



Tuesday, June 24, 2014 @ 4:00 p.m.
Board Room, Stanislaus County Office of Education
1100 H Street, Modesto, CA



Children & Families Commission

1010 10th Street, Suite 5000
Modesto, CA 95354

Phone: 209.558.6218 Fax: 209.558.6225

Commission Meeting Notice

Tuesday, June 24, 2014 @ 4 PM, Board Room, Stanislaus County Office of Education
1100 H Street, Modesto, CA 95354

MEMBERS:

Vicki Bauman
School Representative

Vito Chiesa
County Supervisor

David Cooper
Community Representative

Denise Hunt
Chair
Community Representative

Mary Ann Lee
Vice Chair
Health Services Agency

Nelly Paredes-Walsborn, Ph.D.
Community Representative

Madelyn Schlaepfer
Behavioral Health and
Recovery Services

George Skol
Community Representative

John Walker, MD
Public Health Officer

John Sims
Executive Director

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

The agenda is divided into two sections:

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

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

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

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

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

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

NOTICE REGARDING NON-ENGLISH SPEAKERS: Stanislaus County Children & Families Commission meetings are conducted in English and translation to other languages is not provided unless the Commission is notified 72 hours in advance that an interpreter is necessary. Please contact Administration at (209) 558-6218 should you need a translator for this meeting.

Las juntas de la Comision para Niños y Familias son dirigidas en Ingles y no hay traduccion disponible a menos que la Comision sea notificada con 72 horas por avanzado. Si necesita traducción, por favor contacte a la Comision al (209) 558-6218. (Por favor tome nota, el mensaje es en Ingles pero se le asistara en Español cuando lo pida.)

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

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

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



COMMISSION MEETING AGENDA



Children & Families Commission
1010 10th Street, Suite 5000, Modesto, CA
95354

June 24, 2014

Times provided are approximate times.

- 4:00 p.m. I. Welcome & Introductions – Vice Chair Mary Ann Lee
- 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 April 29, 2014. (p. 4-7)
- B. Executive Director's Office
- 4:20 p.m. 1. **Program Presentations** (p. 8-20)
- Joint Presentation of Family Resource Centers and The Bridge – Sandra Genova, Aspiranet; Karina Franco, Sierra Vista Children and Family Services; Susan Mendieta Beasley, Parent Resource Center, and Lori Schumacher, Center for Human Services (20 minutes)
 - The Bridge
 - Ceres Partnership for Healthy Children (p. 9-10)
 - Hughson Family Resource Center
 - North Modesto Family Resource Center
 - Oakdale Family Resource Center (p. 9-10)
 - Parent Resource Connection
 - Turlock Resource Center
 - Westside Family Resource Center (p. 9-10)
 - La Familia Counseling Program – Yamilet Valladolid, El Concilio (5 minutes)
 - Healthy Start – Jeri Trainor, Stanislaus County Office of Education (5 minutes) (p. 11-12)
 - Respite Shelter Program – Colleen Garcia, Children's Crisis Center (5 minutes) (p. 13-14)
 - Court Appointed Special Advocates – Steve Ashman, Court Appointed Special Advocates of Stanislaus County (5 minutes) (p. 15)
 - Healthy Birth Outcomes – Julie Falkenstein, Health Services Agency (5 minutes) (p. 16-19)
- 5:10 p.m. C. Committee Reports – None
- VII. Correspondence – None
- VIII. Commissioner Reports
- 5:15 p.m. IX. Staff Reports
- 5:20 p.m. X. Adjourn

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



Children & Families Commission

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Phone: 209.558.6218 Fax: 209.558.6225

**Commission Meeting Minutes
Tuesday, April 29, 2014
West Modesto Community Center
Finley Conference Room
401 E. Paradise Road, Modesto, CA**

Members Present: Vicki Bauman, Vito Chiesa, David Cooper, Denise Hunt (Chair), Mary Ann Lee (Vice Chair), Nelly Paredes-Walsborn, Madelyn Schlaepfer, George Skol, and Dr. John Walker.

Members Absent: None

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

- I. Chair Hunt called the meeting to order at 4:02 p.m. Commission members and attendees recited the Pledge of Allegiance.
- II. Commission members, staff, and attendees were introduced and welcomed.
- III. Announcement of Commissioner Recusals – Chair Hunt informed the audience that during the budget approval process there would be several recusals during discussions and votes on specific programs and recusals would be noted at that time.
- IV. Public Comment Period – None.
- V. Consent Calendar
The Consent Calendar was approved.
Moved Skol, Seconded Lee. Unanimously approved.
- VI. Agenda Items
 - A. The Commission approved the Commission Meeting Minutes of March 25, 2014.
Approved on the consent calendar. Moved Skol, Seconded Lee. Unanimously approved.
 - B. Executive Director's Office
 1. State law requires the Commission to annually hold a public hearing before adopting a budget for fiscal year operations (July 1st to June 30th) and before adopting a long-range financial plan. The budget is an estimated spending plan for the funds received by the Stanislaus County Children and Families Commission. Adoption of a budget is the first step in authorizing expenditures to contractors. However, before funds can be disbursed, a contract must be executed between the Commission and the program operator.

By law, the Stanislaus County Board of Supervisors does not have statutory authority to alter, amend, or approve the Commission's budget. The Commission's budget appears in the Stanislaus County budget as an informational item so the Auditor has a legal basis to make Commission expenditures. Any budget approved by the Commission at this meeting or at subsequent meetings will be incorporated into the County's 2014-2015 budget.

Some of the significant features of the 2014-2015 budget and the long range financial plan include:

- Budgeted tobacco tax revenues are estimated to decrease 1% (\$47,511) between 2013-2014 and 2014-2015
- Staffing, at 4.15 full time equivalents, is included in the budget with:
 - o Salary and related benefits increased 3% in 2014-2015

- o Retirement and health insurance costs increased 3.5% in 2014-2015
- o Salary and benefit costs increased 2% starting in 2015-2016 for the long term financial plan
- 2014-2015 contracts and programs are budgeted at current amounts except for:
 - o Family Justice Center – reduced \$11,430 due to the acquisition of other funding for legal services
 - o Shaken Baby Program – reduced to \$0 due to the acquisition of another funding source
- Activities funded by the 2014-2015 budget include:
 - o Annual provider conferences (2)
 - o Report to the Community
 - o Evaluation Report
 - o Monitoring
 - o Contract development and administration
 - o General administration
- For 2014-2015, a \$500,000 contingency has been established. No funds will be spent from Contingency without the approval of the Commission.
- The State’s revenue projections for Stanislaus County have been used in the long range financial plan.
- The long range financial plan assumes contractors will spend 95% of approved allocations.
- The long range financial plan assumes a minimum reserve of six month’s worth of operating costs.

After the presentation, Chair Hunt opened the public hearing at 4:21 p.m. to obtain comments from the audience. Hearing no comments, Chair Hunt closed the hearing at 4:22 p.m.

Commissioner Walker made a motion to:

1. Approve the recommended budget of \$7,490,083 for fiscal year 2014-2015.
2. Adopt the financial projections for fiscal years 2014-2015 through 2018-2019 as the Commission’s long range financial plan.
3. Authorize staff to submit the proposed budget for inclusion in the County budget.
4. Authorize staff to work with contractors to develop budgets up to the amounts specified on the attached budget summary.
5. Authorize the Executive Director to negotiate and execute an agreement with Brown and Armstrong in the amount of \$11,200, which has been budgeted in 2014-2015, for the 2013-2014 annual audit/administrative compliance review.
6. Direct staff to work with the Administrative and Finance committee to implement the budget.
7. Approve the following contract allocation recommendations and authorize the ED to negotiate and execute the contracts:

Program / Agency	Amount
La Familia Counseling Program (El Concilio)	\$98,000
211 Project (United Way of Stanislaus County)	\$80,000
The BRIDGE (Sierra Vista)	\$185,000
Family Justice Center	\$100,000
Kindergarten Readiness Program	
Keyes (Keyes Unified)	\$10,000
Grayson (Patterson Unified)	\$10,000
Riverbank (Riverbank Unified)	\$20,000

Moved Commissioner Walker; Seconded Commissioner Schlaepfer; Unanimously approved. Motion carried: 9-0

Prior to the next motion, Commissioner Schlaepfer announced her recusal and left the room.

Commissioner Skol made a motion to:

1. Approve the following contract allocation recommendation and authorize the ED to negotiate and execute the contract:

Program / Agency	Amount
Zero to Five Early Intervention Partnership (BHRS)	\$1,523,009

Moved Commissioner Skol; Seconded Commissioner Bauman; Unanimously approved. Motion carried: 8-0; Abstained: 1 (Schlaepfer)

Prior to the next motion being made, Commissioner Schlaepfer returned and Commissioner Skol announced his recusal and left the room.

Commissioner Cooper made a motion to:

1. Approve the following contract allocation recommendations and authorize the ED to negotiate and execute the contracts:

Program / Agency	Amount
Children's Crisis Center	\$460,000
Court Appointed Special Advocates (CASA)	\$30,000

Moved Commissioner Cooper; Seconded Commissioner Lee; Unanimously approved. Motion carried: 8-0; Abstained: 1 (Skol)

Prior to the next motion being made, Commissioner Skol returned and Commissioner Bauman announced her recusal and left the room.

Commissioner Lee made a motion to:

1. Approve the following contract allocation recommendations and authorize the ED to negotiate and execute the contracts:

Program / Agency	Amount
Healthy Start Sites (SCOE)	\$416,020
Healthy Start Support (SCOE)	\$82,378
First 5 California Child Signature Program (SCOE)	\$105,000

Moved Commissioner Lee; Seconded Commissioner Skol; Unanimously approved. Motion carried: 8-0; Abstained: 1 (Bauman)

Prior to the next motion being made, Commissioner Bauman returned and Commissioner Lee and Walker announced their recusals and left the room.

Commissioner Bauman made a motion to:

1. Approve the following contract allocation recommendations and authorize the ED to negotiate and execute the contracts:

Program / Agency	Amount
Healthy Cubs (Health Services Agency)	\$325,000
Dental Education (Health Services Agency)	\$30,000
Perinatal Home Visitation – HBO (Health Services Agency)	\$1,339,160

Moved Commissioner Bauman; Seconded Commissioner Schlaepfer ; Unanimously approved. Motion carried: 7-0; Abstained: 2 (Lee and Walker)

Following the vote, Commissioner Lee and Commissioner Walker returned to the room and the meeting continued.

2. Section 130140 of the California State Health and Safety Code states that “the county commission shall, on at least an annual basis, review its county strategic plan and...revise the plan as may be

necessary or appropriate". Additionally, State law requires that the Commission hold a Public Hearing on any revision to the Strategic Plan prior to its amendment and adoption.

Staff shared background on the development of the Strategic Plan and outlined the contents of the plan, including the areas of focus, results, and its objectives. Staff made note that the Commission has begun the process to develop a new strategic plan to be implemented for 2015-2017.

Since no revisions were made to the plan, no public hearing was conducted and Commission approval was not necessary. This agenda item was scheduled to ensure the required annual review was completed.

3. The copier/printer/fax currently being used by the Children and Families Commission was lease purchased in 2006. Following its five year lease, the Commission purchased the copier for its residual value and has used it ever since.

For the last few months, the copier has been breaking down with more frequency and generating copies with significant smudges and streaks. The decision was made to request the purchase of a new copier as a part of next year's budget. Consequently, \$8,100 for a new copier (with similar features as the existing copier) was included in the draft of the 2014-2015 budget.

The problems with the smudges and streaks have suddenly become much worse. Representatives of the company providing copier maintenance and repair services have informed Commission staff that the copier is obsolete and needs a significant number of new parts in order for the copier to continue working to July 1st. (It is estimated that new parts for the existing copier will take 10 days to arrive.) As the existing copier has \$0 value, it does not seem prudent to put new parts into the current copier. Consequently, staff is requesting authorization to use 2013-2014 contingency funds to purchase a Lanier 3503 Multifunctional Copier/Printer/Fax for \$8,100 from MoCal Office Solutions.

Approved on the consent calendar. Moved Skol, Seconded Lee. Unanimously approved.

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

1. The Commission accepted the minutes for the Administrative Committee meeting held on April 7, 2014 – including the Monthly Contract Financial Report as of March 31, 2014 and the Quarterly Financial Report January to March.
2. The Commission accepted the minutes for the Operations Committee meeting held on April 10, 2014.
3. The Commission accepted the minutes for the Executive Committee meeting held on April 14, 2014.

VII. Correspondence – None.

VIII. Commissioner Reports – None.

IX. Staff Reports

- John Sims informed the Commission there was minimal business for May and recommended canceling the Committee and Commission Meeting. Commissioners agreed there would be no need for Committees and the Commission to meet in May.

X. The Commission meeting adjourned at 4:42 p.m.



Children & Families Commission

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As part of the Children and Families Commission's data gathering effort to develop its 2015-2017 strategic plan, the Commission gave its contractors / partners the opportunity to respond to the following four questions:

- *How do you know the Prop 10 services you are providing in your community are effective?*
- *What needs are not being met in your community and how would you prioritize those unmet needs? Why do you prioritize unmet needs in this order? (NOTE: Unmet needs may include needs you are attempting to address with Prop 10 funds.)*
- *What are the major challenges facing your Prop 10 funded program in the next five years? From your perspective, what are the major challenges facing Stanislaus County's 0-5 population in the next five years?*
- *As it develops its next 3 year Strategic Plan, are there other things the Commission should be aware of or should be considering?*

The Commission received responses from six contractors (representing 8 programs).

- **Center for Human Services** – Ceres Partnership for Healthy Children / Oakdale (p. 9-10)
Family Resource Center / Westside Family Resource Center
- **Stanislaus Office of Education** – Healthy Start (p. 11-12)
- **Children Crisis Center** – Respite Shelter Program (p. 13-14)
- **Court Appointed Special Advocates of Stanislaus County** – Court Appointed (p. 15)
Special Advocates
- **Health Services Agency** – Healthy Birth Outcomes (p. 16-19)
- **Health Services Agency** – Healthy Cubs (p. 20)

Center for Human Services
(Ceres Partnership for Healthy Children, Oakdale Family Resource Center,
Westside Family Resource Center)

1. How do you know the Prop 10 services you are providing in your community are effective?

Until implementing the Family Development Matrix (**FDM**) assessment with our FRC families, most of our results information was really output-centric (i.e., *how much did we do*). The FDM captures impact and effectiveness information with each family on a quarterly basis, and we can see progress of families at each of our FRC sites, as a collective agency, and collaboratively the impact of all FRC programs in the county. The FDM is key in answering the question “*is anyone better off?*” and allows us to focus on building Protective Factors in families, which helps to create safe and healthy families in our communities.

2. What needs are not being met in your community and how would you prioritize those unmet needs? Why do you prioritize unmet needs in this order? (NOTE: Unmet needs may include needs you are attempting to address with Prop 10 funds.)

- Alternative resources for families and individuals who are challenged by various mental health, AOD or emotional wellness issues: Our FRCs see countless children and families impacted and in crisis, and finding less formal supports could assist them to increase their capacity to function.
- Basic needs/Concrete support: We see many families impacted by poverty, unemployment and other social challenges. It's difficult to expect a family to function if some basic needs are lacking (adequate food, shelter, clothing, etc.)
- Engaging more fathers: We've done a really good job working with mothers, who in many cases are the leaders in their families; however, increasing father engagement could impact overall child health and well-being.

3. What are the major challenges facing your Prop 10 funded agency in the next five years? From your perspective, what are the major challenges facing Stanislaus County's 0-5 population in the next five years?

Our greatest challenge is sustaining our Family Resource Centers over time, knowing how precarious government funding can be, and understanding the decline in Commission fiscal resources. As an agency, we have been focused on developing Key Champions in each of our communities to grow relationships and support apart from traditional funding. We are working to engage the community on a broader level, so they have true ownership and involvement in

our FRCs and increase our families capacity to give back. Engaging many partners in this effort and continuing to develop those relationships will be critical to keeping the FRCs alive and thriving.

Regarding the 0-5 population, the greatest challenge lies in increasing the capacity of the *whole* family for the health and well-being of children.

4. As it develops its next three year Strategic Plan, are there other things the Commission should be aware of or should be considering?

The Commission should consider aligning it's Strategic Plan goals with the county's Child Abuse Prevention Council's *Strengthening Families* Initiative to support the creation of strong families and healthy children. Research supporting the Strengthening Families framework indicates the more Protective Factors a family has, the more likely they are to develop positive outcomes for their children and the community. Protective Factors to consider include:

- *Parental Resilience:* The ability for parents and caregivers to “bounce back” from adversity and stress.
- *Social Connections:* Having a network of friends, family and neighbors helps prevent isolation and creates a greater sense of connectedness for parents.
- *Concrete Support in Times of Need:* All families need adequate food, clothing, shelter and health care to function and grow. Likewise, assistance with other crises (substance abuse, domestic violence or mental health concerns) is necessary for stability and well-being.
- *Knowledge of Parenting and Child Development:* Helping parents understand what's normal for a child's development and using effective parenting techniques contributes to healthy parent-child relationships.
- *Social and Emotional Competence of Children:* Working with children to show them positive ways to engage other children and adults, display age-appropriate behavior and communicate feelings.

Family Resource Centers have embraced the Strengthening Families framework because we see first-hand the impact of increasing a family's capacity to grow, function and rely less on service providers to get their needs met. With reduced resources, this will be increasingly important for the county and all it's residents.

The Stanislaus County Healthy Start Collaborative consists of ten sites located on or near school sites: Allard Alternative Education, Turlock; Riverbank Unified, Riverbank; Ceres Unified, Ceres; Downey High, Modesto; Franklin Elementary, Modesto; Hughson Elementary, Hughson; Keyes Elementary, Keyes; Orville Wright Elementary, Modesto; PACE Alternative Education, Modesto; Robertson Road Elementary, Modesto.

1. How do you know the Prop 10 services you are providing in your community are effective?

Parents are surveyed, which allow us to measure outcomes of our services and programs. Feedback has been positive and is reflected in surveys completed. Our most recent data for the time period beginning July 1, 2013 through March 31, 2014 shows a total of 1,112 families have received support and services and 809 children 0-3 and 746 children 4-5 to date.

Outcome: Families have concrete support systems, social emotional support systems and decreased stress.

- 97% of families indicated an increase in knowledge of community resources
- 99% of families indicated an increase in social emotional support
- 97% of families surveyed indicated they experienced decreased stress
- 83% of families reported improved parenting skills
- 97% of families reported an increased confidence of parenting ability

Outcome: Families are empowered to access information about health, nutrition or safety for their children.

- 94% of families indicated an increase in knowledge to access health and wellness information

Outcome: Caregivers have knowledge and skills to improve their children's health, nutrition and safety.

- 79 parents were trained in CPR/First aid.
- 100% were certified.

Outcome: Families participate in their children's development and education.

- 86% of families indicated increased family literacy activities, increased interest in literacy activities and increased interaction with their children.

2. What needs are not being met in your community and how would you prioritize those unmet needs? Why do you prioritize unmet needs in this order?

Pregnant and Parenting Teen Sites (Allard, Downey, PACE):

- Mental Health – 1st priority
 - Teen parents are more likely to have mental health problems such as depression, substance abuse and posttraumatic stress disorder. Teen mothers are also more likely to be impoverished and reside in communities and families that are socially and economically disadvantaged.

- Drug & Alcohol Treatment & Counseling
- Employment/Job Skills for pregnant/parenting teens
- Adequate and appropriate child care to assist families towards self-sufficiency
 - Provide transition plan for child to enroll in pre-kindergarten/early intervention program
- Financial Awareness Planning

Other sites:

- Mental Health – 1st priority
 - Many children have experienced abuse, trauma and depression at an early age and parents themselves also suffer from mental illness including PTSD. The number of children that need the services is more than what can be provided. It is also important that parents are educated on their child's issues before they start school.
- Employment/Job Skills training for parents
- Transportation is still an issue for some sites for families to access services
- Application Assistance related to housing and ER shelters
- Financial Literacy

3. What are the major challenges facing your Prop 10 funded program in the next five years? From your perspective, what are the major challenges facing Stanislaus County's 0-5 population in the next five years?

The major changes facing Healthy Start in the next five years will be maintaining level-funding and sustainability.

The major challenges facing Stanislaus County's 0-5 population in the next year are:

- Slow economic growth and/or creation of new jobs
- Domestic Violence – impact on children
- Poverty
 - Affordable and adequate housing
 - Healthy eating
- Accessibility to quality medical care including mental health services
- More services to promote early learning in children
- Continued access to early intervention programs
- Health care
- Health and safety concerns

4. As it develops its next 3 year Strategic Plan, are there other things the Commission should be aware of or should be considering?

- Mental health issues are on the rise in our community and it needs to be addressed at every level. Availability and/or accessibility to quality mental health services continue to be a major challenge. Quality programs need to be available and work must be continued to reduce the stigma and address cultural barriers for care.
- Identifying children with learning disabilities in the early years and providing appropriate supportive services.
- Access to quality early childhood education for all children.
- Consider funding Healthy Start sites to continue services.



*Sawyer House
Modesto*

*Guardian House
Oakdale*

*Cricket's House
Modesto*

*Verda's House
Turlock*

*Marsha's House
Modesto*

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PROP 10 QUESTIONS

1. How do you know the Prop 10 services you are providing in your community are effective?
 - a) Risk Assessment Scores
 - b) Parent Feedback (customer satisfaction surveys)
 - c) Children's progress in health & development
 - d) Feedback from our partners

2. What needs are not being met in your community and how would you prioritize those unmet needs? Why do you prioritize unmet needs in this order? (NOTE: Unmet needs may include needs you are attempting to address with Prop 10 funds.)
 - a) Increase capacity to serve children with parents utilizing day treatment services
 - b) Overnight respite services:
 - for children with parents in residential substance abuse treatment (28 day stays)
 - for children from homeless families during cold, wet months
 - c) Increase Respite Outreach to Westside (Newman, Crowslanding, Patterson, Westley & Grayson)
 - d) Respite care funding for children at risk 6 – 12 year olds
 - e) Respite care for preadolescent youth (10 – 12 yr olds) with significant mental health issues

3. What are the major changes facing your Prop 10 funded agency in the next five years? From your perspective, what are the major challenges facing Stanislaus County's 0-5 population in the next five years?
 - a) Children's Crisis Center
 - HealthCare reform and the increased cost imposed on CCC financial resources
 - Minimum wage increases and the increased cost imposed on CCC finances
 - Competitive market for hiring and retaining credentialed and non-credentialed staff (as a non-profit)
 - Economy's impact on our program – charity giving decreasing while service demand is increasing
 - Respite Service demand exceeding maximum capacity Monday – Friday, 8 am – 5 pm
 - Overnight funding
 - Potential changes / reform in legislation regulating crisis nurseries
 - Administrative costs increases (utilities, supplies, etc) to administer programs
 - Technology costs related networking multiple sites for efficiency
 - b) Stanislaus County's 0 – 5 population
 - Children effected by substance abusing parents

- Autism
 - Homelessness and Poverty
 - Parents in crisis/children at risk
4. As it develops its next three year Strategic Plan, are there other things the Commission should be aware of or should be considering?
- a) Building daytime and nighttime respite care capacity county wide for high risk children (0-5) threatened by abuse and neglect

Court Appointed Special Advocates of Stanislaus County

1. How do you know the Prop 10 services you are providing in your community are effective?

More (and new and/or more complete) services and options for families with children 0-5 ... less kids (and families) coming into the child welfare system ... healthier children (physically and emotionally).

2. What needs are not being met in your community and how would you prioritize those unmet needs? Why do you prioritize unmet needs in this order? (NOTE: Unmet needs may include needs you are attempting to address with Prop 10 funds.)

Advocacy services for children in foster care 0-5. – still a priority as there are more than 200 children in care in that age group that do not have those services.

Food / meal programs at the poorer elementary schools in our county.

3. What are the major challenges facing your Prop 10 funded program in the next five years? From your perspective, what are the major challenges facing Stanislaus County's 0-5 population in the next five years?

Our program? Sustaining and expanding our services to meet the needs of those children referred. In general, pre-school education/readiness.

4. As it develops its next 3 year Strategic Plan, are there other things the Commission should be aware of or should be considering?

Addressing the issues above with proven entities that can document efforts and tie them to significant successes.

Develop a plan to make more people / entities in the community aware of the CFC and the good work it supports.

Healthy Birth Outcomes (HBO)

1) How do you know the Prop 10 services you are providing in your community are effective?

The goal of Health Birth Outcomes (HBO) is to improve birth outcomes and infants' health by providing education and support to prenatal, postpartum and parenting women with a child less than a year old. This is done by medical case management of high risk clients and through community based support groups and educational classes at 10 Family Resource Centers (FRCs) located throughout Stanislaus County.

All pregnant women and those parenting a child less than one year are welcome to join the HBO support group component. In the support groups, they develop friendships and a social support network. Participants also learn about pregnancy and baby care in the classes taught by Health Services Agency (HSA) staff. In FY 12-13, 99% of support group participants said the program met their needs and 96% would recommend it to others. In addition, 85% of participants reported making a change based on what they learned in HBO classes. Women less than 28 weeks pregnant with medical or social issues may be referred to HBO home visiting for intensive case management. She will then work with a multidisciplinary team consisting of a Public Health Nurse, Social Worker and community health worker. In FY 12-13, 96% of case managed women would recommend the program to others and 100% made behavioral changes for themselves or their children.

HBO contributes to the Children and Families Commission (CFC) result area *Improved Health* by focusing on maternal health, birth outcomes, and infant health. Good nutrition, self-care, physical activity, regular prenatal care, and breastfeeding are strongly encouraged. Compared to the typical Stanislaus County resident, HBO participants are more likely to be poor and of minority racial-ethnic status, both of which are risk factors for poor birth outcomes; case managed women are by definition at elevated risk. Thus, it would be expected that HBO program participants would have worse birth and health measures than the general county population.

Comparison of Health Measures: HBO Program versus Stanislaus County

Health Measure	Support Group	High Risk Case Managed Women	HBO TOTAL	All County
Preterm births	17/136 = 12.5%	2/24 = 8.3%	19/160 = 8.8%	726/7,592 = 9.6%
Low birth weight births	9/136 = 6.6%	3/24 = 12.5%	12/160 = 7.5%	495/7,592 = 6.5%
LGA births	12/136 = 8.8%	6/24 = 25%	18/160 = 11%	751/7,592 = 9.9%
Complete immunizations at 1 st birthday*	54/54 = 100%	11/12 = 91.7%	65/66 = 98.0%	695/1,915 = 36.3%
Breastfeeding Initiation	122/136 = 89.7%	6/24 = 25.0%	128/160 = 80.0%	5,864/6,793 = 86.3%
Breastfeeding ≥ 6 months	101/181 = 55.8%	NA	101/181 = 55.8%	NA

Data Sources and Dates: HBO data come from the FY12-13 fiscal year—July 2012 to June 2013. County birth data come from the 2012 Birth Statistical Master File. County infant mortality statistics come from the California Department of Public Health's County Health Status Profiles 2014 and are based on the Cohort File for 2009 through 2011 (number of deaths is the average per year). County immunization data come from the 2012 Expanded Kindergarten Retrospective Study and represent immunization status at 13 months of age for a random sample of County children. County breastfeeding data come from the California Department of Public Health's County Health Status Profiles 2014 and are averages for 2010-2012.

Definitions: Preterm birth is defined as birth before 38 (e.g. 37 completed) weeks of gestation. Low birth weight is less than 5 pounds 8 ounces. LGA (large for gestational age) is more than 8 pounds 13 ounces.

*From recommended childhood vaccine schedule: 3+ doses DTaP, 2+ doses poliovirus vaccine and 1+ doses of MMR

As shown in the table above, the HBO Program did well compared to the County on measured birth outcomes. HBO as a whole experienced a smaller percentage of preterm births and LGA births than the County population. However, HBO had a slightly higher percentage of low birth weight births than the County, mostly driven by the high risk case managed clients.

HBO program participants had better outcomes for immunization coverage and breastfeeding, both protective factors, than County infants. In FY 12-13, 98% of infants of HBO participants had completed the recommended immunization schedule for measles/mumps/rubella, polio, and diphtheria/tetanus/pertussis, at 1 year, compared to only 36.3% of County infants. In addition, a higher percentage of HBO mothers initiate breastfeeding than County mothers. Breastfeeding has been shown reduce the risk of infant illness and death as well as the risk of childhood obesity.

Apart from *Improved Health*, HBO contributes to three other result areas. HBO advances *Improved System of Care* by linking women, infants and family members to health insurance and health care, as well as needed services and resources. Each woman in the program is assisted with seeking medical insurance and establishing prenatal care. For FY 12-13, a total of 1,815 referrals were made to HBO support group participants. HBO's educational components contribute to the CFC result area of *Improved Family Functioning*. The support group component provides social support and offers classes on healthy relationships, budgeting, parenting, stress management and related topics. Case managers provide client-specific education and support to strengthen resiliency and family relationships. Finally, HBO's educational components support the CFC result area of *Improved Child Development*. The support group component offers classes on what to expect in infant and child development and how to support healthy development. Case managers provide client-specific education and support. In FY 12-13, 85% of case managed clients scored at least 36 on the Caldwell HOME, a measure of adequate environment for learning, parental interventions and change.

2) What needs are not being met in your community and how would you prioritize those unmet needs? Why do you prioritize unmet needs in this order? (NOTE:

Unmet needs may include needs you are attempting to address with Prop 10 funds).

HSA's Maternal Child and Adolescent Health (MCAH) Team has spent the last fiscal year working with the MCAH Advisory Committee to perform the MCAH Title V Needs Assessment. This process utilized local and state data and input from partners throughout the community who work with families and the maternal, child, adolescent population. The results were finalized in May 2014. Community partners used a rating system to identify these issues for the community. In addition to rating health data and trends, the existence of resources, capacity, and probable community acceptance of intervention were also rated. The list of needs identified (pertinent to the 0-5 population) and their final ranking are below in the table. Disparities between race, ethnic, income and other demographic groups are identified and described where applicable. Additional need areas not directly applicable to the 0-5 population (adolescent mental health, violence, and sexual health) were also identified but are not listed in the table.

CFC is welcome to additional information on these needs, as well as the MCAH Advisory Committee's ideas on potential interventions, possible partners, and community capacity needs.

**Issues related to the 0-5 Population (and Families) Rated a High Priority in the
MCAH Title V Needs Assessment:**

Issue	Description of Problem	Rating
Overweight / Obesity for Women	Women of reproductive age have high rates of obesity due to limited walkability, lack of recreational spaces, limited access to healthy foods, unrestricted access to unhealthy foods and inadequate food policy.	43
Partner/Family Violence	Women, of all races and ethnicities, experience intimate partner violence at high rates due to the lack of exposure to healthy relationship role models, substance abuse, generational violence, social attitudes and weak community sanctions.	41
Access to Health Care – Usual Source of Care	Blacks and Latinos in rural areas have high rates of emergency room use for non-emergency services due to lack of providers, limited public transit, and perceptions of the importance of preventative care.	39
Access to Health Care- Health Insurance	In addition, adults living in poverty have high rates of underinsurance and uninsurance due to low health literacy, lack of other language accommodations and structural barriers to enrollment in insurance plans.	35
Infant Mortality	Blacks and Latinos have high rates of infant mortality due to perinatal substance abuse, unsafe sleep habits, unplanned pregnancies and inadequate prenatal care.	34
Perinatal Substance Use - Tobacco	Latina and Black women have high rates of tobacco usage during their pregnancy due to limited knowledge of substance's effect on fetus, unplanned pregnancies, and limited protective factors.	34
Adolescent Pregnancy	Women who live in poverty have high teen pregnancy rates due to inadequate sex education, generational teen pregnancy, peer pressure and low self-esteem.	31
Perinatal Substance Use - Alcohol	Though data are limited, Stanislaus County women are believed to have high rates of alcohol usage during their pregnancy due to limited knowledge of substance's effect on fetus, unplanned pregnancies, and limited protective factors.	31
Low Birth Weight	Blacks, Latina and Asian/Pacific Islander women, especially in rural areas, are having infants born at LBW due to limited access to prenatal care, perinatal substance abuse, unplanned pregnancies and unhealthy lifestyles.	30
Exclusive Breastfeeding Initiation / Duration	Black and Latina women have low breastfeeding initiation and duration rates due to limited breastfeeding support, negative public perceptions of breastfeeding, especially in public and formula marketing.	30
Prematurity	Blacks, Latina and Asian/Pacific Islander women, especially in rural areas, are having infants born prematurely due to limited access to prenatal care, perinatal substance abuse, unplanned pregnancies and unhealthy lifestyles.	29
Late Initiation / Inadequate Prenatal Care	Black, Latina and to a lesser extent Asian/Pacific Islander women have low rates of early and adequate prenatal care due to limited childcare, unplanned pregnancies and low perceived importance of prenatal care.	29
Sudden Infant Death Syndrome / Sudden Unexplained Infant Death	Blacks and Latinos have higher rates of SIDS/sleep-related/unexplained infant mortality due to perinatal substance abuse, unsafe sleep habits, unplanned pregnancies and inadequate prenatal care.	25
High Rates of Cesarean Section Deliveries	Affluent women have high rates of low risk C-sections due to desire for convenience on part of the provider and the patient.	14

3) What are the major changes facing your Prop 10 funded agency in the next five years? From your perspective, what are the major challenges facing Stanislaus County's 0-5 population in the next five years?

For the past two years, HSA and the FRCs have had high staff turnover. This impacts participants in support groups and case management, as their relationships with the facilitator or case managers are important for engagement in services. Staff turnover also creates training costs and a delay in service provision as new staff requires training and time to learn the HBO program before they can fully provide services.

HSA hopes to implement a new case management computer system that is compliant with the Targeted Case Management funding stream that supplements the HBO and other case management programs. This program will be utilized across Community Health Services in all field services programs. This will assist with better data retrieval for outcome reporting and continuous quality improvement. Other counties have found that the implementation of the program has increased their revenue from Targeted Case Management which will assist with sustainability.

HBO and HBO goals and objectives may also be impacted by changes in health care practice due to the Affordable Care Act. Data are not yet available to evaluate the expansion of health insurance and medical care for pregnant women and children and questions remain regarding local managed care provider services and the provision of enhanced prenatal care through the Comprehensive Perinatal Services Program which is currently available to Medi-Cal recipients.

4) As it develops its next 3 year Strategic Plan, are there other things the Commission should be aware of or should be considering?

The Commission has made it a priority to work with Contractors to develop sustainability plans and sustainable funding. The Health Services Agency (HSA) administrates two programs that have the potential to supplement funding the Commission provides to Contractors; these are Medi-Cal Administrative Activities (MAA) and Targeted Case Management (TCM).

The MAA Program offers a way to obtain federal reimbursement for the cost of certain administrative activities necessary for the proper and efficient administration of the Medi-Cal program. MAA activities include Medi-Cal outreach, facilitating a Medi-Cal application, and non-emergency & non-medical transportation of Medi-Cal eligible individuals to Medi-Cal covered services. Currently, Center for Human Services utilizes MAA at the Ceres Partnership for Healthy Families and HSA MAA personnel feel that this could be expanded to other sites.

Some counties also have community based organizations using TCM funding. TCM is a Medi-Cal Program funded by federal and local funds. It provides: comprehensive assessment and reassessment of individual needs; the development and revision of a care plan; referral and related activities; and monitoring and follow-up activities. Currently targeted populations include: children under the age of 21; medically fragile individuals; individuals at risk of institutionalization; individuals in jeopardy of negative health or psycho-social outcomes; and individuals with communicable disease. The TCM program reimburses for the federal share of costs (typically 50%) for face to face case management services provided to Medi-Cal beneficiaries in these target populations. Participating counties use their certified public expenditures (CPEs) to draw down federal funds. Commission funds are CPE and can be used for both MAA and TCM.

The continued implementation of the Affordable Care Act is another potential funding opportunity for Contractors and can continue to be evaluated.

Healthy Cubs

1. How do you know the Prop 10 services you are providing in your community are effective?

The Healthy Cubs Program provided for medical coverage for pregnant women and children 0 - 5 by paying for medical care while assisting beneficiaries as they apply for other public or private benefits for which they appear to be eligible. The Healthy Cubs staff assisted families in applying for medical coverage through publicly and privately sponsored programs. The Healthy Cubs staff also coordinated dental care services and processed medical and dental services claims submitted by contracted health care providers. Since January 1, 2011, the Healthy Cubs program has covered over 5,500 medical visits to uninsured/under insured Stanislaus County 0-5 population.

2. What needs are not being met in your community and how would you prioritize those unmet needs? Why do you prioritize unmet needs in this order? (NOTE: Unmet needs may include needs you are attempting to address with Prop 10 funds.)

One of the needs in our community is to connect uninsured/under insured Stanislaus County residents with medical providers and available resources. Clients are also in the need to find a permanent health care home.

Healthy Cubs staff assesses the client's circumstances and refers clients to the program best suited for the clients. The HCUBS program gives the client temporary access to medical providers but will also work with the families that have linkage to other health programs so those families can make successful application to those other health programs.

It is important to make sure clients with medical needs are receiving the services needed. HCUBS will also work with community providers to define a referral process for patients with an immediate need.

3. What are the major challenges facing your Prop 10 funded program in the next five years? From your perspective, what are the major challenges facing Stanislaus County's 0-5 population in the next five years?

The major challenges in the next five years will be to keep up to date with the ACA changes and keeping our clients updated with the most current information.

Due to the Affordable Care Act, clients are experiencing the following:

- Medi-Cal application's processing times have increased by about 30-45 days.
- Unknown application status for Medi-Cal and/or Covered California.
- Clients missed cutoff date for applying for Covered California.
- Needing verification of qualifying event (Proof of pregnancy) and initial prenatal care.
- Children and pregnant women who do not have permanent legal United States residence and certain Legal Permanent Residents are not eligible for Medi-Cal or Covered California

4. As it develops its next 3 year Strategic Plan, are there other things the Commission should be aware of or should be considering?

Not at this time.