift toward advocacy and capacity building efforts to support and build the overall early childhood system of services 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.

F5VC's major initiatives were continued in FY 2016–17. The Neighborhoods for Learning (NfL) initiative, a nationally recognized, community-based service delivery model and the Commission's largest programmatic investment, represents 11 place-based NfL programs, with a total of 25 family resource centers, bringing together early learning, health, and family supports to families in their neighborhoods. Programs funded under countywide strategies continued to play a critical role in the delivery of regional-based family strengthening and health-focused programming. Ventura County's Quality Rating and Improvement System (QRIS) continued to be expanded through blending local funds, First 5 California Improve and Maximize Program so All Children Thrive (IMPACT) and CA QRIS block grants. F5VC also serves as the lead for F5CA's IMPACT Hubs, building capacity for QRIS implementation throughout the region.

The Commission advanced evaluation efforts for Parent and Child Together (PACT) programming with funding from the Center for the Study of Social Policy's national EC-LINC (Early Childhood Learning & Innovation Network for Communities) initiative in collaboration with other EC-LINC partners from Alameda County, Boston, and Orange County. F5VC also participated in other EC-LINC projects for measuring the impact of early childhood systems and parent engagement. F5VC explored

opportunities for resource development to mitigate the substantial decline in funds available for programming by FY 2019-20. A local firm conducted a resource development assessment and provided a series of strategies to the Commission for consideration, including fund raising, corporate sponsorships, leveraging of existing public revenues, and grant writing.

Yolo

The investments and work of First 5 Yolo support the mission to assist the community to raise children who are healthy, safe, and ready to learn. The three-year strategic plan, launched in FY 2015-16, focuses Proposition 10 funds on both supporting and sustaining results-oriented programs and services supporting child health and development, family functioning, and improved systems. Funded program highlights include:

- Successful attainment of the Mental Health Services Act Prevention and Early Intervention funding to match First 5 Yolo funding (beginning FY 2017-18) for the expansion and enhancement of *Help Me Grow* Yolo.
- Early childhood education programs, including Play School Experience targeted for families in need, partnership with IMPACT and quality preschool efforts, preschool enhancement of the arts for high-risk children, an early intervention preschool pilot, and countywide family literacy efforts.
- Child abuse prevention, parent education, and family support programs, including successful re-build of emergency overnight care at the Yolo Crisis Nursery, evidence-based AVANCE pilot in rural areas, and the initiation of Family Hui parent empowerment groups.
- Successful continuation of the nationally accredited Healthy Families America Home Visiting Program, Step-by-Step/Paso-a-Paso in partnership with Yolo County Health and Human Services Agency, to a sustainable and more robust model with blended funding

streams, with viable future options for scale up.

- Sustained system improvement in foster care in Yolo County through highly effective Parent Education, Recruitment and Retention Program.

FY 2016-17 was a year of significant work toward advancement to the next phase of action and tactical planning for First 5 Yolo. Personnel reorganization and operational cost savings were implemented to address the decrease in state funding and the conclusion of other grants. The Commission's budget reflects expenditures in alignment with current year revenues, and staff abilities cross a wide range of skills.

First 5 Yolo streamlined reporting and evaluation activities to a Friedman Results-Based Accountability format, and adopted Clear Impact performance measure software for improved reporting and evaluation and increased capacity of funded partners. Together with each funded program, First 5 Yolo refined specific, meaningful performance measures reflective of a defined program purpose, with the goal of using data to continuously improve impact. First 5 Yolo also began Funded Partners Roundtable meetings to encourage system-wide review as well as individual program evaluation.

In the interest of sustaining effective programs and services, First 5 Yolo also directed time and attention to the development of a new approach to convening community leaders and other funding agencies. The inaugural convening of the First 5 Yolo *Champions for Children* Development Advisory, a group of private and public funders interested in collaborative work in support of young children and families, was held in FY 2016-17. This group will inform the new Strategic Plan.

Yuba County

Camptonville Community Partnership offered 1, 2, 3 Grow parent education and child enrichment activities for families in the rural community of Camptonville. The parent education component focused on school readiness topics, including physical, cognitive, and social-emotional development. In addition, all children

received health screenings and referral to services as needed.

Parents in the classes completed both a pre- and a post-survey on their knowledge and beliefs of parenting and child development. A greater percentage of parents at exit compared to entry agreed that children learn more doing activities with an adult than just playing alone. They know what children should be able to do at each developmental stage, and children who see or hear domestic violence can have problems later. Nearly all parents said they learned a lot about child development from the classes, including how children learn and grow, how to access community resources, and how to develop the child's school readiness skills.

Comments from parents echoed this example: "My 4-year-old, who has participated in 1, 2, 3 Grow since she was born, graduated from the program this year. She is more than ready to head to kindergarten this fall. As a child whose fall birthday makes her a transitional kindergartner, 1, 2, 3 Grow was so important for our family as a preparation for the next stage of her education. She knows her letters, her numbers, a song for every action, and most importantly, she has the best social skills to continue on to her next classroom of friends and learning opportunities."

From the provider's side, "...success can be summed up in one word—Fathers. Maybe it's the weather, maybe something in the water, but this year fathers are present in the classroom, in the garden, and on the playground in unprecedented numbers. Their patient, loving, mischievous, and skilled contributions are immeasurably valuable and, I believe, will have far-reaching consequences for all the children who just as a matter of course seek their help.

Appendix A: Number of Services and Expenditures by Result Area and Service Type, 2016–17

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	15,871	166,576	284	166,860	182,731	26%	\$6,976,255	5%	
Distribution of <i>Kit for New Parents</i>	261	79,464	42	79,506	79,767	11%	\$317,572	<1%	
Adult and Family Literacy Programs	118,808	56,245	1,126	57,371	176,179	25%	\$3,918,930	3%	
Targeted Intensive Family Support Services	51,379	71,479	1,295	72,774	124,153	18%	\$81,675,135	56%	
General Parenting Education and Family Support Programs	41,402	76,902	1,964	78,866	120,268	17%	\$41,510,955	28%	
Quality Family Functioning Systems Improvement	18,861	1,723	3,196	4,919	23,780	3%	\$11,545,685	8%	
Subtotal	246,582	452,389	7,907	460,296	706,878	100%	\$145,944,532	100%	40%
Improved Child Development *									
Preschool Programs for 3- and 4-Year-Olds	20,340	2,401	430	2,831	23,171	9%	\$20,595,393	21%	
Infants, Toddlers, and All-Age Early Learning Programs	81,004	19,714	210	19,924	100,928	39%	\$20,257,516	20%	
Early Education Provider Programs	824	857	8,800	9,657	10,481	4%	\$16,241,617	16%	
Kindergarten Transition Services	12,058	10,851	399	11,250	23,308	9%	\$3,889,074	4%	
Quality ECE Investments	61,930	17,629	20,189	37,818	99,748	39%	\$38,656,663	39%	
Subtotal	176,156	51,452	30,028	81,480	257,636	100%	\$99,640,263	100%	28%
Improved Child Health *									
Nutrition and Fitness	20,005	33,088	1,332	34,420	54,425	7%	\$10,102,491	9%	
Health Access	41,533	21,373	387	21,760	63,293	8%	\$4,773,577	4%	
Maternal and Child Health Care	23,419	85,101	323	85,424	108,843	14%	\$21,732,637	19%	
Oral Health	159,794	71,723	4,277	76,000	235,794	30%	\$24,607,913	21%	
Primary and Specialty Medical Services	47,636	21,143	5,843	26,986	74,622	10%	\$9,604,356	8%	
Comprehensive Screening and Assessments	128,471	57,994	5,709	63,703	192,174	25%	\$18,710,012	16%	
Targeted Intensive Intervention for Identified Special Needs	13,626	4,807	1,378	6,185	19,811	3%	\$16,785,791	14%	
Safety Education and Injury Prevention	2,970	5,562	819	6,381	9,351	1%	\$1,057,112	1%	
Tobacco Education and Outreach	267	2,961	70	3,031	3,298	<1%	\$426,263	1%	
Quality Health Systems Improvement	4	11,094	6,837	17,931	17,935	2%	\$7,991,268	7%	
Subtotal	437,725	314,846	26,975	341,821	779,546	100%	\$115,791,420	100%	32%
Total	860,463	818,687	64,910	883,597	1,744,060		\$361,376,215		100%
Improved Systems of Care **									
Policy and Broad Systems-Change Efforts	-	-	-	-	-		\$16,606,704	31%	
Organizational Support	-	-	-	-	-		\$30,032,725	55%	
Public Education and Information	-	-	-	-	-		\$7,821,690	14%	
Total	-	-	-	-	-		\$54,461,119	100%	
Grand Total	860,463	818,687	64,910	883,597	1,744,060		\$415,837,334		

* 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 58 county commissions reporting in November and December 2017.

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, inter-agency 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 health-care 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.

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.

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.

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Our Vision

California's children receive the best possible start in life and thrive.



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COMMITTEE ROUTING	
Administrative/Finance	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
Executive	<input checked="" type="checkbox"/>

Stanislaus County Children and Families Commission ACTION AGENDA SUMMARY

AGENDA DATE: April 24, 2018

COMMISSION AGENDA # VI.B.2

SUBJECT:

Public Hearing to Adopt Amended Policies and Procedures Manual

BACKGROUND:

After being formed, the Children and Families Commission adopted a series of administrative, operational, monitoring, and financial policies to govern Commission and Contractor operations. In order to make its policies and procedures more user-friendly and easier to locate, policies and procedures were combined into one document and the document was approved by the Commission as a Policies and Procedures Manual. (The current Manual can be found on the Commission website under Publications & Other Resources.)

Staff reviews the manual on a periodic basis and recommended changes are brought to the Commission for consideration. After review over the past several months, a considerable number of changes are recommended by staff which is why the Policies and Procedures Manual is being brought in its entirety for consideration.

The primary focus of the review was in regard to financial operations of the Commission and Contractors. Historically, there has been one comprehensive section of the manual which intermingles Commission and Contractor financial policies. It was determined for clarity, it would be best to separate these sections resulting in Section 400-499 for Internal Financial Policies and Procedures and Section 500-599 as Financial Policies and Procedures for Contractors. A significant review was undertaken by staff to sort policies into their appropriate sections. Work was also done to incorporate items that were specified in contracts but did not appear in the manual, or practices of the Commission which did not appear in the manual. Language was also crafted in order to add clarity for procedural issues which might arise throughout the year. Minor changes were also made throughout the manual in its entirety when it was felt these changes would add clarity or “clean up” existing language. However, the primary work of the revision was focused on the financial component.

The draft, amended Policy and Procedure Manual was posted in its entirety with the agenda item. An overview of manual changes was also presented to contractors at the April 17, 2018 Quarterly Partner Meeting. Attendees of this meeting were also notified the draft would be posted in its entirety as part of the agenda item for their review.

Some of the highlighted changes include:

- A change to Section 205 which updates which version of the County Purchasing Policies and Procedures the Commission is referencing;
- Separating the current Financial Policies Section 400-599 into Section 400-499 for Internal Financial Policies and Procedures and Section 500-599 as Financial Policies and Procedures for Contractors;
- In 500.4, desktop and laptop computers are added as inventory items;
- In Section 500.6, clarifying language was added on food and beverage requests;
- In Section 500.8, we created clarified and expanded language for Out of County Travel documentation;
- In Section 502 Submission of Contractor Invoices, we did language cleanup and clarifying language;
- In Section 503 Invoice Preparation, we did language cleanup and added clarifying language. Section 503.7 was added which states in the manual our practice of requiring Contractors to retain supporting documentation for invoices for at least five years (not currently in the Manual);

- Section 506 Contract Budgets and Budget Revisions, numerous changes including stating in writing Contractors are responsible for management and monitoring of monthly expenses;
- Added Section 508 on Contractor Fiscal Reporting & Management;
- Added language to Section 600.4 for right of the Commission to perform on-site evaluation of financial records and internal control mechanisms.

The Administrative and Financial Committee, Operations and Executive Committee heard this item at their respective meetings in April 2018.

RECOMMENDATIONS:

1. Conduct a public hearing on the recommended changes to the Policies and Procedures Manual.
2. Adopt the Policies and Procedure Manual changes as presented.

FISCAL IMPACT:

There is minimal fiscal impact associated with the adoption of the Policies and Procedures Manual as the Commission and its contractors are currently operating under the provisions of the Manual.

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: _____

Denae J. Davis – Confidential Assistant IV



It's All About The Kids

**STANISLAUS COUNTY
CHILDREN AND FAMILIES COMMISSION**

POLICIES AND PROCEDURES MANUAL

Last Revised: April 24, 2018

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Program Overview

This Policy and Procedure Manual is a reference guide for Contractors and Commission staff as they implement the Commission's vision through the conducting of business operations. This manual contains Operational, Administrative, and Fiscal policies and procedures. The manual is a framework to guide the actions of the Commission and of Contractors and it is acknowledged that it is very difficult to capture every specific situation and circumstance that might arise in this manual. While the policies and procedures are written and specific, it is recognized that the Commission may also have practices that are not documented in the manual that bear weight upon its decisions. The intention of the Manual is to provide framework for sound decision making in regard to actions of the Commission and its contractors and to provide simple methods to manage the organization's business.

OPERATIONAL POLICIES (SECTIONS 1-199)

Section 1 - Confidentiality

Policy:

All Commission and Contractor staff responsible for client information must protect the privacy of clients, whether in conversations, in handwritten, typed, or printed documents, or electronic data. Contractors that provide direct client services shall develop and maintain procedures that prohibit access to client data by anyone not authorized to use such data. (See also Health and Safety Code Section 130140.1 (e) (1).)

Procedure:

- 1.1** Contractor and Contractor's staff shall adhere to state and federal standards of maintaining the security and privacy of client records. It is the Contractor's responsibility to periodically review any other standards that may apply to its programs. Contractor shall ensure that staff are properly trained and aware of confidentiality procedures and shall ensure that equipment and procedures are adequate to protect the security of records.
- 1.2** Confidentiality policies developed by Contractor shall address the following subject areas:
 - The process used to identify staff members authorized to view, enter, or change personally identifiable client data
 - The definition of what constitutes a legitimate interest to access confidential records
 - The process used to ensure all records are updated when changes are made
 - Confidentiality measures to be taken when confidential information is obtained or conveyed orally, in writing, by fax, phone or email
 - Security measures for filed materials
 - Security measures for electronic materials
- 1.3** Violations of a client's confidentiality information and records may be grounds for contract termination and may expose the violator to civil or criminal penalties.

Section 2 – Commission Committees

Policy:

Standing Committees shall exist to assist the Commission in formulating policies, making policy recommendations, and performing oversight functions delegated by the Commission. Ad hoc Committees shall be established to serve a time-limited issue or program specific function, such as assisting in developing responses to State Commission or Foundation initiatives.

Procedure:

- 2.1** Standing Committees shall be established by formal action of the Commission. The Commission shall appoint members, as the Commission deems necessary.
- 2.2** As it deems necessary, the Commission may also establish Ad Hoc Committees. Committee members who are not also members of the Commission shall act in an advisory capacity to the Committee and the Commission.
- 2.3** The standing Committees of the Commission are:
- Executive
 - Administrative and Finance
 - Operations
- 2.4** Membership of the Executive Committee shall include the Chair, Vice-Chair, and one member of the Commission. Responsibilities of the Executive Committee shall include:
- Direct liaison with the Chief Executive Officer.
 - Direct oversight of the Executive Director.
 - Working through and with the Commission staff, liaison with the Board of Supervisors regarding the Annual Report, Commission membership, etc.
 - Working through and with the Commission staff, preparing the agenda for the regularly scheduled meetings of the Commission.
 - Working through and with the Commission staff, arranging for scheduling and preparing the agenda for special meetings of the Commission.
 - Provide the leadership, direction and content for the Annual Commission Planning Day.
 - Recommending Commissioner assignments to standing and/or ad hoc committees.
 - Serving as the Nominating Committee to recommend candidates for Commission Officers.
- 2.5** Membership of the Administrative and Finance Committee shall be determined by the Commission and shall include not more than four Commissioners. Responsibilities of the Administrative and Finance Committee shall include:

- ❑ Review and recommend to the Commission all Commission Policies & Procedures.
- ❑ Review and recommend to the Executive Director all Policies and Procedures for the Commission office.
- ❑ Review and recommend for adoption the Commission budget.
- ❑ Review, comment, and recommend the Scope of Work and Budgets for all annual contracts.
- ❑ Participate in and with the Independent Annual Audit.
- ❑ Monitor and recommend short and long-term management and financial projections.
- ❑ Oversee and provide general direction of program evaluation efforts.

2.6 Membership of the Operations Committee shall be determined by the Commission and shall include not more than four Commissioners. Responsibilities of the Operations Committee shall include:

- ❑ Oversee the budgets, contracts, and operations of contractors.
- ❑ Liaison, partnership and oversight of and with local and State evaluation teams and efforts.
- ❑ Review, comment and make recommendations regarding the Annual Report to the California First Five Commission.
- ❑ Oversee the review and update of the Strategic Plan.
- ❑ Discuss and recommend Commission partnership, participation and sponsorship of community events, community education, distribution of educational materials, health fairs, public information, teacher trainings, etc.
- ❑ Oversight of the development and maintenance of the Commission logo, website and collateral materials.
- ❑ Liaison with Commission-funded programs, projects, and services.
- ❑ Share information and communicate with health and education groups, i.e., Asthma Coalition, Stanislaus Association for the Education of Young Children, Domestic Violence Council, etc.

Section 3 – Commission Meetings

Policy:

All meetings of the Commission, except closed sessions permitted by law, are open and public. All Commission meetings are to conform to the Ralph M. Brown Act, including requirements for meeting notice, preparation and distribution of agendas and other written materials, inspections of public records, closed sessions and emergency meetings, at a location designated by the commission, except for those instances defined in the Ralph M. Brown Act (Section 54954).

Procedure:

- 3.1** Regular Commission meetings are usually scheduled on the fourth Tuesday of each month with the exception of July, November, and December. Meetings are not usually scheduled in July and November and the December meeting is usually held the second Tuesday of the month.
- 3.2** Regular monthly meeting dates and times shall be established by the Commission prior to the start of each calendar year. Scheduled meeting dates may be cancelled and/or rescheduled at the discretion of a majority of the Commission.
- 3.3** Special meetings of the Commission are scheduled at the discretion of the Commission Chair, or Vice Chair, or at the request of at least 4 Commission members. Special meetings of the Commission may be scheduled from time to time to receive information or complete action items related to Commission business. A written notice of a special meeting must be delivered to each Commissioner and to each local newspaper of general circulation, radio, television, or local electronic media requesting notice in writing at least 24 hours in advance of the meeting time specified in the notice. The notice shall specify the time and place of the meeting and the business to be transacted or discussed. No other business shall be considered at the Special Meeting of the Commission. The special meeting notice shall be posted at least 24 hours prior to the special meeting in a location that is freely accessible to members of the public.
- 3.4** Emergency meetings may be called by the Chair or the Vice-Chair and only under those circumstances defined in the Ralph M. Brown Act necessitating immediate action of the Commission.
- 3.5** The Commission Chair, or in his/her absence the Vice Chair, presides over Commission meetings. In the absence of the Chair or Vice Chair, the majority of Commissioners present at the meeting may choose a meeting Chair.
- 3.6** A quorum of the Commission consists of at least 5 members of the Commission. Each act or decision of the Commission, at a meeting duly held at which a quorum is present, requires the affirmative action of at least 5 members of the Commission.
- 3.7** The development of meeting agendas is the responsibility of the Executive Committee. Agenda requests from Commissioners may be addressed in writing to the Executive Director or to the Executive Committee. Agenda item requests must be submitted no later than 7 working days before the scheduled Commission meeting, to allow time for drafting/finalizing agenda items.

3.8 Public comment is welcomed at each Commission meeting and will be accepted on posted agenda items, consistent with Ralph M. Brown Act requirements.

Section 4 – Annual Review of Strategic Plan / Monitoring Compliance with the California Children & Families Commission Act of 1998

Policy:

Annually, the Commission shall conduct a review of the progress made towards implementing its strategic plan and shall consider changes to the plan made necessary by changing conditions. This review shall include monitoring compliance with the California Children & Families Commission Act of 1998.

Procedure:

- 4.1** Proposition 10, which established the funding sources and requirements of the children and families program, was codified in the State of California’s Health and Safety Code as Sections 130100 – 130155. Section 130140 requires that the Stanislaus County Children and Families Commission adopt a strategic plan that is consistent with and furthers the purposes of Proposition 10. The section also requires that a periodic and regular review of Commission efforts and activities be made to document the Commission’s compliance with the “California Children and Families First Act of 1998”. This program compliance review can best be accomplished as a part of the Commission’s annual review of its strategic plan.
- 4.2** Annually, a review of the Stanislaus County Commission’s strategic plan shall be scheduled by the Executive Committee on the agenda of a regular or special Commission meeting. At the appointed time and place, the Commission shall conduct a review of its strategic plan. Part of the review shall be an assessment of the Commission’s continuing compliance with the “California Children and Families First Act of 1998”.
- 4.3** Before adopting changes to the strategic plan, the Commission shall hold a public hearing to accept public comments. Following adoption of strategic plan revisions, the revised plan shall be sent to the California State First 5 Commission.

Section 5 – Amending These Policies and Procedures

Policy:

A standard process shall be used to amend these policies and procedures of the Stanislaus County Children and Families Commission.

Procedure:

- 5.1** The Executive Director and Commission staff shall develop drafts of new or revised policies and procedures.
- 5.2** The drafts of the new or revised policies and procedures shall be forwarded to the appropriate committee(s).
- 5.3** The appropriate committee(s) shall review the drafts submitted and take one or more of the following actions:
 - Approve and forward to the Commission for its consideration.
 - Approve with additions, deletions or corrections, and forward to the Commission for its consideration.
 - Forward to the appropriate Committee.
 - Recommend further review of the draft.

Section 6 – Media Relations

Policy:

Accurate information is crucial. It is the intent of the Commission to accurately respond to media inquiries and media reports about its work and the work of Commission partners. The purpose of this policy is to ensure the flow of information is clear and consistent and that a protocol is in place outlining a communications chain of command.

Procedure:

- 6.1** All media inquiries must be directed to the Executive Director or staff designee.
- 6.2** The Executive Director or staff designee may answer a reporter's questions or forward the media inquiry to appropriate Commissioners or community partners.
- 6.3** To assist the Commission in responding to media requests for information, staff may produce talking points (bullets) to help frame key messages, outline main points, and provide background information.
- 6.4** Partners/contractors solicited for comment about their program by the media shall inform the Commission Executive Director by phone or e-mail that a media inquiry has been made.
- 6.5** Acknowledgement of the Commission shall be included in any information distributed to the media for the purpose of publicizing a Prop. 10 funded program. Such acknowledgment shall be included on news releases, advisories, public service announcements, television and radio advertisements, and calendar/event listings.
- 6.6** Media activities such as news conferences, story pitching, and editorial board meetings shall include reference to the Commission's program support. Contractors/partners shall forward to the Commission copies of any press coverage for inclusion in the Commission's clipping file.

Section 7 – Use of Commission Logo

Policy:

Contractors and partnering organizations are required to use the Commission's name and logo on all printed materials, promotional information, products, etc., that are funded by the Commission. The purpose of this policy is to stipulate guidelines for the use of the Commission's name and official logo on documents and publications produced by Commission grantees and partnering organizations.

Procedure:

7.1 Commission contractors/partners must adhere to the following:

- ❑ Contractors and partnering organizations shall use the Commission logo on printed materials, promotional information, products, etc. and must receive prior approval from the Commission's Executive Director or designee prior to the final printing or production of the product.
- ❑ Organizations that use the Commission logo are required to submit samples of the final product to the Commission for their information and potential use.
- ❑ The following language, or something very similar, is to be included on all printed materials, promotional information, products, etc., funded by the Commission:
 - ✓ "This program is made possible by a grant from the Stanislaus County Children and Families Commission."
 - ✓ "This program is made available through a grant from the Stanislaus County Children and Families Commission."
 - ✓ "This program is made available through a partnership with the Stanislaus County Children and Families Commission."

ADMINISTRATIVE POLICIES (SECTIONS 200-399)

Section 200 – Intended Use of Funds

Policy:

It is the intent of the Stanislaus County Children & Families Commission to support local not-for-profit organizations, family-care homes, community-based organizations, faith-based organizations, schools, and government programs by making funds available for services and/or projects for children 0 through 5. The purpose of this policy is to make funds available to children 0 – 5 and their parents, targeting those in the greatest need.

Procedure:

200.1 All Commission Requests for Proposals, contracts, and all sub-contracts negotiated by its Contractors shall be developed under this policy.

200.2 The Executive Director and the Commission's Administrative and Finance Committee are responsible for implementing and executing this policy by developing requests for proposals (RFP's) and contracts consistent with this policy.

Section 201 – Priority in the Use of Childcare Funds

Policy:

In the area of childcare, licensed providers in licensed facilities shall receive priority in the allocation of childcare funds over unlicensed facilities and providers.

Procedure:

- 201.1** In order to increase the capacity of childcare and expand the quality of childcare, it is the intent of the Stanislaus County Children & Families Commission to expend the Commission's childcare funds to support licensed childcare providers, facilities, homes, and centers.
- 201.2** Exceptions to this policy may include, but are not limited to, funds for training, educational stipends, and other funds that will enhance quality and lead facilities and providers towards licensure.

Section 202 – Unsolicited Funding Proposals

Policy:

Unsolicited funding proposals are proposals from agencies or individuals that were not solicited or requested by the Stanislaus County Children and Families Commission. The proposals usually take the form of plans, budgets, or narratives that request funding from the Commission.

Unsolicited funding proposals must target children (0 through 5 years of age) and their families and must be consistent with the Commission's strategies / initiatives, as amended:

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

Procedure:

202.1 Individuals or organizations wishing to submit an unsolicited funding proposal should deliver the proposal to.

Executive Director
Children & Families Commission
930 15th Street
Modesto, CA 95354
Phone: (209) 558-6218

202.2 Committees may evaluate the proposals and may make a recommendation about possible funding.

202.3 Committees may forward their recommendation to the Commission for its consideration.

202.4 Individuals or organizations submitting an unsolicited funding proposal will be notified within 10 business days following any Commission action involving the proposal.

Section 203 – Documentation by Contractors

Policy:

Each Contractor, if applicable, will have a tracking/filing system and other procedures in place for documenting the client's assessment/contacts, including interventions, follow-up, and outreach/waiting lists.

Procedure:

203.1 The Contractor's staff shall document all services provided to participants under the agreement with the Commission.

203.2 Documentation includes:

- Date, time, purpose, and site of contact.
- The name and title of the person making the contact.
- Pertinent details, including the ongoing assessment, intervention, referrals, and outcomes.
- Client responses to interventions.
- Any other pertinent details.
- Commonly used abbreviations, acceptable terminology.
- The complete signature and title of the staff person entering the data on the client.

203.3 The client record, including all copies, should be kept in a secure location at the program site that is inaccessible to unauthorized persons.

203.4 Client records should be kept for a minimum of five (5) years from the date of final payment under the agreement.

203.5 Client records and program documentation shall be available to representatives of the Stanislaus Children and Families Commission.

Section 204 – Conflict of Interest Code

Policy:

The Political Reform Act, Government Code Section 81000 et seq., and California Health and Safety Code Section 130140 (d)(4)(A) require the Commission to adopt a conflict of interest code for its members. When considering matters, Commission members who have a financial interest or a conflict, as defined by law, or appear to have a financial interest or conflict, are to abstain from discussions and votes on the matter.

Procedure:

204.1 The Fair Political Practices Commission has adopted a regulation, 2 California Code of Regulations, Section 18730, containing the terms of the Standard Conflict of Interest Code. The terms of this Code, and any amendments to it duly adopted by the Fair Political Practices Commission, are hereby incorporated into the Commission’s policies by this reference.

204.2 Under the provisions of the Standard Code, designated employees shall file Statements of Economic Interest on a form commonly known as “Form 700”. Listed below are the disclosure categories:

Category 1 All sources of income, interest in real property and investments and business entities located in or doing business in Stanislaus County.

Category 2 Investments and business positions in business entities and sources of income which provide services, supplies, materials, machinery or equipment of the type utilized by the Stanislaus County Children and Families Commission.

Category 3 Consultants shall disclose, as set forth in Category 1, subject to the following limitation. The Executive Director may determine in writing that a particular consultant, although a “designated position”, is hired to perform a range of duties that are limited in scope and thus is not required to fully comply with the disclosure requirements described in this section. Such a written determination shall include a description of the Consultant’s duties and, based upon that description, a statement of the extent of disclosure requirements. Such determination shall be a public record and shall be retained for public inspection in the same manner and location as this Conflict of Interest Code.

204.3 In recognition that the Commission is administered by a nine-member policy making body with an Executive Director, the following employees and others constitute the designated and disclosure categories described in the State Code.

<u>Designated Positions</u>	<u>Category</u>
Commissioners	1
Executive Director	1
Attorney	2
Consultant(s)	3

204.4 At the time a matter comes before the Commission in which a Commission member has a financial interest or a conflict, or when it appears a Commission member has a financial

interest or conflict, the Commission member is to so inform the Chair of the Commission. Unless otherwise advised by Counsel, the member should abstain from discussions and votes on the matter.

204.5 Commissioners will file their statement of economic interest with the Commission's Executive Director. The Executive Director will keep the statements on file in Commission offices.

Section 205 – Purchasing and Procurement

Policy:

Recognizing that not all of its provisions are applicable to Commission operations, the County of Stanislaus' purchasing and procurement policies shall be the purchasing and procurement policies for the Stanislaus County Children and Families Commission.

Procedure:

205.1 The applicable provisions of the document entitled "Stanislaus County Purchasing Division Policies and Procedures," dated 2/27/09, effective 3/2/09), are hereby incorporated into these policies by this reference.

205.2 At the time the document described above is amended by the Stanislaus County Board of Supervisors, changes applicable to the Commission shall be incorporated into these policies by this reference.

Section 206 – Establishing the Salaries and Benefits of Commission Employees

Policy:

Utilizing the County of Stanislaus' compensation and benefit programs, the Commission shall establish the salaries and benefits of Commission employees.

Procedure:

- 206.1** Annually, the Stanislaus County Children and Families Commission shall submit a budget to the Stanislaus County Chief Executive's Office containing the salaries and benefits of Commission employees.
- 206.2** The County of Stanislaus shall include the positions established by the Commission and the budget approved by the Commission in their Proposed and Final Budget documents.
- 206.3** Positions and salaries for Commission employees shall be included in the County of Stanislaus' Salary and Position Allocation Report. Benefits for Commission employees shall be selected from among the benefit packages offered to County of Stanislaus employees in similar classifications.

Section 207 – Safety Incentive Program for Commission Employees

Policy:

Employees shall work safely in environments where observed hazards are reported and corrected. Utilizing the County of Stanislaus' Safety Incentive Program and in compliance with Government Code Section 25843, the Commission provides a safety incentive program to encourage employees to establish and maintain safe work environments and habits.

Procedure:

207.1 The Safety Incentive Program is an approach to encourage and reward employees performing their jobs in a safe (and therefore productive) manner. The program provides for a system of rewards to acknowledge and promote the safe efforts of employees, with a goal of improving the attitude and morale of the workforce. This policy is also designed to set the stage for long-term reductions in worker compensation costs in the County.

207.2 As a safety incentive, the Commission will purchase lunch (in accordance with the Purchasing Card Policy) in the following quarter for each employee who is employed by the Commission for more than half of the previous quarter and who earned 2 or more safety points in the previous quarter. Safety points can be earned in the following manner:

- The employee sustains no injuries in the quarter – 1 Point.
- The employee sustains an injury, files a report, and attends a County sponsored safety class approved by the Executive Director – 1 Point.
- The employee attends a non-mandatory County sponsored safety class approved by the Executive Director – 1 Point.
- The employee files an incident/accident/near miss report along with a suggestion to avoid future similar incidents – 1 Point.
- The employee makes one or more safety improvement suggestions that are reasonable and workable – 1 Point.
- The employee performs a written safety inspection of the office. (Only one report can be submitted per quarter by Commission employees.) – 1 Point.
- The employee participates in safety meetings in the following ways – a maximum of 2 Points:
 - i. Making a presentation at a safety meeting – 1 Point.
 - ii. Organizing and leading the safety meeting and producing minutes – 1 Point.
 - iii. Attending all departmental safety meetings and drills in the quarter – 1 Point.

207.3 To assist in the maintenance of a safe work place, the department will annually, at a minimum, hold four (4) safety meetings one (1) each quarter, participate in two building evacuations, and perform a department safety inspection.

207.4 The overall objective of the Commission's safety program is to ensure that all employees recognize that safety is everyone's job.

Section 208 – Commission Records Retention / Destruction

Policy:

This policy sets forth the guidelines and procedures pertaining to the retention and destruction of Commission records. Commission records shall be retained in full compliance of applicable law and the records retention schedules in this policy. No public record shall be disposed of except in compliance with this policy and applicable law.

Procedure:

- 208.1** “Commission Records” includes any writing containing information relating to the conduct of the Commission’s business prepared, owned, used, or retained by the Stanislaus County Children and Families Commission or its staff, regardless of physical form or characteristics.
- 208.2** All finance-related documents and data shall be retained and maintained by the Accounting Division following generally accepted accounting principles and standards set forth by independent auditors.
- 208.3** Documents to be retained, including agreements and contracts, records for grantees, funded awarded contracts and non-funded grant and contract applicants, solicitation materials, outreach effort documentation, proposals from all bidders, and monitoring documentation, shall be retained for a minimum of three (3) years after either 1) the termination date of the grant/contract OR 2) the date the final audit of the grant/contract is completed. Stanislaus County Children and Families Commission staff shall endeavor to maintain complete files in an easily accessible location to facilitate review of all documents relating to particular contract or grant.
- 208.4** Retention, purging, and destruction of records shall be permitted only in compliance with the requirements of the Public Records Act and other applicable codes or regulations.
- 208.5** The Executive Director or designee shall monitor the procedures for this policy.
- 208.6** Each record category has been evaluated based upon its administrative, operational, fiscal, legal, and historical value to determine appropriate retention period. This evaluation has resulted in the following records retention schedule. For each category the schedule identifies the following:
- Record Description: identifies the type of record to be retained.
 - Retention Period: establishes the period of time which the document must be retained.
- 208.7** The retention period is indicated by alphanumeric codes. The retention codes are used to indicate the retention period and the length of time (expressed in years) the record must be maintained. The retention code has two components:

- The alpha code represents when the retention period begins:
 - Au** After Audit
 - T** Termination of employment or termination of contractor grant
 - P** Permanent

- The numeric code represents the length of time (in years) that records must be kept after the retention period begins. For example, a retention code of Au+3 means that a record's retention period begins after completion of the audit and must be kept for three (3) years thereafter.

208.8 Retention Schedule:

<u>Retention Period</u>	<u>Record Description</u>
Au +3, T +3	Contracts/agreements for funded or awarded contracts and grants, non-funded grant and contract proposals, bids, applications, review tools, solicitation materials, outreach effort documentation, monitoring documentation, audit reports, administrative files.
P	All general financial statements, reports, ledgers, check registers, compliance materials, data, and other accounting records
Au +5	Deposit permits, accounts payable expenditure vouchers and invoices, budget work papers, journal vouchers
T +5	Employee files, payroll records
P	Commission reports: comprehensive annual financial reports, audit reports
P	Commission meeting agendas and minutes, resolutions
2 years	Commission issued correspondence

INTERNAL FINANCIAL POLICIES AND PROCEDURES
(SECTIONS 400-499)

Section 400 – Commission Budget

Policy:

Annually, the Commission shall adopt a budget prior to the start of a fiscal year. During the fiscal year, the Commission may amend the adopted budget.

Procedure:

- 400.1** Prior to the start of a fiscal year, the Commission shall adopt an annual budget containing sufficient detail to identify contracts, programs, and staff to be funded during the fiscal year.
- 400.2** At the time the budget is adopted, the Commission shall also adopt a long-range financial plan containing projections, assumptions, revenues, expenditures, and changes to fund balance for at least a four (4) year period.
- 400.3** During a fiscal year, the Commission may take an action to amend an annual budget if, in the discretion of the Commission, circumstances require that an amendment be made.
- 400.4** If requested by the Auditor-Controller or Executive Officer of Stanislaus County, the annual budget and any amendments shall be submitted to the County in the manner and in the timeframes applied to County departments.

Section 401 – Encumbrances

Policy:

To aid in the management and control of the Commission's budget, encumbrances shall be established for goods and services expected to be purchased in a fiscal year. The amount encumbered shall be periodically reviewed to reflect changing conditions.

Procedure:

401.1 Encumbrances are defined as commitments related to unperformed contracts or unfulfilled commitments for goods and services. Encumbrances represent the estimated amount of expenditures in the current fiscal year if unperformed contracts or unfulfilled commitments are fulfilled. Examples of encumbrances include: contracts for services, supplies, printing, meeting expenses, translation costs, etc.

401.2 Encumbrances for contracts shall be established following the execution of a Commission approved contract.

- ❑ The Executive Director delivers a fully executed contract to the Commission's Accountant.
- ❑ The Accountant verifies that sufficient funds have been allocated in the Commission's approved budget.
- ❑ To establish a purchase order, the Accountant delivers a contract cover sheet and a copy of the contract to the Purchasing Department.
- ❑ Upon establishment of the purchase order by Purchasing, the Auditor's Office shall be notified of the approval by Purchasing and the Auditor's Office shall establish the encumbrance for the face value of the contract.
- ❑ If amended during the fiscal year, a copy of the revised contract and a revised contract cover sheet are to be sent by the Accountant to the Purchasing Department to amend the purchase order.
- ❑ Once the purchase order is revised, the Auditor's Office shall be notified of the approval by Purchasing and the Auditor's Office shall establish the encumbrance for the amended face value of the contract.

401.3 Establishing encumbrances for blanket purchase orders (for operating supplies, for example) shall be accomplished in the following manner:

- ❑ The Accountant verifies that sufficient funds have been allocated in the Commission's approved budget.
- ❑ The Commission's Accountant completes a blanket purchase order form for the acquisition of materials (like operating supplies) from known vendors. Once completed, the form is sent to the Purchasing Department.
- ❑ Upon establishment of the blanket purchase order by Purchasing, the Auditor's Office shall be notified of the approval by Purchasing and the Auditor's Office shall establish the encumbrance for the face value of the purchase order.
- ❑ If amended during the fiscal year to change amounts or vendors, a copy of the revised purchase order form is to be sent by the Accountant to the Purchasing Department to amend the blanket purchase order.

- Once the purchase order is revised, the Auditor's Office shall be notified of the approval by Purchasing and the Auditor's Office shall establish the encumbrance for the amended face value of the blanket purchase order.

401.4 At least quarterly, an Encumbrance Status Summary and an Expenditure Detail Report shall be reconciled by the Accountant to determine the continuing need for the encumbrance. Unneeded encumbrances shall be liquidated so as to provide a true and fair reflection of the Commission's financial position.

Section 402 – Reserves

Policy:

As an irreplaceable resource of the Commission, a minimum fund balance reserve is to be maintained for the fiscal health of the Proposition 10 program. While reserves may be used only with the specific approval of the Commission, it is the policy of the Commission not to utilize reserves in amounts that will cause the fund balance to fall below the Commission's established minimum level.

Procedure:

- 402.1** Except when approved by an affirmative action of the Commission, the budgeted fund balance for Fund 1755 (the Children and Families Commission Fund) shall be not less than half of the Commission's budgeted revenues for the current fiscal year.
- 402.2** Annually, staff shall prepare at least a four-year estimate of resources and obligations of the Commission and shall develop scenarios to project the fund balance for Fund 1755. The estimate and scenarios are to be provided to the Commission as a part of its budget deliberations.
- 402.3** At any time and at its discretion, the Commission may schedule on its agenda an action to amend its fund balance minimum or establish any fund balance policies or issue any financial instructions that, in its determination, serves the best interests of the Commission and the programs it funds.

Section 403 – Administrative, Program, Evaluation Expenditure Categories and Limitations on Expenditures

Policy:

Expenditures made by the Commission shall be assigned to one of three categories: administrative, program, or evaluation. Actual expenditures in each category shall be reported to the Commission at least quarterly. In any fiscal year, actual Commission administrative expenditures shall not exceed 10 percent of the total amount budgeted in Fund 1755 (Children and Families Commission).

Procedure:

403.1 Administrative costs are defined as:

Costs incurred in support of the general management and administration of the Stanislaus County Commission, for a common or joint purpose that benefits more than one cost objective (other than evaluation activities), and/or those costs not readily assignable to a specifically benefited cost objective.

403.2 Program costs are defined as:

Costs incurred by the Commission readily assignable to a program, grantee, Contractor, or service provider (other than evaluation activities) and/or in the execution of direct service provision.

403.3 Evaluation costs are defined as:

Costs incurred by the Commission in the evaluation of funded programs based upon an accountability framework and data collection and evaluation for required reporting to state and local stakeholders.

403.4 The following chart illustrates one method of allocating administrative, program, and evaluation costs. By utilizing an appropriate allocation basis (square footage, timecards, etc.), costs listed in any one of these categories may be apportioned to any other category (payroll/benefits, rent, or utilities, for example).

COST CATEGORY EXAMPLES

Administrative Costs	Program Costs	Evaluation Costs
General Accounting / Financial Reporting	Direct Services	Evaluation*
Local annual reporting activities	Program Outreach and Education	Evaluation Technical Assistance
Financial Planning	Program Planning	Evaluation Database
Commission/Association Meetings/Travel	Program Grants and Contracts	
Payroll/Benefits	Program/Provider Technical Assistance and Support (Formerly Quality Assurance)	
Human Resources Services	Program Database Management	
Legal Services / Consulting		
Contract Compliance		
Audit		
Strategic Planning		
Rent		
Utilities		
Insurance		
Indirect Costs		
Maintenance / Janitorial		
Procurement		

**Includes conduct of focus groups and case studies, state evaluation report production, and presentation.*

- 403.5** In accordance with Section 130151(b)(7) of the California Health and Safety Code, at least quarterly, expenditures allocated to administrative, program, and evaluation categories shall be reported to the Commission.

- 403.6** At least annually, documentation of the results of the evaluation expenditures, in the form of a report of program outcomes, shall be delivered to the Commission. Measurements to evaluate the outcomes of funded programs shall include the use of applicable, reliable indicators.

- 403.7** In any fiscal year, actual Commission administrative expenditures, unless changed by vote of the Commission, shall not exceed ten percent (10%) of the total amount budgeted in Fund 1755 (Children and Families Commission). At least quarterly, actual administrative expenditures shall be reported to the Commission and compared to the 10% limit.

Section 404 – Credit Cards

Policy:

The Stanislaus County Children and Families Commission has adopted the Stanislaus County Purchasing Card Policy. The Purchasing Card Policy allows for internal control of purchasing cards and accountability of items purchased.

Procedure:

- 404.1** These procedures apply to all Commission members and all Commission staff members. The Executive Director is responsible for implementing and administering this policy.
- 404.2** Purchasing cards shall remain under the control of the Executive Director or his/her designee. Cards will be issued to employees and Commissioners only for the period of time public business purchases can reasonably be expected to be made.
- 404.3** When issued, purchasing cardholders shall sign the card(s) out in a log. At the time of sign-out, the holder must state the date and purpose/use for the purchasing card.
- 404.4** Upon completion of business where the card is required, purchasing cards will be returned to the Executive Director, or his/her designee, and signed back in to the log. When the card is returned, all detailed receipts showing the item charged and the reason for the purchase will be turned in and the employee receiving the card will check the receipts for compliance with the purchasing card policy. In the event a purchasing card was used for an unallowable purpose, the cardholder will reimburse the Commission within one working day.
- 404.5** Monthly, the Executive Director will cause a reconciliation of credit card charges and credit card receipts to be completed to assure accuracy and to assure compliance with County policy. The Executive Director will sign the monthly reconciliation.

Section 405 – Travel Reimbursement

Policy:

Members and employees of the Stanislaus County Children and Families Commission may be allowed expenses incurred for meals, lodging, mileage, public transportation, and other expenses deemed necessary by the Executive Director while performing official Commission business (attending called meetings or authorized trips, for example). All expenses will be reimbursed in accordance with the Stanislaus County Travel Policy or may be approved by the Executive Director or the Commission.

Procedure:

405.1 Persons serving on the Stanislaus County Children and Families Commission and employees of the Commission may receive reimbursement for the following:

Mileage: Mileage shall be reimbursed using the Stanislaus County Mileage Chart, odometer readings, or Internet map services mileage calculations such as MapQuest or Google Maps. The mileage reimbursement rate shall be the rate established by the County Auditor. Substantiation for mileage reimbursement must include date, business purpose, and destination.

Travel: Travel to meetings, conferences, training, seminars and other Commission related business shall be coordinated with the Commission's Confidential Assistant. A travel authorization form must be completed detailing anticipated expenses. The form is to be signed by the Chair of the Commission or the Executive Director. The Executive Director shall sign employees' travel authorization forms.

Meals: The cost of meals will be reimbursed, subject to the limitations of the Stanislaus County Travel Policy.

Hotels Lodging accommodations should be moderate considering location, availability, meeting locations, etc. Single rates will be paid except when more than two Commissioners or employees occupy a hotel room.

405.2 To comply with Federal requirements related to travel reimbursements, Commissioners shall complete and submit IRS Form W-9 (Request for Taxpayer Identification Number and Certification) to the Commission Accountant.

405.3 To request a travel reimbursement, Commissioners shall complete and submit a County of Stanislaus Claim Form (known as the "blue" claim) and shall attach detailed receipts for each expense as required by the County of Stanislaus Travel policy documenting a clear business purpose. Supporting documentation should include, but is not limited to, the following: purpose, attendees, meal type (breakfast, lunch or dinner), agenda, etc.

405.4 Employees requesting a travel reimbursement shall complete the travel portion of their weekly timecard and shall attach the receipts for each expense as required by the County of Stanislaus Travel policy.

405.5 When requested, staff shall assist Commissioners with completing Travel Authorization forms and submitting requests for reimbursement.

Section 406 – Annual Audit of Financial Condition

Policy:

Annually, the Commission shall have a financial audit of its accounts and transactions conducted. The results of the audit shall be communicated to the public and to the State of California First 5 Commission.

Procedure:

- 406.1** Following the close of the County's fiscal year (July – June), the Commission shall have an independent audit conducted to assess the appropriateness and completeness of its revenue and expenditure transactions for the fiscal year just ended. As permitted by law, the audit can be conducted by the County Auditor's Office or by an accounting firm with knowledge of governmental fund accounting.
- 406.2** Any annual audit conducted shall use audit guidelines issued by the State Controller's Office. (The most recent guidelines are entitled, "Standards and Procedures for Audits of California Counties Participating in the California Children and Families Program".)
- 406.3** By law, the audit report is to be completed by October 15th of each year. The Commission shall hold a public hearing within 60 days of receipt of the audit report,
- 406.4** By November 1st of each year, the Commission is to submit the audit report to the State of California First 5 Commission.
- 406.5** Within two months of receipt of the audit, the Commission shall hold a public hearing on any response to the audit findings. Within two weeks of this public hearing, the Commission shall submit a response to the audit findings to the California State Controller.

FINANCIAL POLICIES AND PROCEDURES FOR
CONTRACTORS
(SECTIONS 500-599)

Section 500 – Allowable Expenditures by Contractors

Policy:

Expenditures made by Contractors shall comply with Federal, State, and local laws and policies; adhere to the agreed upon contractual terms; and demonstrate good stewardship of public resources.

Procedure:

- 500.1** Expenditures shall be made for only those services, supplies, and materials that directly benefit the health and well-being of children 0 through 5 years of age. It is acknowledged that some services provided to other family members in families with children 0 through 5 will have a benefit to the child (mental health services, health enrollment assistance services, English language lessons, literacy, etc.)
- 500.2** Expenditures made by Contractors shall comply with the scope of work and budget attached to the agreement between the Commission and the contracting agency. Budget categories may include, but are not limited to: salaries and benefits, services and supplies, and equipment/fixed assets.
- 500.3** Contractor requests for reimbursement shall be accompanied by appropriate supporting documentation. Commission staff may request additional supporting documentation to determine that an invoiced expenditure is consistent with these policies.
- 500.4** Equipment or materials purchased for or financed from Commission funds having a useful life of three (3) years or greater or a value in excess of Five Hundred Dollars (\$500) shall be defined as an inventory item. Prior written approval of the Executive Director, or his/her designee, is required for all purchases of inventory items, including, but not limited to, desktops or laptops (this does not include computer peripherals like printers or monitors).
- 500.5** All items purchased or financed with Commission funds not fully consumed during the execution of an agreement shall be the property of the Commission at the termination of an agreement unless the Commission, at its sole discretion, makes an alternative disposition.
- 500.6** The Commission and its contractors must be ever vigilant regarding their obligations and responsibilities to be good stewards of the public funds entrusted to them. Providing food and non-alcoholic beverage items at meetings and events is an especially sensitive subject and such items should be provided only in very limited and occasional circumstances. Alcoholic beverages cannot be purchased with public funds under any circumstances. Food or beverage items may be invoiced as an allowable expenditure when:
- There is prior approval from the Commission
 - The activity is listed in the budget/budget narrative
 - Special approval has been given from the Commission if activity is not listed in the budget/budget narrative
 - An agenda or event flier, attendance sheet or list of meeting attendees accompanies the invoice for reimbursement. The meeting must target community members, the public, and/or employees of other agencies (education

or training session, for example). The Commission reserves the right to request additional documentation as needed

- ❑ The items purchased contain predominately healthy choices: fruits, vegetables, water, juices, unsweetened drinks, etc.
- ❑ The items are utilized as an inducement to increase meeting attendance
- ❑ The items are related to an extended training session (a lunch meal as a part of an all-day training session, for example)
- ❑ The items are integral to the service being provided (nutrition education or obesity prevention, for example)
- ❑ Practicality, convenience, and efficiency dictate the need for such items (meetings of extended length or meetings held at sites where access to such items is not readily available, for example)

Food and beverage purchases for regular and recurring program activities may be purchased only if listed in the budget and/or budget narrative or contract scope of work. All other food and beverage purchases must be submitted on *Program Food and Beverage Authorization Form* and approved by Commission staff prior to the purchase.

Should the Contractor submit food claims that are determined by Commission staff to be excessive or not demonstrating good stewardship of public resources, a written notification may be delivered to the Contractor specifying which food purchases shall not be reimbursed to the contracting agency by the Commission.

500.7 As a general rule, food and non-alcoholic beverage items should not be supplied for the exclusive use of Contractor's staff. The Commission shall accept such items on Contractor invoices only when it can be demonstrated the items are associated with extended training or with a meeting over a meal period that could not reasonably be scheduled for another time. Attendance sheets and agendas shall be included as supporting documentation of the need for such expenditures.

500.8 Out of county travel by Contractors must be submitted on an Out of County Travel Request Form and approved by Commission staff prior to the travel. Once complete information is received from the Contractor, Commission staff shall approve or deny the request in writing to the Contractor within seven (7) business days. Out of County travel which does not have prior approval may be rejected for reimbursement by the Commission. Contractor travel costs shall comply either with the contracting agency's travel policies – which must be deemed reasonable by the Commission - or with Stanislaus County's policy. Contractors without an adopted travel policy shall comply with Stanislaus County's Travel Policy. Nothing herein shall exempt the Contractor from providing sufficient supporting documentation to support travel expenditures. Should the Contractor's travel policy permit travel reimbursements that are determined by Commission staff to be excessive or not demonstrating good stewardship of public resources, a written notification may be delivered to the Contractor specifying which costs or types of travel costs shall not be reimbursed to the contracting agency from Commission funds.

500.9 To incentivize program participants or volunteers, the Commission prefers that Contractors provide materials or supplies that are targeted to children 0 - 5 (books, educational materials, infant/toddler care supplies, learning games, etc.). The use of stipends or gift cards may be used as an incentive for program participants or volunteers only if specified in the Contractor's approved scope of work and budget.

Section 501 – Funds for Fixed Assets and Capital Improvements

Policy:

State Commission funds cannot be used for the acquisition or purchase of fixed or capital assets. County Commission funds may be utilized, in very limited circumstances, to fund construction or reconstruction projects that provide services or benefits to children ages 0 through 5. All such capital improvement requests received by the Stanislaus County Children and Families Commission shall be reviewed based on the criteria set forth below.

Procedure:

- 501.1** Capital improvement projects are defined as new construction or reconstruction projects.
- 501.2** All capital improvement project proposals shall be considered by one or more Commission Committees prior to being referred to the full commission for consideration.
- 501.3** Capital improvement proposals shall be evaluated according to criteria that includes, but is not limited to, the following:
- a. The useful life of the improvement
 - b. The use of the improvement
 - c. The Commission's ability to secure its investment
 - d. The amount requested
 - e. The length of time the improvement will be specifically dedicated for Proposition 10 purposes
 - f. The ability of the improvement to be used by non-targeted groups
 - g. The amount of funds leveraged with Proposition 10 funds
 - h. The services or programs for children 0-5 years of age enhanced by the improvement
 - i. The length of time the applicant has been in business
 - j. The administrative and fiscal capacity and capability of the applicant
 - k. The reasonableness and appropriateness of the project budget
 - l. The location and accessibility of the proposed improvement
- 501.4** Contracts providing funding for any capital improvement project must be approved by the Commission's Counsel.

Section 502 – Submission of Contractor Invoices for Reimbursement

Policy:

Invoices for reimbursement must be submitted on a timely basis throughout the year and prior to September 30th of each year in a Commission approved format.

Procedure:

- 502.1** Contractors shall comply with all invoice requirements as referenced in their Commission Contract as well Commission Policies, Procedures and practices.
- 502.2** Contractors scheduled to submit invoices for reimbursement to the Commission on a monthly basis shall submit the invoices within 30 days of the end of the month being billed.
- 502.3** Contractors scheduled to submit invoices for reimbursement to the Commission on a quarterly basis shall submit the invoices within 30 days of the end of the quarter being billed.
- 502.4** Contractors shall submit all year-end invoices for any costs incurred during the period July 1st through June 30th as soon as possible following the end of the fiscal year. In the event the Contractor is unable to submit an invoice for reimbursement prior to July 15th, the Contractor shall submit an accurate estimate of the year-end expenses to be invoiced for reimbursement to the Commission, followed by an invoice when completed and available.
- 502.5** All year-end invoices for reimbursement must be received no later than September 30th. Invoices for the prior fiscal year that are received after September 30th may be rejected and not be paid. An affirming vote of the Commission is needed to pay any year-end invoices for reimbursement received after September 30th of the prior fiscal year.
- 502.6** Supporting documentation of all line item expenses must be included with the invoice submitted for reimbursement. The supporting documentation may include, but is not limited to, time studies, copies of payroll registers, General Ledger, checks, mileage logs and receipts. All expenses must have appropriate documentation in order to be reimbursed.
- 502.7** Invoices for reimbursement with incomplete supporting documentation may be returned to Contractor and not reviewed until sufficient supporting documentation is received.
- 502.8** Unallowable expenses include items such as:
- Alcoholic Beverages
 - Tobacco products
 - Firearms
 - Purchase of motor vehicles
 - Purchase of property
 - Late Fees/Finance Charges (i.e. credit card late fees)
 - Fees for missed conferences or trainings
 - Costs associated with fundraisers
 - Food/refreshments for staff meetings
 - Items requiring pre-approval by the Commission that have not been pre-approved

- Expenditures for Contractor staff including, but not limited to, stipends, bonuses, gift cards, food, or breakroom materials.

This list is meant as a guideline for types of expenses that cannot be budgeted for or expended using Commission funds, unless specific program requirements are indicated and prior approval has been obtained. Without such prior approval, these types of expenses may be disallowed. This list is not all-inclusive.

502.9 Prior to the start of the contract period, each Contractor must submit the Cost Allocation Plan supporting documentation to the Commission for each site included in the scope of work in the contract.

502.10 Changes in contact information for the Contractor must be submitted to Commission staff within seven (7) business days.

502.11 The Commission reserves the right to withhold payment of an invoice for reimbursement for non-compliance with the requirements of the Agreement.

Section 503 – Invoice Preparation, Review, and Approval

Policy:

Invoices for reimbursement are to contain sufficient supporting documentation to verify the purpose of the expenditure, that the expenditures were made as a part of an approved scope of work and budget, and that the expenditures are consistent with Commission guidelines and public policy. Invoices will be reimbursed in a timely and appropriate manner.

Procedure:

503.1 Invoices for reimbursement shall contain the following information:

- Grantee name
- Program name
- Contract name
- Invoice period
- Approved budget by categories, current expenditures, previous expenditures, total expenditures and unexpended balance
- Appropriate documentation for each cost being claimed
- When appropriate, a detailed general ledger that reconciles to the invoice
- Year-to-date totals
- Variances
- Explanations for unusual variances
- Amounts applied to variances
- Name and signature of person preparing the invoice and attesting to its accuracy
- Invoice Checklist

503.2 Commission staff shall mark invoices received with the date it was received and review the invoice to determine:

- Sufficient funds have been allocated in the Commission's approved budget
- Appropriate documentation exists to support the costs being claimed
- The expenses were incurred within the contract period
- The invoice has been reconciled to the supporting documentation
- The expenditures are within the scope of work, budget and budget plan, or are otherwise determined to be appropriate
- Invoices (including year-end invoices) are being submitted timely
- Expenses are reported by budget category and are correctly categorized
- Advanced funds have been reconciled within 45 days of the end of the fiscal year to ensure funds are either expended or obligated within the required timeframe or (if funds are not expended or obligated) reimbursed to the Commission.
- Whether previous expenditures reported have been compared to the last invoice submitted

Commission staff making these determinations shall sign, initial, or otherwise make a written notation(s) on the appropriate form.

503.3 In the event a submitted Contractor invoice is not complete and the Commission has requested additional information or documentation, including clarifying information or the provision of missing or additional documentation from the Contractor, the Commission may, upon its discretion, close a Contractor invoice and authorize payment five (5) business days after requesting such clarification or documentation from the Contractor. If

additional information is provided after the five (5) day time period, the Commission will evaluate for possible reimbursement. If it is determined payment adjustment is needed, it will occur with the next available monthly invoice.

- 503.4** Once the Commission staff has approved an invoice for reimbursement, payment to Contractor shall be made within thirty (30) days.
- 503.5** Once the invoice for reimbursement has been reviewed and approved, staff shall prepare the coding strip to allocate the costs of the invoice to the appropriate line item of the budget. The coding strip shall be keyed into the County's financial package and the original invoice for reimbursement and supporting documentation shall be sent to the Auditor's Office. A copy of the invoice for reimbursement and supporting documentation shall be filed by Commission's staff.
- 503.6** Once approved by the Auditor's Office, a County warrant shall be generated and the Auditor's Office shall mail the warrant directly to the agency submitting the invoice for reimbursement. Contractor's may choose to receive payment via electronic funds transfer.
- 503.7** Contractors shall retain a copy of all invoices submitted to the Commission and any supporting documentation in accordance with the Contractor's financial retention policy, or five years, whichever is greater.

Section 504 – Advance Payments to Contractors

Policy:

Advance payments may be made to Contractors in select situations.

Procedure:

- 504.1** Requests for advance payments must be submitted in writing to the Executive Director.
- 504.2** Advance payments may be granted to Contractors on a case-by-case basis at the discretion of the Executive Director.
- 504.3** Advances shall normally be the equivalent of 1 month anticipated expenditures. Advances shall be calculated by projecting program needs for the next month, less any advanced funds on hand. The purpose of this calculation is to ensure that the advance payments are reasonably determined and are calculated as close as possible to the actual claim amount.
- 504.4** An advance of more than two (2) months of the annualized contract value requires the approval of the Commission.
- 504.5** Two (2) or more requests for advance payments during a twelve month period, whether approved or not, may indicate a sign of financial distress and the Contractor should be evaluated by Commission staff.
- 504.6** When an advance payment is granted, all interest accumulated as a result of receiving such an advance shall be reinvested in the program or revert back to the Stanislaus County Children and Families Commission.
- 504.7** Advance payments shall be reconciled with actual expenditures within 45 days of the end of the Commission's fiscal year.

Section 505 – Recovery of Payments to Contractors

Policy:

In certain circumstances, actions may be taken to recover payments to Contractors. Such recovery of payments may be necessary for the Commission to fulfill its fiduciary responsibility and for good stewardship of the public funds entrusted to the Commission.

Procedure:

505.1 The Commission shall recover payments previously made to Contractors for reasons that include, but are not limited to, to the following:

- ❑ The invoice used as the basis for payment was in excess of allowable costs or in excess of the amounts usually charged by the Contractor or any of its subcontractors
- ❑ Services provided were not adequately documented in the records of the Contractor or any of its subcontractors or when the intensity or quality of services provided justifies a lower level of payment
- ❑ The invoice contained false or incorrect supporting documentation
- ❑ The services provided were excessive, inappropriate or in violation of Commission policy
- ❑ The services were provided to persons who did not meet the standards for participation in the agreement
- ❑ The services were not covered by the agreement

505.2 The Commission shall recover payments when audit exceptions result from the actions of the Contractor or the Contractor's subcontractor.

505.3 Staff may withhold future payments due to the Contractor to recover funds due to the Commission under this section.

Section 506 – Contract Budgets and Budget Revision by Contractors

Policy:

It shall be the policy of the Commission to require Contractors to establish, at the time a contract is signed, an estimated expenditure budget for the contract. Contractor is responsible for management and monitoring of monthly expenses and budget to avoid overspending. Expenditures made by Contractors are not to exceed 10% of any line item and are not to exceed the subtotal in the Personnel, Services, or Fixed Assets categories without a budget revision being submitted and approved by the Executive Director or his designee.

Procedure:

506.1 Prior to the contract start date, the Contractor shall provide budget documents to the Commission for review and approval.

- Fiscal Year Budget form – annual line item budget
- Budget Narrative - describe and substantiate the line item budget amounts

Personnel Worksheet – describe the full time equivalent of each staff member allocated to program

506.2 Budget revisions initiated by the Contractor are to be submitted in advance of the proposed change by submitting a Budget Revision Form and a Budget Narrative Form. The Commission may choose not to reimburse expenses incurred prior to the approval of a submitted budget revision request. Budget revision requests may be submitted at any time between July and April of the fiscal year. Revisions may not be submitted during May and June.

506.3 Budget revisions should be used with great discretion on the part of a Contractor. A maximum contract amount should not be viewed as the Contractors money, but rather as Commission funding approved to accomplish the goals of the budget plan that was approved. A budget plan is created for each contract and approved before the contract begins. This budget plan is the approved spending roadmap in order to achieve the Commission's priorities. If a Contractor is not expending funds in specific budget categories according to the plan, there should be no expectation by the Contractor to be entitled to maximum funding of the contract. Examples of funding for budget revisions that will not be approved by the Commission, and should not be submitted, include:

- Stocking up on supplies that are outside the scope or budget plan
- Purchasing for a different fiscal year
- The intention to expend unused funds to avoid "losing" the funding

506.4 Approval of the Executive Director or designee is required for any budget revision proposed by a Contractor that:

- Increases or decreases a line item by more than 10%
- Increases or decreases the subtotal of the Personnel, Services, or Fixed Asset categories

506.5 The Commission's Executive Director or designee may approve Contract budget amendments, so long as:

- a. The planned expenditures in the budget revision are consistent with the contractual scope of work
- b. The budget revision does not materially change the scope, size, capacity, or direction of the program
- c. The budget revision does not increase the total value of the contract

506.6 A Contractor whose budget revision request has been denied by the Executive Director or designee may submit the request to the Commission.

507 – Appropriation of Funds

Policy:

It shall be the policy of the Commission to approve fiscal year appropriations for Contractors. Each annual appropriation shall be the maximum amount of Proposition 10 funds available to a Contractor in a fiscal year. Budget revisions for a Contractor may be considered as needed, but may not exceed the maximum amount of the contract. Appropriations for a fiscal year not used or not invoiced by a Contractor shall revert to the Commission.

508 – Contractor Fiscal Reporting & Management

Policy:

It is the expectation that Contractors conduct appropriate budget monitoring and reporting.

Procedure:

508.1 Contractors shall appropriately monitor their monthly budget expenditures and have knowledge of budget versus actual expenditures for tracking and reporting purposes.

508.2 Contractor shall annually prepare a written report of all inventory items and submit the report to the Commission's Executive Director. Contractor shall also file an inventory report with the Commission within ten (10) days after termination of agreement.

PROGRAM MONITORING AND EVALUATION
POLICIES (SECTIONS 600-799)

Section 600 – Monitoring and Evaluation of Contractors

Policy:

All Contractors shall be monitored and evaluated on a regular basis throughout their contract period.

Procedure:

600.1 Monitoring means any planned, ongoing, or periodic activity that measures and ensures Contractor compliance with the terms, conditions, and requirements of a contract.

600.2 Evaluation 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. It is an on-going process in which questions are selected, framed, and answered in order to assess the value and effectiveness of programs, as well as to further strengthen and build the capacity of programs.

600.3 Technical assistance means to support and assist Contractors/partners in the development of those changes, alterations, adjustments and amendments that ~~will~~ increase the likelihood of the Contractor successfully and effectively performing under the terms, conditions, and requirements of their contract.

600.4 Activities that shall be used to monitor and evaluate Contractor performance may include:

- ❑ **Periodic Contractor reporting:** Quarterly, as required in their contractual scope of work, contractors shall submit activity and outcome data in a format prescribed by the State of California and the Stanislaus County Children and Families Commission.
- ❑ **Review of Contractor's audit reports:** Examination of an independent audit commissioned by the Contractor.
- ❑ **Invoice Reviews:** Ensures the costs being charged are within contract parameters.
- ❑ **Financial Monitoring:** Commission reserves the right to perform on-site evaluation of financial records and internal control mechanisms upon reasonable advance notice.
- ❑ **Onsite reviews and observations:** At least semi-annually, this may include some or all of the following: interviews with Contractor staff, interviews with clients about services received, reviews of key systems and service documentation, reviews of client case records, reviews of personnel records to ensure staff have appropriate credentials, reviews of on-site fiscal records, observations of operations, and reviews of scopes of work and scorecards.
- ❑ **Contact with Contractor:** Continuous dialogue with the Contractor in the form of letters, meetings, and phone conversations.
- ❑ **Surveys:** Concerning contract service delivery and quality.

600.5 The Contractor is responsible for developing and operating a data collection system that provides timely and accurate information on activities, progress towards milestones, and

outcomes. When requested, Commission staff shall assist the Contractor in the development of a data collection and reporting system.

Section 601 – Site Visits

Policy:

Site visits shall be performed at least twice per year. Commission staff shall review information regarding program activities, content, effectiveness, and fiscal processes and shall document site visits in writing.

Procedure:

601.1 Commission partners shall complete a site visit progress report and submit it to Commission staff prior to the visit. Staff shall review program operation documentation provided by the Contractor and compare it to the contractual scope of work and the scorecard. Documentation to monitor and evaluate Contractor performance may include:

- Announcements about training sessions, workshops, seminars
- Sign in sheets
- Surveys
- Reports and data
- Summaries of clients served
- Quarterly scorecard reports (SCOARRS)

601.2 Following each site visit, staff shall send a letter to the Contractor detailing what was observed and discussed. The letter shall include an assessment of the Contractor's efforts to comply with the contract's scope of work and scorecard. The review letter may contain a list of the subjects or items to be reviewed or discussed during the next site visit. Electronic copies of letters sent shall be filed in the Contractor's folder for future reference. Site visit reports and a log of communications with the Contractor may also be included in an electronic database.

601.3 If a substantial variance exists between planned and actual work, activities, milestones, targets, or outputs, staff may develop a corrective action plan with time specific and measurable goals or activities for the Contractor to perform in order to correct operational or contractual deficiencies. Any such plan developed shall focus on activities and services provided by the Contractor and changes needed in order for the Contractor to meet planned contractual obligations. Such a corrective action plan shall be filed in the Contractor's folder for future reference and may also be included in an electronic database, which shall allow all staff to review the progress of the Contractor.

Section 602 – Corrective Action by Contractors

Policy:

Contractors significantly deviating from planned performance shall be required to develop and implement corrective actions.

Procedure:

602.1 Corrective action means action taken by the Contractor that corrects identified deficiencies or produces recommended improvements. Corrective action is suggested when identified deficiencies are serious (for example, a failure to ensure client health or safety) or where less formal means have failed. Examples of issues requiring corrective action include:

- ❑ Significant audit or monitoring findings
- ❑ Inferior quality of services
- ❑ Failure to perform all or part of the contract
- ❑ Late performance
- ❑ Late submission of reports or invoices on a recurring basis
- ❑ Inadequate, unclear, or excessive billing.
- ❑ Failure to adequately meet contractual obligations.

602.2 When an item or issue is noted that needs correction, Commission staff is to:

- ❑ Notify the Contractor both verbally and in writing that a problem has been identified.
- ❑ Clearly identify the problem verbally and in writing using dates, number of occurrences, or other data that quantifies the problem. For example, “Paragraph 4 of your Contract states that you must submit a report by the 5th of each month. Your reports for May, June, and July were all submitted over 5 weeks after the due date, and we have not yet received your August report.”
- ❑ Ask the Contractor to advise how the problem shall be corrected.
- ❑ Notify the Contractor of expectations for correcting the problem. If appropriate, ask the Contractor to propose a corrective action plan, including dates when corrective action shall be completed.
- ❑ Document conversations with the Contractor by way of a memo to the contract file.

602.3 While a Contractor is working to correct a problem, Commission staff ~~may~~ offer advice, assistance, and support to encourage a successful resolution of the problem. Commission staff shall track all corrective action to completion and shall consult with the Contractor when requested.

602.4 When the corrective action resolves the issue, Commission staff shall notify the Contractor in writing that resolution has been achieved. A copy of such a letter shall be included in the in the contract file.

602.5 If a deadline is missed or corrective action is otherwise not completed, Commission staff shall notify the Contractor in writing that a deadline has been missed and ask the Contractor when the action shall be completed. The Contractor shall be advised that failure to comply with the corrective action plan could lead to termination of the contract. Staff shall notify the Commission of the failure of the Contractor to perform in accordance with the agreement and/or any plan of correction. The matter may be scheduled for formal Commission action.

Section 603 – Audits of Contractors

Policy:

Annually, each Contractor shall be responsible for the procurement and completion of an annual fiscal and compliance audit.

Procedure:

- 603.1** The annual audit must be performed in accordance with the following standards, as deemed appropriate: Generally Accepted Auditing Standards (GAAS), Governmental Auditing Standards (GAS) and OMB Circular A133.
- 603.2** The audit of a public agency, when performed pursuant to state law, shall meet the requirement of this Policy.
- 603.3** Contractor is responsible for submitting to the Commission an audit report, prepared in accordance with said requirements, within one hundred and eighty (180) days of the end of the commission's fiscal year along with a copy of any management report prepared as a result thereof. Failure to do so may result in delayed payments to contractor.
- 603.4** In the event of an audit exception or exceptions, the Contractor shall be responsible for reimbursing the Commission for audit exceptions resulting from the actions of the Contractor or the Contractor's subcontractors.

Section 604 – Review of Contractor Materials

Policy:

Contractors shall submit certain materials to Commission staff for review before publication.

Procedure:

604.1 Prior to publication or distribution, the Commission's Executive Director or designee shall approve Contractor's deliverable or non-deliverable reports, publications, brochures, or other materials to distributed to the public, which are produced or funded with Commission funds.



It's All About The Kids

Stanislaus County Children and Families Commission

ACTION AGENDA SUMMARY

<u>COMMITTEE ROUTING</u>	
Administrative/Finance	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
Executive	<input checked="" type="checkbox"/>

AGENDA DATE: April 24, 2018

COMMISSION AGENDA #: VI.B.3

SUBJECT:

Acceptance of the Report on the Stanislaus County Children and Families Commission 2016-2017 Annual Program Evaluation

BACKGROUND:

Section 130100 of the California Health and Safety Code requires local Commissions 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. The Stanislaus County Children and Families Commission Strategic Plan includes the structure to evaluate its programs in alignment with the State’s results area framework.

The Commission uses four results areas for evaluating program outcomes: Improved Family Functioning; Improved Child Development; Improved Health; and Improved Systems of Care.

Stanislaus County Children and Families Commission staff review all funded programs through a variety of processes including bi-annual on-site meetings at program locations, data analysis and the preparation of an annual report.

The 2016-2017 Annual Program Evaluation report is designed to provide Commissioners and the public with important information including: the funding distribution of the various Commission contracts in regard to Result Areas; historic funding levels; geographic distribution of contracted services; demographics of funded program recipients; and outcomes/effectiveness of the 20 contracted programs of the Commission.

The Administrative and Financial Committee, Operations and Executive Committee heard this item at their respective meetings in April 2018.

STAFF RECOMMENDATIONS:

1. Accept the Report on the Stanislaus County Children and Families Commission Annual Program Evaluation for 2016-2017.

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: _____
Denae J. Davis – Confidential Assistant IV



2016-2017

Annual Program Evaluation



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

April 2018

The Stanislaus County Children and Families Commission

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

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

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

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

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

Commissioners

Vicki Bauman - School Representative

Ignacio Cantu Jr. - Community Representative

Vito Chiesa - Board of Supervisors

David Cooper - Community Representative

Kathy Harwell, Chair - Community Services Agency

Mary Ann Lee - Health Services Agency

Nelly Paredes-Walsborn, Vice Chair - Community Representative

George Skol - Community Representative

Julie Viashampayan, MD - Public Health Officer



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Introduction

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

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

This Evaluation Report contains information on:

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

Strategic Plan Goals and Objectives

In its 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 2016-2017 fiscal year was to acquire, report, and analyze information, share that information with stakeholders (i.e., programs, community, funders), and then upon reflection, make recommendations based on the areas of strengths and areas that could improve to better serve target populations on both the Commission and program levels.

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

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

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

Community Impact Dashboard 2016-2017

Invested...

over \$7.1 million in the community



Reached...

31,178 children, parents and providers



Provided...

parent education and support to the parents of 2,490 children



Served...

the families of 1,698 children participated in literacy services



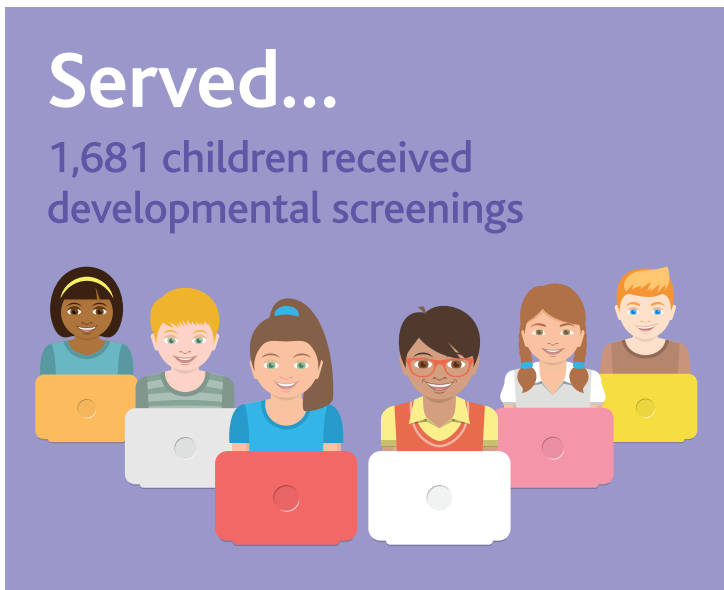
Provided...

457 pregnant women with pregnancy education and support



Served...

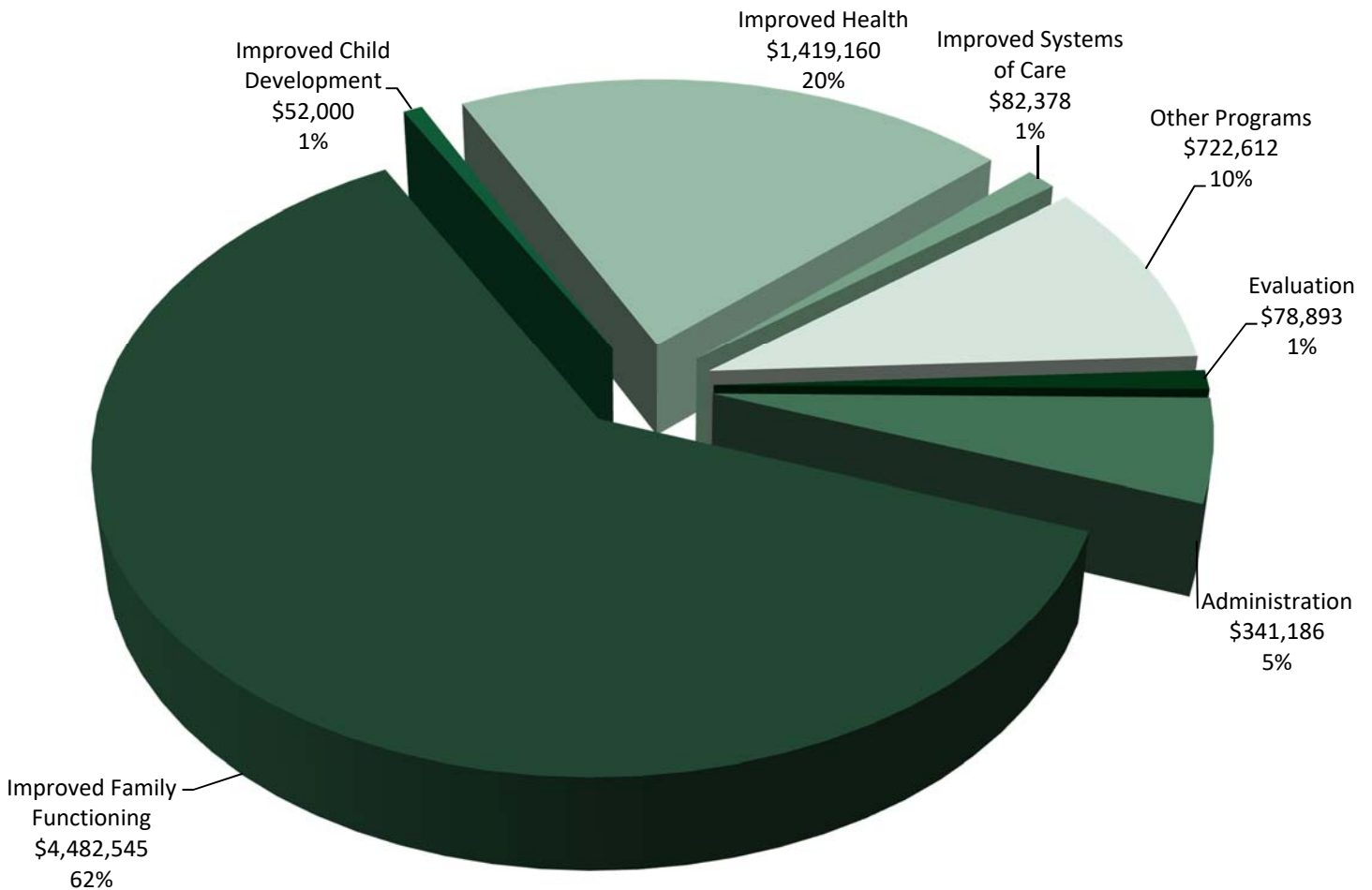
1,681 children received developmental screenings



*All data reported by contractors

Funding Distribution by Budget Category

Total: \$7,178,774



The 2016-2017 budget pie chart portrays the distribution of Commission funding by budget category.

Program Categories:

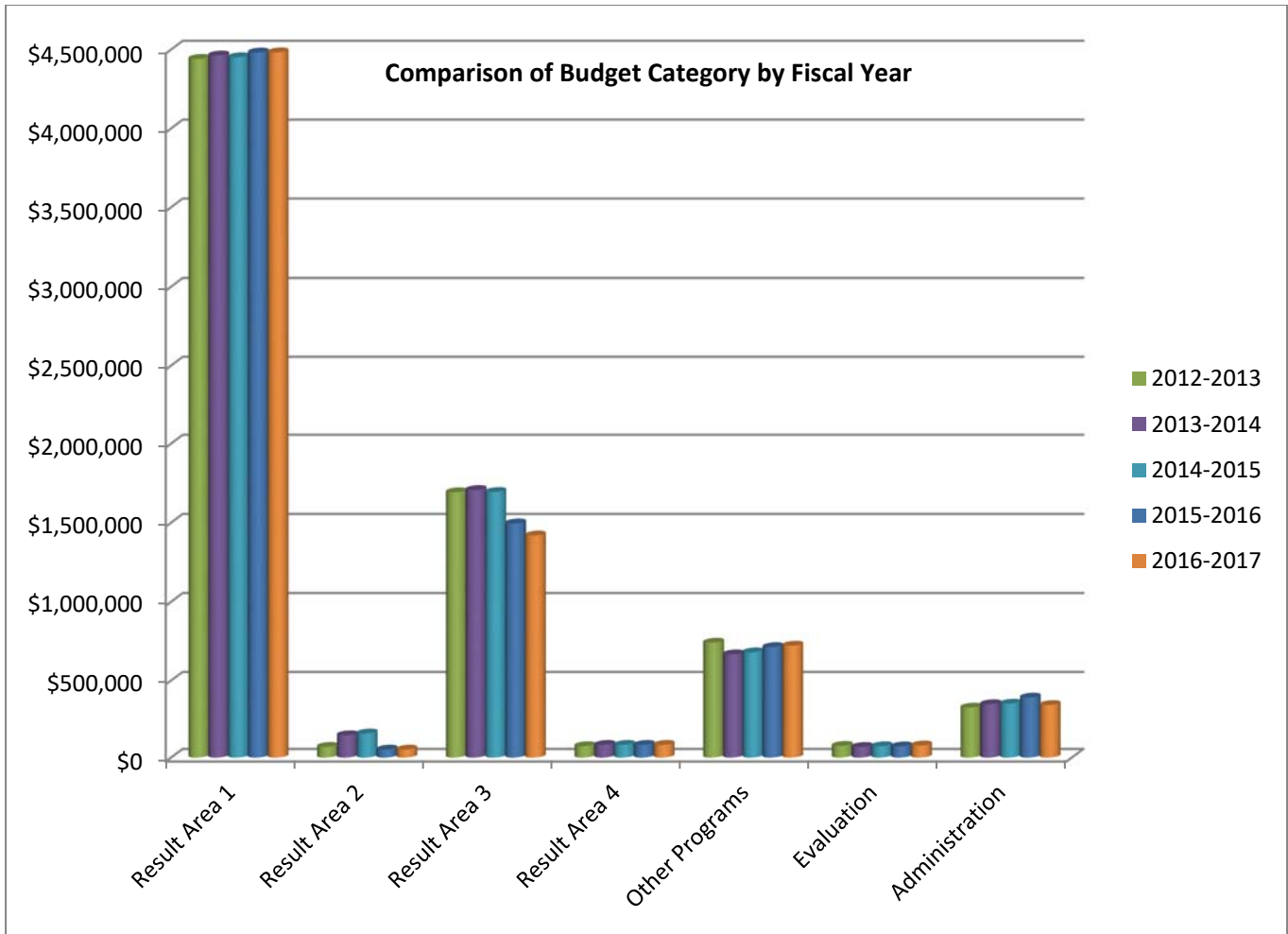
The program categories (also known as Result Areas) make up 84% of the annual budget. These are areas in which outcomes for children 0-5 and their families are reported and evaluated. The funding provides measurable services for children and families.

Other Programs Category:

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

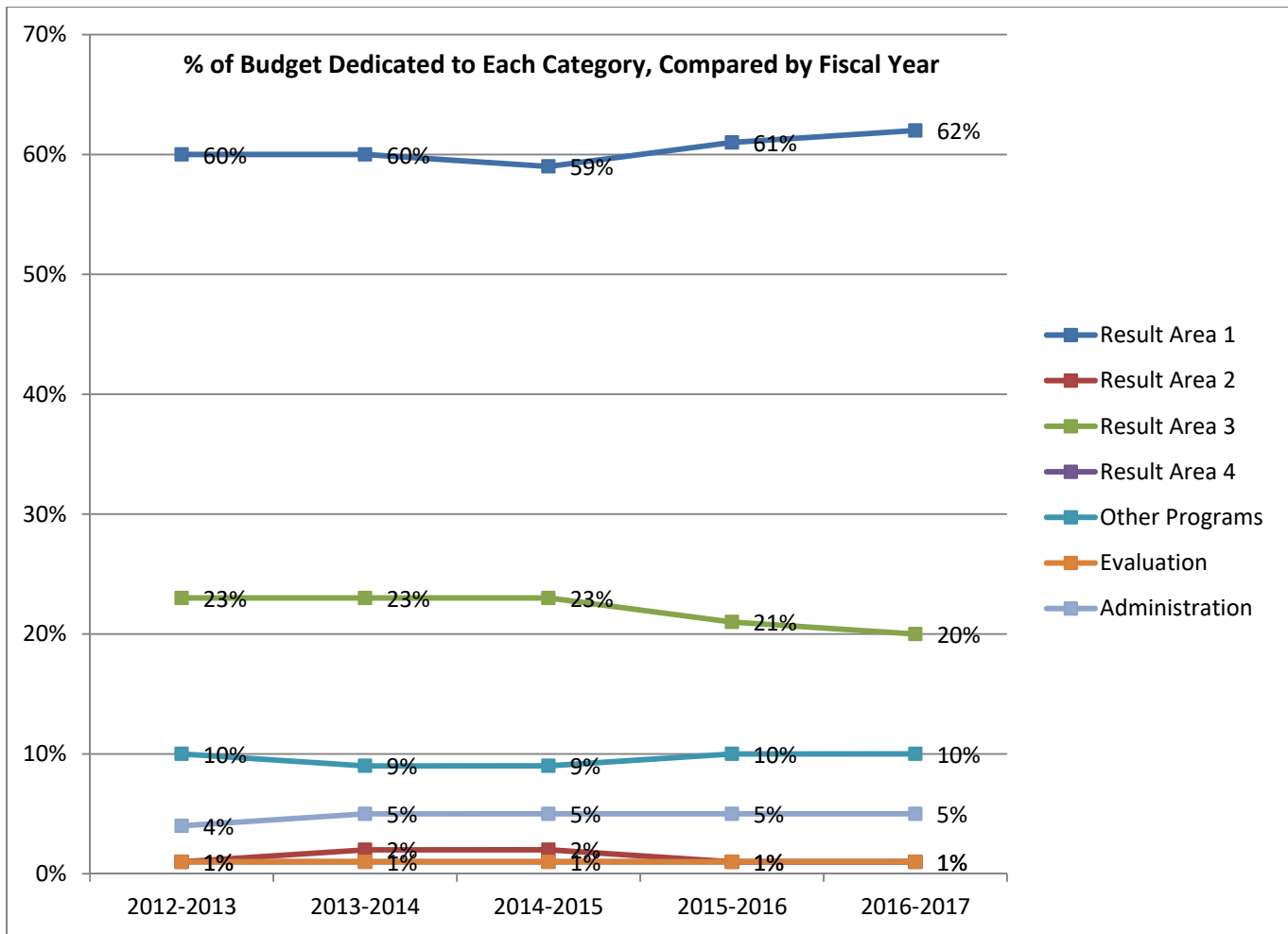
Administration and Evaluation Categories:

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



Total Budget
 2012-2013: \$ 7,420,001
 2013-2014: \$ 7,515,250
 2014-2015: \$ 7,490,083
 2015-2016: \$ 7,287,186
 2016-2017: \$ 7,178,774

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



The above graphs compare the distribution of the Stanislaus County Children and Families Commission total budget by fiscal year from 2012-2013 through 2016-2017. The first graph (Graph 1) compares the **amount** of funding allocated to each result area (RA), and the second graph (Graph 2) compares the **percentage of the total budget** allocated to each of the result areas.

Graph 1 illustrates that for the past five fiscal years, the Commission has consistently appropriated the largest **amount** of funding to RA 1 (Improved Family Functioning). However, as the total budget amount has decreased over the years, the **percentage of the total budget** devoted to RA 1 has increased starting in '15-'16. This confirms the Commission's continuing emphasis on funding Improved Family Functioning activities.

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

Both the **amount** of funding and **percentage of the total budget** dedicated to RA 3 decreased in '15-'16 and '16-'17. The decreases were a result of the Healthy Cubs program requesting less funding due to the implementation of Health Care Reform and Medi-Cal expansion.

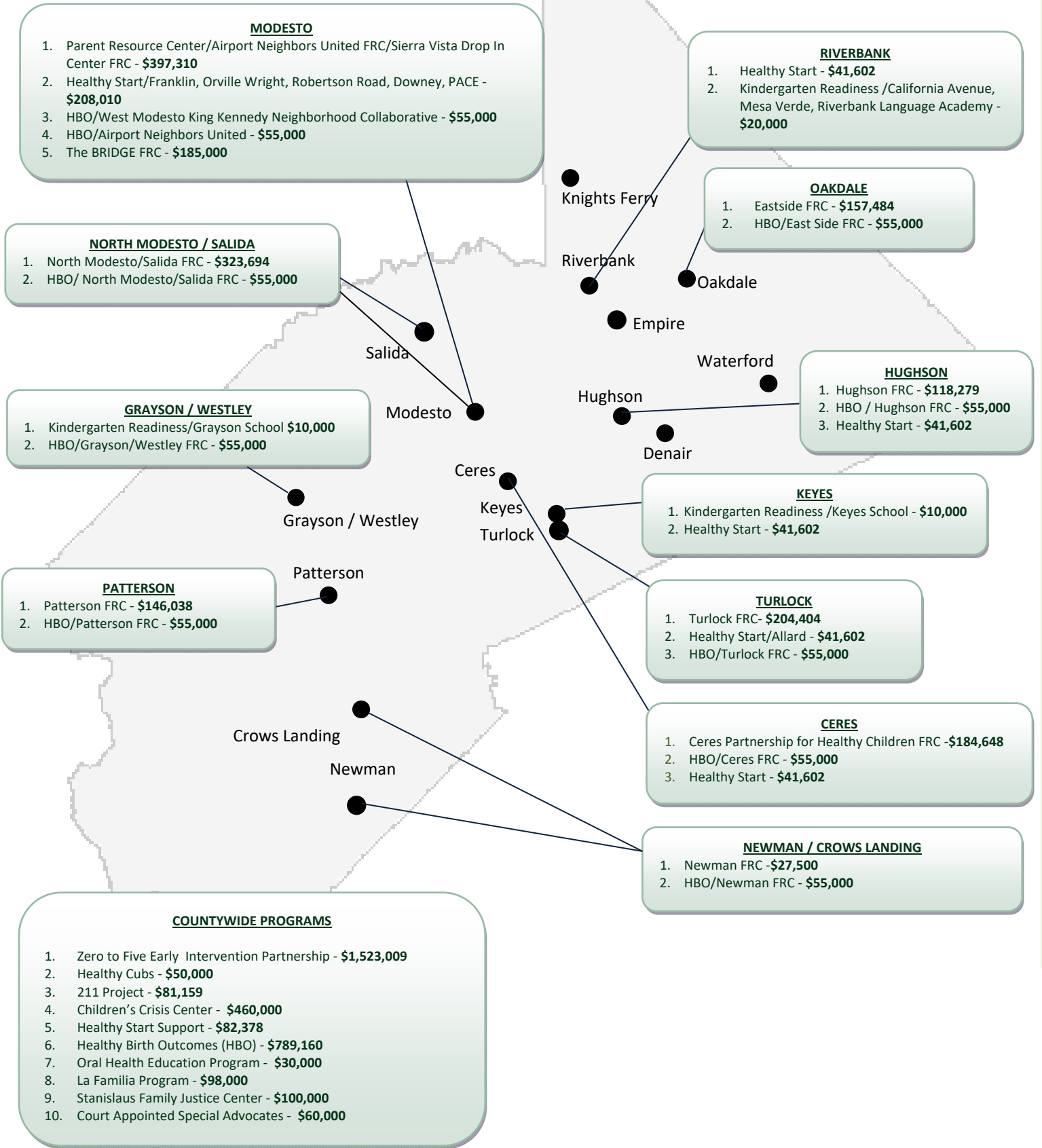
Graphs 1 and 2 show that RA 4 has consistently been appropriated one of the smallest amount and percentage of funding, even less than the "Administrative" category. The programs in this result area focus on supporting and nurturing widespread and overarching collaboration, coordination, and leveraging. 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.

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

STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION 2016-2017 PROGRAMS



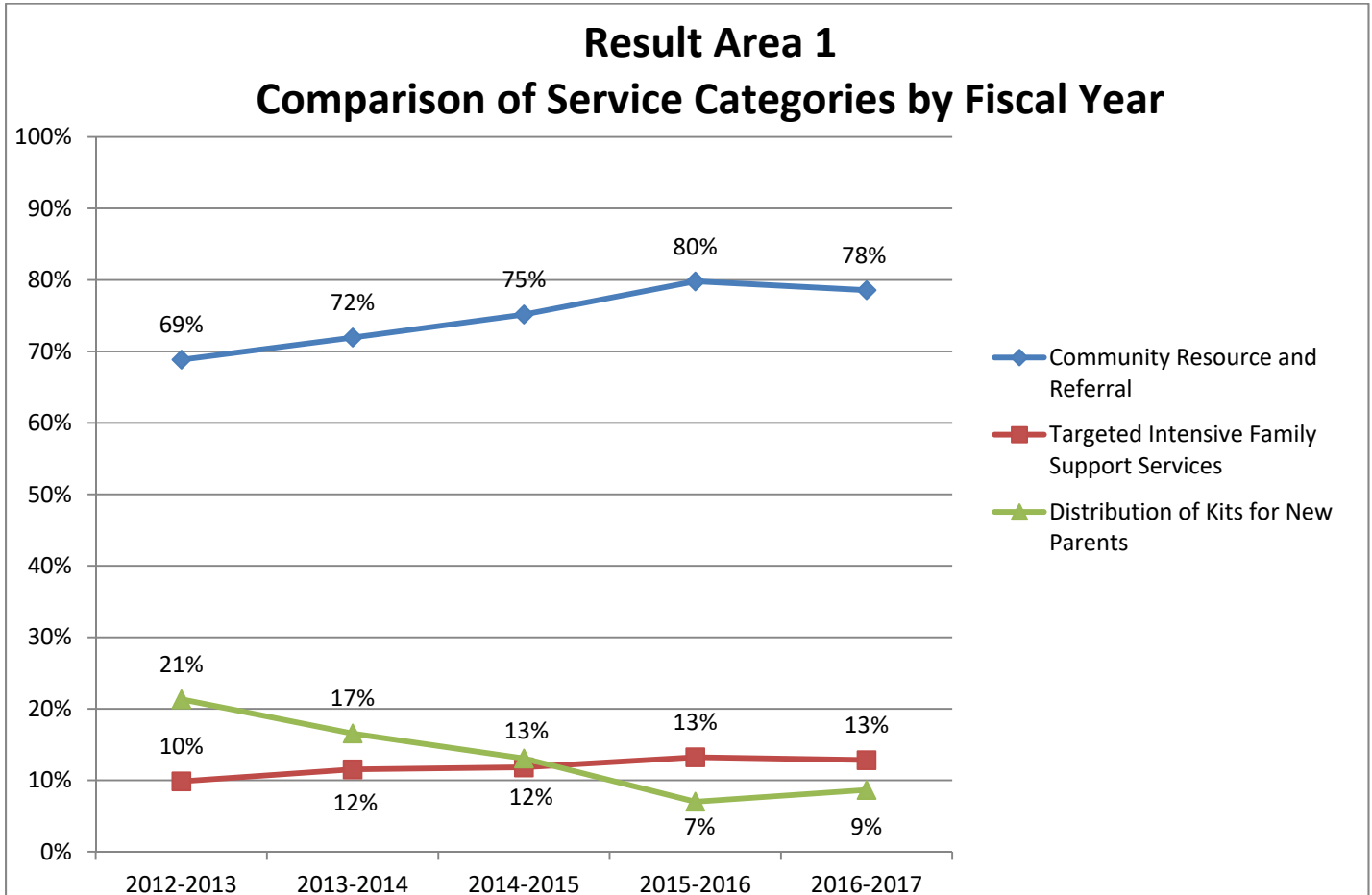
Program Budget Award by Location			
Location	Program Budget Allocation	% of '16-'17 Program Budget*	% of County's Population**
Modesto	\$ 900,320	32.7 %	39.2%
Turlock	\$ 301,006	10.9 %	13.3%
Riverbank	\$ 61,602	2.2%	4.5%
Ceres	\$ 281,250	10.2%	8.7%
Newman/Crows Landing	\$ 82,500	3%	2.0%
Grayson/Westley	\$ 65,000	2.4%	.2%
Hughson (includes SE smaller towns)	\$ 214,881	7.8%	1.3%
Oakdale	\$ 212,484	7.7%	4.1%
Salida***	\$ 378,694	13.8%	2.5%
Keyes	\$ 51,602	1.9%	1.0%
Patterson	\$ 201,038	7.3%	4.1%
TOTAL of location specific programs	\$ 2,750,377		
Countywide Programs	\$ 3,273,706		
TOTAL:	\$ 6,024,083		

* 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, 2016 and 2017: Sacramento, CA, May 2017; <https://suburbanstats.org>, 2017
 *** The program budget allocation for the Salida location includes parts of the North Modesto area.

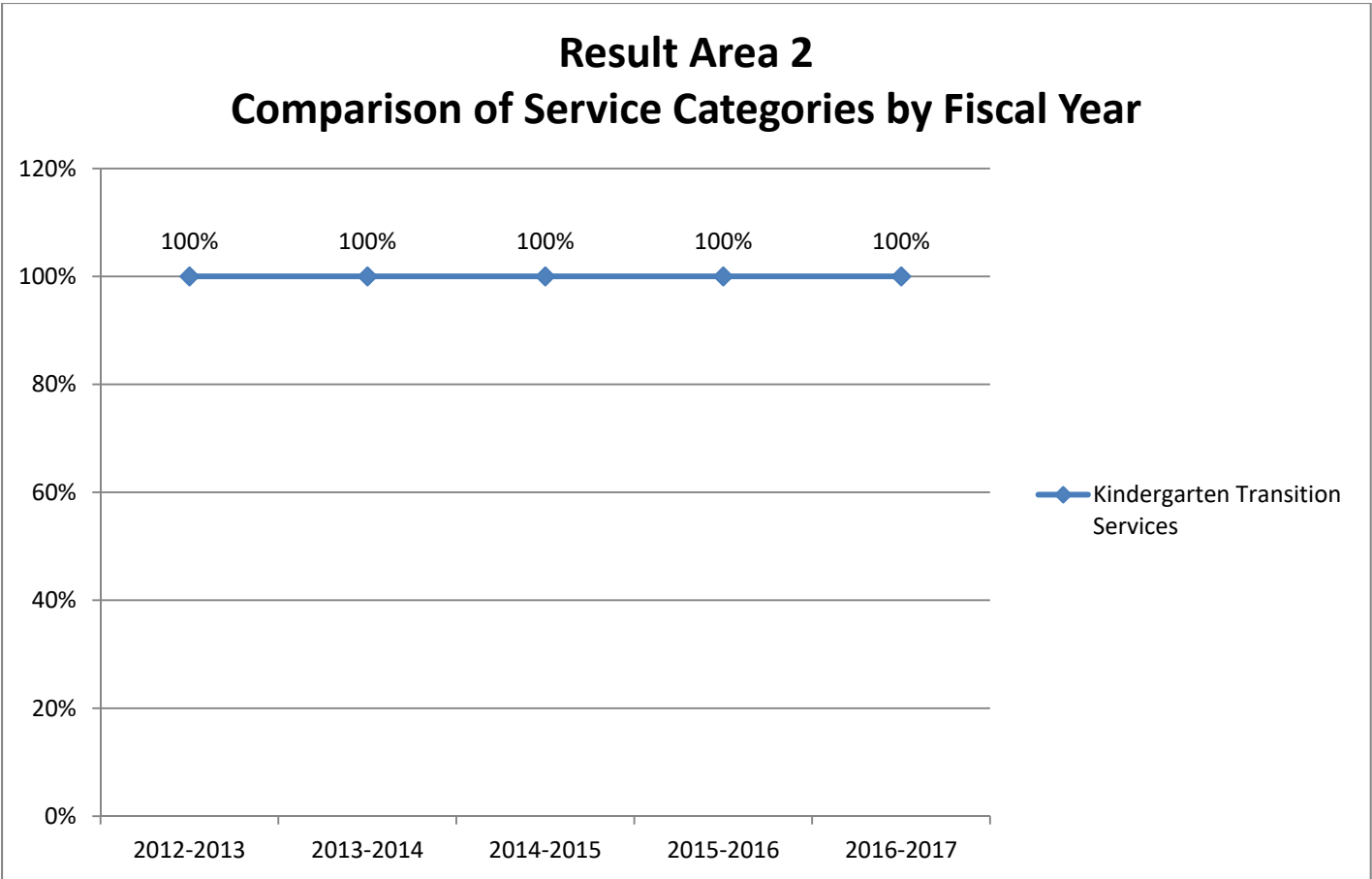
The map depicts the distribution of Stanislaus County Prop 10 funds allocated to programs by location within the county. The map illustrates the extent to which program services reach children 0-5 and their families countywide, and the number of programs in each area. The chart above shows the percentage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

A total of \$3,273,706 was allocated to programs that operate throughout the county, making up 54% of the total program budget. These countywide programs reach all of the above locations, and many have developed partnerships in order to collaborate with location specific programs, thereby leveraging Prop 10 resources. The remaining 46% of the program budget is allocated to programs that operate within a specific community to best serve the needs of the children and families within that community. As illustrated in both the map, as well as the chart, there is a balance of countywide and location specific programs that form an extensive network spanning the county to provide services that impact the lives of Stanislaus County's children and families.

These graphs depict how the distributions of service categories in each result area compare from fiscal year '12-'13 through '16-'17. The percentages are based on the number of clients served in each service category related to the total number of clients served in each result area. 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.

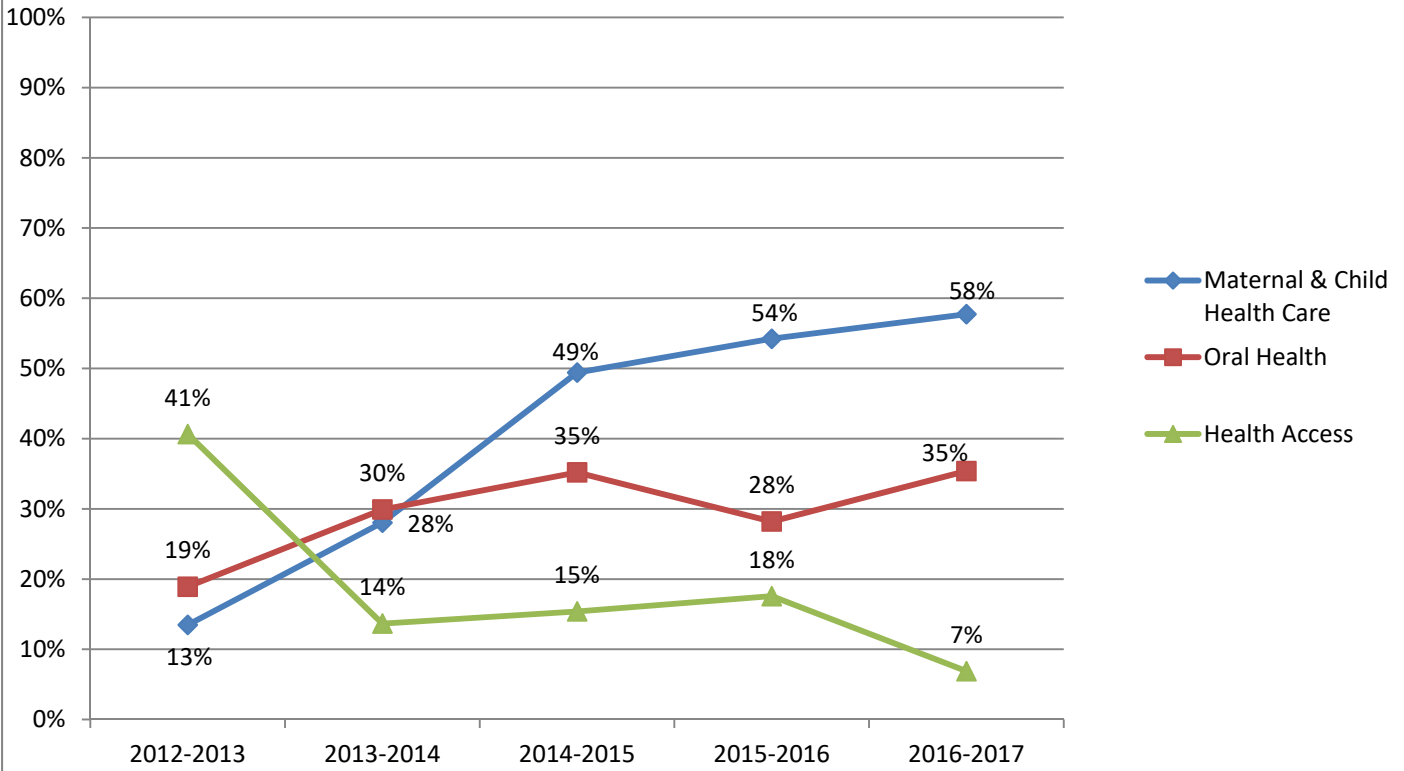


The highest percentage of services in Result Area 1 is consistently Resource and Referral services due in part to the broad base of participants and low level of intensity for this service. The percentage has increased as programs continue to build partnerships and the ability to provide resources and referrals to families and families learn what the programs can provide them. Programs share that the need for resources and referrals continues to grow. The number of Kits for New Parents that are distributed has declined over the past few years due to agencies in the County requesting less Kits each year. A concerted outreach effort by Commission staff resulted in a 2% increase in Kit distribution in '16-'17. (Note: Because of State reporting requirements, contracts, like the FRCs, are reported under one service category when, in fact, services provided fall into multiple service categories.)



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

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 expansion of Medi-Cal to cover undocumented children through age 19.

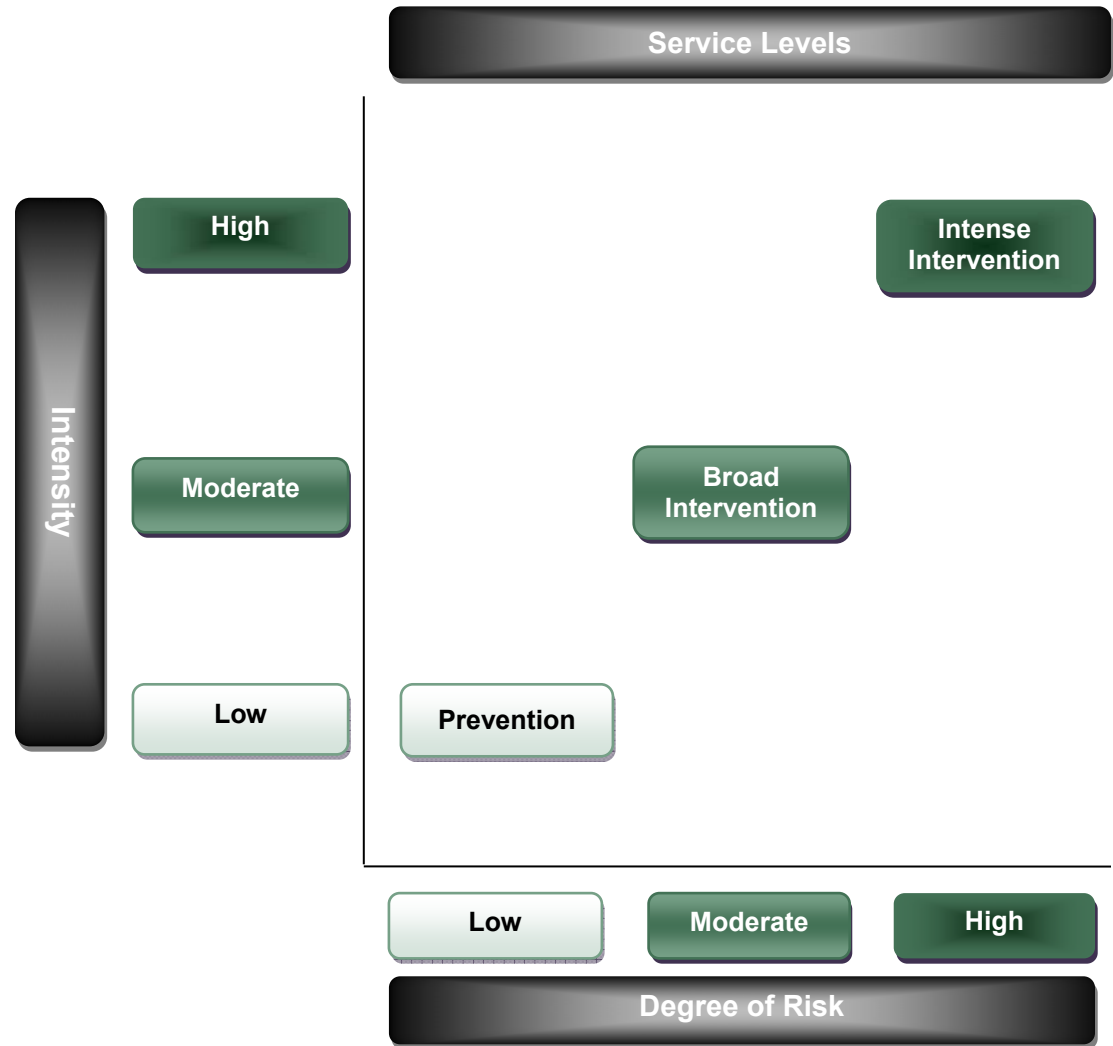
One of the Commission’s funding strategies is to support a continuum of prevention and intervention programs that target all children 0-5 and their families in Stanislaus County. This means that Commission funds are working to benefit a spectrum of children from very low-risk to high-risk by providing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

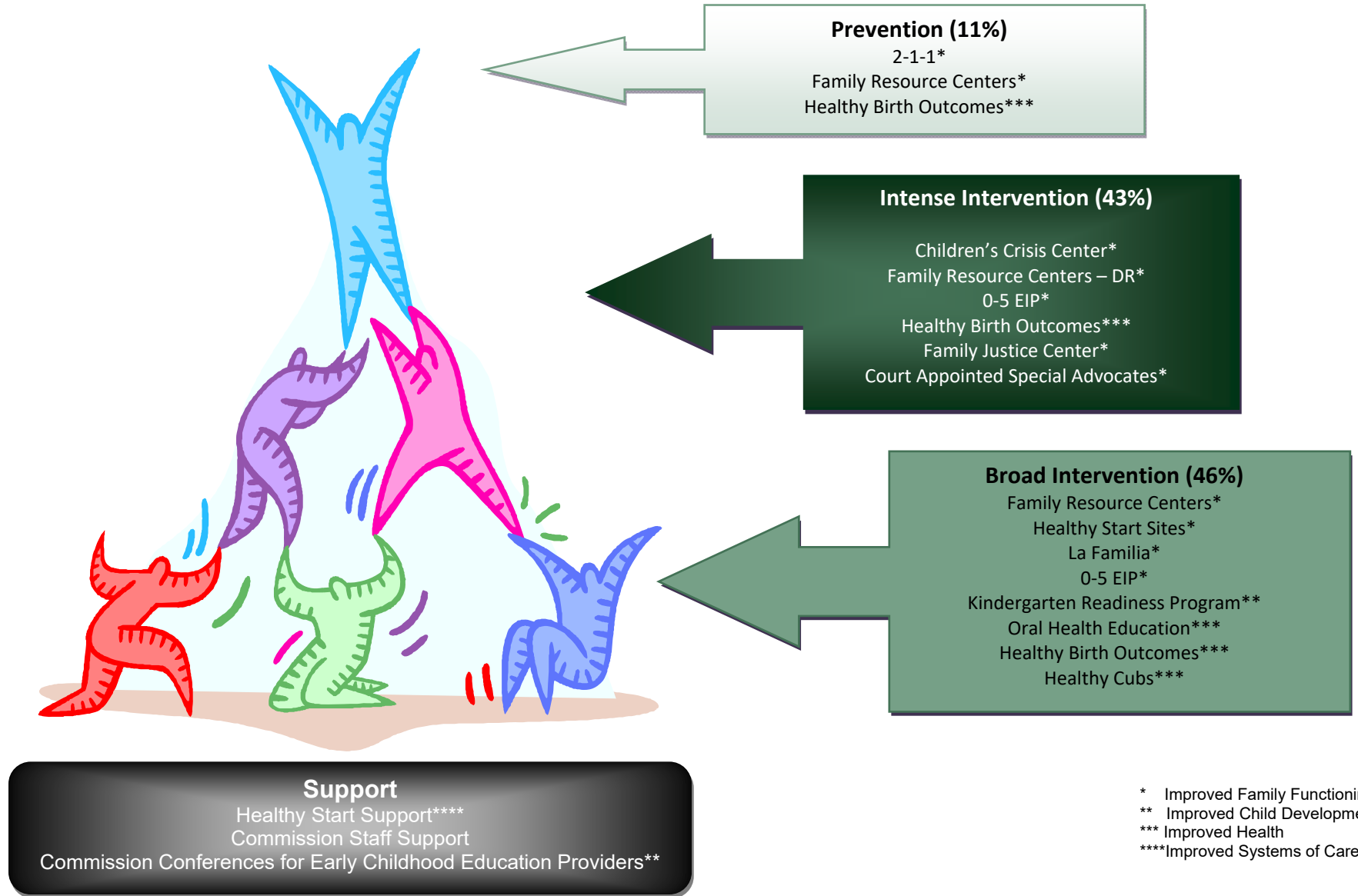
Service Levels

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

Service Level Pyramid

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





Prevention:

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

Broad Intervention:

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

Intense Intervention:

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

Participant and County Demographics

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

Race/Ethnicity Served and Participant Primary Language

These charts depict the profile of the population being served by Prop 10 funded programs. As shown, the programs are providing services to a diverse population, with continuing emphasis on serving Hispanic 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.

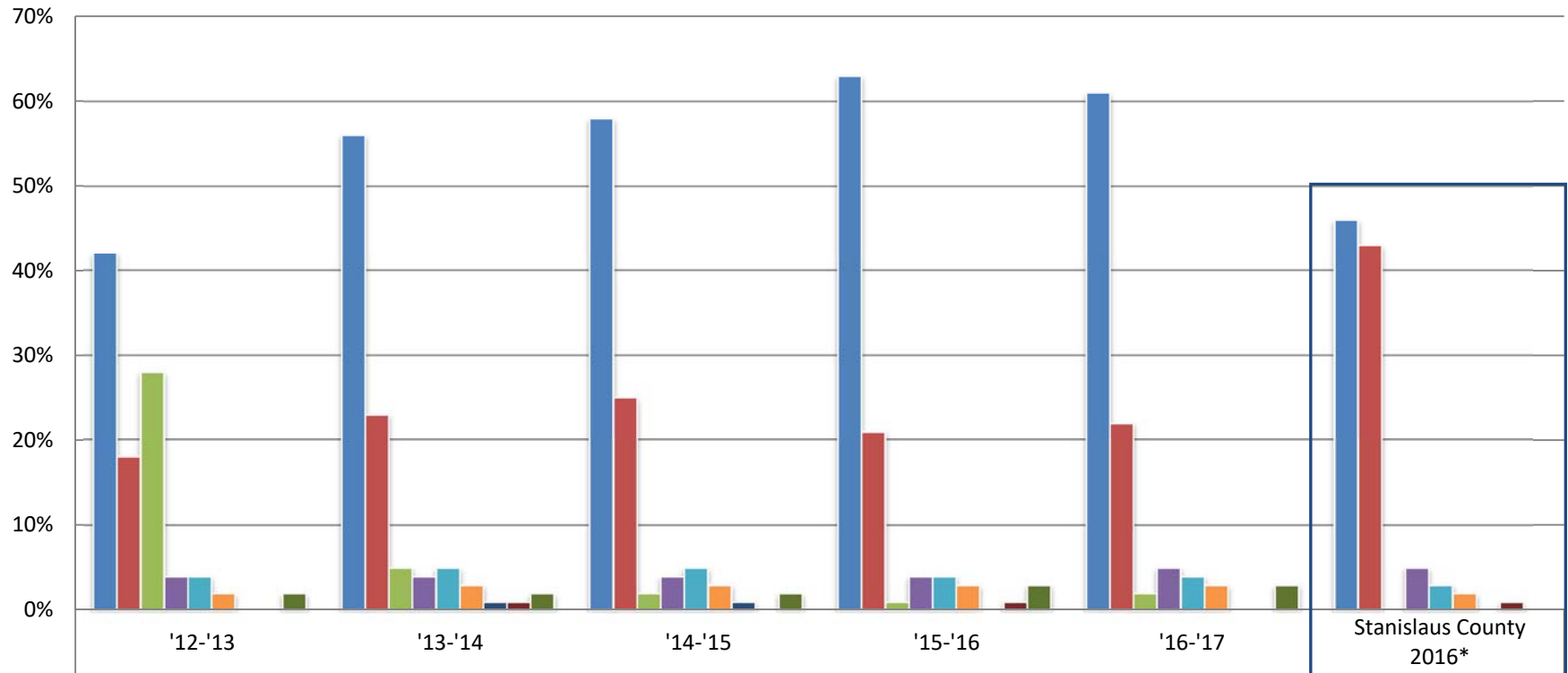
Participating Children Age Distribution

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

Infant Mortality Rate

In general, infant mortality rates for Stanislaus County ethnic groups are higher than State group rates and the rates of all ethnic groups in our County tend to reflect the downward trends of the State as a whole. In 2017 Stanislaus County had a slight increase in the White infant mortality rate. 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 Black infant mortality rate decreased slightly in 2016 and increased significantly more in 2017. (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 those years.)

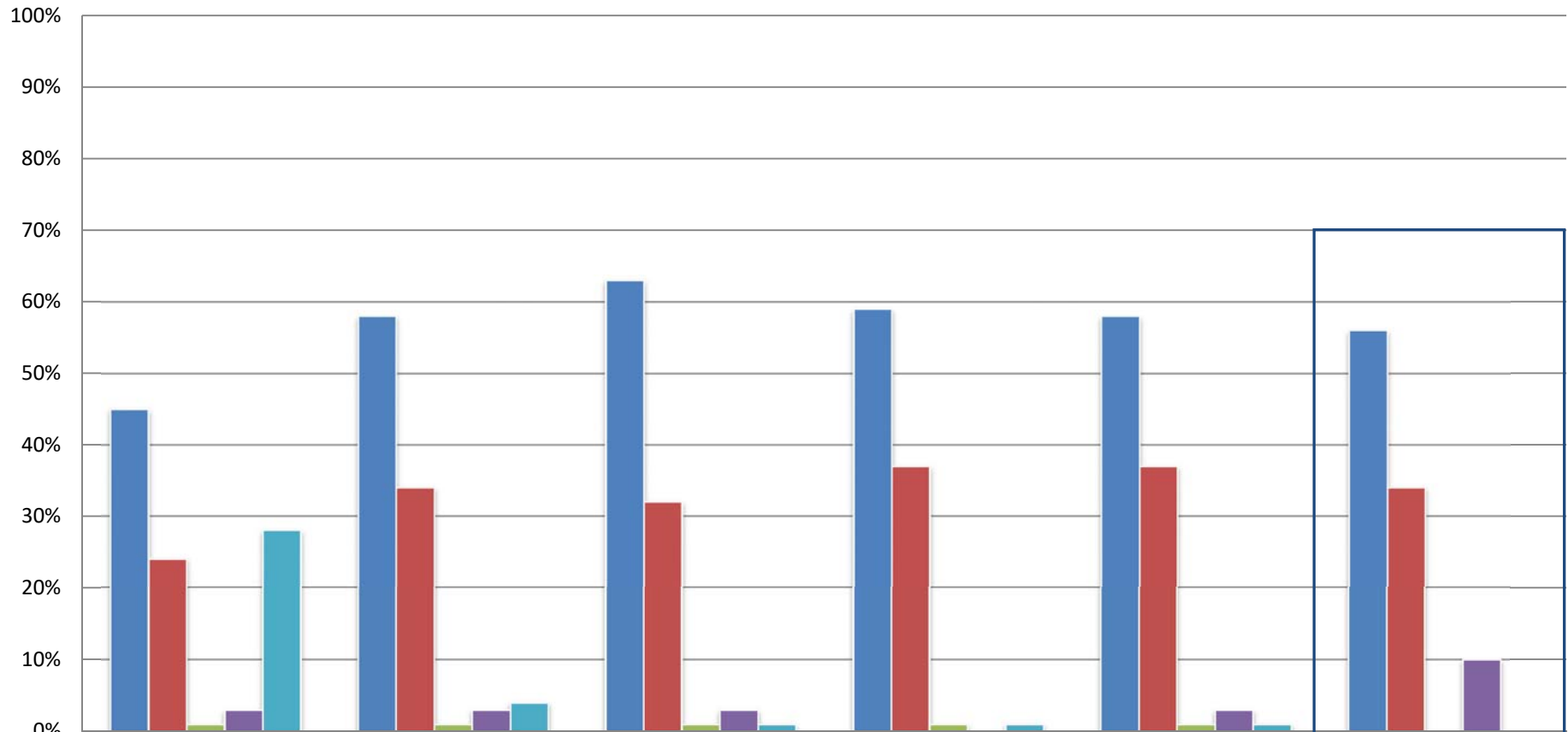
Race/Ethnicity Served



	'12-'13	'13-'14	'14-'15	'15-'16	'16-'17	Stanislaus County 2016*
Hispanic	42%	56%	58%	63%	61%	46%
White	18%	23%	25%	21%	22%	43%
Unknown	28%	5%	2%	1%	2%	0%
Asian	4%	4%	4%	4%	5%	5%
African American	4%	5%	5%	4%	4%	3%
Multiracial	2%	3%	3%	3%	3%	2%
American Indian		1%	1%		0%	0%
Pacific Islander		1%		1%	0%	1%
Other	2%	2%	2%	3%	3%	0%

*U.S. Census Bureau, 2016 American Community Survey.

Participant Primary Language

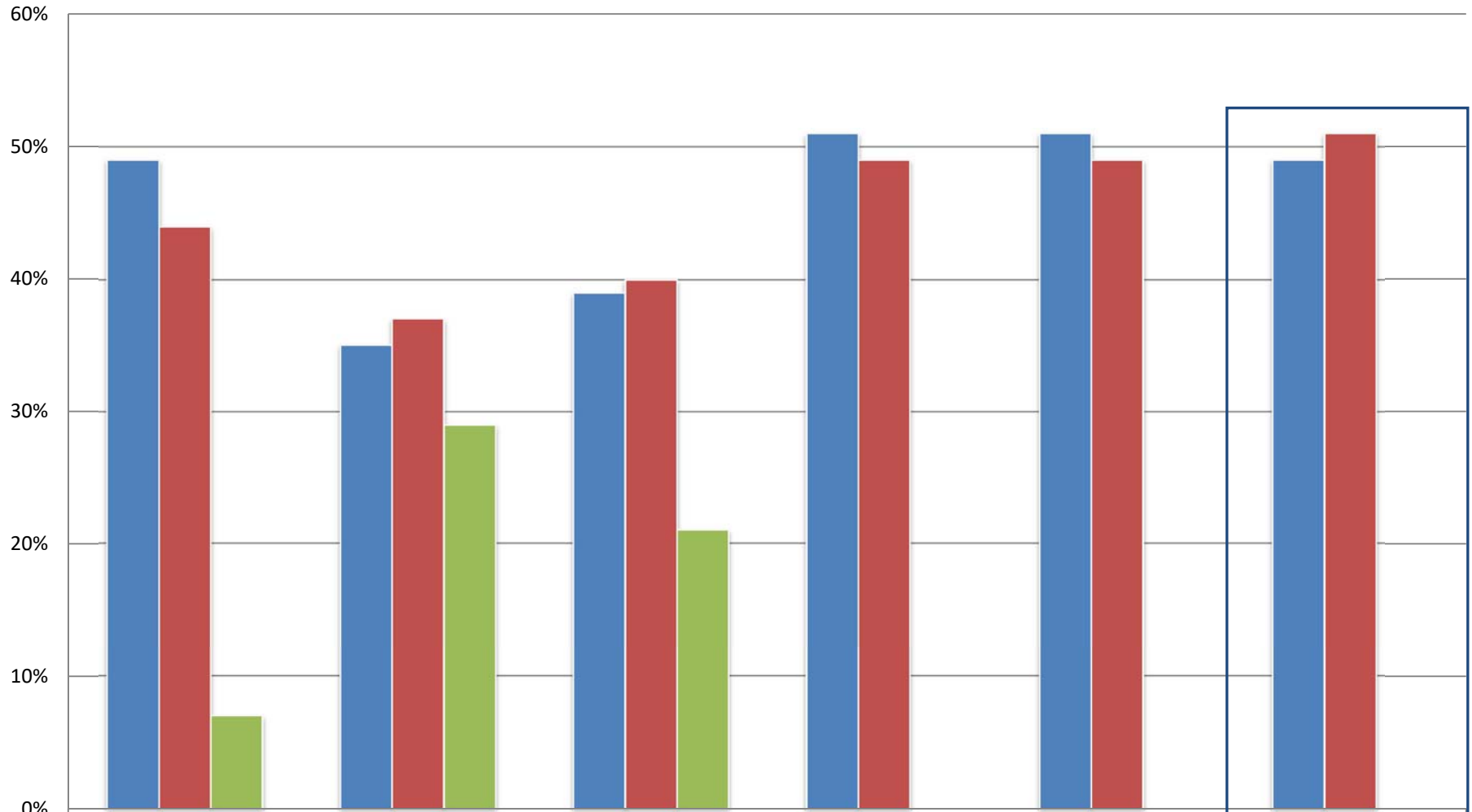


	'12-'13	'13-'14	'14-'15	'15-'16	'16-'17	Stanislaus County 2016*
English	45%	58%	63%	59%	58%	56%
Spanish	24%	34%	32%	37%	37%	34%
Hmong	1%	1%	1%	1%	1%	
Other	3%	3%	3%		3%	10%
Unknown	28%	4%	1%	1%	1%	

CFC data does not include provider capacity language data.

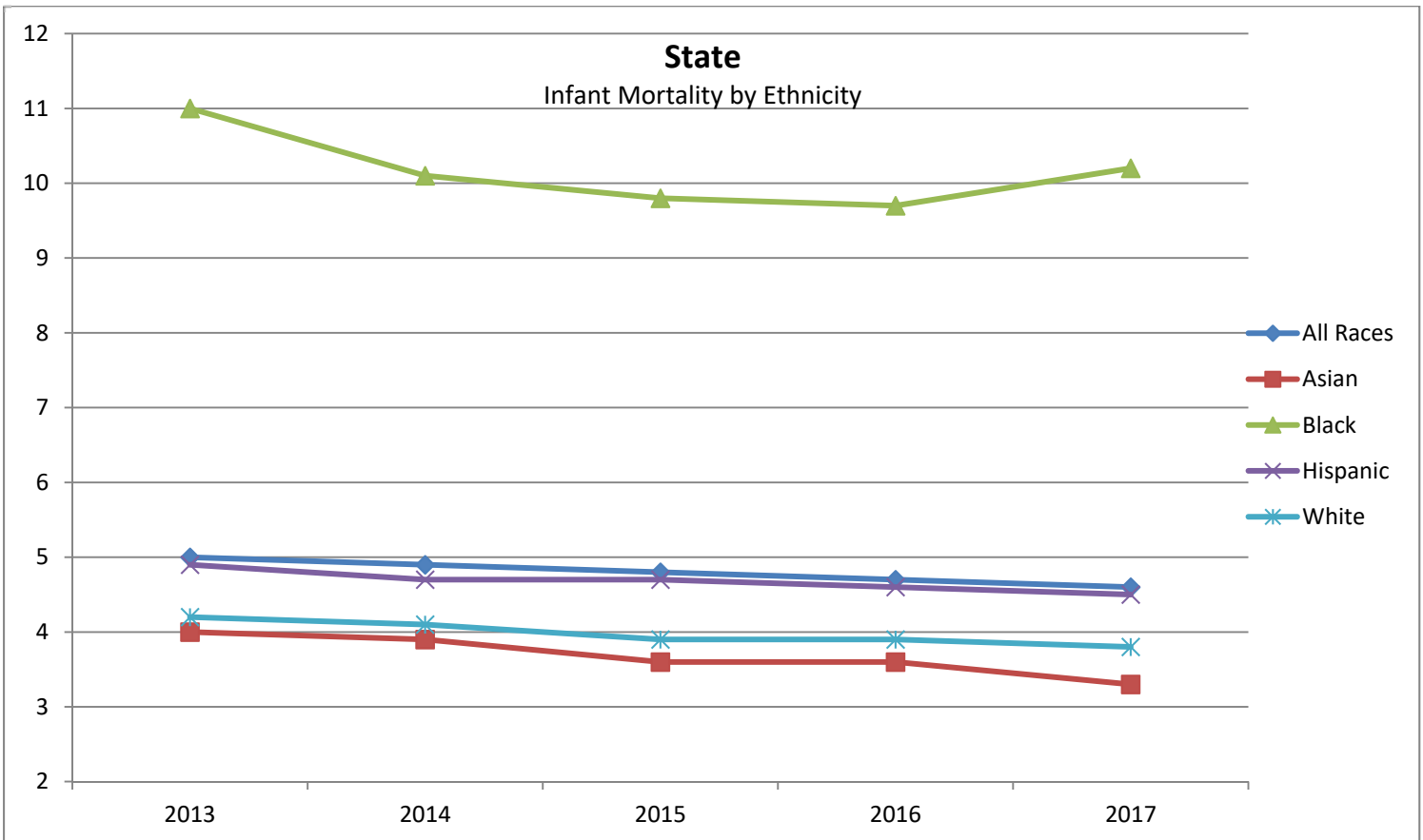
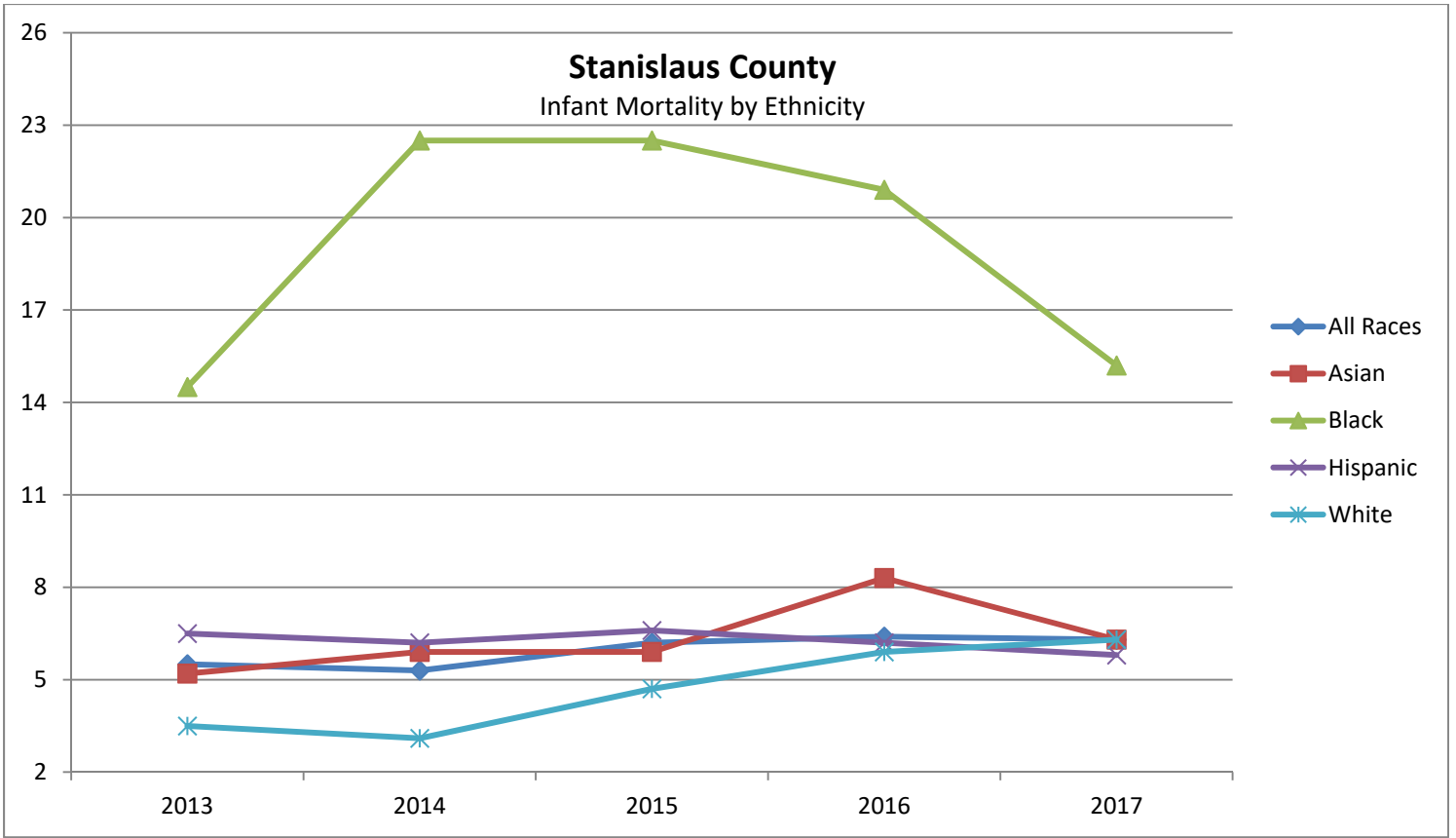
*U.S. Census Bureau, 2016 American Community Survey.

Participating Children Age Distribution



■ 0-2	49%	35%	39%	51%	51%	49%
■ 3-5	44%	37%	40%	49%	49%	51%
■ Unknown	7%	29%	21%			

*State and County Total Population Projections by Race/Ethnicity and Detailed Age, California Department of Finance, 2017



Infant Death Rate per 1,000 Live Births
County Health Status Profiles, California Department of Public Health, 2013-2017

Result Area 1: Improved Family Functioning

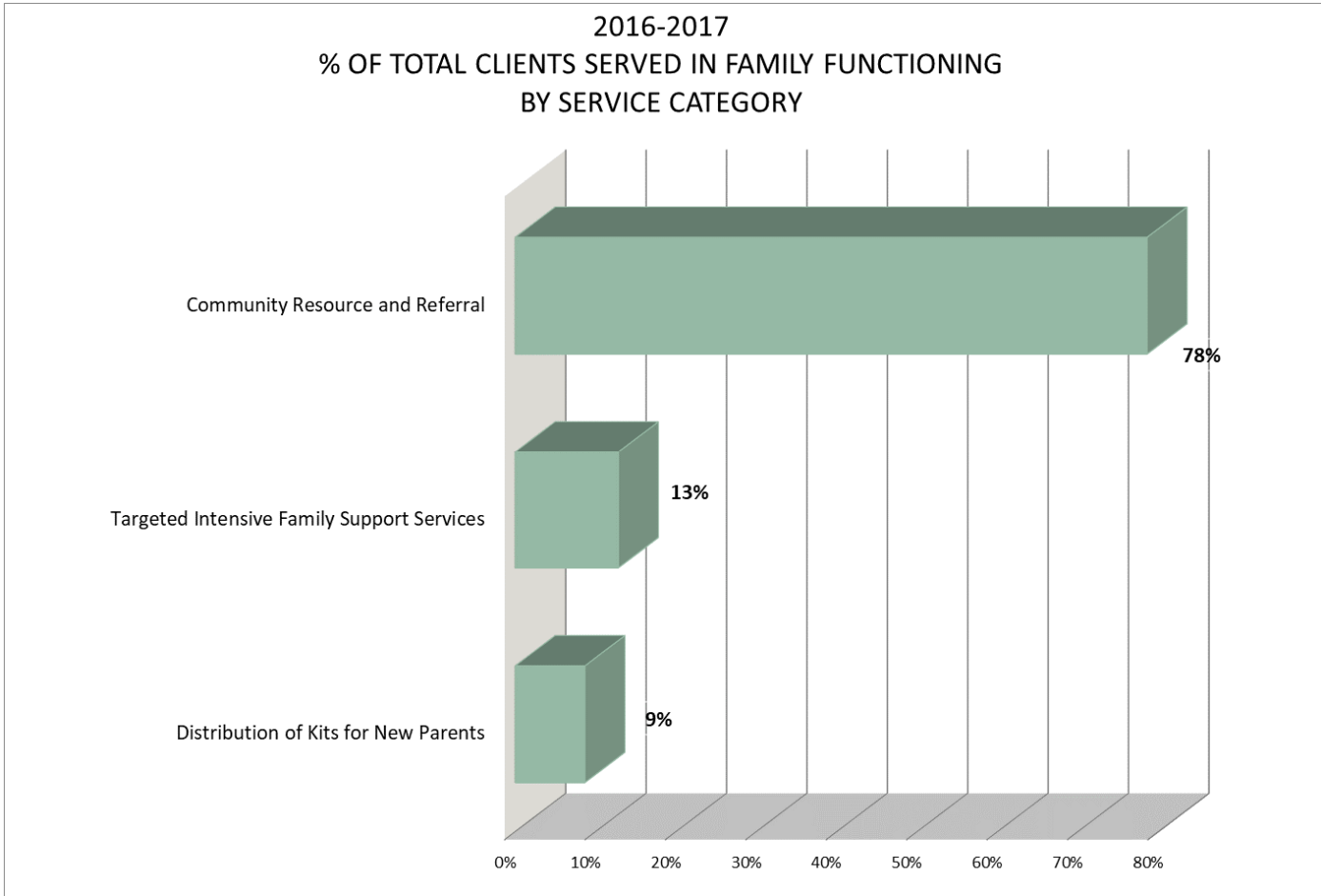
Description

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 62% of the 2016-2017 budget. Half of the programs are grouped under “Family Resource Centers with Differential Response services.”

The amount expended in this result area is 96% of the amount budgeted for fiscal year ‘16-‘17, 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 ‘16-‘17 Total Awards	FY ‘16-‘17 Expended
\$4,564,923	\$4,316,062 (96% of budget)



Result Area 1 Services and Service Delivery Strategies

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

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

Objectives:

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

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

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

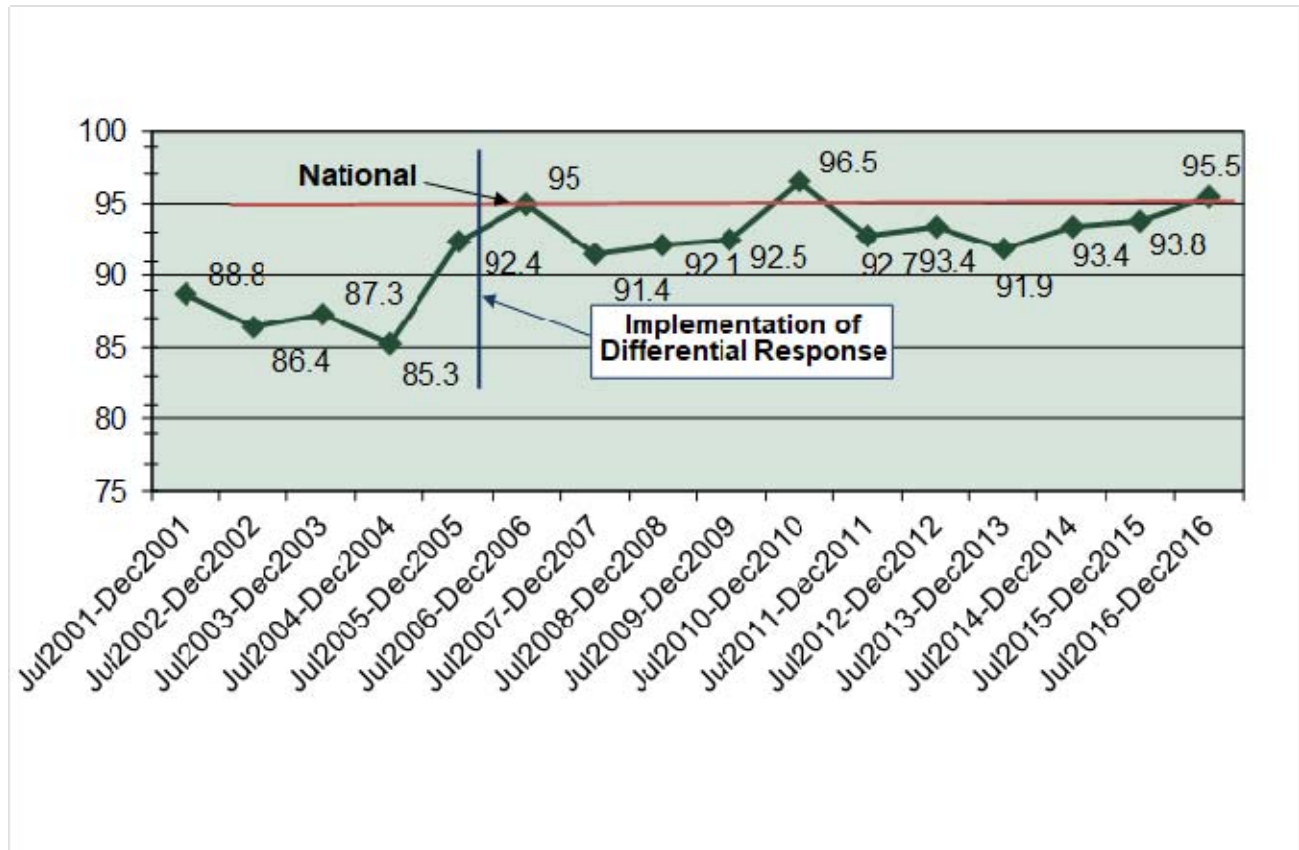
The services are offered by a spectrum of providers, from community based family resource workers to mental health clinicians. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals),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

Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2016 for children 0-5. Stanislaus County exceeded the National Standard of 94.6% “no recurrence” of maltreatment within 6 months of a substantiated report in 2006, 2010 and 2016 after the implementation of Differential Response (DR) through FRCs. The rate has dropped in subsequent years, but it has never fallen below the rate before DR was implemented. In 2010, the rate of “no recurrence” of maltreatment was at the highest rate it has ever been in over a decade. Although there are many factors that contribute to this population indicator of “no recurrence” rate, 1,772 children 0-5 were referred through differential response, and of those, the families of 68% of those children (1,210) 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?
--------------------	-----------------------	-----------------------

- 9,670 children 0-5 received services designed to improve family functioning
- 293 children 0-5 received behavioral health services
- The parents of 3,031 children attended parenting education classes
- 101 early education sites received 2,384 hours of mental health consultation
- The families of 6,561 children 0-5 received resources or referrals to improve family functioning

- 25% of the children and families who received family support services (2,414/9,670) were engaged further through assessments
- 22% of those receiving family support services and who indicated a need (2,373/9,670) received more intensive services focused on improving child abuse risk factors

Mental Health Access and Improvements

- 94% of parents whose children are participating in mental health services (158/168) report a reduction in their child’s mental health symptoms and improvements in child functioning
- 1,730 caregivers of children 0-5 were screened for depression and 396 were referred for mental health services as a result

Parents and Providers Skills Improvements

- 90% of parents participating in parent education (2,490/2,766) report an increase in skills or knowledge
- 94% of day care providers (49/52) report improved skills and confidence in working with difficult children after receiving mental health consultation
- 29% of dependent children ages 0-5 (21/73) under the jurisdiction of the court were placed in a safe, permanent home

Result Area 1: Improved Family Functioning

Program	Amount Expended in '16-'17 <small>(% of '16-'17 allocation)</small>	Total # Children 0-5 Served <small>(or served through family members)</small>	Cost per Child 0-5	Total Award To-Date <small>(7/1/2007-6/30/2017)</small>	Cumulative Amount Expended <small>(7/1/2007-6/30/2017)</small>	% of Cumulative Amount Expended
2-1-1	\$ 81,159 (100%)	1,864	\$ 44	\$ 1,321,159	\$ 1,219,976	92%
Court Appointed Special Advocates (CASA)	\$ 57,732 (96%)	73	\$ 791	\$ 180,000	\$ 174,524	97%
Children's Crisis Center	\$ 460,000 (100%)	418	\$ 1,100	\$ 6,367,387	\$ 5,671,757	89%*
El Concilio - La Familia	\$ 96,219 (98%)	108	\$ 891	\$ 1,586,000	\$ 1,452,965	92%
Family Justice Center	\$ 98,931 (99%)	314	\$ 315	\$ 734,110	\$ 711,273	97%
Healthy Start Sites	\$ 416,020 (100%)	2,662	\$ 187** <small>(includes Support funding)</small>	\$ 7,037,035 <small>(includes Support funding)</small>	\$ 7,004,869 <small>(includes Support funding)</small>	99.5%
The Bridge (FRC)	\$ 185,000 (100%)	206	\$ 898	\$ 1,820,000	\$ 1,755,005	96%
Zero to Five Early Intervention (0-5 EIP)	\$ 1,439,097 (94%)	1,061	\$ 1,356	\$ 18,721,169	\$ 17,490,084	93%
Family Resource Centers (providing Differential Response Services) <small>(7 contracts)</small>	\$ 1,481,904 (95%)	2,964	\$ 500	\$ 17,515,111	\$ 16,370,892	93%
TOTAL	\$ 4,316,062 (96%)	9,670	\$ 446	\$ 55,281,971	\$ 51,851,345	94%

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

**Cost per child calculation includes the total of the Support Expenditures \$82,378. The Support aspect of the Healthy Start Contract is explained in the Program Description.

211

Agency: United Way
Current Contract End Date: June 30, 2017

Program Description

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

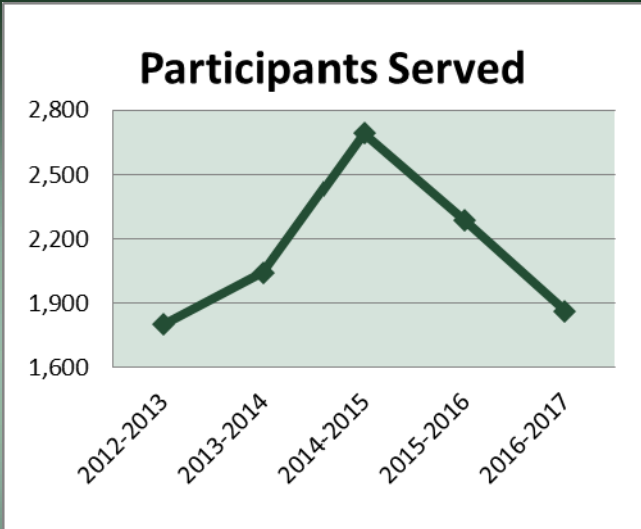
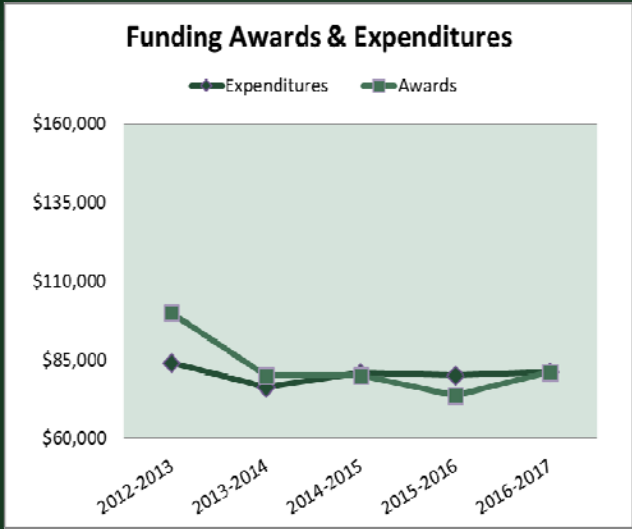
Through comprehensive outreach efforts, 211 staff members also strive to educate the county at large of 211’s ability to provide vital referrals. These outreach efforts focus on providing access to critical resources for any resident of Stanislaus County, and focus on reaching those who live in underserved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

Finances			
Total Award July 1, 2007 – June 30, 2017	FY ‘16-‘17 Award	FY ‘16-‘17 Expended	Cumulative Amount Expended
\$1,321,159	\$81,159	\$81,159 (100% of budget)	\$1,219,976 (92% of budget)

Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (1,864 callers with a child 0-5)
\$42,280	\$36,670	\$2,209	0%	\$44

	RACE/ETHNICITY	PERCENTAGE <small>(ALL PARTICIPANTS)</small>		LANGUAGE	PERCENTAGE <small>(ALL PARTICIPANTS)</small>
PARTICIPANT TYPE	% SERVED	Hispanic/Latino	45%	English	87%
Children 0-5	57%	White	30%	Spanish	13%
54% <3; 45% 3-5; 1% unknown		Black/African American	10%	Hmong	-
Parents/Guardians	40%	Asian	1%	Other	-
Other Family	3%	Alaska Native/American Indian	1%	Unknown	-
		Pacific Islander	<1%		
		Multiracial	5%		
		Other	4%		
		Unknown	3%		

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



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

Program Highlights

- Only 24% of callers had families with a 0-5 child. This percentage remains below the goal of 33% despite efforts to target outreach to 0-5 families. However, website traffic continues to increase as participants, in ever-increasing numbers, use cell phones and other personal devices to obtain information they need.
- In 2016-2017, Stanislaus County 211 staff attended 12 outreach events and made 30 presentations to local agencies and organizations. Over 54,000 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 2016-2017:
 - Housing / Shelter – 3,893 requests
 - Food / Meals – 2,660 requests
 - Utility Bill Payment – 2,013 requests
 - Health Care – 959 requests
 - Legal, Consumer and Public Safety – 910 requests
- The following were common types of referrals in 2016-2017:
 - Stanislaus County Community Services – 2,110 referrals
 - Central Valley Opportunity Center – 1,844 referrals
 - Salvation Army Modesto Corps – 1,277 referrals
 - Community Housing and Shelter Services – 1,246 referrals
 - Modesto Gospel Mission – 857 referrals
- Leveraging: 211 received \$80,000 in funding from Stanislaus County Community Services Agency and \$90,000 from Kaiser.

- **Cultural Competency:** Stanislaus County 211 has the following national origins and languages represented in the call center which helps callers to feel more comfortable when talking to staff. All other calls are assisted / handled through AT&T Language Line Services.
 - 1) Caucasian (1) – English speaking only
 - 2) Latino / Hispanic (12) – Spanish / English speaking
 - 3) Mixed Ethnicity (1) – English / Spanish speaking

211 staff attends cultural sensitivity training / meetings offered by the Latino Emergency Council / Emergency Communications Council, the Stanislaus County Prevention Initiative Homelessness Action Council, and the Stanislaus Housing and Support Service Collaboration.
- **Collaborations:** Stanislaus County 211 works with Stanislaus County agencies (OES, HSA, CSA, CAL-EMA, Advancing Vibrant Communities, Focus on Prevention, Latino Emergency Council, Stanislaus Housing and Supportive Services Collaborative, Turlock Community Collaborative) to strengthen the 211 Call Center for health and human resource referral assistance, emergency incidents, and disasters. Additionally, whenever possible, 211 refers callers to the closest Prop 10 funded family resource center or the closest standalone 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:** The program continues to solidify its partnership with the Focus on Prevention initiative and is discussing the possibility of Stanislaus County 211 conducting housing assessments for homeless or residents at risk of being homeless who can’t travel to the Outreach and Engagement Access Center. In addition, the program is pursuing technological developments (such as upgrading the 211 website and researching a phone app) to advance and sustain the program into the future as individuals preferred method of accessing services change.
- The program shows very little activity in the area of health insurance enrollment due to the federal government’s pre-emption in the field resulting from the implementation of the Affordable Care Act (ACA).

Prior Year Recommendations

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • United Way of Stanislaus County continues to pursue collaborative projects with other 211 programs in the Central Valley which includes identifying funding sources, joint marketing efforts and the development of a mobile friendly database. In addition, we are pursuing grants through other funders to assist with long term sustainability.
<p>2. Conduct targeted outreach to increase the number of callers with children 0-5.</p>	<ul style="list-style-type: none"> • Stanislaus County 211 staff continues to target and provide outreach through presentations, material distribution and outreach events targeting families with children 0-5. Targeted 0-5 outreach included presentations to FRC parent meetings and classes (HBO, Mommy & Me, etc.); Head Start, Healthy Start and Preschool parent meetings; School Events (Dias de Los Ninos, Family Fun Nights, Year-End Spring Fling). • During this funding year, 211 has increased activities to reach individuals w/ children 0-5 to include: <ul style="list-style-type: none"> - 30 presentations - 12 outreach events - 54,007 materials distributed

<p>3. Continue to focus on a regional approach to sustain the program, decrease costs, and obtain other funding.</p>	<ul style="list-style-type: none"> • We continue to pursue collaborative projects with other 211 programs in the Central Valley which includes joint marketing efforts as well as development of a phone app. • Marketing is an area that many of our 211 partners struggle with; this is primarily due to limited funding. However, through collaboration we are able to maximize our marketing efforts. • In addition, we are pursuing grants to assist with long term sustainability. For example, we are currently pursuing a grant through Blue Anthem.
<p>4. Consider redesigning the 211 website to accommodate the increasing number of participants accessing the site for information.</p>	<ul style="list-style-type: none"> • As recommended, United Way designed and launched the “New” Stanislaus County 211 database (www.stanislauscounty211.com) in October 2016 in a step toward advancing and modernizing out services. • 2017-18 SCOARRS will report the following: <ul style="list-style-type: none"> - The number of users who access the SC 211 website. - 33% of website users will report having a child or children 0-5. - The number of total website sessions.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
211 callers have access to health and human service program information 24/7/365	100%	96% (7,463/7,751)
211 callers with children 0-5 have access to health and human service program information 24/7/365	100%	97% (1,811/1,864)
33% of callers have children 0-5.	33%	24% (1,864/7,751)
Callers with children 0-5 years are unduplicated callers	75%	97% (1,811/1,864)
Children 0-5 years whose caregivers request health insurance assistance with their children’s application are provided with health plan enrollment assistance	100%	0% (0/3)
211 callers with children 0-5 who were contacted for follow-up report satisfaction with 211 services	80%	98% (170/174)

Callers with children 0-5 learn of the 211 services through outreach or advertisement.	50%	68% (1,271/1,864)
Callers' children 0-5 who previously did not have health insurance have health insurance within 45 days after calling 211	75%	100% (3/3)
211 callers with children 0-5 who are contacted for follow-up report having their needs met through referrals after calling 211	50%	72% (126/174)

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, 2017

Program Description

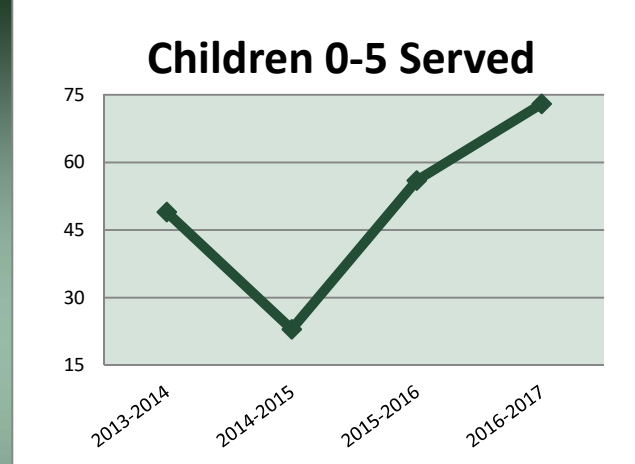
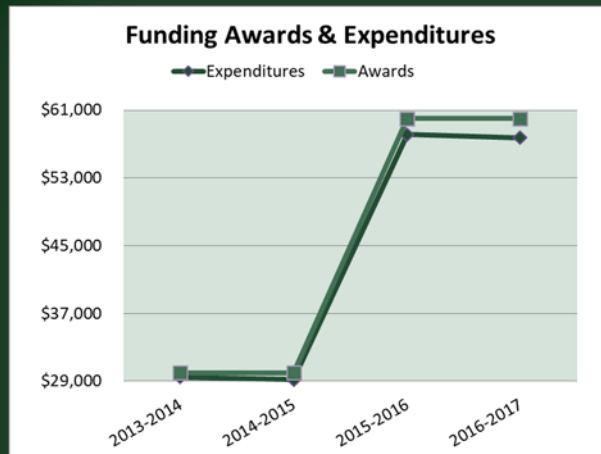
CASA was established in 2002 by Judges and officers of the Superior Court of Stanislaus County in an attempt to address the needs of, and advocate for, dependent children under the jurisdiction of the court. All of the children served by CASA are legally classified as abused, neglected, molested, abandoned 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, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$180,000	\$60,000	\$57,732 (96% of budget)	\$174,524 (97% of budget)

FY '16-'17 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Average Cost Per Child 0-5 (73)
\$55,718	\$2,014	\$0	0%	\$791

PARTICIPANT TYPE	%
Children 0-5	41%
56% <3; 44% 3-5	
Parents/Guardians	47%
Other Family	12%
RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	25%
White	56%
Black/African American	8%
Asian	0%
Alaska Native/American Indian	-
Pacific Islander	1%
Multiracial	9%
Other	<1%
Unknown	-
LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	91%
Spanish	9%
Hmong	-
Other	-
Unknown	-

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



The 2013-2014 fiscal year was the first year CASA received Commission financial support, consequently all the children newly enrolled in the program were included in the year's enrollment statistics. As children may be served for 18 months before leaving the program, only new children enrolled in 2014-2015 were included in the second year's statistics. The addition of a second Case Manager resulted in new children served to increase in 2015-2016 and 2016-2107

Program Highlights

- In 2015-2016, funding from the Commission permitted CASA to hire an additional full-time Case Managers who supervised additional volunteers, thus increasing the number of new cases the program was able to serve. In 2016-2017, new advocates were assigned to the Commission funded Case Managers, again resulting in more 0-5 children being served (72 0-5 children were served in 2016-2017 and of those 36 were new cases).
- Children served receive personal advocacy services within the court system, leading to better case coordination between all of parties involved. Specifically, CASA has been able to reunify families whose children would have likely languished in the 'system' if not for their advocacy efforts. In addition, CASA held education rights for more than half of children served resulting in more effective services for each of these children through an Individualized Family Service Plan, Individualized Education Plan, 504 plan or other interventions and supports.
- CASA staff and advocates continue to complete Ages and Stages Questionnaire (ASQ) assessments for the children being served by the program. This developmental tool helps staff and advocates determine if additional services are need for each child and appropriate referrals are made when determined necessary.
- Of the 21 children who obtained a permanent home in 2016-2017, 13 children were reunited with their families and 5 were adopted.
- Leveraging: In 2016-2017, CASA received \$49,835 directly from State and Federal government sources; \$44,000 was received from local government sources, and \$261,991 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 12 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. CASA partners with the Stanislaus County Office of Education, the Parent Resource Center and United Way for referral information and meeting space.
- Sustainability: Commission funding accounts for less than 12% of CASA’s total budget. Approximately 34% of CASA’s funding comes from State and Federal sources. CASA actively seeks out other funding sources throughout the year, including applying for various local and national grants. CASA creates and participates in several annual fundraising events that typically account for a significant percentage of CASA’s annual budget.

Prior Year Recommendations

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
1. Track volunteer and staff hours spent advocating for children to better tell the story of the outcomes of Commission funding.	<ul style="list-style-type: none"> • The program’s SCOARRs for 2017-2018 were updated to track and report this information.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 served	60	73
Children ages 0-5 will be placed in a safe, permanent home	25%	29% (31/73)
All new children ages 0-5 receive a developmental assessment	100%	56% (20/36)
Volunteers and staff will spend time advocating for children 0-5 served	No planned outcome	1,824 hours

Recommendations

- Modify data gathering efforts to track the number referrals made for each child.
- Continue to focus on completing ASQs with all CASA clients. If a child has already recently received an ASQ from another agency, document and report that information.

Children’s Crisis Center

Agency: Children’s Crisis Center
Current Contract End Date: June 30, 2017

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, 2017	FY ‘16-‘17 Award	FY ‘16-‘17 Expended	Cumulative Amount Expended
\$6,367,387**	\$460,000	\$460,000 (100% of budget)	\$5,671,757 **(89 % of budget)

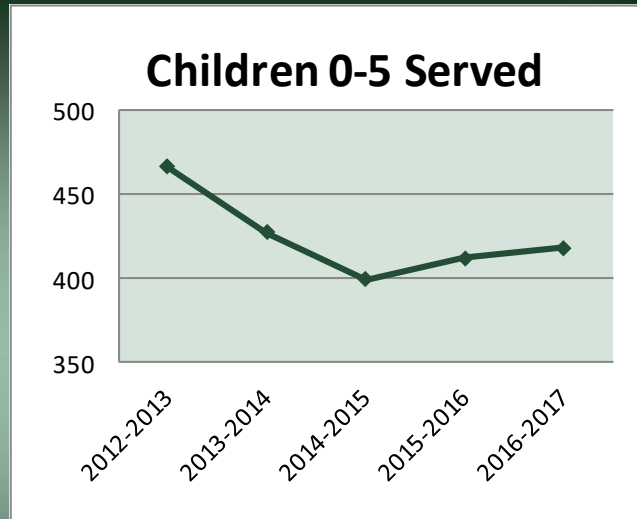
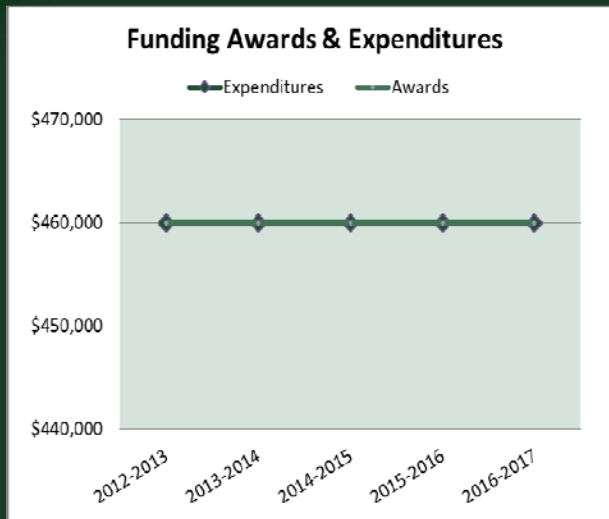
* This date reflects that of the Master Contract with SCOE. Children’s Crisis Center began subcontracting under the Master Contract as of January 2003.

**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 ‘16-‘17 Budget / Expenditure Data			
Respite Care	Rent	Indirect Cost Rate	Average Cost Per Child 0-5 (418)
\$460,000	\$0	0%	\$1,100

	RACE/ETHNICITY	PERCENTAGE <small>(ALL PARTICIPANTS)</small>		LANGUAGE	PERCENTAGE <small>(ALL PARTICIPANTS)</small>																		
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #006633; color: white;"> <th style="width: 50%;">PARTICIPANT TYPE</th> <th style="width: 50%;">%</th> </tr> </thead> <tbody> <tr> <td>Children 0-5</td> <td>50%</td> </tr> <tr> <td colspan="2">53% <3; 47% 3-5</td> </tr> <tr> <td>Parents/Guardians</td> <td>45%</td> </tr> <tr> <td>Other Family</td> <td>5%</td> </tr> </tbody> </table>	PARTICIPANT TYPE	%	Children 0-5	50%	53% <3; 47% 3-5		Parents/Guardians	45%	Other Family	5%	Hispanic/Latino	51%	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr> <td>English</td> <td>86%</td> </tr> <tr> <td>Spanish</td> <td>14%</td> </tr> <tr> <td>Hmong</td> <td>-</td> </tr> <tr> <td>Other</td> <td>-</td> </tr> <tr> <td>Unknown</td> <td>-</td> </tr> </tbody> </table>	English	86%	Spanish	14%	Hmong	-	Other	-	Unknown	-
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	Hmong	-																					
	Other	-																					
Unknown	-																						
White	27%																						
Black/African American	3%																						
Asian	1%																						
Alaska Native/American Indian	-																						
Pacific Islander	-																						
Multiracial	17%																						
Other	1%																						
Unknown	-																						

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



Funding awards and expenditures have been consistent throughout this period. The number of children served has declined starting in '12-'13 due to more intensive (and therefore more expensive) services being delivered. The number served increased starting in '15-'16 due to the program securing increase licensing capacity at the Oakdale site.

Program Highlights

- In 2016-2017, CCC served 418 children with 71,383 hours of respite care during 13,411 days of child enrollment. The goals for all three of these measurements were exceeded: 400 children, 65,700 hours of respite care, and 12,298 days of child enrollment.
- Economies of scale forced the closure of Cricket's House in June of 2014. CCC conducted a capital campaign to develop a new center on Kimble Street in Modesto in order to increase capacity in the Modesto area. Building plans have been submitted to the City of Modesto for final approval. Project completion is scheduled for September 2017. After securing Licensing's approval, respite shelter services at the Kimble Street site may commence as early as October of 2017.
- 170 children needing developmental assessments received such assessments and 48 of those children were referred for additional assessments and services. 84% of the 80 children receiving a second assessment were documented over time as progressing in at least one developmental area.
- 81,480 nutritionally based meals and snacks were served to 418 disadvantaged high risk children ages 0-5.
- Family risk scores from the children served during the year indicate that 84% of families achieved a lower family risk score between their 3 month and 6 month evaluation periods.
- Leveraging: In 2015-2016, the program received \$2,016,018 directly from State and Federal government sources; \$85,714 was received from local government sources, and \$546,261 was generated by foundations and other charities.
- Cultural Competency: CCC maintains a culturally competent and diverse workforce. CCC currently possesses staff able to communicate (both written and oral) in the following languages: Spanish, German, Portuguese, Laotian, Hmong, Thai, Cambodian, Hindi, Urdu, Punjabi, and ASL. Additionally, staff trainings are provided that focus on multicultural considerations.
- Collaborations: CCC works in collaboration with community partners from both the non-profit and for-profit sectors in Stanislaus County to meet the needs of their clients. These partners include Modesto Police Department, Sheriff's Office,

Stanislaus County District Attorney’s Office, Stanislaus County Community Services Agency, Haven Women’s Center, Stanislaus County Housing Authority, Modesto City Schools, Turlock Unified School District, Oakdale Joint Unified School District, Ceres Unified School District, Stanislaus County Library, Stanislaus County Department of Workforce Development, and various hospitals, medical clinics, sober living facilities, homeless shelters, civic groups, faith based organizations and local businesses.

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

Prior Year Recommendations

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
<p>1. Continue to work on the Commission’s priorities of sustainability, leveraging, and collaboration to ensure services continue after the commission’s financial support ends.</p>	<ul style="list-style-type: none"> • The Children’s Crisis Center continues to pursue funding sources consistent with the mission of the agency, as evidenced by new foundations and charitable giving sources listed this year. In addition, the Children’s Crisis Center is working on expanding our collaboration with Child Protective Services, as well as expanding our community partnerships through special events, such as our Health & Safety Fair.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 who received respite care are from families progressing towards their Respite Priority Certification service plan goals	90%	94% (392/418)
Children 0-5 indicate decreased risk for child abuse or neglect	80%	84% (176/209)
Children 0-5 demonstrate progress in social-emotional competence	No planned outcomes	84% (67/80)
Children 0-5 indicating need for additional developmental services received appropriate referrals	No planned outcomes	83% (48/58)
Enrolled children 0-5 who did not have a medical assessment prior to enrollment	No planned outcomes	25% (106/418)
Enrolled children 0-5 without a medical assessment received one	No planned outcomes	100% (111/111)

Recommendations

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

El Concilio – La Familia

Agency: El Concilio

Current Contract End Date: June 30, 2017

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.

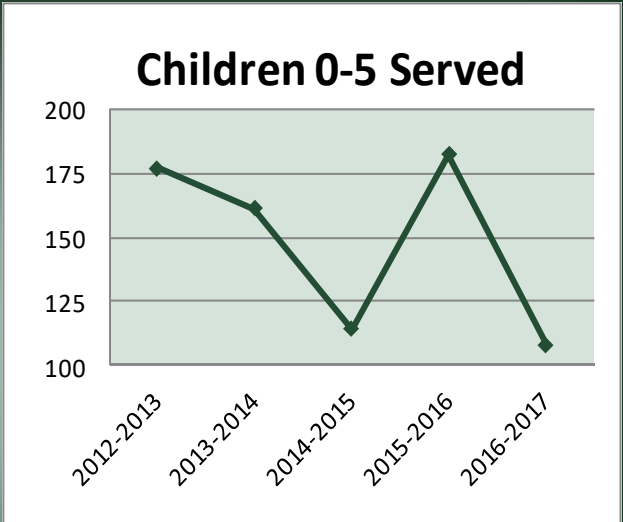
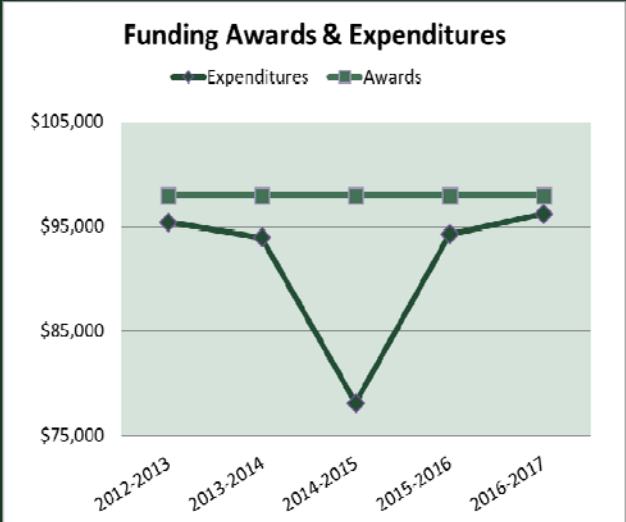
Counseling services are provided at locations throughout Stanislaus County, including other Prop 10 funded program sites such as FRCs and Healthy Starts in Modesto, Ceres, Turlock, Hughson, and Riverbank. Most clients are monolingual Spanish, and the program offers culturally and language appropriate 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, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$1,586,000	\$98,000	\$96,219 (98% of budget)	\$1,452,965 (92% of budget)

FY '16-'17 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (108)
\$65,640	\$30,579	10%	\$891

PARTICIPANT TYPE	% SERVED
Children	30%
43% <3; 57% 3-5	
Parents/Guardians	37%
Other Family	33%
RACE/ETHNICITY	PERCENTAGE <small>(ALL PARTICIPANTS)</small>
Hispanic/Latino	93%
White	7%
Black/African American	-
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	-
Unknown	-
LANGUAGE	PERCENTAGE <small>(ALL PARTICIPANTS)</small>
English	7%
Spanish	93%
Hmong	-
Other	-
Unknown	-

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



For the most part, expenditures and numbers served remained consistent over the past 5 years. The decreases in both categories in 2014-2015 were due to a 2 month vacancy in the Mental Health Clinician position, but they increased to normal levels in 2015-2016. The decrease in number served in 2016-2017 is a result of few clients seeking services due to their concerns related to their immigration status.

Program Highlights

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

Prior Year Recommendations

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> Leveraging partnerships that we currently partner with.
2. Continue to work on becoming a Medi-Cal provider in order to increase revenues and increase the number of clients the program is able to serve.	<ul style="list-style-type: none"> The majority of the population that El Concilio serves would not qualify for Medi-Cal.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
The caregivers of children 0-5 will be screened for depression or other mental health issues.	158 children	68% (108)
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% (108/108)
Children 0-5 whose caregivers receive individual counseling and indicate improvement with presenting issues.	65%	100% (108/108)
Children 0-5 whose caregivers receive group counseling and indicate improvement with presenting issues.	65%	100% (38/38)

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 improving attendance in group counseling sessions.

Stanislaus Family Justice Center

Agency: Stanislaus Family Justice Center
Current Contract End Date: June 30, 2017

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.

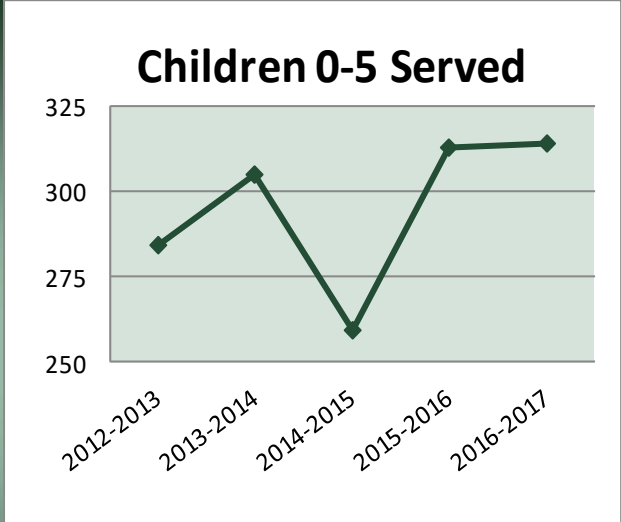
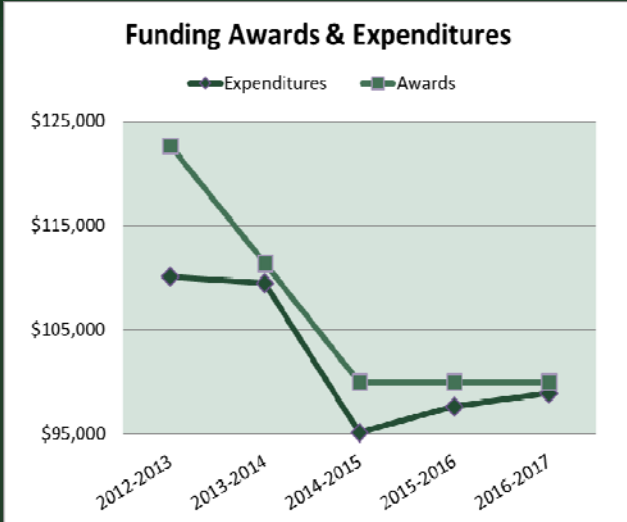
Services provided to victims include advocacy, basic needs assistance, counseling, crisis intervention, housing and shelter assistance, law enforcement and prosecution, legal assistance, life skills, chaplaincy, and translation services. The partner agencies consist of public, private, and not-for-profit 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, 2017	FY ‘16-’17 Award	FY ‘16-’17 Expended	Cumulative Amount Expended
\$734,110	\$100,000	\$98,931 (99% of budget)	\$711,273 (97% of budget)

FY ‘16-’17 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (314)
\$98,931	\$0	0%	\$315

PARTICIPANT TYPE	% SERVED
Children	50%
41% <3; 59% 3-5	
Parents/Guardians	24%
Other Family	26%
RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	61%
White	21%
Black/African American	3%
Asian	2%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	10%
Other	1%
Unknown	2%
LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	70%
Spanish	29%
Hmong	-
Other	1%
Unknown	-

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



The program received a one-time funding increase in '12-'13 to fund a legal assistance program. In '14-'15, funding was decreased as money for the legal assistance program was provided by a Federal grant. In recent years, the number of participants served has ranged between 325 and 250 due to the more or less intensive nature of services required by participants.

Program Highlights

- In 2016-2017, 314 children age 0-5 were served at the Family Justice Center (target outcome 200 children). In addition, 152 caregivers of children age 0-5 received services.
- In 2016-2017, 2,279 unique services were provided to caregivers and their children age 0-5 (an average of 15 unique services per family), as compared to 1,481 unique services provided in 2015-2016. The significant increase in unique services provided is a reflection of the program's effort to improve data gathering.
- In 2016-2017, 22% of the families with children age 0-5 had safety plans in place, as compared to 28% in 2015-2016 (target outcome was 50%). This low outcome 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.
- In 2016-2017, 78% 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 62% in 2015-2016 (targeted outcome was 70%). The program began having the services Navigator ask caregivers at each visit if they feel their self-sufficiency have improved. This has resulted in the program being able to better report on this outcome.
- In 2015-16, Kids Zone was a newly funded activity for Prop 10. FJC has made strides in reaching targeted outcomes for the Kids Zone program since the program's inception. In 2016-2017, 198 unduplicated children age 0-5 (63%) served at the Family Justice Center participated in Kid Zone activities (targeted outcome was 85%). There were 668 unique visits by children age 0-5, with an average of 3.4 visits per child. As such, 80% of caregivers had their child(ren) age 0-5 enrolled in Kids Zone while the caregiver received supportive services at the Family Justice Center.
- Leveraging: In 2016-2017, FJC received \$486,893 directly from State and Federal government sources; \$191,456 was received from local government sources, and \$362,901 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 Modesto Police Department. 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 2016-17, the agency held its first golf tournament at Spring Creek Golf and Country Club (September 2016), and the Art of Justice event (March 2017). Fundraising events raise not only unrestricted charitable contributions for the agency, but also increase the awareness of the services and supports available to victims of domestic violence, dating violence, sexual assault, stalking, sex trafficking, and elder abuse. FJC continued its partnership with the Sheriff’s Department operating the California Office of Emergency Services (CalOES) Law Enforcement Specialized Units program, which provides support for the Domestic Violence Response Team (DVRT) co-located at the FJC. Starting in October 2016, FJC is partnering with the Stanislaus County District Attorney’s Office on two Cal Office of Emergency Services grants: Underserved Victims Services and Elder Abuse. Finally, FJC received a significant three year grant (Pathway to Justice, Healing, and Hope) from the Department of Justice, Office for Victims of Crimes starting in October 2016. With this grant, FJC will develop, test and implement a polyvictimization screening tool with coordinated service delivery to meet polyvictimization the needs of polyvictims requesting supportive services. The Stanislaus FJC was one of six FJCs nationwide chosen to participate in this program.

Prior Year Recommendations

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM RESPONSE
<p>1. Continue to work on the Commission’s priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission’s financial support ends.</p>	<ul style="list-style-type: none"> • Stanislaus Family Justice Center (SFJC) will continue to seek grant funding to support and expand fund development activities during the 2017-2018 year. Carol Shipley, Executive Director, is working with the board and the Strategic Planning committee on an updated Strategic Plan which will include expanded sustainability activities over the next 3 years. One of the key steps was to move the SFJC to a larger facility on J Street to include more partners to improve services for victims and their children. • The SFJC is an inherently collaborative agency. A multi-disciplinary team of partner agencies, both from the government, private sector, and not-for-profit areas participate in the SFJC, bringing resources to the table including funding their respective staff to co-locate at the SFJC. • The SFJC is very active in leveraging funds and resources. Currently, over 10 funding streams/entities provide support to the SFJC and its partner agencies. This include charitable contributions; local, state, and federal grants; foundation grants; and in-kind support.

<p>2. Work to increase the number and percentage of participants with safety plans in place.</p>	<ul style="list-style-type: none"> Because of confidentiality policies, it continues to be difficult to collect data from co-located partners regarding client safety planning, which results in underreporting of safety plans. Therefore, the Client Coordinator asks the caregiver and records her/his response to the question: "Do you have Safety Plan in place?"
<p>3. Work to increase the number of children enrolled in the Kid Zone.</p>	<ul style="list-style-type: none"> There was a 27% increase in the number of unduplicated children participating in Kids Zone from 2015-2016 (156 children) to 2016-2017 (198 children). Unique visits also increased from 642 to 668.
<p>4. Work to increase the number of parents who develop self-sufficiency skills.</p>	<ul style="list-style-type: none"> More parents reported an increase in self-sufficiency skills during the 2016-2017 program period (77.5%) versus 2015-2016 (61.7%), exceeding the targeted outcome of 70% for 2016-2017.
<p>5. Improve data gathering between agencies co-located at the FJC.</p>	<ul style="list-style-type: none"> Clients check-in at each visit with the Client Coordinator, who records which co-located partner the client will be meeting with and for what type of service. Client service data is then entered into a database that includes unduplicated client count, demographics, service types, and numbers of times clients has accessed service over a period of time. We also corrected our data reporting practices two years ago for Prop 10 by "zeroing out" our client count at the beginning of each fiscal year to get a more accurate count of unduplicated clients served per fiscal/grant year.
<p>6. Work to meet deadlines for submitting required reports.</p>	<ul style="list-style-type: none"> All Quarterly Reports were submitted by their respective deadlines: Quarter 1 report submitted on 10/31/16; Quarter 2 report was submitted on 1/31/17; Quarter 3 report was submitted on 4/27/17; and Quarter 4 was submitted on 7/31/17.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children receive services that reduce the risk of repeat child maltreatment.	200	314
Children ages 0-5 whose families have a safety plan in place.	50%	22% (70/314)
Children ages 0-5 enrolled in Kids Zone and engaged in supportive services provided by co-located partners	85%	63% (198/314)
Caregivers of children served report an increase in self-sufficiency skills.	70%	78% (114/147)

Recommendations

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

Additionally, it is recommended that the program:

- Continue to focus on increasing the number and percentage of participants with safety plans in place.
- Continue to focus on increasing the number of children enrolled in the Kid Zone.
- Continue to 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, 2017

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.

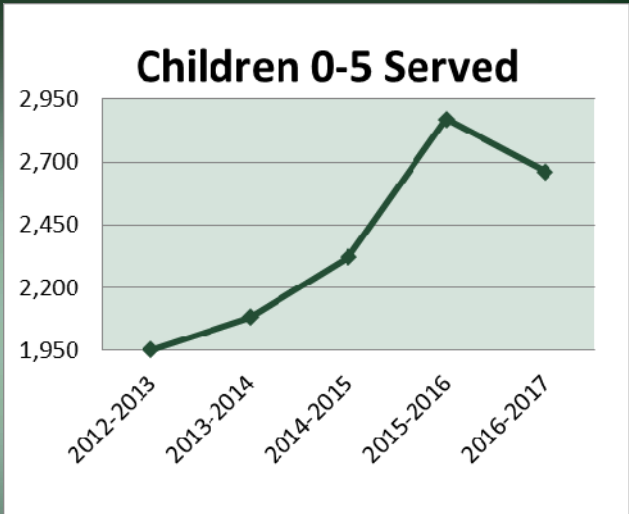
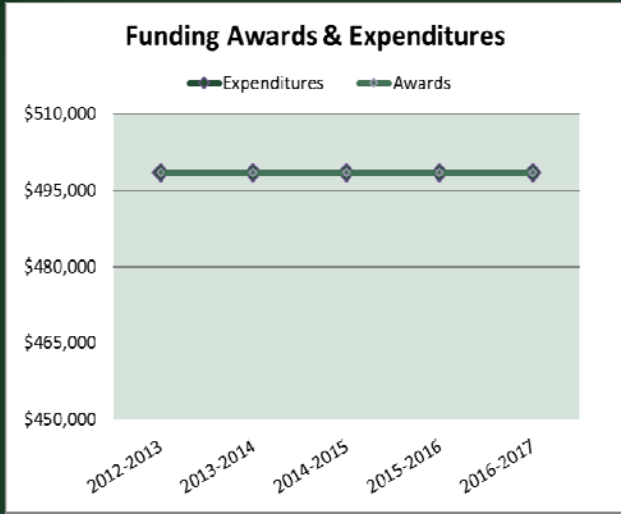
Stanislaus County Office of Education (SCOE) Healthy Start Support provides assistance in multiple ways to the individual Healthy Start sites. SCOE makes site visits to each of the locations to provide technical assistance in the areas of budgeting, health services, outreach, education, sustainability, 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, 2017	FY ‘16-‘17 Award	FY ‘16-‘17 Expended	Cumulative Amount Expended
\$7,037,035	\$498,398	\$498,398 (100% of budget)	\$7,004,869 (99.5% of budget)

FY ‘16-‘17 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (2,662)
\$66,368	\$16,010	\$416,020	9.8% (excludes sites)	\$187

	RACE/ETHNICITY	PERCENTAGE <small>(ALL PARTICIPANTS)</small>		LANGUAGE	PERCENTAGE <small>(ALL PARTICIPANTS)</small>																		
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #006633; color: white;"> <th style="width: 50%;">PARTICIPANT TYPE</th> <th style="width: 50%;">%</th> </tr> </thead> <tbody> <tr> <td>Children</td> <td>41%</td> </tr> <tr> <td colspan="2">49% <3; 51% 3-5</td> </tr> <tr> <td>Parents/Guardians</td> <td>31%</td> </tr> <tr> <td>Other Family</td> <td>28%</td> </tr> </tbody> </table>	PARTICIPANT TYPE	%	Children	41%	49% <3; 51% 3-5		Parents/Guardians	31%	Other Family	28%	Hispanic/Latino	78%	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr> <td>English</td> <td>42%</td> </tr> <tr> <td>Spanish</td> <td>57%</td> </tr> <tr> <td>Hmong</td> <td>-</td> </tr> <tr> <td>Other</td> <td>1%</td> </tr> <tr> <td>Unknown</td> <td>-</td> </tr> </tbody> </table>	English	42%	Spanish	57%	Hmong	-	Other	1%	Unknown	-
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Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



Funding for the program has remained stable for the past five years. The 0-5 children served has continually increased since 2012-2013 when a new data system was implemented resulting in more accurate unduplicated participant counts. The number served in 2016-2017 declined slightly from the program high in 2015-2016.

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 41.4% to 99.2%.
- The Hispanic/Latino population continues to be the largest ethnic group in each of the 10 school communities ranging from 60% to 83.3%.
- Pre and post-tests show increases of 77% for home literacy activities (reading to children, writing and coloring, and parental involvement).
- Use of the Family Support Outcome Survey (FSOS) has improved the accuracy and reliability of reported data but the tool is complicate and time consuming to use.
- Succession planning and cross-training continue to be a challenge for the program but the program has made efforts to ensure at least two SCOE staff are training at all times.
- Leveraging: In 2016-2017, the ten Healthy Start sites received \$474,663 directly from State and Federal government sources; \$90,384 was received from local government sources, and \$65,270 in-kind services or goods was generated by participating school sites.
- Cultural Competency: The largest ethnic group served continues to be Hispanic / Latino at all of the ten Healthy Start sites/districts. Materials and programs are culturally sensitive and provided in both Spanish and English.
- 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 109 different agencies.

- Sustainability: All ten Healthy Start school sites engage in various community capacity building efforts through their continued partnerships with local businesses, faith based and community organizations. Key Champions for each site are regularly revisited and revised due to ongoing personnel changes. It continues to be a priority for sites to present outcome results to their local school boards and to community members as a method to promote and market their program.

Prior Year Recommendations

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> • All sites continue to build new partnerships along with strengthening relationships with current community service organizations and businesses. Monthly collaborative meetings continue to allow sharing of best practices and new opportunities for partnerships. District Board and Community presentations are encouraged to provide individual and collaborative outcomes in efforts to build and cultivate key champions.
2. Continue to address succession planning and cross-training at Healthy Start sites and SCOE.	<ul style="list-style-type: none"> • Two SCOE support staff members have been trained on the FSOS process; one of whom assumed the former SCOE Healthy Start Support Coordinator's role following her recent retirement. An instruction manual was also created to assist the new coordinator, and any current or new support staff members, with the quarterly reporting process.

Planned Versus Actual Outputs / Outcomes

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Families with 0-5 children have support systems, social emotional systems, and decreased stress - as evidenced by the following:		2,000 families 2,622 children
Families indicating increased knowledge of community resources	80%	95% (314/330)
Families indicating increased social/emotional support	80%	96% (216/225)
Families indicating decreased stress	80%	94% (365/388)
Families reporting progress towards positive family goals	80%	93% (341/370)
Families reporting improved parenting skills	80%	93% (325/349)
Families reporting increased confidence in their parenting ability	80%	97% (298/307)

Families/caregivers have knowledge and skills and are empowered to improve their children’s health, nutrition, safety – as evidenced by:		
Families indicating increased knowledge to access health and wellness information for their children	80%	95% (314/330)
Caregivers passing CPR/First Aid course	80%	100% (143/143)

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 & Family Services
Current Contract End Date: June 30, 2017

Program Description

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

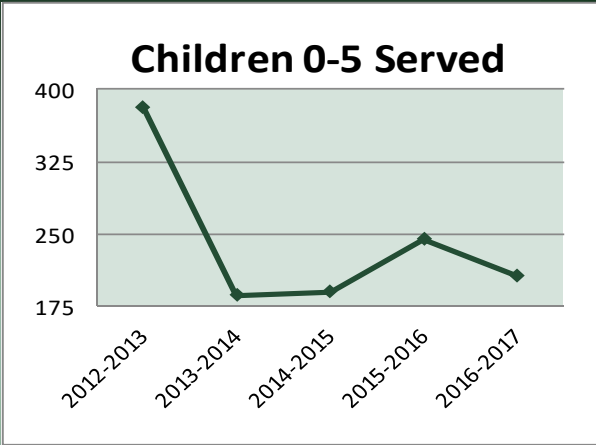
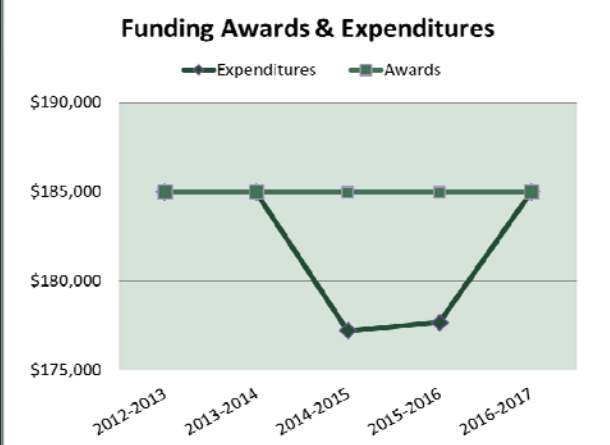
The BRIDGE provides culturally sensitive and knowledgeable services to the very reticent SEA population. The population has a history of poor service utilization, but The BRIDGE is a trusted service provider for the SEA community and has been successful in bringing in young SEA families with children 0-5. The BRIDGE provides focused outreach to inform families of the various programs offered and has hired younger, second generation outreach workers to identify families needing services. Additionally, 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, 2017	FY '16-'17 Award	FY '16'17 Expended	Cumulative Amount Expended
\$1,820,000	\$185,000	\$185,000 (100% of budget)	\$1,755,005 (96% of budget)

FY '16-'17 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (206)
\$137,686	\$30,500	\$16,814	10%	\$898

PARTICIPANT TYPE	% SERVED
Children	22%
35% <3; 65% 3-5	
Parents/Guardians	58%
Other Family	20%
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	23%
Other	77%
Unknown	-

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



The funding award for The BRIDGE has remained constant. Children served increased in '12-'13 as a result of the Commission working with The BRIDGE to emphasize outreach. The BRIDGE reports that the number of children served decreased starting in '13-'14 due to reduction of staff hours resulting from budget limitations created by the loss of other funding sources. The number of children 0-5 served increased in '15-'16 as a result of staff focusing on outreach and engagement efforts. The loss of the Youth Advisor Program during the '16-'17 year resulted in a decrease to 0-5 served.

Program Highlights

- The Bridge provided 3,761 hours for Family Support Services to 198 families representing 206 0-5 children. A total of 1,110 of hours of case management services were provided to 144 families and 78 caregivers of children 0-5.
- In 2016-2017, large outreach events were sponsored by The BRIDGE that focused on the health, education, and welfare of children. The events included a Back to School event where school readiness materials were distributed and literacy activities were held, a Holiday Celebration with books given as gifts, and a Spring Picnic. The BRIDGE also partnered with Center for the Human Services and other local agencies on establishing the Father Involvement Learning Network (FILN). In addition, the BRIDGE has begun a father focused Parent Café which it offers quarterly.
- While recognizing norms in the SEA community discourage public criticism, participant feedback has been very positive and indicates that The BRIDGE services are well used and appreciated. In the ten categories surveyed, respondents representing 258 0-5 children indicated a high satisfaction with services that ranged from 78% to 100%.
- The BRIDGE has experienced administrative and service delivery challenges due to expectation of clients that services be provided at participants' homes and in the field. The program has had some successes encouraging participants to access services at The BRIDGE site and other service access locations.
- Information reported by the program indicates no referrals were needed by children for mental health and developmental issues. Rather than a reflection of the mental health and appropriate development of SEA children, these statistics more likely point to a reluctance within the SEA community to admit the need for counseling and developmental services.
- The number of children served decreased from 245 participants in '15-'16 to 206 in '16-'17, with a corresponding increase in costs per child from \$727 to \$898. The BRIDGE has worked to change the service delivery model previously employed (which emphasized services being delivered in the home and individual support to clients for translation, transportation, and advocacy) to focus on group services offered on site in an effort to bring down costs and allow more participants to be served with the same level of resources. Unfortunately in '16-'17, The BRIDGE lost its long time Youth Advisor whose role included working with children 0-5 in the afterschool program. This, in addition to reducing staff's hours to 30 hours week, contributed to the decline in children 0-5 serviced.

- **Leveraging:** In 2016-2017, The BRIDGE received \$78,245 from local government sources and \$40,000 from Kaiser Permanente.
- **Cultural Competency:** It is critical in working with the SEA population that the staff be members of the SEA community and be respected by the community. Community members are involved in the hiring of staff to build capacity within the target population and to ensure staff reflects the target population. The BRIDGE staff provides services in Hmong, Cambodian and Laotian languages via staff that are both linguistically and culturally competent. Limited materials are available in the SEA languages; however, The BRIDGE has found several resources for health and parent education material in SEA languages and uses them regularly.
- **Collaboration:** The BRIDGE has a long history of collaborating with the Modesto Police, MID, PG&E, Probation, CSUS, Josie’s Place, El Concilio, United Way, Valley Mountain Regional Center, Stanislaus Asian American Community Resource, 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, and 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

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
<p>1. Continue to work on the Commission’s priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission’s financial support ends.</p>	<ul style="list-style-type: none"> • 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.
<p>2. Continue working to decrease travel and staff costs by providing services at the center versus at the client’s home.</p>	<ul style="list-style-type: none"> • The staff was able to maintain mileage costs by traveling out less. Clients were invited to come to The BRIDGE via public transportation, their vehicles, or a ride from a family or friend. Some who lived close were encouraged to walk to the center. Staff ensured that outside travel was not utilized unless it was mandatory to help with interpreting, translating, or case management at other sites, including home visits.

<p>3. Encourage members of the SEA community (when appropriate) to seek out and accept counseling and mental health services.</p>	<ul style="list-style-type: none"> • Clients were encouraged to seek out and accept counseling and mental health services during home visits, interpreting sessions while waiting in the lobby, and during events at The BRIDGE. During the end of year Spring Picnic, Fernando Granados presented on mental health stigma and how to seek mental health services. In June, a 0-5 family reported that their 14 year old son was contemplating suicide. The BRIDGE made a referral for services to the Sierra Vista Outpatient office on McHenry Ave.
<p>4. Encourage the acculturation of the SEA community by providing services at the sites of partner social service organizations (like FRC's).</p>	<ul style="list-style-type: none"> • When 0-5 families need to renew their Medi-Cal, The BRIDGE contacts the appropriate Medi-Cal renewal staff at other FRC's such as The Sierra Vista Drop-in Center or Hughson Family Resource Center. Efforts have been made by staff to refer clients to other FRC's for help. The BRIDGE staff accompanies the SEA community to appointments at CSA, SSI, etc. endeavoring to not only assist the SEA community in accessing but also in teaching the SEA community how to access and utilize said services themselves. Kristin Reza of Modesto Commerce Bank and Jose Sabala of Self-Help Federal Credit Union continue to come out and present. The plan is to continue to invite more professional guest speakers to come and educate parents/grandparents. In August of 2017, another financial presenter, Gabriel Vazquez, of Morgan Stanley will come out to present on investment and retirement planning. It appears that the parents/grandparents are enjoying the training and have mentioned that they are happier and feel that they have in increase knowledge of the system now that they have participated at The BRIDGE's PEGs.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES		
	PLANNED	ACTUAL
Children 0-5 whose caregiver(s) received services during the year have caregivers who receive a Strength Based Assessment	70%	96% (198/206)
Children 0-5 referred during the year have caregivers who receive referrals, resources, or support services	80%	100% (95/95)
Children 0-5 have caregivers who receive ongoing case management	40%	82% (78/95)

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%	97% (140/144)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	97% (73/75)
Children whose caregivers indicate a need will receive a mental health referral	90%	0% (0/0)
Children 0-5 whose families are assessed receive developmental screenings	55%	100% (75/75)
Children who indicate a need will be referred for further developmental assessment	90%	0% (0/0)
Children 0-5 served indicate increased time reading at home with family	60%	100% (94/94)
Children 0-5 who did not have health insurance when entering the program received assistance in obtaining health insurance	85%	0% (0/0)
Assessed children 0-5 who did not have health insurance are enrolled in a health insurance program within 90 days of intake	80%	0% (0/0)

Recommendations

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

Additionally, it is recommended that the program:

- Continue working to decrease travel and staff costs by providing services at the center versus at the client's home.
- Encourage 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, 2017

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.

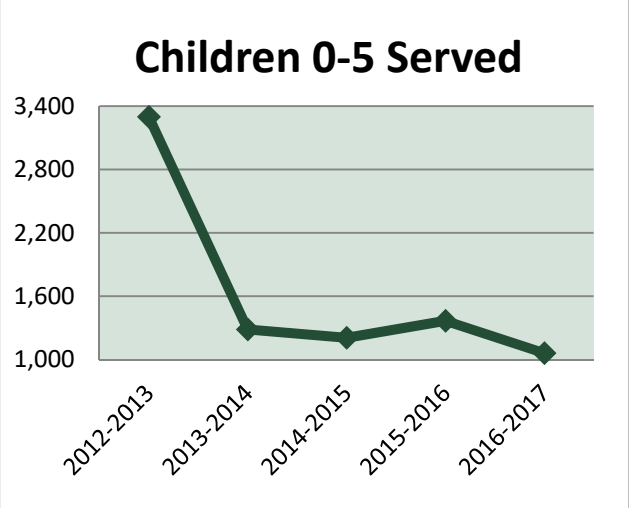
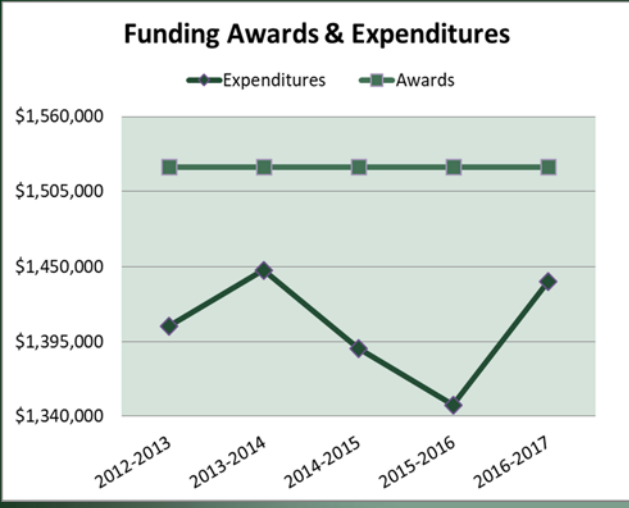
The program also provides community mental health services through intensive childcare consultation to early education centers along a continuum of interventions ranging from intensive site-specific to child-specific at the request of a day care provider or early education teacher. Outpatient home and 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, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$18,721,169	\$1,523,009	\$1,439,097 (94 % of budget)	\$17,490,084 (93% of budget)

FY '16-'17 Budget / Expenditure Data			
BHRS	Sierra Vista	Cost Per Child 0-5 (1,061 - includes parent ed.)	Cost per Service Hour (10,663)
\$836,600	\$602,497	\$1,356	\$135

	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #006633; color: white;"> <th>RACE/ETHNICITY</th> <th>PERCENTAGE (ALL PARTICIPANTS)</th> </tr> </thead> <tbody> <tr><td>Hispanic/Latino</td><td>50%</td></tr> <tr><td>White</td><td>43%</td></tr> <tr><td>Black/African American</td><td>2%</td></tr> <tr><td>Asian</td><td>1%</td></tr> <tr><td>Alaska Native/American Indian</td><td>1%</td></tr> <tr><td>Pacific Islander</td><td>-</td></tr> <tr><td>Multiracial</td><td>-</td></tr> <tr><td>Other</td><td>3%</td></tr> <tr><td>Unknown</td><td>-</td></tr> </tbody> </table>	RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)	Hispanic/Latino	50%	White	43%	Black/African American	2%	Asian	1%	Alaska Native/American Indian	1%	Pacific Islander	-	Multiracial	-	Other	3%	Unknown	-	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #006633; color: white;"> <th>LANGUAGE</th> <th>PERCENTAGE (ALL PARTICIPANTS)</th> </tr> </thead> <tbody> <tr><td>English</td><td>71%</td></tr> <tr><td>Spanish</td><td>29%</td></tr> <tr><td>Hmong</td><td>-</td></tr> <tr><td>Other</td><td>-</td></tr> <tr><td>Unknown</td><td>-</td></tr> </tbody> </table>	LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)	English	71%	Spanish	29%	Hmong	-	Other	-	Unknown	-
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**Funding Awards, Expenditures, and Children 0-5 Served
Comparison by Fiscal Year**



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

Program Highlights

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

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

Service	Planned Hours	Actual Hours
Outpatient mental health services	4,500	3,364
Parenting	420	500
Prevention	9,000	4,364
Consultation	2,600	2,434
Planned Total Hours	16,520	10,663

Service	Planned Child Clients	Actual Child Clients
Outpatient mental health services	275	293
Parenting	650	550
Prevention	500	218
Consultation	70 Sites	101 sites
	1,425 Clients	1,061 Clients
Planned Total Clients/Sites	70 Sites	121 Sites

- Services are provided at a community level and participants reflect the ethnic distribution of the county. Staff members are multi-cultural. Services to children and families include direct observation, case management, linkage to other services, on-site observation, children’s groups (including Little Tykes), parenting groups, and in-home support services.
- 50% of participants in this program were Hispanic. Despite cultural norms within the Hispanic community often attributes “shame” to individuals and families accessing mental health services, 0-5 EIP has been successful in providing services to this population and the program will continue to seek opportunities to reach out in the least intrusive ways.
- Clinicians and Case Managers provided preventative mental health services by regularly attending parent groups at the Airport Parent Resource Center, presentations with local organizations and groups and Promotoras meetings and events. These events provided 0-5 EIP with opportunities to support and educate parents and to share information about community resources and other assistance to address any questions or concerns presented by parents.
- The 0-5 EIP program has seen an influx of families in higher need of a holistic approach. Families are needing wrap around services, such as psychoeducation, case management and peer support, in addition to behavioral health services. The program has also seen an increase in behavioral health needs for the caregivers of children served by the program.
- Leveraging: In 2016-2017, the program received \$629,391 directly from State and Federal government sources and \$317,466 was received from local government sources.
- Cultural Competency: The 0-5 EIP program strives for cultural sensitivity towards the families, partners and community they served. The 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 grow collaborative partnerships within the community. 0-5 EIP recognizes it is able to provide richer services to the community when it’s able to partner with other community agencies in servicing the 0-5 community. Collaborations include working with Children’s Crisis Center, Family Resource Centers, Family Justice Center, 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, Valley Mountain Regional Center, Josie’s Place, local substance abuse programs and Kinder Readiness Programs.
- Sustainability: Efforts by 0-5 EIP in this area focus on collaboration and relationship building with community partners, development of key champions, revenue enhancements by contracting with the educational system, and drawing down revenue from Medi-Cal and Early Periodic Screening Diagnosis and Treatment. Key Champions for 0-5 EIP include the following: Family Resource Centers; Parent Resource Centers; Healthy Birth Outcomes programs; Stanislaus County Office of Education (SCOE); Modesto City Schools (MCS); County School Districts; Behavioral Health and Recovery Services (BHRS), Child Welfare and Sierra Vista Child and Family Service.

Prior Year Recommendations

<p style="text-align: center;">2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS</p>	<p style="text-align: center;">PROGRAM’S RESPONSE</p>
<p>1. Continue to work on the Commission’s priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission’s financial support ends.</p>	<ul style="list-style-type: none"> • 0-5 EIP will continue to leverage the current funding through BHRS and a consulting contract through SCOE. From these fund sources together with Commission funding it allows the program to provide much needed intensive services to our 0-5 families in multiple settings. Collaborations continue to support the work being done for the 0-5 community. The 0-5 EIP works well with other 0-5 providers to help support and empower the families and children we serve. Referrals continue to be received from a variety of partners in the community. Education and training is also provided throughout the year to various programs and providers working with the 0-5 families. Allowing others to gain insight as to the importance of early intervention in the lives of these children and families.
<p>2. Focus on increasing the number of children provided preventative behavioral health services.</p>	<ul style="list-style-type: none"> • The 0-5 EIP continues to struggle in meeting this goal. Although we provide much preventative mental health in the community, during our outreach efforts, we have not identified a way to be able to capture all the families and children that we service in the community with preventative services. The program will continue to consult to find a way which confirms to our confidentiality regulations, but can get us the information we need for our quarterly reports. Staffing also has an impact on this number; with high numbers of staff turnover, staff on medical leave and the inability to fill bilingual positions – it has impacted the productivity of the 0-5 EIP.
<p>3. Focus on increasing the number of hours providing preventative behavioral health services.</p>	<ul style="list-style-type: none"> • Same response as made for recommendation #2.
<p>4. Focus on increasing the number of depression screenings given to caregivers with children 0-5</p>	<ul style="list-style-type: none"> • The 0-5 EIP continues to struggle in meeting the goal for this outcome. In the completion of our quarterly reports it was noticed that although the outcome is for those children being “assessed” that 65% of their caregivers are screened, we are actually tabulating the percentage of caregivers whose children are receiving “services” which would be a much greater number. This may be what is impacting the percentage and causing it to seem so low. There are different strategies that the 0-5 EIP could take, will need to discuss further for comprehension and collaborative understanding.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Parents report a reduction in their child’s mental health symptoms and improvements in child functioning	75%	94% (158/168)
Clinical staff report improvements in participating children as measured by symptom checklists and improvement noted in client care plans	75%	93% (100/108)
Children 0-5 who are assessed have caregivers who receive depression screenings	65%	35% (102/291)
Participating parents report improvements in their relationship with their child	75%	90% (151/168)
Parents report a reduction of stress and risk factors	75%	95% (159/168)
Clinical staff report reductions in risk factors for participating families	70%	93% (100/108)
Parents report positive skill gains from training programs provided	85%	96% (469/491)
FRC staff report satisfaction with consultation and referral services provided by program	70%	92% (48/52)
Day care providers report improved skills and confidence in working with difficult children as a result of mental health consultation	80%	94% (49/52)
Providers report positive skill gains for training programs provided	80%	98% (48/49)
Providers report satisfaction with mental health consultation services	80%	88% (46/52)

Recommendations

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

Additionally, it is recommended that the program:

- Focus on increasing the number of Depression screenings given to caregivers with children 0-5
- Develop new targeted outcome for planned hours for each of the following services in light of the program’s continued difficulty maintaining a full staff: outpatient mental health services, parenting, prevention and consultation

FRC Countywide Summary

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

Current Contract End Date: June 30, 2017

Program Description

In May 2005, the Children and Families Commission and the Community Services Agency (CSA) partnered to fund a network of Family Resource Centers (FRC's) to provide Differential Response (DR) and family support services to Stanislaus County communities. The intent was to provide families with children 0-5 and 6-17 and families at risk for child abuse/neglect with support services and a hub of resources. (DR is explained in more detail on the following page.) Originally, six contracts were awarded to serve Central/South Modesto, Ceres, Hughson and Southeast communities, Turlock, the Westside (Newman/Crows Landing, Grayson/Westley, and Patterson), and the Eastside (Oakdale/Riverbank). A seventh contract was awarded to serve North Modesto/Salida in May 2007. In 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 FRC's provide the following core services: community resources and referrals, strength based assessments and case management, parent education and support groups, school readiness information dissemination, health insurance enrollment assistance, depression screenings and mental health referrals, and child developmental screenings and referrals. In addition, each site provides unique services that address the needs of each community.

Finances							
Total Award June 1, 2005 – June 30, 2017		FY '16-'17 Award		FY '16-'17 Expended (% of budget)		Cumulative Amount Expended (% of budget)	
Commission Funds	Combined Funds <i>(includes CSA)</i>	Commission Funds	Combined Funds <i>(includes CSA)</i>	Commission Funds	Combined Funds <i>(includes CSA)</i>	Commission Funds	Combined Funds <i>(includes CSA)</i>
\$17,515,111	\$23,444,072	\$1,559,357	\$2,059,357	\$1,481,904 (95%)	\$1,981,904 (96%)	\$16,370,892 (93%)	\$22,254,765 (95%)

Cost per Child 0-5 to Commission (2,964) = \$500

PARTICIPANT TYPE	% SERVED
Children	30%
46% <3; 53% 3-5	
Parents/Guardians	39%
Other Family	31%
RACE/ETHNICITY	PERCENTAGE <small>(ALL PARTICIPANTS)</small>
Hispanic/Latino	60%
White	27%
Black/African American	4%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	2%
Multiracial	4%
Other	1%
Unknown	<1%
LANGUAGE	PERCENTAGE <small>(ALL PARTICIPANTS)</small>
English	67%
Spanish	32%
Hmong	-
Other	1%
Unknown	-

An Investment In Communities Family Resource Centers and Differential Response

During the last twelve years, the Commission has invested \$17.5 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for '16-'17 represents 26% 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 DR in other communities, the protocol for Stanislaus County's DR was designed by the Child Safety Team, a group made up of Community Services Agency staff and other stakeholders. Parameters had been set by the state, and members of the group attended various trainings about how other states had successfully implemented DR. A strength based and solution focused model was selected as the mode of implementation, with the Strength Based Assessment serving as the foundational tool. This strategy is well documented in the literature as empowering families to not only engage in services, but to become their own best advocates.

Effective Structure

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

Family Development Matrix and Case Management (Improved Family Functioning)

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

Parent Education and Support Groups (Improved Family Functioning)

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

Community Outreach

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

FRC Core Services

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

Behavioral Health Services/ Depression Screenings (Improved Family Functioning)

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

Developmental Screenings/Preparation for School (Improved Child Development)

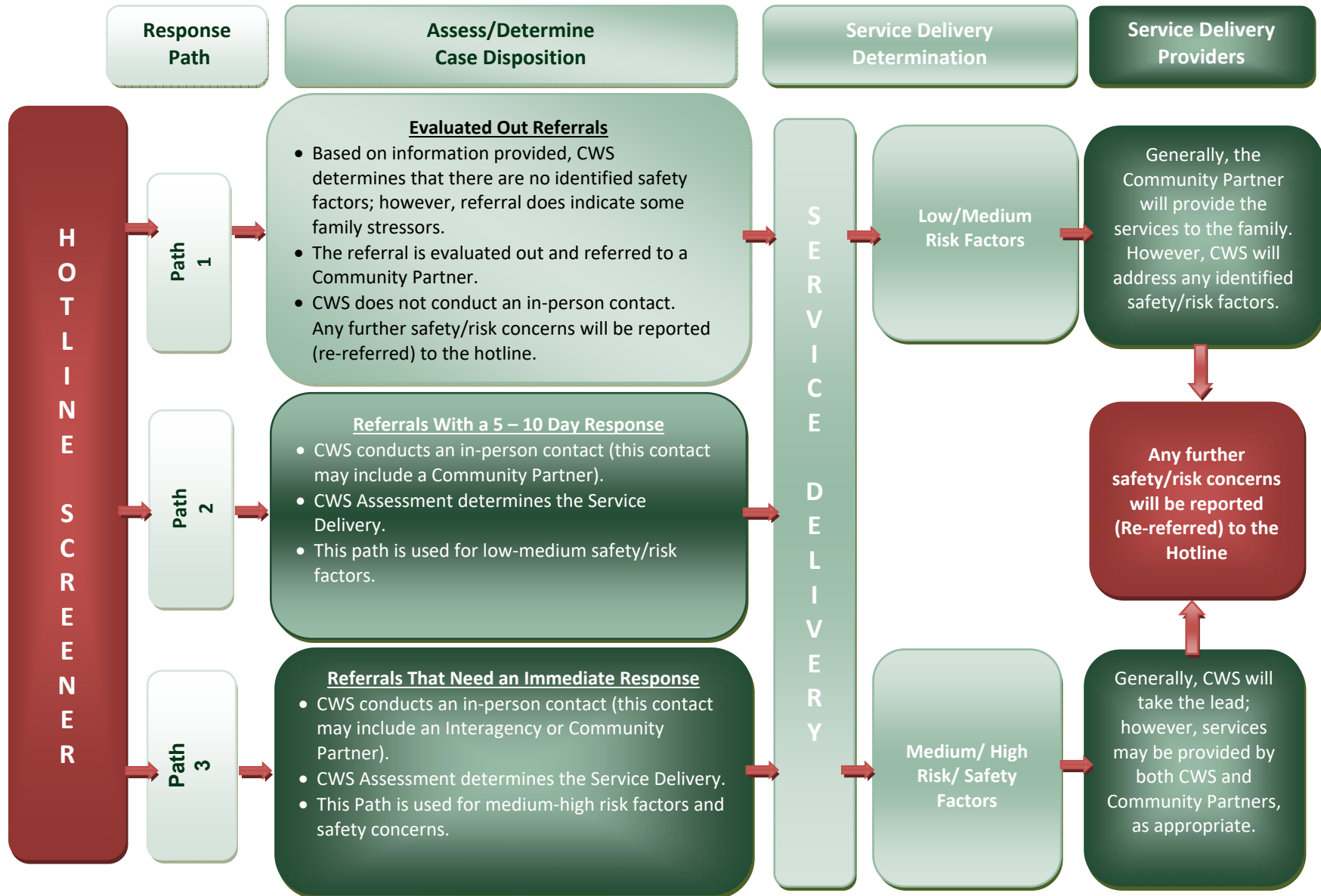
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated,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

Health Insurance Enrollment Assistance (Improved Health)

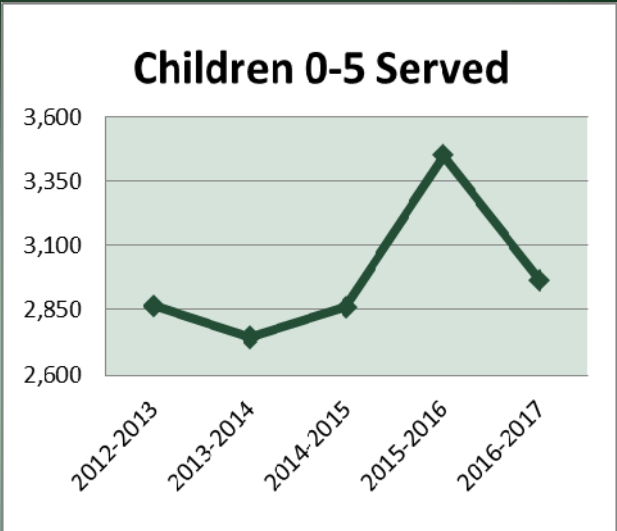
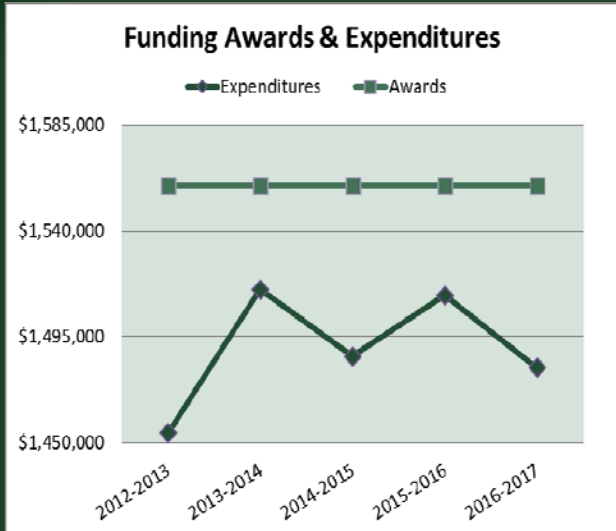
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal and Kaiser Kids within 90 days of the assessment. FRCs conduct this activity in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

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

Stanislaus Differential Response Paths



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



Funding for Countywide FRCs has remained stable for the past five years. Numbers served has been stable but in '15-'16 there was a 21% increase in children 0-5 served. This increase might be a result of increased outreach and a focus by all programs to expand the types of activities offered at the FRCs. The number of children 0-5 decreased in '16-'17 and is more in line with numbers served over the past five years.

Program Highlights

- In addition to collaborating with others in the region, the FRCs work together through the Multidisciplinary Team (MDT) within Stanislaus County. The MDT consists of providers of Differential Response services from each FRC. The Team has been meeting twice monthly since the inception of FRCs. The MDT members discuss cases, protocol, and best practices, as well as share successes and challenges.
- Each FRC partners with a wide and unique spectrum of agencies, businesses, and community organizations to serve the needs of the children and families it serves. The list of partnerships is extensive, and continues to grow as one of the critical roles of the FRCs is to link children and families to community resources. As the FRCs have become established and trusted in the communities, they are now considered hubs of services, and partnerships and collaboration are the cornerstones for this development.
- Each FRC utilizes unique tools for evaluation and operational purposes, however the following are the common tools all FRCs use:
 - ✓ SCOARRS (Stanislaus County Outcomes and Results Reporting Sheet) - Completed on a quarterly basis throughout the fiscal year; six milestones are addressed: 1) Caregivers' assets and needs are assessed; 2) Mental health issues of caregivers are assessed; 3) Mental health issues of caregivers are addressed; 4) Children receive early screening and intervention for developmental delays and other special needs; 5) Children possess literacy tools (books, skills) and caregivers demonstrate improved literacy skills; and 6) Children 0-5 are enrolled in health insurance. The SCOARRS lists the strategies each program uses to reach milestones, and the indicators that show progress towards the milestones and planned outcomes.
 - ✓ Demographic Data Sheets – Excel spreadsheets developed by Commission staff in which programs input counts for services and the demographic data of participants; data is entered quarterly.
 - ✓ Customer Satisfaction Surveys – Each FRC administers a customer satisfaction survey at least twice a year.

- ✓ Employee Satisfaction Surveys – Each FRC administers an employee satisfaction survey at least once a year.
 - ✓ Family Development Matrix (FDM) – This assessment is used every three months to track the progress a case managed family is making towards independence and resiliency. The periodic assessments can be compared to document changes in the family unit. (It should be noted that the State of California stopped funding the FDM at the end of the '14-'15 fiscal year. The Commission assumed the costs of the FDM so FRCs could continue to track family outcomes.)
 - ✓ Intake Forms/Logs – FRCs began using intake forms that collected consistent information. These coordinated intake forms allowed FRCs to collect and report data more consistently and accurately.
 - ✓ ASQ (Ages and Stages Questionnaire) – Every FRC uses the ASQ-3 to screen children 0-5 for developmental concerns.
 - ✓ Burns Depression Screening – Every FRC uses this screening to assess depression indicators.
- As recommended in past years, the FRCs have focused on encouraging father involvement with classes, programs, and with their own children. FRCs have had mixed success, but mostly positive success, with their efforts to involve fathers.
 - For more than a year, the FRCs have been involved in a father involvement collaborative learning network that brings organizations and community groups together to achieve positive mental health results and build protective factors against mental health problems for fathers in Stanislaus County. This is a recent concept in promoting interagency collaboration to reach fathers with mental illness or those at risk of mental illness and their families. The learning goal is increase broad father involvement as a way to improve mental health and related outcomes and reduce risk factors and promote protective factors for the subgroup of fathers who are at risk of a mental illness.
 - FRCs report that more and more clients are coming to their agencies for assistance with one issue (clothing, food, utility assistance, etc.). Frequently, there is only one contact with the client and no assessment is able to be completed. Because of this difficulty, FRCs need to develop strategies to increase engagement with clients as well as develop strategies to increase the length of engagement. Completing a first and second FDM assessment is especially important as a second FDM demonstrates clients' improvement as a result of the FRCs work with the client.
 - Leveraging: As a group, in '16-'17 the FRCs leveraged a total of \$1,900,033 from local government sources and \$570,653 was generated by civic groups, foundations, and local fundraising events.
 - Cultural Competency: All DR-FRCs are committed to the continued development of cultural competency for staff. FRCs recruit and hire multicultural and bi-lingual staff to meet the needs of their diverse communities. A large number of bi-lingual Spanish staff, who provide mental health and case management services, are employed by FRCs. FRCs also employ staff with fluency in other languages including Cambodian, Laotian, Hmong, Farsi, and American Sign Language. FRCs also contract with the Language Line for translation for other languages. The FRCs provide direct services, literature, and presentations in threshold languages and in other languages as material is available. Staff at the FRCs is provided with ongoing cultural competency training in order to provide competent services to clients.
 - Collaboration: FRCs have developed an extensive number of collaborations with public, private, and non-profit agencies including: El Concilio La Familia Counseling, The BRIDGE, other Family Resource Centers, Healthy Birth Outcomes, Family Justice Center, Salvation Army, United Samaritans, Leaps and Bounds/Zero to Five Early Intervention Program, churches, city governments, Children's Crisis Center, 2-1-1, Healthy Starts, school districts, CalFresh Outreach Program, and California Connects.
 - Sustainability: Each FRC has prepared a Sustainability Plan that contains the following elements: 1. Vision and Desired Results; 2. Identifying Key Champions and Strategic Partnerships; 3. Internal Capacity Building through development of a strategic planning process and (in some cases) accreditation; 4. Strategic Financing (including cost management and revenue enhancement); and 5. Establishing an Implementation Plan with Periodic Reviews. The FRCs have successfully developed Sustainability Plans and each year the FRCs report on the progress made in each of the 5 elements of the plan.

Prior Year Recommendations

In the 2015-2016 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	
2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
<p>1. Continue to work on the Commission’s priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission’s financial support ends.</p>	<ul style="list-style-type: none"> • On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. • On Leveraging: The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger donated \$10,000 to help with food and nutritional support for the FRC and families. • On Collaboration: Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRC. This movement of community will help ensure sustainability beyond our agency’s involvement.
<p>2. Continue to focus on outreach to isolated groups and communities.</p>	<ul style="list-style-type: none"> • At Ceres Partnership (CP) we provide outreach in the community and often engage in door-to-door outreach in those more isolated areas of Ceres. We host a Family Resource Fair on our site to engage the community. We host an information table at school events and provide presentations at their Migrant Parent Meetings and Parent Meetings.
<p>3. Provide direct mental health services, rather than relying exclusively on referrals.</p>	<ul style="list-style-type: none"> • This year we had a clinician on site allocated to provide 6 hours a week of her time to our DR caregivers with children 0-5. We continue to refer adults to Center for Human Services (CHS) and outside agencies depending on their insurance and needs.

<p>4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.</p>	<ul style="list-style-type: none"> • We continue to engage with our referred DR families and always extend a personal invitation for them to attend our many community events held at our office and in the community. We also assist them with transportation to off-site events if needed. Our Family Advocate is also the facilitator our School Readiness which encourages more DR families to attend. We invite all DR families to Parent Cafes and our Family Advocates also rotate facilitation of Parent Cafes. We have seen an increase in DR families attending the café events.
<p>5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.</p>	<ul style="list-style-type: none"> • We continue to engage fathers to by inviting them to classes and events: <ul style="list-style-type: none"> - We have several fathers who attend our School Readiness classes with their children. - We also have a few fathers who attend our HBO group, and 7 fathers attended our Community Baby Shower. - Five Ceres fathers attended the 1st Father Conference held in Modesto. - We have a Ceres Dads group that meets every other month. Fathers participate in Dads Cafes as well as other activities with their children. Our Dads group has been very well attended. • Finally, with CHS as the lead for the Father Involvement Learning Network (FILN), we have been learning more about best practices for father engagement, and connecting some of our fathers to county-wide father involvement activities and events. Our work to support father involvement will continue next year, as the agency will continue to facilitate the network meetings and all our FRC sites will host the Bootcamp for New Dads program.

EASTSIDE	
2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. • On Leveraging: The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger donated \$10,000 to help with food and nutritional support for the FRC and families.

	<ul style="list-style-type: none"> • On Collaboration: Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRC. This movement of community will help ensure sustainability beyond our agency's involvement.
<p>2. Continue to focus on outreach to isolated groups and communities.</p>	<ul style="list-style-type: none"> • While the FRC continues to provide a variety of outreach services through events and activities, we work to connect with the outlying areas of Riverbank, Knights Ferry and Valley Home. We will continue to connect with school partners to access parents and children in these communities by giving presentations at the schools or parent meetings. We also continue to engage our homeless community with local partners to reach those who are parents and help connect them and their children to FRC services.
<p>3. Provide direct mental health services, rather than relying exclusively on referrals.</p>	<ul style="list-style-type: none"> • We will continue to work with our Behavioral Health department to see how we can support this for adults. The FRC budget will not support the cost of a clinician, but we may be able to utilize clinical trainees to provide some services. We do have Medi-Cal Behavioral Health Counseling for Children 5-17 years old provided by our clinicians. IOT (Intensive Outpatient Treatment) is also provided at the FRC, which is a free substance abuse treatment group offered 3 nights per week.
<p>4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.</p>	<ul style="list-style-type: none"> • We increased engagement this year over last year by eight fold for the DR Children 0-5 Caregivers. We also added Parent Cafes to our lineup of classes. The cafes increased our engagement with families and we saw 38 Caregivers of 0-5 children and 22 Caregivers of children 6-17. Our Family Advocate is also the facilitator of our School Readiness classes and Parent Café Groups which encourages more DR families to attend.
<p>5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.</p>	<ul style="list-style-type: none"> • This year our Family Advocates engaged 5 dads. We also had several dads bring their children to our school readiness classes. We encourage dads to attend our events as well. We also had 7 dads attend the community baby shower with their partners. With CHS as the lead for the Father Involvement Learning Network (FILN), we have been learning more about best practices for father engagement, and connecting some of our fathers to county-wide father involvement activities and events. Our work to support father involvement will continue next year, as the agency will continue to facilitate the network meetings and all our FRC sites will host the Bootcamp for New Dads program.

FAMILY RESOURCE CONNECTION	
2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> The Family Resource Connection (FRC) recognizes the importance of and continues to work on sustainability, leveraging, and collaboration. The partners, Parent Resource Center and Sierra Vista Drop In Center, utilize FRC funding as a base and leverage funds to support current programs and expand services as is possible. New funding sources and ideas are continually sought. Additionally, the partners work jointly on two other contracted projects. Collaboration with both Prop. 10 partners and other community partners is key to providing and enhancing services provided to clients. Examples include collaborating for mental health services from Sierra Vista, El Concilio and Behavioral Health and Recovery's Leaps and Bounds Program for the benefit of clients.
<p>2. Continue to focus on outreach to isolated groups and communities.</p>	<ul style="list-style-type: none"> Staff continue to go to flea markets, parks, grocery stores, laundromats, and door-to-door outreach to improve and maintain local connections. Staff visited the La Michuacana Paeteria, hair salon, Mi Tierra, Disco Azteca and "check n cash" in the Carruso Shopping Center, distributed flyers, and spoke to store employees about programs. Additionally, staff visited Golden Valley Health Centers and WIC offices on Hackett Road. Staff participated in weekend and evening outreach events as this is a great opportunity to meet families because they are more likely to be receptive to information. Staff will continue to attend these events. Giving presentations to schools and service providers in isolated communities is beneficial. This year staff gave two presentations at Health Plan of San Joaquin. The topics focused on healthy pregnancy and on prevention of shaken baby syndrome using the Timmy mannequin. Staff will continue to provide presentations. Presented information to other organizations who serve isolated groups and communities to have them share our information. During home visits families are given resources information which best serves them and transportation information. Information and resources, such as utility assistance information, are provided to all individuals.
<p>3. Provide direct mental health services, rather than relying exclusively on referrals.</p>	<ul style="list-style-type: none"> Provide counseling on-site in collaboration with El Concilio and Leaps & Bounds at Parent Resource Center and Airport Neighbors Partnership Office. Child care is provided by PRC. When referrals are received, staff follow up with clients to make sure they engage with the other agencies and partners. Additionally, staff follow up with the agencies as well to be sure referrals were received and contact with client has been established. Through continued partnership with Sierra Vista mental

	<p>health services are provided at Sierra Vista thus breaking down barriers such as transportation that may impact families.</p> <ul style="list-style-type: none"> • Clients are provided mental health along with comprehensive services to on site in their neighborhood.
<p>4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.</p>	<ul style="list-style-type: none"> • Listening to the immediate needs of the client to help reduce stressors and then provide the best service/resource. • Continued use of the “Warm Interaction” to engage families especially at the Airport Office; facilitators even attended the last day of class to congratulate the client. The “Warm Interaction” approach includes introductions, follow up calls, sending cards or letters in the mail. • The PRC Airport Neighborhood office continued to use “orientation night” prior to start of class to help ease clients’ apprehensions. This has proved successful in building attendance. • By hosting free markets, nutrition presentations, and health fairs, including the Community Connection Fair, families can visit the center without feeling pressured to enroll in classes or services. • Will survey parents from classes regarding interest in Parent Cafes during which the Five Protective Factors are presented. Clients become more comfortable at the offices. • Will plan to offer a “mini” parenting class in English and Spanish to introduce the agency and services • Currently offer clients incentives such as emergency food and bread, Christmas gifts, healthy snacks during class, diapers, formula and shoes to encourage class attendance. Access to the clothes closet is provided. Incentives will continue. • Continue to “sell” parenting class as fun and engaging by using the topics to attract interest of parents. Brochures and schedules of classes are given to clients. • Will continue training to improve and strengthen communication skills and contact with clients. • Ice breakers continue to be used in class to help parents become better able to engage.
<p>5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.</p>	<ul style="list-style-type: none"> • In the Madres Amoras (Loving Mothers), class facilitator continually encourages mothers to share packets and information with husbands/ fathers (put the information in their lunch bags). Also, mothers are encouraged to verbally share information with fathers, model positive parenting, and include the father in everyday activities. • Continue to offer co-ed English class in evenings which attracts primarily attracts fathers. • Community events such as health fairs and free markets were used to engage with fathers and men. • Both PRC and SV Drop-In Center continue to be active partners in the Fatherhood Involvement Network through Center for Human Services. Both agencies participate in the April “Our Story” Fatherhood Conference.

	<ul style="list-style-type: none"> • Fatherhood Involvement Coordinator has been a guest speaker during parenting and HBO classes. • PRC’s Babies in Bloom invites fathers to attend. • Both agencies provide events that are father focused. • Sweet Beginnings pregnancy class and support group welcomes fathers and includes them in classes.
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HUGHSON	
2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
1. Continue to work on the Commission’s priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission’s financial support ends.	<ul style="list-style-type: none"> • Sierra Vista Child & Family Services continues to work on the Commission’s priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission’s financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fund raising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners in order to provide children and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services. Specific to HFRC, the advisory board has continued to develop new fundraising opportunities. They have consistently increased their fundraising dollars each year.
2. Continue to focus on outreach to isolated groups and communities.	<ul style="list-style-type: none"> • HFRC has increased outreach efforts this year to include the isolated communities of Empire, Denair, and Hickman. Staff has participated in community fairs, provided outreach tables and presentations at school sites. We opened a new FRC in Waterford to better reach isolated groups in the most eastern parts of the region.
3. Provide direct mental health services, rather than relying exclusively on referrals.	<ul style="list-style-type: none"> • Mental health services have been provided by two staff clinicians and two CSU Stanislaus intern students. A mental health support group is also provided at HFRC.
4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	<ul style="list-style-type: none"> • We continue to work on engagement efforts. This year 95% of DR referred children had caregivers that responded to a contact.
5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	<ul style="list-style-type: none"> • This year we held three events to promote father involvement. Additionally, the FRC participates in the Father Involvement Learning Network, an Innovations Project led by Center for Human services and funded by BHRS. A staff also received training on boot camp for new dads.

NORTH MODESTO / SALIDA

NORTH MODESTO / SALIDA	
2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> 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.
<p>2. Continue to focus on outreach to isolated groups and communities.</p>	<ul style="list-style-type: none"> 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.
<p>3. Provide direct mental health services, rather than relying exclusively on referrals.</p>	<ul style="list-style-type: none"> Mental health services have been provided by three staff clinicians. A mental health support group is also provided at NMFRC. For families with children 6-17, these services are provided via other funding sources.
<p>4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.</p>	<ul style="list-style-type: none"> SVCFS holds a monthly leadership meeting with all four agencies FRCs. Engagement is a regular agenda item as we evaluate what is working as well as explore new ideas. We continue to seek training opportunities that are hoped to facilitate engagement with a diverse community.
<p>5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.</p>	<ul style="list-style-type: none"> This year we held events/parent café's to promote father involvement. We have partnered with Sergio Lara from The Father Involvement Learning Network, an Innovations Project led by Center for Human services and funded by Sutter Health.

TURLOCK

TURLOCK	
2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> Aspiranet Turlock Family Resource Center (TFRC) continues to work on sustainability, leveraging and collaboration. Aspiranet grant writers seek to continually expand resources and develop ways to raise unrestricted funds. Additional funding by other entities help support the efforts of the TFRC. Collaboration with other agencies

	<p>generates expanded resources families in our community.</p> <ul style="list-style-type: none"> • A volunteer program is currently being developed. An Advisory committee is being formed and is comprised of members of the community and former recipients at the TFRC. A partnership with CSUS has already been established and will serve to assist in the volunteer program. Aspiranet's WTW program has expanded to include a work program. Participants will augment the needs of both the VESL program and the TFRC. • The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to assist in advancing our program objectives and best practices. • The TFRC is building leverage opportunities within the community and Aspiranet has already established donors from Bed Bath and Beyond, Walmart, Target, several small businesses in Turlock, Umqua and Wells Fargo Bank, and non-profit entities. The TFRC has leveraged their clothing donations with Monte Vista Chapel. The TFRC continues to receive food donations from the United Samaritans and Salvation Army and gift cards from Costco and Raley's which provides incentives to participants in the TFRC programs. • Reaching beyond our Center and inviting other agencies to use our Community Center will serve to provide additional resources without incurring additional personnel cost.
<p>2. Continue to focus on outreach to isolated groups and communities.</p>	<ul style="list-style-type: none"> • The TFRC continues to provide presentations to parents at Chatom Elementary School and Keyes Elementary. Targeted outlying areas for FY 16-17 include more community involvement in Keyes and outlying areas of Turlock. The Promotora program makes referrals to the TFRC and helps join families from the rural farming areas of Turlock with the TFRC.
<p>3. Provide direct mental health services, rather than relying exclusively on referrals.</p>	<ul style="list-style-type: none"> • The TFRC has been able to provide consistent on-site Mental Health services since December of 2015. The TFRC clinician has provided invaluable assistance to several parents in crisis with children 0-5. Additionally, our onsite clinician has been able to provide Social Work consultation and support with our DR clients. Additionally, several support groups provided families with stress management techniques and methods to cope with depression.
<p>4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.</p>	<ul style="list-style-type: none"> • A welcome letter is used to help engage new DR parents. Family Liaisons use a warm, friendly approach and invite families to learn about our programs. During joint visits, family needs are initially assessed and a family liaison will bring a box of food, baby food or diapers to the second visit if that is one of their needs. Working more closely with CSA has contributed to an increase in joint visits. The TFRC invites all families to our events and invites them to community events as well. Getting the family connected is paramount to building resiliency and regular weekly check-ins serve to foster relationships and help families overcome barriers to engagement.

<p>5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.</p>	<ul style="list-style-type: none"> • The TFRC has made a concerted effort to involve fathers and male caregivers in the lives of young children as shown by our Nurturing Parenting classes and Mommy, Daddy and Me. The TFRC conducted a Parents Day celebration engaging approximately 45 fathers. TFRC is currently involved in the Father Initiative with the Center for Human Services and plans to start a game and movie night at the Center to further encourage father involvement. • Parent Cafes also encourage male participation and are used in all of our classes.
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WESTSIDE	
2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. • On Leveraging: The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger donated \$10,000 to help with food and nutritional support for the FRC and families. • On Collaboration: Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRC. This movement of community will help ensure sustainability beyond our agency's involvement.
<p>2. Continue to focus on outreach to isolated groups and communities.</p>	<ul style="list-style-type: none"> • The Westside Family Resource Centers conduct a variety of outreaching in the community in Spanish and English. FRC staff work together to reach isolated groups at community and special events. Part of the work that occurs to reach these groups involves the Community Promotoras. These volunteers are in both the Newman and Patterson communities to help reduce or eliminate the stigma of mental health in the Latino community, but also do a great

	<p>deal of outreaching for the FRCs. The Community Promotoras go to isolated ranches, migrant camps, rivers and other communities that are located on the outskirts of the city boundaries. Community Promotoras refer families to the FRC and are very knowledgeable of the services that are provided. Promotoras know the communities extremely well and are able to engage the Latino community in their native language.</p>
<p>3. Provide direct mental health services, rather than relying exclusively on referrals.</p>	<ul style="list-style-type: none"> • 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 both the Patterson and Newman FRC. Families do not have to travel out of the Patterson or Newman community to receive services. Substance abuse counseling for adults or teens is also provided at the Patterson FRC for the Westside Community. This allows families on the Westside to travel a short distance to receive substance abuse counseling.
<p>4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.</p>	<ul style="list-style-type: none"> • The Westside Resource Centers are part of the Differential response program and participate in all mandated trainings and meetings. We are committed to collaborate with CSA and help reduce the recurrence of child abuse in the county by trying engage and serve as many DR families possible • One area of focus is connecting with social workers on providing joint visits for DR referrals. This fiscal year less than 5 joint visits were conducted with CPS social workers and FRC Family Advocates. The Westside FRC would like to have more involvement with the social workers to engage DR families in the services and resources that the FRC provides.
<p>5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.</p>	<ul style="list-style-type: none"> • The Westside FRCs have Father’s Day event to celebrate the importance of a father figure in the lives of their children. This year the Westside FRC joined the Father Involvement Learning Network (FILN) along with other partner agencies, school districts, FRCs and county programs to begin building a network that will help bring more and new services to father around the County. With CHS as the lead for the Father Involvement Learning Network (FILN), we have been learning more about best practices for father engagement, and connecting some of our fathers to county-wide father involvement activities and events. Our work to support father involvement will continue next year, as the agency will continue to facilitate the network meetings and all our FRC sites will host the Bootcamp for New Dads program.

Planned Versus Actual Outputs / Outcomes

Family Resource Centers 16/17 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Parent Resource Center		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide an FDM Assessment to the caregivers of children 0-5 (DR & Non-DR).																
65% children 0-5's caregivers who responded to a contact will receive an FDM assessment	8%	62 / 781	63%	123 / 196	87%	580 / 665	92%	277 / 301	82%	216 / 263	75%	183 / 243	51%	44 / 302	58%	1,584 / 2,730
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (DR & Non-DR).																
80% of the children 0-5 whose caregivers receive an FDM assessed will have caregivers will receive depression screenings.	89%	55/62	98%	120 / 123	91%	527 / 580	99%	275 / 277	89%	192 / 216	81%	149 / 183	17%	24 / 143	85%	1,342 / 1,584
FRC staff or contracted staff will provide group and individual mental health counseling to caregivers of children 0-5. Improvement will be reported by clinician.																
96% of the children 0-5 whose caregivers receive GROUP counseling will, according to their clinician, indicate improvement with presenting issues	N/A	0/0	N/A	0/0	100%	31/31	100%	24/24	100%	13/13	95%	61/64	N/A	0/0	98%	129 / 132
80% of the children 0-5 whose caregivers receive INDIVIDUAL counseling will, according to their clinician, indicate improvement with presenting issues	100%	16/16	N/A	0/0	100%	18/18	100%	2/2	100%	16/16	95%	136 / 143	100%	6/6	97%	194 / 201

Family Resource Centers 16/17 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Parent Resource Center		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide children 0-5, whose caregivers are assessed, with developmental screenings using the Ages & Stages Questionnaire (DR & Non-DR).																
65% of the children 0-5, whose caregivers receive an FDM assessment, will receive developmental screenings.	84%	52/62	72%	88 / 123	62%	357 / 580	75%	207 / 277	68%	147 / 216	72%	131 / 183	85%	/143	70%	1,103 / 1,584
FRC Staff or contracted staff will provide literacy / school readiness services (teaching adults literacy, distributing children's books, teaching adults how to read to children, etc.)																
92% of children 0-5 who received literacy services will indicate increased time reading at home with family	100%	568 / 568	97%	64/66	95%	113 / 119	100%	198 / 198	100%	96/96	90%	321 / 356	100%	79/79	97%	1,439 / 1,482
97% of children 0-5 will be provided books	100%	568 / 568	100%	66/66	97%	116 / 119	95%	189 / 198	100%	96/96	100%	204 / 204	100%	79/79	99%	1,470 / 1,482
75% of children 0-5 whose caregivers receive adult literacy services will self-report an increase in adult literacy skills	100%	568 / 568	98%	60/61	84%	242 / 284	100%	213 / 213	100%	16/16	100%	51/51	100%	94/94	96%	1,244 / 1,290
FRC Staff will assist families in obtaining health insurance and with the enrollment of children 0-5 into a health insurance program within 90 days of first time contact or assessment.																
92% of the children 0-5 who did not have health insurance at the time of first contact will be enrolled in a health insurance program within 120 days of first contact	100%	27/27	N/A	0/0	100%	1/1	N/A	0/0	N/A	0/0	100%	13/13	100%	15/15	100%	56/56

Recommendations

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

Additionally, it is recommended that Family Resource Centers:

- Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.
- Continue to promote the involvement of fathers and male caregivers in the lives of young children.

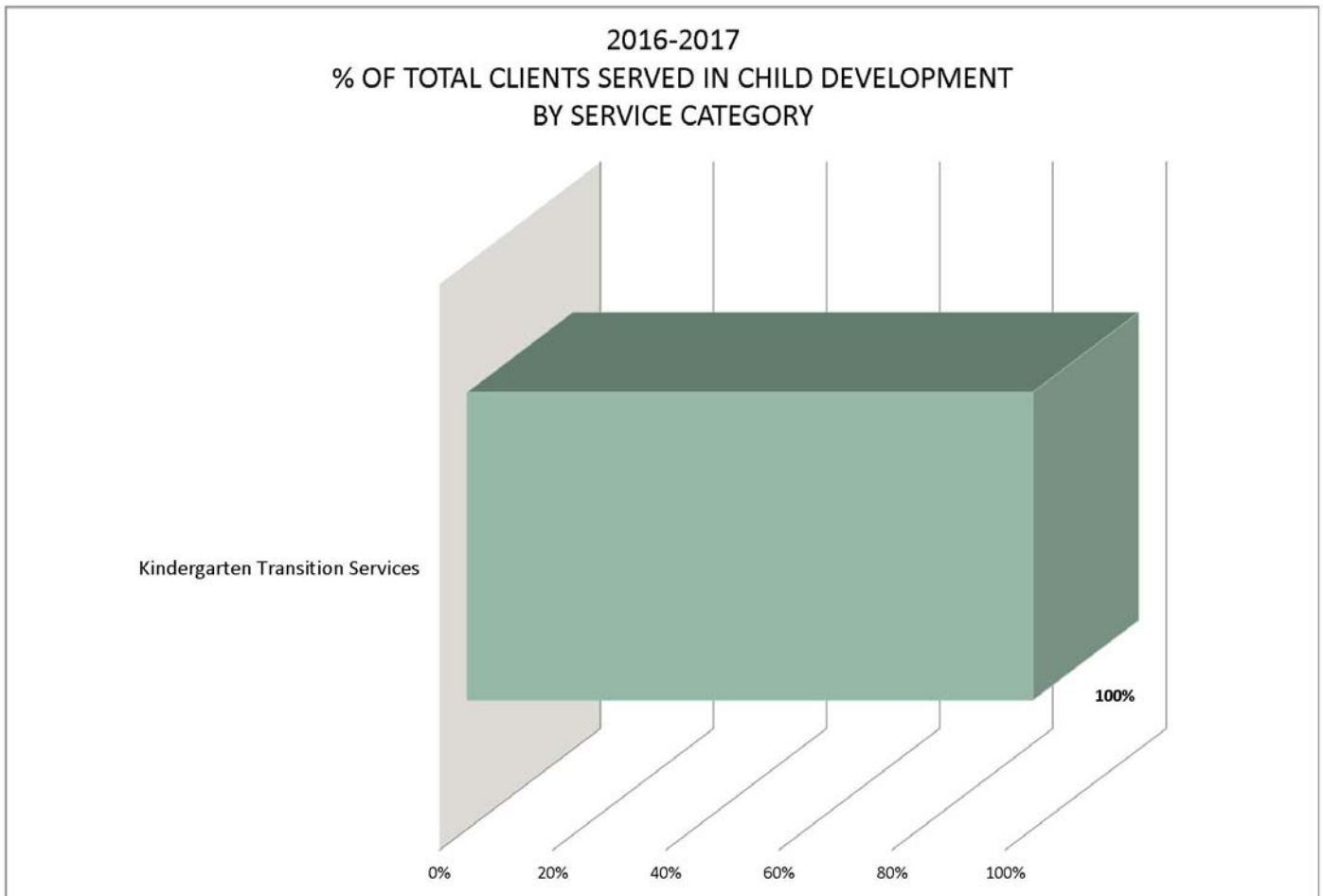
Result Area 2: Improved Child Development

Description

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

The Kindergarten Readiness programs are categorized under Improved Child Development and comprise less than 1% of the 2016-2017 budget. An additional program, Early Providers Conference is reported to the State under this result area, but is not reflected here in this Local Evaluation Report as it has been evaluated by a separate process.

Finances – Improved Child Development	
FY '16-'17 Total Awards	FY '16-'17 Expended
\$40,000	\$19,350 (48% of budget)



Result Area 2 Services and Service Delivery Strategies

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

Desired Result: Children Are Eager and Ready Learners

Objectives:

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

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

- **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?
<ul style="list-style-type: none"> • 120 children 0-5 received services that focused on improved child development 		
<ul style="list-style-type: none"> • All services in this result area were provided in both English and Spanish 		
<p>Kindergarten Readiness Results</p> <ul style="list-style-type: none"> • 57% of parents feel comfortable navigating the school system • 43% of parents spend more than 20 minutes a day just talking to their child • 75% 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 '16-'17 <small>(% of '16-'17 allocation)</small>	Total # Children 0-5 Served	Cost per Child 0-5	Total Award To-Date <small>(7/1/2012-6/30/2017)</small>	Cumulative Amount Expended <small>(7/1/2012-6/30/2017)</small>	% of Cumulative Amount Expended
Kindergarten Readiness Program	\$ 19,350 (48%)	120	\$ 161	\$ 200,000	\$ 157,136	79%
TOTAL	\$ 19,350 (48%)	120	\$ 161	\$ 200,000	\$ 157,136	79%

Kindergarten Readiness Program

Agencies: The School Districts of Keyes Union and Riverbank Unified
Current Contract End Date: June 30, 2017

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 currently operates in 2 school districts:

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

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

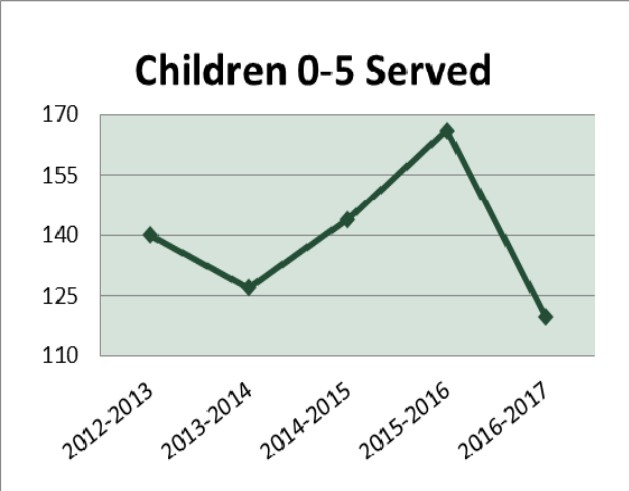
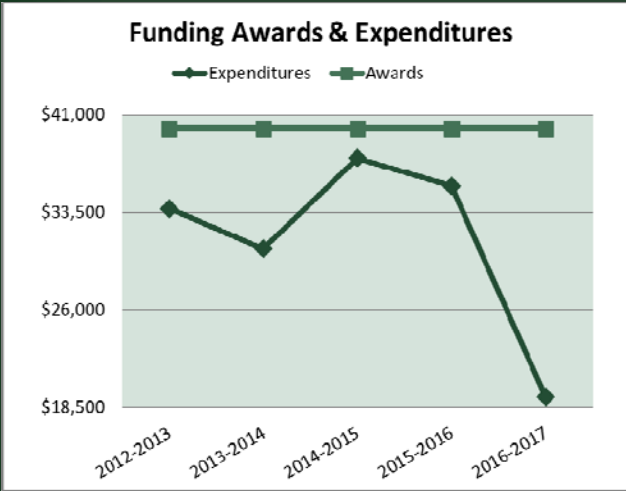
Finances			
Total Award July 1, 2012– June 30, 2017	FY ’16-’17 Award	FY ’16-’17 Expended	Cumulative Amount Expended
\$ 200,000	\$40,000	\$19,350 (48% of budget)	\$157,136 (79% of budget)

Cost per Child 0-5 (120) = \$161

		RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)		LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
PARTICIPANT TYPE	% SERVED	Hispanic/Latino	39%		English	21%
Children	38%	White	5%		Spanish	25%
100% 3-5		Black/African American	-		Hmong	-
Parents/Guardians	62%	Asian	4%		Other	4%
		Alaska Native/American Indian	-		Unknown	50%*
		Pacific Islander	-			
		Multiracial	1%			
		Other	-			
		Unknown	50%*			

*High unknown percentage for race/ethnicity and language is due to Riverbank not collecting demographic data for parents/guardians.

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



The decrease in number of children served in '16-'17 is due to Patterson Unified declining to participate in the Commission's KRP program in '16-'17. In addition, Patterson Unified's decision to not participate resulted in a significant decrease in expenditures in '16-'17.

Program Highlights

- Operating characteristics of the Kindergarten Readiness Program include:
 - ✓ A four week Kindergarten transition camp is operated in the month of June at each school site.
 - ✓ Classes are staffed by at least one credentialed person and an aide (no more than 20 children per classroom).
 - ✓ Intensive instruction is given to children lacking basic Kindergarten skills. Parents are also provided with tools and strategies to address gaps during home instruction.
 - ✓ Two meetings are held for parents to learn about school expectations and the role that parents play in their children's education.
 - ✓ Visits to the school or public library are conducted for children. Parents learn how to use the library.
 - ✓ All KRP sites employ bilingual staff and materials are in both English and Spanish. In addition, each site is designed to meet the cultural needs of that particular community.
- The majority of students served in the KRP program are Hispanic, English-language learners, and socioeconomically disadvantaged. Most have had limited social experiences beyond immediate family and few have any experience in a structured, formalized educational setting.
- With attendance in the Transitional Kindergarten Program rising each year, Kindergarten Readiness Programs have revised their curriculum so there is more of a learning distinction between Kindergarten Readiness and Transitional Kindergarten.
- Leveraging: Kindergarten Readiness Programs reported receiving in-kind contributions from their Districts. Riverbank School District leveraged a total of \$16,562 in cash and in-kind contributions from the District.
- Cultural Competency: Program teachers speak English and Spanish. Parent education classes are conducted both languages and class materials for parents were in English and Spanish.

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

Program Challenges & Recommendations

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

KEYES	
2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • Keyes Kindergarten Readiness Program will continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue. The program will build on sustainability by continuing to increase community support through our target audience which is the families, teachers and community in the Keyes Union School district. We will continue to work with our Key Champions and Strategic Partnerships to build upon the program foundation. We are planning to continue collaborating with community resources such as the Keyes Public Library, Sierra Vista, and the Keyes Union School District as well as searching for new community resources that we may collaborate.
<p>2. Focus on parent education to improve parent involvement outcomes.</p>	<ul style="list-style-type: none"> • Keyes Kindergarten Readiness Program offered three parenting classes this year. Two of the classes were provided at the Keyes Preschool and Keyes Head Start. The topic was Kindergarten Readiness. Another class was offered at Keyes Elementary School. This class introduced the school staff and the district-wide initiative: The Leader in Me Program. Parents were also invited to a class at the Keyes Public Library to learn about library resources. Parents were invited to observe the Kindergarten Readiness Program. 20 parents observed and/or volunteered during the program.

RIVERBANK	
2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • Riverbank Unified School District (RUSD) and CASA del Rio have a planning team that helps coordinate the Kinder Camp program. The success of the program is due to the collaborative work effort between staff,

	<p>kindergarten teachers, administrators, parents and the community.</p> <ul style="list-style-type: none"> • Program decisions are made at district and/or site level depending on the complexity of the item. • The program will continue to remain in operation as long as Prop 10 funds are available. In the event that the funds were no longer available, the RUSD School Board will strive to identify resources to maintain the program.
<p>2. Focus on parent education to improve parent involvement outcomes.</p>	<ul style="list-style-type: none"> • Parent education is an important component of our Kinder Camp program. We focus on preparing our students for kinder as well as enhancing parents parenting skills, and school engagement. Parenting classes, material, and linkage & support are available to parents during and outside of the program term. • RUSD families seek the services we provide at CASA, allowing us to build an engaged parent community.

Planned Versus Actual Outputs / Outcomes

OUTPUTS / OUTCOMES	Keyes		Riverbank		Total	
	Planned	Actual	Planned	Actual	Planned	Actual
Children served in the Kindergarten Readiness Program	40	40 (100%)	80	80 (100%)	120	120 (100%)
Parents will indicate that they feel comfortable navigating the school system	50%	50% (20/40)	50%	60% (48/80)	50%	57% (107/120)
Parents will indicate that they spend more than 20 minutes a day just talking with their child	50%	28% (11/40)	50%	51% (41/80)	50%	43% (52/120)
Parents will indicate an increase in knowledge on how they can help their child do well in school	50%	43% (17/40)	50%	91% (73/80)	50%	75% (90/120)
Children served will finish the Kindergarten Readiness Program	85%	98% (39/40)	85%	90% (72/80)	85%	93% (111/120)
Children served will show improvement (based on a pre/post evaluations)	No planned outcome	95% (38/40)	No planned outcome	98% (78/80)	No planned outcome	97% (116/120)

Recommendations

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

Additionally, it is recommended that the sites:

- Focus on familiarizing caregiver with the school system so they feel comfortable navigating the school system.
- Focus on educating caregivers on the importance of reading and talking with their child so they spend at least 20 minutes a day talking with their child.

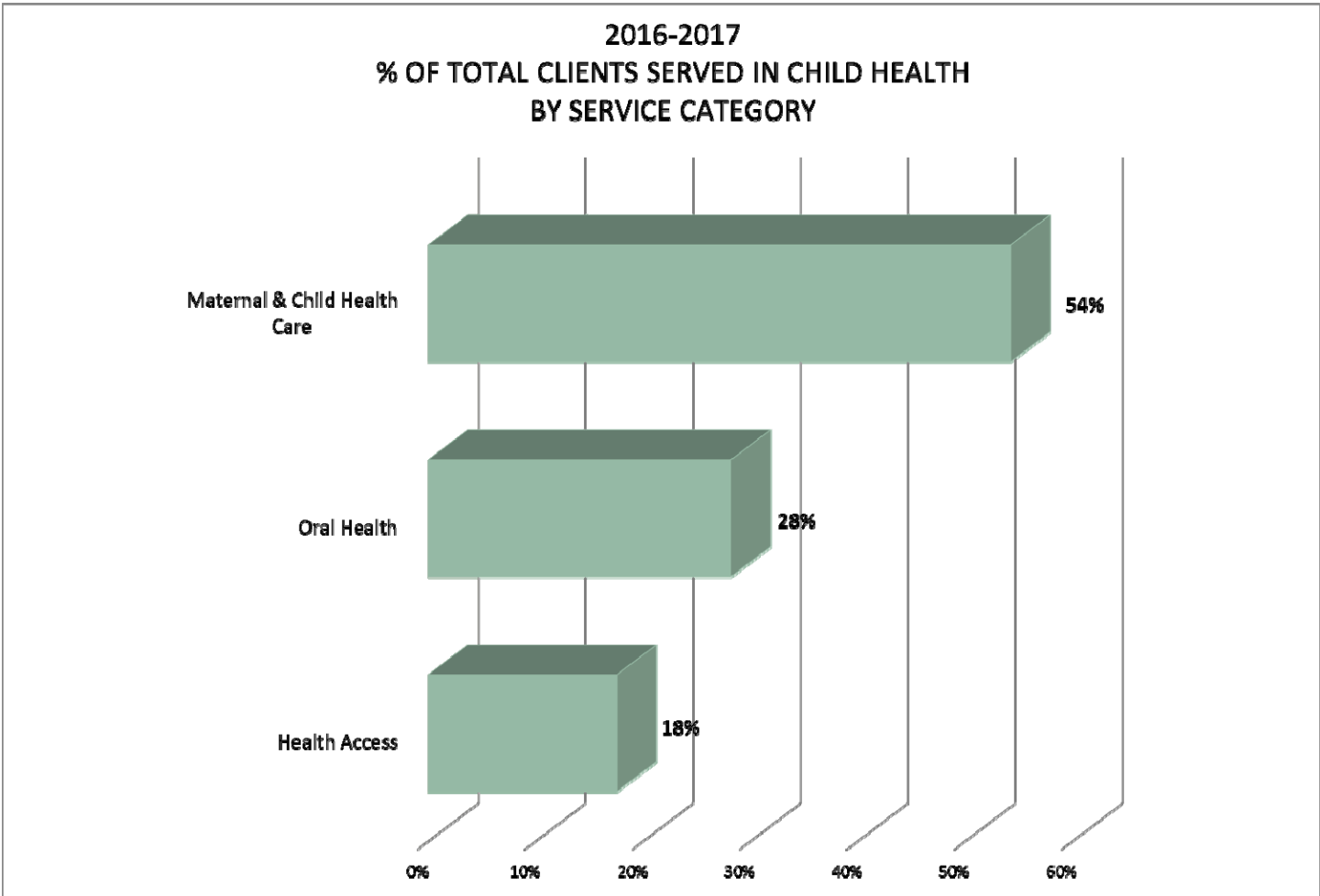
Result Area 3: Improved Health

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 20% of the 2016-2017 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 ‘16-‘17 Total Awards	FY ‘16-‘17 Expended
\$1,419,160	\$1,380,959 (97% 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

Objectives:

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

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

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

The services are offered by a variety of providers, including public health nurses, FRC family service providers, doctors, 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?
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- 1,716 children 0-5 received services that focused on improved health
- 566 pregnant women received prenatal care
- 399 women (who were pregnant for the first time) participated in pregnancy support groups
- 951 home visits were made to at-risk pregnant women
- 185 applications for interim medical services for pregnant women and children 0-5 were completed and processed
- Caregivers of 772` children participated in health, nutrition, or safety programs

A Greater Number of Children Now Have Health Insurance

- 81 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

- 237 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

- 600 children 0-5 received fluoride varnish
- 21 children 0-5 received an oral health screening

Children and Parents Have Knowledge and Tools for Better Oral Health

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

Infants are Being Born Healthy

- 84% of the infants born to participants in a healthy birth program (163/195) were born term
- 84% of the infants born to participants in a healthy birth program (164/195) were born with a healthy weight (between 5 lbs. 5 oz. and 8 lbs. 13 oz.)
- 92% of the mothers in a healthy birth program (180/195) initiated breastfeeding

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

- 98% of the infants (106/108) were up-to-date on immunizations at one year and 100% had health insurance (108/108)
- 91% of participants (1,716/1,882 - duplicated) report making positive changes based on health, nutrition, and safety classes
- 100% of case managed families (28/28) reported making positive changes for themselves or children

Result Area 3: Improved Health

Program	Amount Expended in '16-'17 <small>(% of '15-'16 allocation)</small>	Total # Children 0-5 Served <small>(or served through family members)</small>	Cost per Child 0-5	Total Award To-Date <small>(7/1/2007-6/30/2017)</small>	Cumulative Amount Expended <small>(7/1/2007-6/30/2017)</small>	% of Cumulative Amount Expended
Dental Disease Prevention Education (HSA)	\$ 30,000 (100%)	600	\$ 50	\$ 160,000	\$ 119,488	75%
Healthy Birth Outcomes	\$ 1,322,218 (99%)	924	\$ 1,431	\$ 17,727,516	\$ 16,623,267	94%
Healthy Cubs	\$ 28,741 (57%)	192	\$ 150	\$ 12,260,528	\$ 6,033,217	49%
TOTAL	\$ 1,380,959 (97%)	1,716	\$ 805	\$ 30,148,044	\$ 22,775,972	76%

Dental Disease Prevention Education

Agency: Health Services Agency
Current Contract End Date: June 30, 2017

Program Description

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

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

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

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

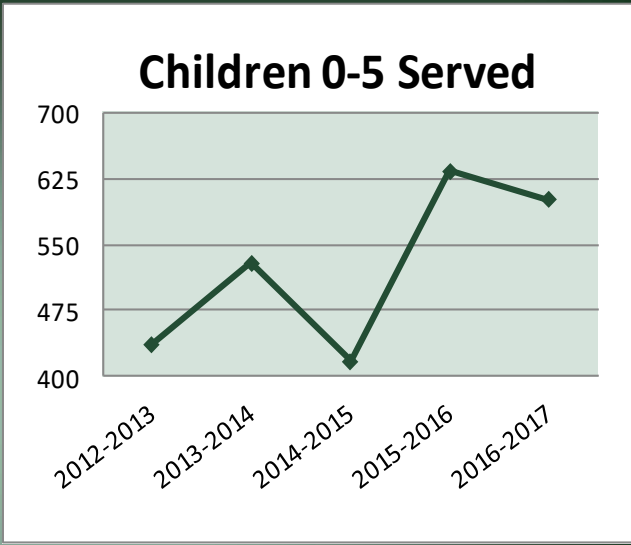
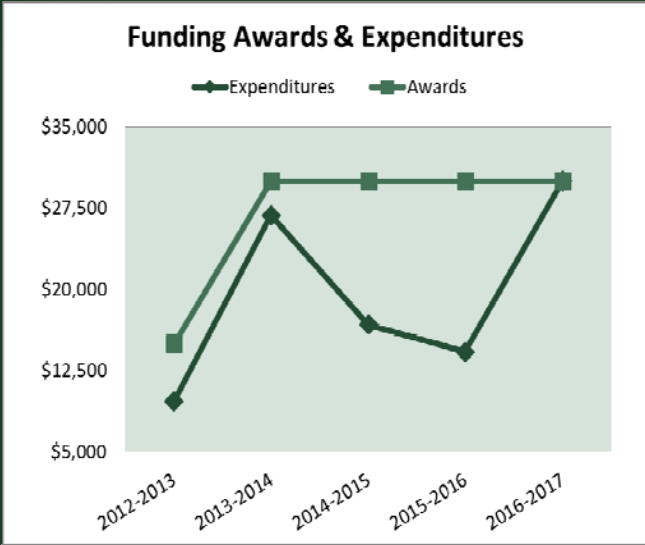
Staff – A brief oral health in-service is provided regarding the importance of good oral health. Training is also provided on staff’s role during parent and children sessions. Each site also receives a “Ready, Set, Brush” book and educational materials to reinforce the educational sessions.

Finances			
Total Award October 27, 2009 – June 30, 2017	FY ‘16-‘17 Award	FY ‘16-‘17 Expended	Cumulative Amount Expended
\$160,000	\$30,000	\$ 30,000 (100% of budget)	\$119,488 (75% of budget)

FY ‘16-‘17 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (600)
\$26,153	\$1,510	\$2,337	10%	\$50

PARTICIPANT TYPE	%	RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)	LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
Children	63%	Hispanic/Latino	79%	English	15%
30% <3; 70% 3-5		White	7%	Spanish	77%
Parents/Guardians	36%	Black/African American	5%	Hmong	1%
Other Family	1%	Asian	2%	Other	7%
		Alaska Native/American Indian	1%	Unknown	-
		Pacific Islander	-		
		Multiracial	2%		
		Other	4%		
		Unknown	-		

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



In '12-'13, Golden Valley Health Care Centers were unable (due to reduced funding) to host planned dental outreach activities. Being unable to use the activities to bring in participants, participation in the Dental Disease Prevention/Education Program fell off sharply in '12-'13. A slight increase in participants served was reported in '13-'14 when the program began offering varnish applications. In '15-'16 the program hired an additional staff person to increase the program's capacity to serve clients. The program expended 100% of its award after struggling to expend its full award since '14-'15 and '15-'16.

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
- 61 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.
- 490 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.
- 345 parents from all sites received oral health education and resources (including a list of local dental care providers). Additionally, parents received toothbrushes.
- 600 children 0-5 received fluoride varnish applications and a dental supply bag with: toothbrush, tooth cover, toothpaste, timer, dental floss and stickers.
- All 23 Kindergarten Readiness, Healthy Start, and Family Resource Center sites were offered the opportunity to hold children's dental education sessions and fluoride varnish clinics. Only 20 sites accepted the offer. Participation was reduced due to a lack of interest on the part of the sites or no time or space was available to offer educational sessions or clinics.

- Baby bottle tooth decay continues to be an issue. The majority of children who received a fluoride varnish had visible decay and or fillings on their primary teeth.
- Leveraging: The program reported no leveraging of funds from any source.
- Cultural Competency: The program is taught in both English and Spanish using multiple learning modalities including: auditory, written and visual aids. All educational materials and handouts are offered in both English and Spanish. Additionally, the health educator is fluent in both English and Spanish. The program developed and utilizes a feedback survey in both English and Spanish.
- Collaboration: Program staff collaborates with child health services/programs within the Health Services Agency such as Child Health Disability Prevention (CHDP), Women Infants and Children (WIC), Maternal Child Adolescent Health (MCAH) and Healthy Birth Outcomes (HBO). The program also collaborates and coordinates with Kindergarten Readiness Program sites, Healthy Starts, and Family Resource Centers. The program also partnered with Stanislaus READS! to offer fluoride varnish clinics and dental education session to Stanislaus READS! 8 pilot schools.
- Sustainability: Key champions identified by the program include: Public Health Services, Family Resource Centers, school sites, and Healthy Starts. Strategic partnerships identified by the program include: WIC, CHDP, Community Health Services, Family Resource Centers, school sites, Healthy Starts and Maternal Child and Adolescent Health.

Prior Year Recommendations

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • HSA will continue to work to achieve the Commission's priorities of sustaining, leveraging, and collaborating to ensure services continue after the Commission's financial support end. This year HSA investigated applying for the Dental Transformation Initiative Grant offer through the Department of Health Care Services (DHCS); however, HSA did not meet the eligibility requirements for application. HSA will continue to apply for additional funding as opportunities arise.
<p>2. Research the possibility of obtaining Medi-Cal reimbursement for varnish applications.</p>	<ul style="list-style-type: none"> • Due to substantial changes in Medi-Cal eligibility for children this year (i.e. expansion to include the undocumented), this activity was put on hold; HSA staff will continue to explore this possibility in FY 16/17.
<p>3. Consider expanding services and prevention efforts to other sites (like WIC or Stanislaus READS! pilot schools).</p>	<ul style="list-style-type: none"> • The Dental Disease Prevention Program has expanded to WIC, Children's Crisis Center, and First Step. Services will continue to be provided to these agencies in FY 16/17.
<p>4. Develop strategies to increase the number of Kindergarten Readiness, Healthy Start, and FRC sites holding children's dental education sessions and fluoride varnish clinics.</p>	<ul style="list-style-type: none"> • HSA staff plans to contact FRC and Healthy Starts sites earlier in the year for FY 16-17 to more easily secure a date for the education presentation and fluoride clinics.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health in-service	23	23 (61 staff)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for students	23	20 (490 students)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for parents	23	20 (345 parents)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive fluoride varnish application for students	23	20 (600 students)
Children receive an oral health screenings	No planned outcome	21
Dental Disease Prevention staff provide dental health education at health fairs and other community events	No planned outcome	640 people

Recommendations

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

Additionally, it is recommended that the program:

- Work with partners to develop strategies to increase the number of Kindergarten Readiness, Healthy Start, and FRC staff receiving oral health education in-services.
- Begin tracking how Kindergarten Readiness, Healthy Start, and FRC staff receiving oral health education in-services use the information they received to educate their clients.

Healthy Birth Outcomes (HBO)

Agency: Health Services Agency
Current Contract End Date: June 30, 2017

Program Description

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

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

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

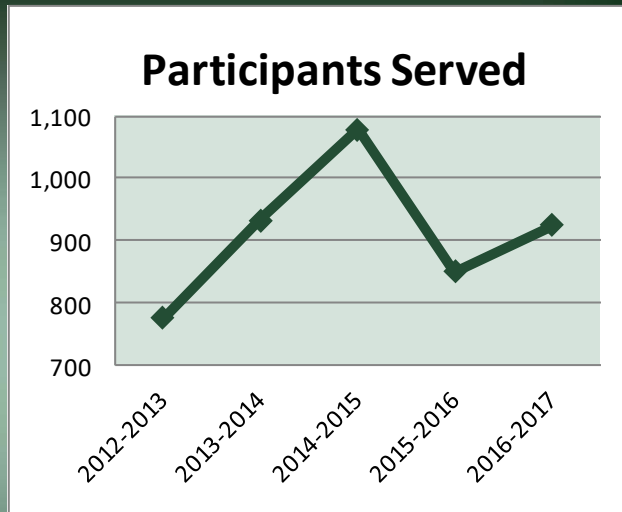
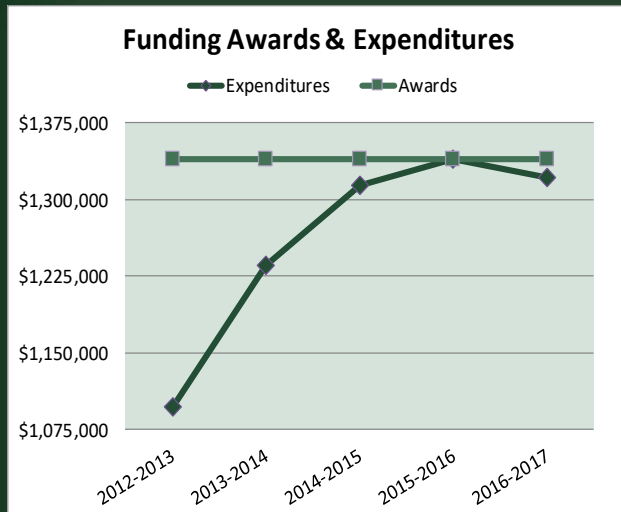
Outreach to locate and provide information on services available to pregnant women is conducted by both the collaborative partners and HSA Public Health staff through door-to-door outreach, attending health fair events, creating linkages with neighborhood clinics and businesses, and meeting with perinatal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

Finances			
Total Award September 1, 2003 – June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$17,727,516	\$1,339,160	\$1,322,218 (99% of budget)	\$16,623,267 (94% of budget)

FY '16-'17 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Total Cost Per Participant
\$675,379	\$52,476	\$526,825	10% of personnel	\$1,431 (924)

<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #006633; color: white;"> <th style="width: 70%;">PARTICIPANT TYPE</th> <th style="width: 30%;">%</th> </tr> </thead> <tbody> <tr> <td>Children</td> <td>50%</td> </tr> <tr> <td>100% <3</td> <td></td> </tr> <tr> <td>Parents/Guardians</td> <td>49%</td> </tr> <tr> <td>Other Family</td> <td>1%</td> </tr> </tbody> </table>	PARTICIPANT TYPE	%	Children	50%	100% <3		Parents/Guardians	49%	Other Family	1%	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #006633; color: white;"> <th style="width: 50%;">RACE/ETHNICITY</th> <th style="width: 50%;">PERCENTAGE (ALL PARTICIPANTS)</th> </tr> </thead> <tbody> <tr><td>Hispanic/Latino</td><td>79%</td></tr> <tr><td>White</td><td>11%</td></tr> <tr><td>Black/African American</td><td>2%</td></tr> <tr><td>Asian</td><td>1%</td></tr> <tr><td>Alaska Native/American Indian</td><td>-</td></tr> <tr><td>Pacific Islander</td><td>-</td></tr> <tr><td>Multiracial</td><td>1%</td></tr> <tr><td>Other</td><td>1%</td></tr> <tr><td>Unknown</td><td>5%</td></tr> </tbody> </table>	RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)	Hispanic/Latino	79%	White	11%	Black/African American	2%	Asian	1%	Alaska Native/American Indian	-	Pacific Islander	-	Multiracial	1%	Other	1%	Unknown	5%	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #006633; color: white;"> <th style="width: 50%;">LANGUAGE</th> <th style="width: 50%;">PERCENTAGE (ALL PARTICIPANTS)</th> </tr> </thead> <tbody> <tr><td>English</td><td>41%</td></tr> <tr><td>Spanish</td><td>56%</td></tr> <tr><td>Hmong</td><td>-</td></tr> <tr><td>Other</td><td>1%</td></tr> <tr><td>Unknown</td><td>2%</td></tr> </tbody> </table>	LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)	English	41%	Spanish	56%	Hmong	-	Other	1%	Unknown	2%
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Funding Awards, Expenditures, and Participants Served Comparison by Fiscal Year



The program has steadily been increasing its expenditure to award ratio. In '13/'14 and '14/'15, the program reported an increase in participants served due to increased outreach. In '15/'16 the numbers served decreased due to participation decreases at each of the ten program sites, particularly Newman and North Modesto.

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. The program continues to struggle staff absences due to medical leave. However, staff from other programs help teach community HBO classes when needed.
- 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.
- 471 support sessions were held at ten community sites and 347 new pregnant women joined the program. 93% of mothers who completed satisfaction surveys stated that the groups met their needs.
- The Newman, North Modesto, Turlock and Hughson sites struggled to enroll a minimum of 40 pregnant women during the year (Newman – 30, North Modesto – 23, Turlock – 32 and Hughson - 32). North Modesto has been encouraged to increase their outreach to the community. The site also struggled with staffing vacancies. Newman struggles due to the limited population of pregnant women and staff medical leaves at the site. Both the Turlock and Hughson sites expressed difficulty enrolling women into their programs due to fear in the community related to immigration status.
- The HBO home visiting program has continue to see an increase in referrals from California Forensic Medical Group (CFMG), the agency contracted with the jail to provide medical services. Most of the women referred have limited resources, at high risk for substance use or psycho/social challenges. However about 40% of these cases are lost to care upon the woman's release.
- A concerning trend in the County is the rising rate of Congenital Syphilis. The program has had several referrals for women positive for syphilis. The treatment regime for a pregnant woman requires her to return to the clinic every 7 days for 3 weeks. The treatment is very rigid and she is not allowed to miss the scheduled appointment or she must restart her treatment. This makes it very difficult for HBO clients.

- More than 73% of new pregnant mothers joining the ten HBO pregnancy support groups were in their first or second trimester on entry. Women are joining groups earlier in their pregnancies, which gives these mothers more time to learn self-care and receive support during the prenatal period, thereby improving their odds of having healthy babies.
- More than 70% of participants indicated an increase in knowledge resulting from attending health education classes and 91% reported making changes in how they cared for themselves or their children as a result of information they gained in their HBO class.
- The Persimmony data base implemented in 2015-2016 has been an operating challenge for staff. A back-up for the operator was trained in 2016-2017.
- Leveraging: In 2015-2016, the HBO program drew down \$321,939 in Federal matching funds.
- Cultural Competency: Classes are presented in English and Spanish, and the community component has Spanish speakers available for class presentations. Interpreters from the HSA volunteer program and HSA staff assist case management staff when they conduct home visits with Spanish speaking clients. Program materials are in Spanish and English, the two main languages used by program participants. Most recently, the program reached out to the Afghani refuge population.
- Collaboration: HBO continues to collaborate with Stanislaus County Community Services Agency (CSA) on the Shaken Baby prevention outreach. HBO covered the dangers and consequences of shaking a baby at HBO support groups as well as collecting data for CSA. HBO has increased collaboration with the HSA HIV/STD program this past year, specifically focusing on Congenital Syphilis. HBO case managers conducted more intensive outreach to women with infections and assisted them in accessing treatment.
- Sustainability: Key Champions for the program include the MCAH Advisory Board, Stanislaus Health Foundation, and the family resource centers. Strategic partnerships have been established with WIC, SCOE, March of Dimes, and the Child Lead Poisoning Prevention Program. The program has worked with FRC's to continue to leverage Commission funds and draw down Federal Funds to support ongoing activities. This work will continue in the upcoming FY. The case management portion of HBO continues to utilize Commission funding to bring in Federal funding to support programs.

Prior Year Recommendations

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • CHS/HBO will continue to utilize Targeted Case Management (TCM) to match Commission funds and leverage federal draw down when providing case management services to high risk pregnant women and their families. This includes meeting required documentation, time study, and program requirements. (For more information on leveraging please refer to the 2016-2017 HBO annual report.) • Center for Human Services participates in the MAA program at all of their Family Resource Centers with HBO contracts to leverage Commission funding in drawing down additional Federal funding.
<p>2. Continue to work with FRC's to maximize Medi-Cal Administrative Activities (MAA) funding</p>	<ul style="list-style-type: none"> • Currently, Center for Human Services participates in MAA at 4 of their FRC sites (Ceres, Oakdale, Patterson, and Newman). • No new contracts have been signed. Sierra Vista Child & Family Services and Parent Resource Center are still receptive and we will continue to work with them in 17/18 FY to facilitate their use of MAA.

3. Increase the number of expectant mothers who give up smoking and substance abuse during their pregnancy.	<ul style="list-style-type: none"> • Clients are encouraged to enter into or continue treatment programs for substance abuse and smoking cessation programs. Case managers received smoking cessation training to increase tools and knowledge in assisting mothers in quitting smoking.
4. Train an employee to serve as a back-up operator for the Persimmony data base.	<ul style="list-style-type: none"> • A matrix was created to identify the location of data needed to complete the SCOARRS report. • A staff Services Analyst was hired this past year to work on Persimmony. He is able to run reports as needed on the Persimmony data base.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Participants rate the support groups as having met their needs	85%	98% (239/243)
Women receiving case management services recommend the service to others	85%	100% (28/28)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	73% (1,369/1,882) (not a unique participant count)
Participants report having made changes based on what they learned in classes	60%	91% (1,716/1,882) (not a unique participant count)
Case managed clients report having made self-care behavior changes for themselves and/or children based on case management services	60%	100% (28/28)
Clients score 36 or greater on Caldwell HOME score (measurement of adequate environment for learning, implementing parental interventions, and change)	70%	92% (11/12)
Clients score 55 or greater on NCAST FEED (measurement of reciprocal behaviors between a mother and her child during the first 12 months)	70%	100% (9/9)
Clients score 50 or greater on the NCAST TEACH (measurement of caregiver-child interactions and communication)	70%	100% (8/8)
Participants deliver term infants	90%	84% (163/195)
Participants deliver infants weighing at least 5 lbs. 5 oz. and no more than 8 lbs. 13 oz.	90%	84% (164/195)
Participants initiate breastfeeding	50%	92% (180/195)

Participants breastfeed for at least 6 months	30%	71% (190/266)
Infants at one year of age have up-to-date immunizations	85%	98% (106/108)
Infants at one year of age have health insurance	85%	100% (108/108)
Clients admitting to substance use initiate treatment program	40%	38% (5/13)
Case managed women discontinue smoking during pregnancy	25%	45% (5/11)
Case managed clients who indicate a need for mental health services are referred	90%	81% (22/27)
Case managed clients who self-report behavioral health issues at time of intake receive referrals to mental health services	90%	75% (15/20)
Perinatal providers are reached to increase awareness of services available to pregnant/parenting women	20	20

Recommendations

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

Additionally, it is recommended that the program:

- Work with FRC site to retain FRC HBO facilitators and cross train FRC staff to serve as a backup HBO facilitator if need arises.
- Work with FRC staff to ensure proper tracking and notification to HSA when a FRC HBO participant gives birth.
- Ensure all HSA HBO staff receives NCAST training.

Healthy Cubs

Agency: Health Services Agency
Current Contract End Date: June 30, 2017

Program Description

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

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

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

Finances			
Total Award October 1, 2002 – June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$12,260,528	\$50,000	\$28,741 (57% of budget)	\$6,033,217 (49% of budget)

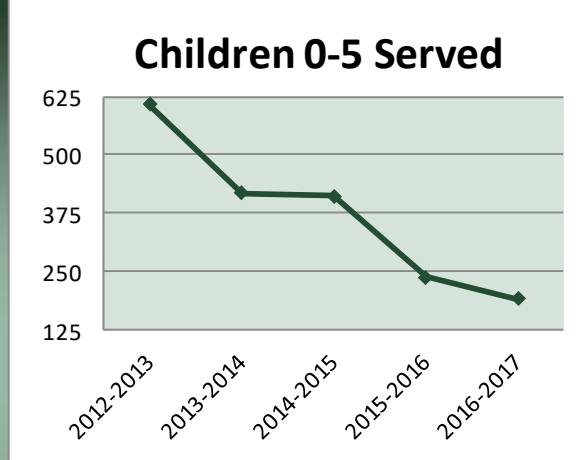
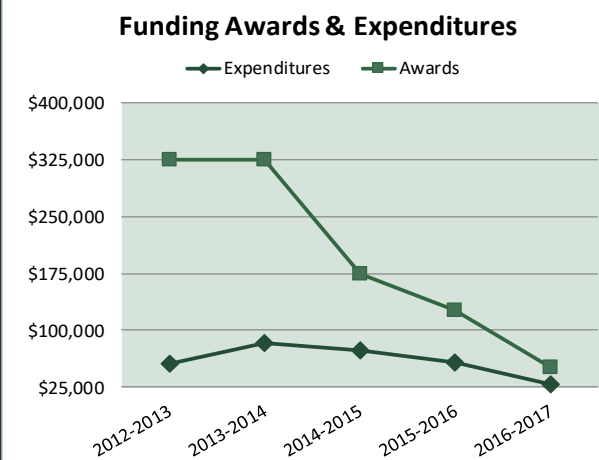
FY '15-'16 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Medical Claims	Indirect Costs	Cost Per Participant (192)
\$14,614	\$945	\$9,777	\$3,405	\$150

PARTICIPANT TYPE	% SERVED
Children	7%
69% <3; 31% 3-5	
Parents/Guardians	93%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	92%
White	0%
Black/African American	<1%
Asian	<1%
Alaska Native/American Indian	-
Pacific Islander	2%
Multiracial	-
Other	-
Unknown	5%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	25%
Spanish	70%
Hmong	-
Other	-
Unknown	5%

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



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

Program Highlights

- The program paid \$9,917 to providers for 192 beneficiaries.
- Healthy Cubs identified \$560 in claims that became eligible for payment under Medi-Cal due to the patient receiving retroactive Medi-Cal benefits.
- Program participants must apply for Healthy Cubs benefits at HSA's Scenic campus. Applicants must bring proof of Medi-Cal eligibility.
- Medical services for participants are provided at HSA clinics and Golden Valley Health Centers.
- The only dentist contracted with the Healthy Cubs program declined to continue to participate in the program. The program is no longer able to provide dental services for Healthy Cubs beneficiaries.
- Cultural Competency: Over 90% of Healthy Cubs' program beneficiaries are Hispanic. Approximately 80% of program beneficiaries list Spanish as their primary language. The program is adequately staffed to support the language needs of the majority of its applicants. In addition, Healthy Cubs staff has a list of employees working within the Health Services Agency to assist patients when translation services for other languages are needed.
- Collaboration: Healthy Cubs reports developing cooperative relationships with organizations throughout the county. Healthy Cubs provides program information to hospitals and medical providers in Stanislaus County as well as WIC, Child Health & Disability Prevention Program, and HSA medical clinics for distribution to uninsured patients meeting age and income criteria who are in need of primary care or obstetric services.
- Sustainability: 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

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> The Health Services Agency is a Federally Qualified Health Center Look-Alike (FQHC) and must provide uninsured patients that present for services at the 5 primary care clinics assessment for sliding fee scale or discounted charges. If the Healthy Cubs Program were no longer funded by the Commission, the remaining uninsured patients would be assessed for the sliding fee scale as any other uninsured patient who presents to these FQHC clinics.
2. Continue to analyze the impacts the Affordable Care Act (ACA) and the expansion of Medi-Cal will have on program operations and design.	<ul style="list-style-type: none"> The Healthy Cubs staff continuously monitors state and federal legislation that may impact health coverage and provides recommendations for the program changes as needed.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Uninsured pregnant women and children 0-5 are given Healthy Cubs applications and provided medical services in the interim	350	192
Applicants are beneficiaries of Healthy Cubs health care	300 / 85%	96% (185/192)
Program participants convert to other health coverage	10%	12% (22/185)
Health fair and other presentations are given by Healthy Cubs staff	3	0
Accounts paid with Prop 10 funds are recovered from other payer sources	-	\$0

Recommendations

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 identify a dental provider in Stanislaus County willing to accept Healthy Cub beneficiaries.

Result Area 4: Improved Systems of Care/Sustainable Systems

Description

Expenditures in Result Area 4 reflect contracts which 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 2016-2017. It should be noted, however, that although the budget allocation for this Result Area is relatively low, expenditures that are allocated to “Other Programs” in the Commission’s 2016-2017 budget should be considered as contributing to the results in Result Area 4. These include expenditures for the Early Care and Education Conference as well as staff time spent supporting and monitoring programs. These expenditures are reflect on the next page in the Result Area expenditure chart.

Finances – Improved Systems of Care/Sustainable Systems	
FY ‘16-‘17 Total Awards	FY ‘16-‘17 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

Objectives:

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

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

- ***Fund programs that provide outreach, planning, support, and management***
Outreach is critical for all Result Areas in order to reach out to those who may be marginalized or underserved. The Commission expects all funded programs to ensure that targeted populations are reached to participate in their particular services. Effective planning, support, and management are also imperative in providing services that are efficient and valuable. The Commission funds a contract under this Result Area that is entirely dedicated to providing planning, support, and management of 10 sites. In addition, Commission staff also provides support in this area to contractors as needed.
- ***Offer training and support for providers and contractors to build capacity and improve utilization of limited resources***
Capacity building can occur at multiple levels, and the Commission supports this effort in a variety of ways. One way is through two Early Childhood Educator/Provider Conferences provided annually that are designed to train and support those

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

- **Encourage collaboration and coordination amongst contractors and other organizations by sponsoring meeting/sharing opportunities**

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

- **Support leveraging opportunities within and outside of Stanislaus County**

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

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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- 96% of the surveyed attendees (406/423) rated the August 2015 and February 2016 ECE/Provider Conferences as good or excellent

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

- Improved collaboration amongst sites and services for 2,662 children 0-5 and their families
- Ten sites received technical assistance, coordination, and support with an 96% satisfaction rate

Increases in Leveraging Within and Outside of the County

Increase in Resources and Community Assets Leveraged Within the County

- 75% of the Commission contracted programs (18/21) report leveraging of community resources
- A total of over \$3 million was leverage from inside sources in 2016-2017

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

- 75% of the Commission contracted programs (15/21) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County
- Nearly \$5.7 million was leverage from outside sources in 2016-2017

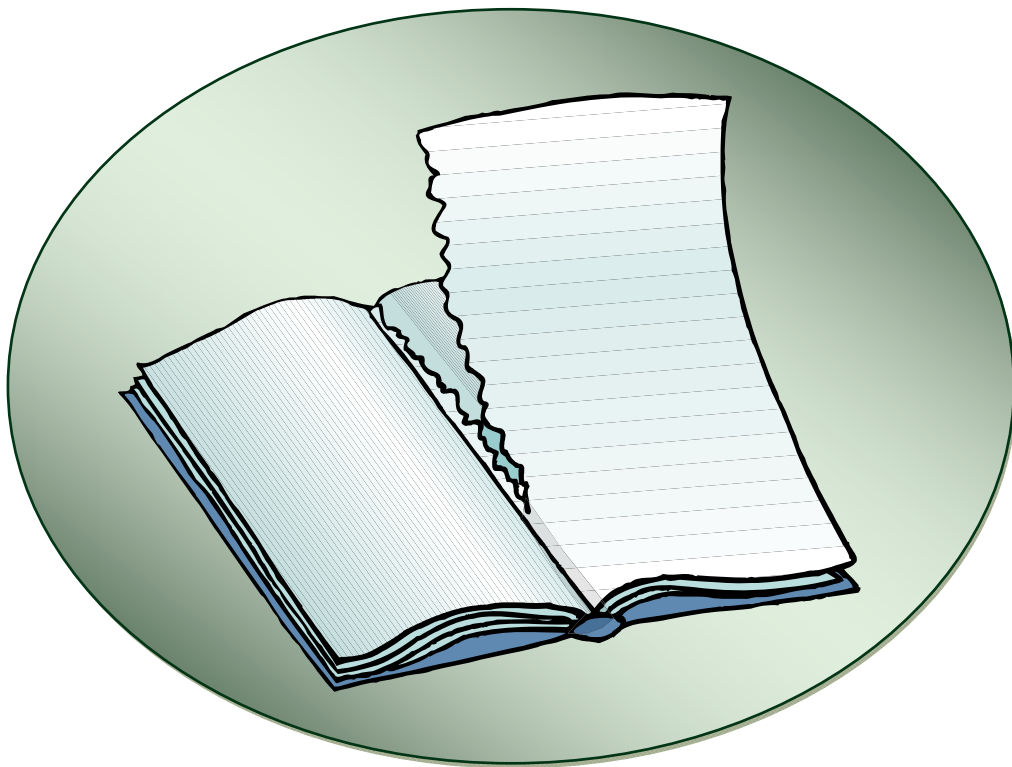
Result Area 4: Improved Systems of Care (Sustainable Systems)

Program/Activity	Amount Expended in '16-'17	Amount Budgeted in '16-'17	% Expended in '16-'17
Program Salaries & Benefits*	\$ 69,160	\$ 193,023	36%
Services, Supplies, County Cap*	\$ 29,980	\$ 30,748	98%
SCOE Healthy Start Support	\$ 82,378	\$ 82,378	100%
TOTAL	\$ 181,518**	\$ 306,149**	59%

*The numbers show on the above chart reflect information reported by the Commission to the State of California for Result Area Four in the Commission's 2016-2017 Local Annual Report. Program Salaries & Benefits and Services, Supplies, County Cap are expenses/activities that are categorized as "Other Programs" in the Commission's 2016-2017 budget. However, the work performed by Commission staff while support the Commission's contractors contributes to improved systems of care and sustainable systems objectives and costs associated with this work is reflected here.

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

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APPENDIX 1 - ACRONYMS

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

1. **0-5 EIP**.....Zero to Five Early Intervention Partnership (formerly SCCCP)
2. **ADRD/DRDP**Adapted Desired Results Developmental Profile/Desired Results Developmental Profile
3. **AOD**Alcohol and Other Drugs
4. **ASQ**Ages and Stages Questionnaire
5. **ASQ-3**.....Ages and Stages Questionnaire – Third Edition
6. **ASQ SE**Ages and Stages Questionnaire – Social Emotional
7. **BHRS**Behavioral Health and Recovery Services
Funded Program: Zero to Five Early Intervention Partnership (0-5 EIP)
8. **CAA**Certified Application Assistor
9. **CAPC**Child Abuse Prevention Council
10. **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



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

Administrative Committee Minutes

Monday, April 16, 2018

MEMBERS:

Vicki Bauman
 School Representative

Ignacio Cantu Jr.
 Community Representative

Vito Chiesa
 County Supervisor

David Cooper
 Community Representative

Kathy Harwell
 Chair
 Community Services Agency

Mary Ann Lee
 Health Services Agency

Nelly Paredes-Walsborn, Ph.D.
 Vice Chair
 Community Representative

George Skol
 Community Representative

Julie Vaishampayan, MD
 Public Health Officer

David T. Jones
 Executive Director

Commissioners Present: Ignacio Cantu Jr., Kathryn Harwell, Mary Ann Lee

Commissioners Absent: Vicki Bauman

Staff Present: Veronica Ascencio, Denae Davis, David Jones, Stephanie Loomis

1. Monthly Contract Financial Report as of March 31, 2018 – Staff updated the Committee on the invoice processing. Invoices are being processed in a timely manner. The Monthly Contract Financial Report is a year-to-date report.
2. The Committee was presented with a Quarterly Financial Report – January 2018 to March 2018.
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6. Draft April 24, 2018 Commission Meeting – **Board Room, Stanislaus County Office of Education**
 - a. Public Hearing on the 2016-2017 State Annual Report
 - b. Public Hearing and Adoption of the Policies and Procedures Manual Update
 - c. Local Evaluation
 - d. Closed Session – Executive Director Evaluation
7. Executive Director Report – The Director reported on staff and County Counsel transitions, Prop 10 revenue, the strategic planning process, a budget preview for May, and discussed the Commission’s ordinance/name change.
8. Adjournment

STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION

CONTRACT SCHEDULE

3/31/2018

	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 (<i>United Way</i>)	\$ 80,000	\$ 37,082	\$ 42,918	46%
Family Resource Centers:					
2	Ceres Partnership for Healthy Children (<i>CHS</i>)	\$ 163,418	\$ 96,636	\$ 66,782	59%
3	Hughson Family Resource Center (<i>SV</i>)	\$ 147,135	\$ 92,445	\$ 54,690	63%
4	N. Modesto/Salida Family Resource Center (<i>SV</i>)	\$ 311,147	\$ 185,554	\$ 125,593	60%
5	Oakdale/Riverbank Family Resource Center (<i>CHS</i>)	\$ 158,847	\$ 97,429	\$ 61,418	61%
6	Parent Resource Center	\$ 350,457	\$ 248,734	\$ 101,723	71%
7	Turlock Family Resource Center (<i>Aspiranet</i>)	\$ 190,415	\$ 97,393	\$ 93,022	51%
8	Westside Family Resource Center (<i>CHS</i>)	\$ 237,938	\$ 134,559	\$ 103,379	57%
9	The Bridge (<i>Sierra Vista</i>)	\$ 185,000	\$ 108,415	\$ 76,585	59%
10	Healthy Start Sites	\$ 416,020	\$ 158,088	\$ 257,932	38%
Targeted Intensive Family Support Services					
11	Children's Crisis Center	\$ 460,000	\$ 282,191	\$ 177,809	61%
12	Court Appointed Special Advocates	\$ 60,000	\$ 31,733	\$ 28,267	53%
13	Family Justice Center	\$ 101,530	\$ 43,508	\$ 58,022	43%
14	La Familia Counseling Program (<i>El Concilio</i>)	\$ 98,000	\$ 48,855	\$ 49,145	50%
15	Zero to Five Early Intervention Partnership (<i>BHRS</i>)	\$ 1,523,009	\$ 733,994	\$ 789,015	48%
Total Area 1:		\$ 4,482,916	\$ 2,396,616	\$ 2,086,300	53%
RESULT AREA 2: Improved Child Development (Child Development Services)					
Kindergarten Transition Services					
16	Keyes (1)	\$ 10,000	\$ -	\$ 10,000	0%
17	Riverbank (2)	\$ 20,000	\$ -	\$ 20,000	0%
Quality ECE Investments					
18	Early Care and Education Conference	\$ 12,000	\$ 5,065	\$ 6,935	42%
Total Area 2:		\$ 42,000	\$ 5,065	\$ 36,935	12%
RESULT AREA 3: Improved Health (Health Education and Services)					
Health Access					
19	Healthy Cubs (<i>Health Services Agency</i>)	\$ 50,000	\$ 17,762	\$ 32,238	36%
Maternal & Child Health Care					
20	Healthy Birth Outcomes (<i>Health Services Agency</i>)	\$ 1,339,160	\$ 703,221	\$ 635,939	53%
Oral Health					
21	Dental Education (<i>Health Services Agency</i>)	\$ 30,000	\$ 17,861	\$ 12,139	60%
Total Area 3:		\$ 1,419,160	\$ 738,845	\$ 680,315	52%
RESULT AREA 4: Improved Systems of Care					
Provider Capacity Building, Training and Support					
22	Healthy Start Support (<i>SCOE</i>)	\$ 82,378	\$ 30,769	\$ 51,609	37%
Total Area 4:		\$ 82,378	\$ 30,769	\$ 51,609	37%
Total Services Contracts		\$ 6,026,454	\$ 3,171,295	\$ 2,855,159	53%

STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION
FISCAL YEAR 2017-2018
QUARTERLY FINANCIAL REPORT
01/01/18-03/31/18

	FY 17/18 Budget	Actual	Remaining Budget	% Actual to Budget
Beginning Fund Balance	\$ 8,671,493	\$ 8,371,067		
REVENUE				
Interest	\$ 98,048	\$ 46,916	\$ 51,132	48%
Tobacco Tax (Prop 10)	\$ 4,204,821	\$ 2,586,173	\$ 1,618,648	62%
Grants, SMIF, Misc.	\$ -	\$ 75,079	\$ (75,079)	0%
TOTAL REVENUE	\$ 4,302,869	\$ 2,708,169	\$ 1,594,700	63%
EXPENDITURES				
Program				
Contracts/Programs	\$ 6,026,454	\$ 3,171,295	\$ 2,855,159	53%
Contracts-Prior Year		\$ (10,472)	\$ 10,472	
Contract Adjustments (TBD)	\$ 508,470		\$ 508,470	0%
Salaries & Benefits	\$ 199,366	\$ 108,726	\$ 90,640	55%
Services & Supplies	\$ 29,636	\$ 51,316	\$ (21,680)	173%
County Cap Charges	\$ 6,332	\$ 10,934	\$ (4,602)	173%
Total Expenditures - Program	\$ 6,770,258	\$ 3,331,799	\$ 3,438,459	49%
Evaluation				
Salaries & Benefits	\$ 58,474	\$ 7,568	\$ 50,906	13%
Services & Supplies	\$ 12,887	\$ 8,236	\$ 4,651	64%
County Cap Charges	\$ 1,266	\$ 1,075	\$ 191	85%
Total Expenditures - Evaluation	\$ 72,627	\$ 16,878	\$ 55,749	23%
Administration				
Salaries & Benefits	\$ 260,272	\$ 213,313	\$ 46,959	82%
Services & Supplies	\$ 86,221	\$ 50,031	\$ 36,190	58%
County Cap Charges	\$ 17,730	\$ 10,156	\$ 7,574	57%
Total Expenditures - Administration	\$ 364,223	\$ 273,500	\$ 90,723	75%
Total Expenditures	\$ 7,207,108	\$ 3,622,177	\$ 3,584,931	50%
NET INCREASE (DECREASE) TO FUND BALANCE	\$ (2,904,239)	\$ (914,009)		
ENDING FUND BALANCE	\$ 5,767,254	\$ 7,457,058		



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

Operations Committee Minutes

Tuesday, April 17, 2018

MEMBERS:

Vicki Bauman
 School Representative

Ignacio Cantu Jr.
 Community Representative

Vito Chiesa
 County Supervisor

David Cooper
 Community Representative

Kathy Harwell
 Chair
 Community Services Agency

Mary Ann Lee
 Health Services Agency

Nelly Paredes-Walsborn, Ph.D.
 Vice Chair
 Community Representative

George Skol
 Community Representative

Julie Vaishampayan, MD
 Public Health Officer

David T. Jones
 Executive Director

Commissioners Present: Dave Cooper, George Skol, Dr. Julie Vaishampayan
 Commissioners Absent: Nelly Paredes-Walsborn
 Staff Present: Veronica Ascencio, Denae Davis, David Jones, Stephanie Loomis

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 - d. Closed Session – Executive Director Evaluation
7. Executive Director Report – The Director reported on staff and County Counsel transitions, Prop 10 revenue, the strategic planning process, a budget preview for May, and discussed the Commission’s ordinance/name change.
8. Adjournment



Children & Families Commission
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 Modesto, CA 95354
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Executive Committee Minutes

Wednesday, April 18, 2018

MEMBERS:

Vicki Bauman
 School Representative

Ignacio Cantu Jr.
 Community Representative

Vito Chiesa
 County Supervisor

David Cooper
 Community Representative

Kathy Harwell
 Chair
 Community Services Agency

Mary Ann Lee
 Health Services Agency

Nelly Paredes-Walsborn, Ph.D.
 Vice Chair
 Community Representative

George Skol
 Community Representative

Julie Vaishampayan, MD
 Public Health Officer

David T. Jones
 Executive Director

Commissioners Present: Kathryn Harwell, Vito Chiesa
 Commissioners Absent: Nelly Paredes-Walsborn
 Staff Present: David Jones

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5. Staff shared they were making proposed changes to the Policies and Procedures Manual. A public hearing on the manual update will be held at the Commission meeting on April 24.
6. The Committee was informed that a closed session would take place at the April Commission meeting for the evaluation of the Executive Director.
7. Draft April 24, 2018 Commission Meeting – **Board Room, Stanislaus County Office of Education**
 - a. Public Hearing on the 2016-2017 State Annual Report
 - b. Public Hearing and Adoption of the Policies and Procedures Manual Update
 - c. Local Evaluation
 - d. Closed Session – Executive Director Evaluation
8. Executive Director Report – The Director reported on staff and County Counsel transitions, Prop 10 revenue, the strategic planning process, a budget preview for May, and discussed status of the Commission’s ordinance/name change.
9. Adjournment