Stanislaus County
Striving to be the Best
Children & Families Commission

2013-2014

Annual Program Evaluation

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

March 2015

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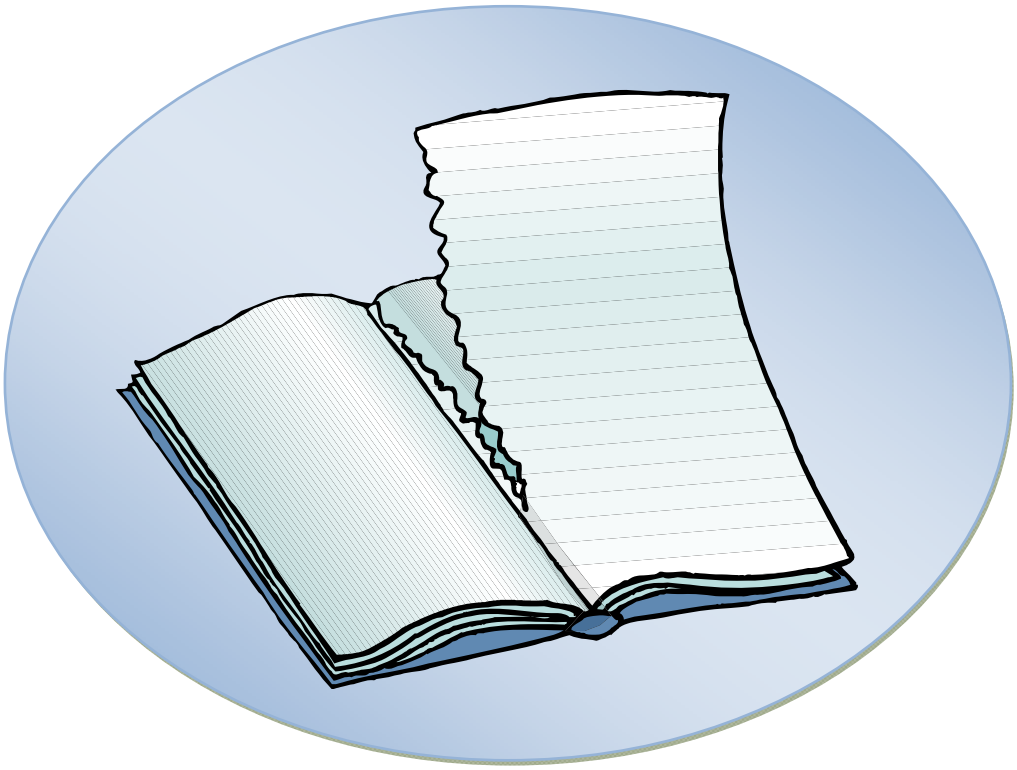

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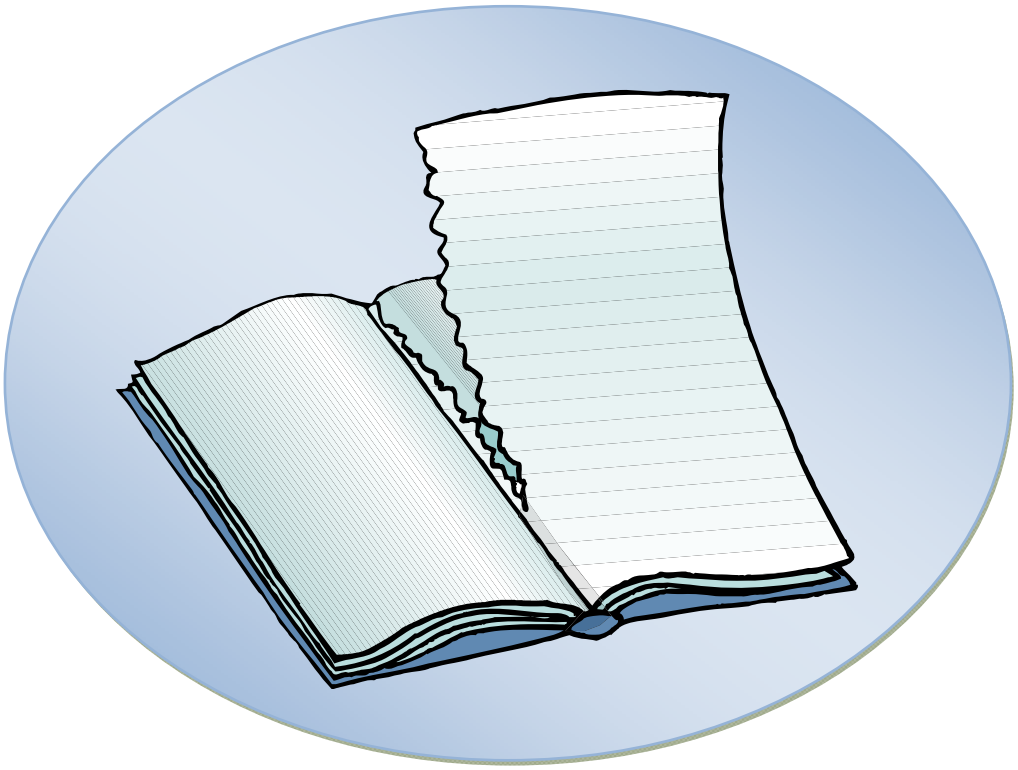


Introduction

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

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

This Evaluation Report contains information on:

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

Strategic Plan Goals and Objectives

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

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

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

Children are eager and ready learners

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

Children are born healthy and stay healthy

- ✓ 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 in resources coming into Stanislaus County, as a result of leveraged dollars

Evaluation Purpose and Methodology

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

With these questions in mind, the goal of the evaluation process for the 2013-2014 fiscal year was to acquire, report, and analyze information, share that information with stakeholders (i.e., programs, community, funders), and then upon reflection, make recommendations based on the areas of strengths and areas that could improve to better serve target populations on both the Commission and program levels.

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

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

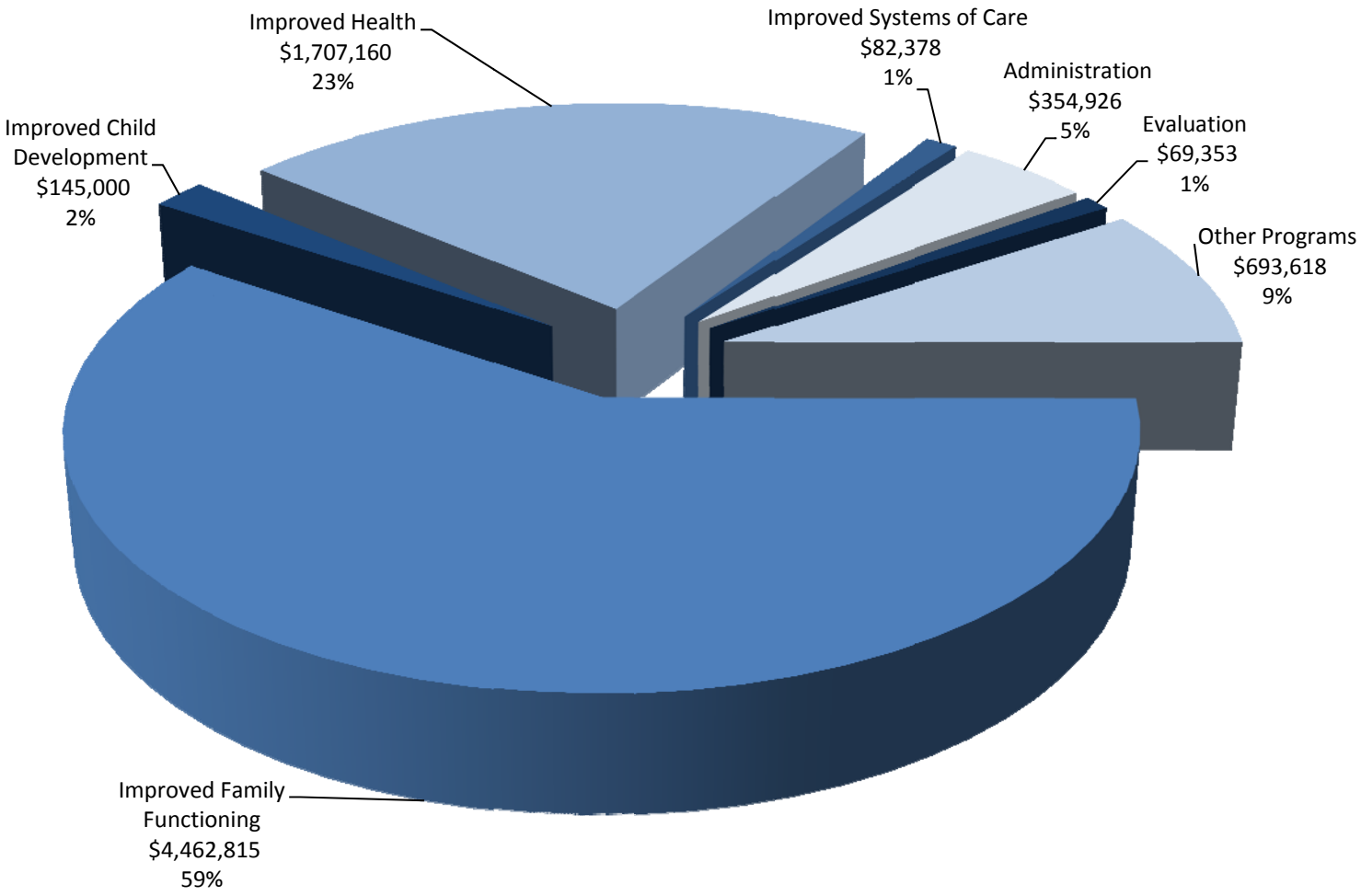
Program data was provided exclusively by the respective programs, and financial data and contract information was acquired from Commission records. Whenever possible, the contracted programs' self-analysis was integrated into the evaluation, at times in their own words. All programs were also asked to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

Changes in Reporting Categories and Definitions

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

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

Funding Distribution by Budget Category
Total: $7,515,250

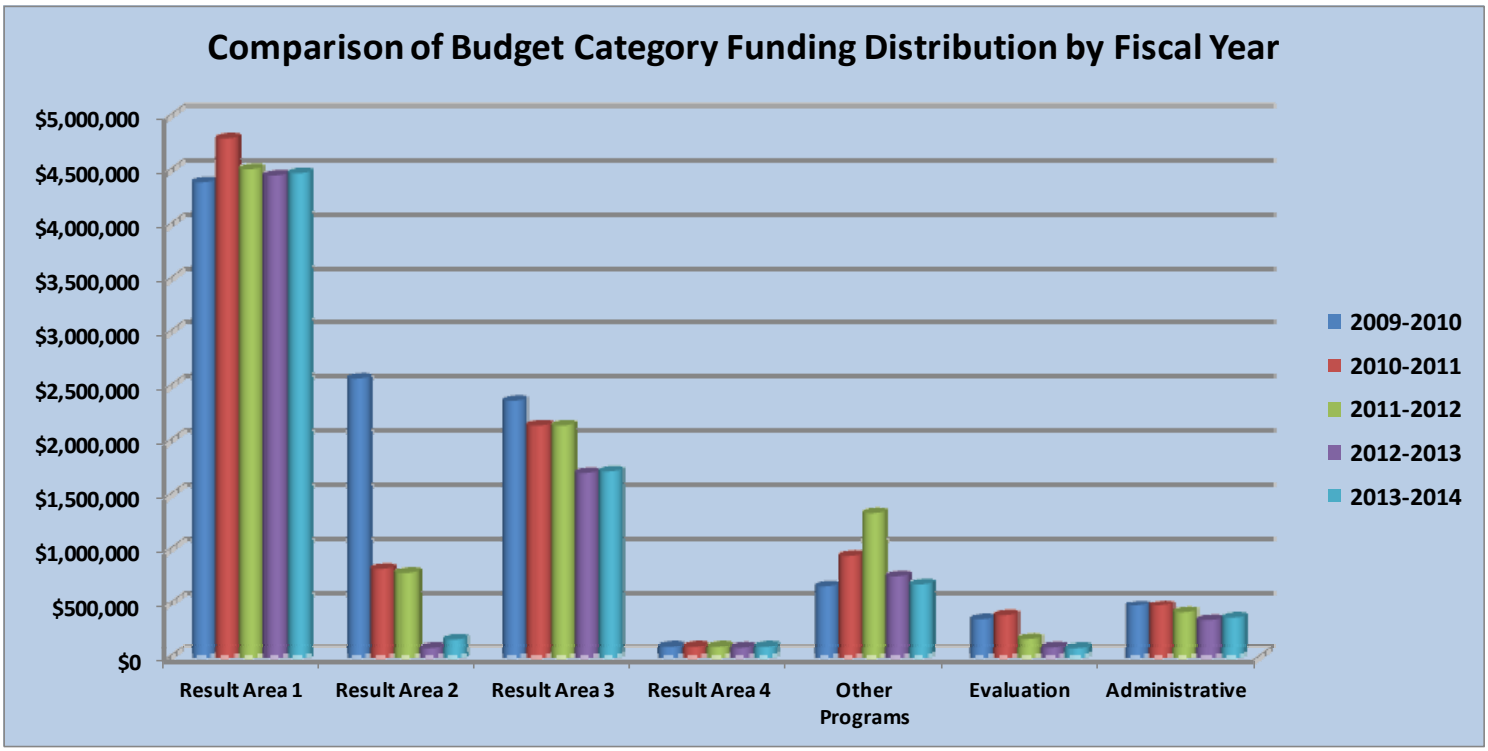


The 2013-2014 budget pie chart portrays the distribution of funding by budget category.

Program Categories:
The program categories (also known as Result Areas) make up 86% of the annual budget. These are areas in which outcomes for children 0-5 and their families are reported and evaluated; the funding is providing measurable services for children and families.

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

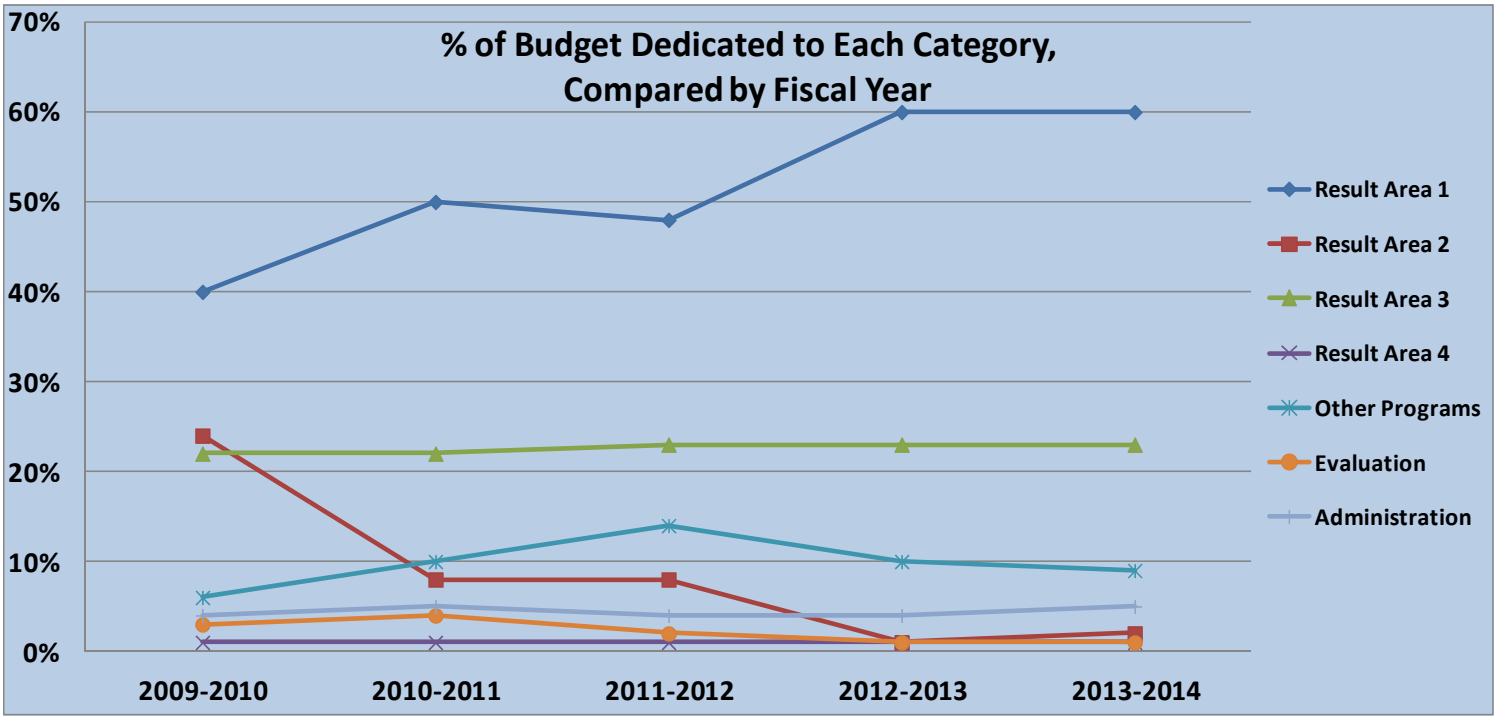
Administration and Evaluation Categories:
These categories make up just 6% of the annual budget.



Total Budget

2009-2010: $10,820,268
2010-2011: $ 9,563,740
2011-2012: $ 9,352,751
2012-2013: $ 7,420,001
2013-2014: $ 7,515,250

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



These graphs compare the distribution of the Stanislaus County Children and Families Commission total budget by fiscal year from 2009-2010 through 2013-2014. The top graph (Graph 1) compares the ***amount*** of funding allocated to each result area (RA), and the bottom graph (Graph 2) compares the ***percentage of the total budget*** allocated to each of the result areas.

Graph 1 illustrates that for the past five fiscal years, the Commission has consistently appropriated the largest *amount* of funding to RA 1 (Improved Family Functioning). However, as the total budget amount has decreased significantly over the years, the ***percentage of the total budget*** devoted to RA 1 has significantly increased, especially in '10-'11 and '12-'13. This confirms the Commission's continuing emphasis on funding Improved Family Functioning activities.

In '09-'10, RA 2 was allocated more funding than RA 3, and a higher percentage of the total budget as well. This change was due in part to the decreased funding of a large program (Healthy Cubs) in RA 3 because of efficient practices. Then, in '10-'11, RA 2 was appropriated a substantially lower *amount* of funding, as well as *percentage* of funding. This change was mostly caused by the decrease in funding allocated to the School Readiness Initiative in '10-'11, thereby decreasing the RA 2 budget allocation. Both funding amount and percentage of funding for RA 2 remained steady into '11-'12, but decreased in '12-'13 in amount and percentage as a result of the elimination of the Core 4 program.

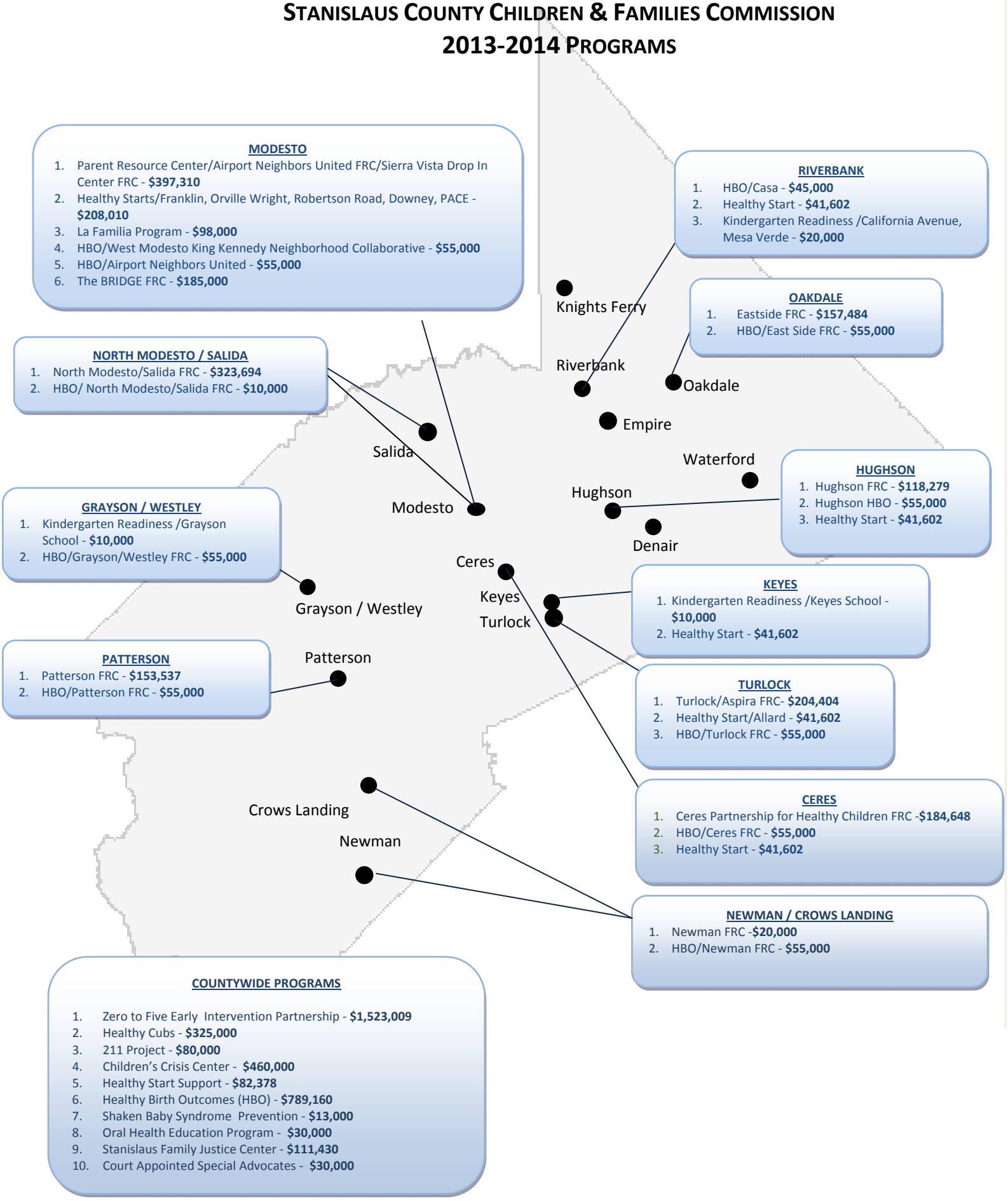
While the ***amount*** of funding dedicated to RA 3 decreased slightly in '10-'11 and again in '12-'13, the ***percentage of the total budget*** has remained consistent.

Except for '12-'13 and 13-14, Graphs 1 and 2 show that RA 4 has consistently been appropriated the smallest amount and percentage of funding, even less than the categories "Evaluation" and "Administrative" categories. The programs in this result area focus on supporting and nurturing widespread and overarching collaboration, coordination, and leveraging. However, there are also activities sponsored by the Commission, such as Early Care and Education/Provider Conferences, that are also focused on these areas but are categorized under "Other Programs." When reporting to First 5 California, these activity expenditures are reported under RA 2, but since they are not contracted programs, they remain in "Other Programs" for local budget and expenditure reporting.

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

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

STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION
2013-2014 PROGRAMS



COUNTYWIDE PROGRAMS

1. Zero to Five Early Intervention Partnership - **$1,523,009**
2. Healthy Cubs - **$325,000**
3. 211 Project - **$80,000**
4. Children's Crisis Center - **$460,000**
5. Healthy Start Support - **$82,378**
6. Healthy Birth Outcomes (HBO) - **$789,160**
7. Shaken Baby Syndrome Prevention - **$13,000**
8. Oral Health Education Program - **$30,000**
9. Stanislaus Family Justice Center - **$111,430**
10. Court Appointed Special Advocates - **$30,000**

Program Budget Award by Location			
Location	**Program Budget Allocation**	**% of '13-'14 Program Budget***	**% of County's Population****
Modesto	$ 998,320	35.0 %	39.3%
Turlock	$ 301,006	10.6 %	13.3%
Riverbank	$ 106,602	3.7%	4.4%
Ceres	$ 281,250	9.9%	8.8%
Newman/Crows Landing	$ 75,000	2.6%	2.0%
Grayson/Westley	$ 65,000	2.3%	.3%
Hughson (includes SE smaller towns)	$ 214,881	7.5%	1.3%
Oakdale	$ 212,484	7.5%	4.1%
Salida***	$ 333,694	11.7%	2.6%
Keyes	$ 51,602	1.8%	1.1%
Patterson	$ 208,537	7.3%	4.0%
TOTAL of location specific programs	$ 2,848,376		
Countywide Programs	$ 3,443,977		
TOTAL**:	**$ 6,292,353**		

* 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, 2012 and 2013: Sacramento, CA, May 2014; https://suburbanstats.org, 2014

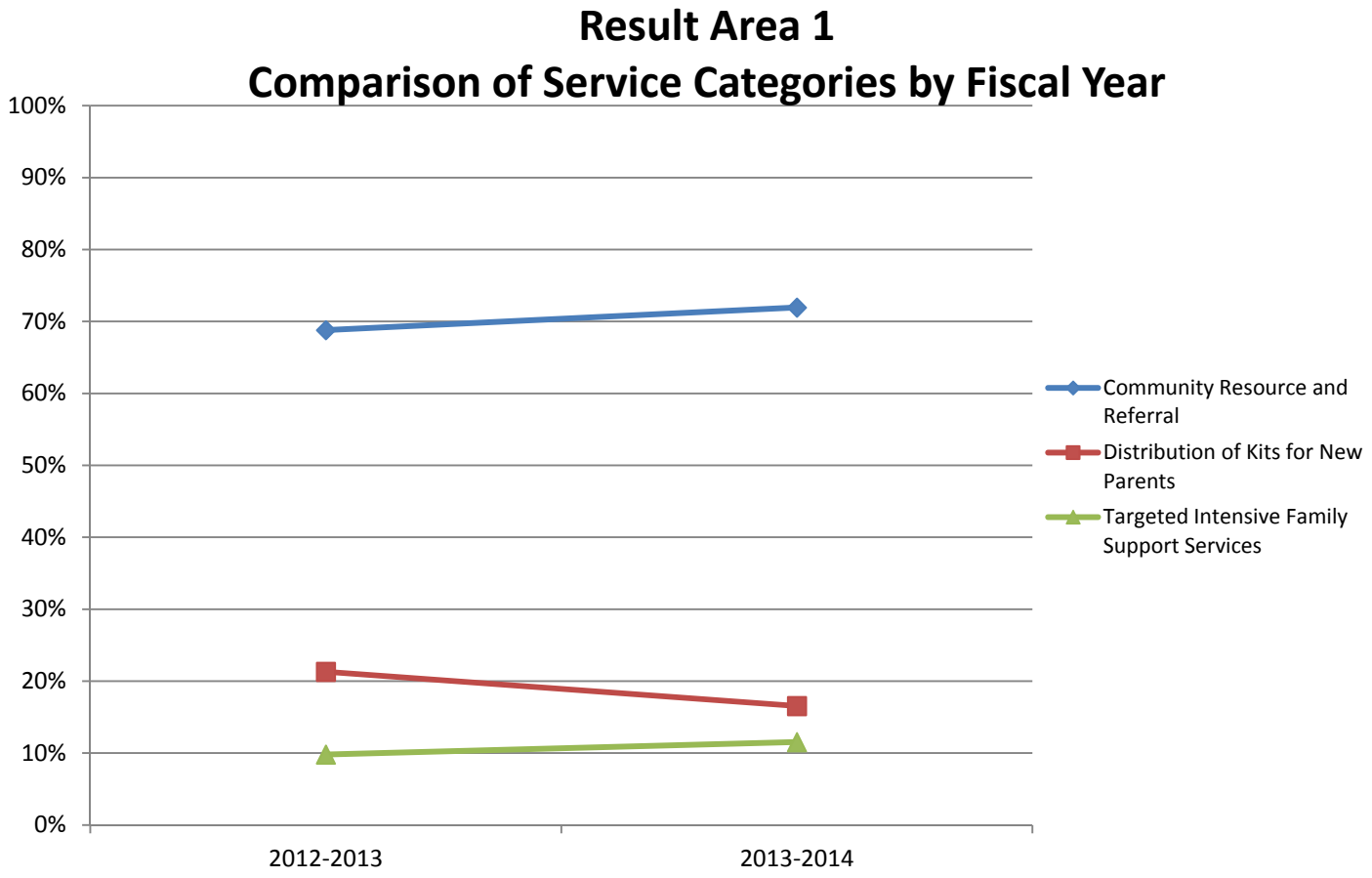
*** The program budget allocation for the Salida location includes parts of the North Modesto area.

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

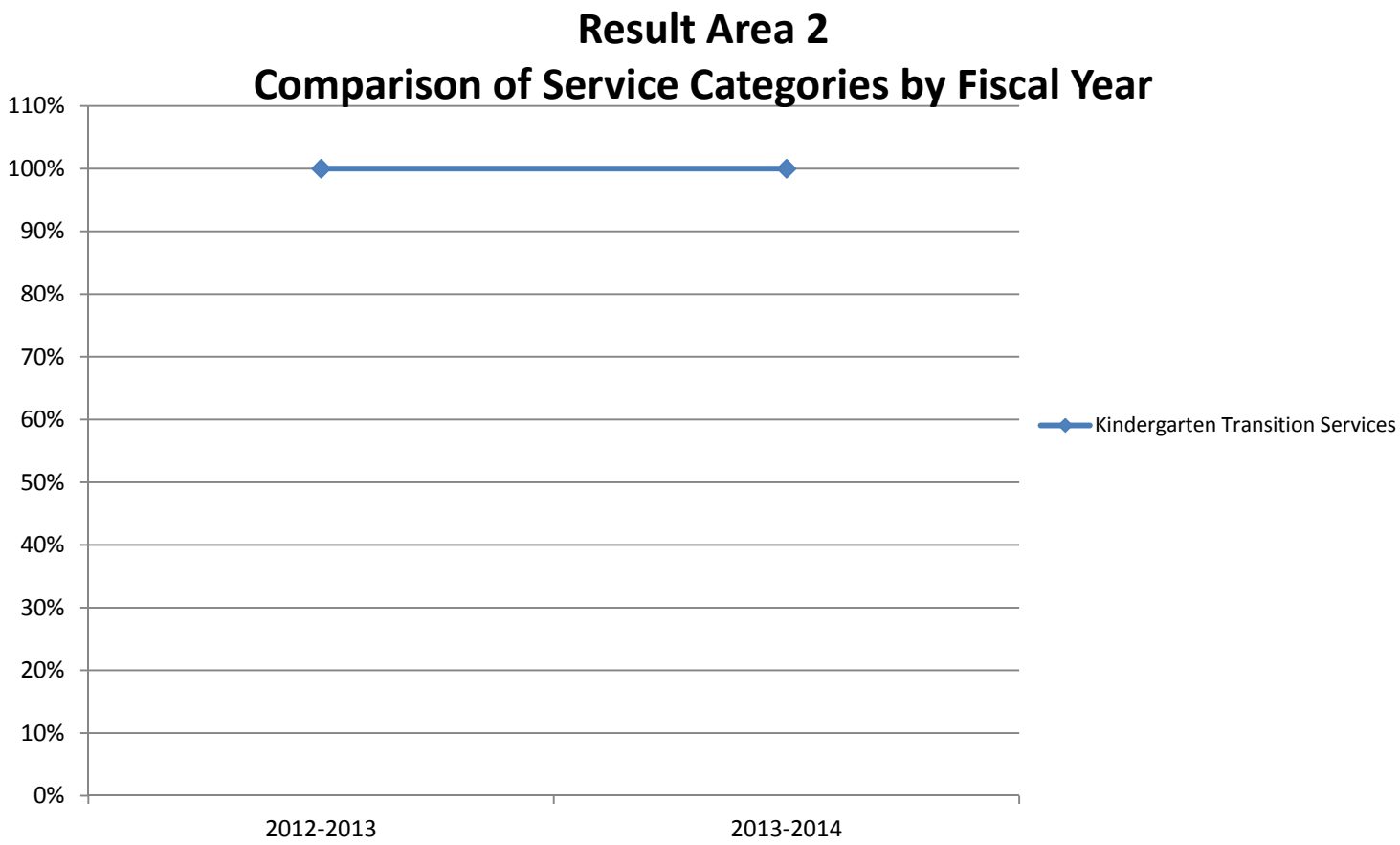
The map depicts the distribution of Stanislaus County Prop 10 funds allocated to programs by location within the county. The map illustrates the extent to which program services reach children 0-5 and their families countywide, and the number of programs in each area. The chart above shows the percentage of program funds allocated by city or region juxtaposed against the percentage of the county's population in that area. Similar 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 $3,443,977 was allocated to programs that operate throughout the county, making up 55% of the total program budget. These countywide programs reach all of the above locations, and many have developed partnerships in order to collaborate with location specific programs, thereby leveraging Prop 10 resources. The remaining 45% of the program budget is allocated to programs that operate within a specific community to best serve the needs of the children and families within that community. As illustrated in both the map, as well as the chart, there is a balance of countywide and location specific programs that form an extensive network spanning the county to provide services that impact the lives of Stanislaus County's children and families.

These graphs depict how the distributions of service categories in each result area compare from fiscal year '12-'13 through '13-'14. 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.

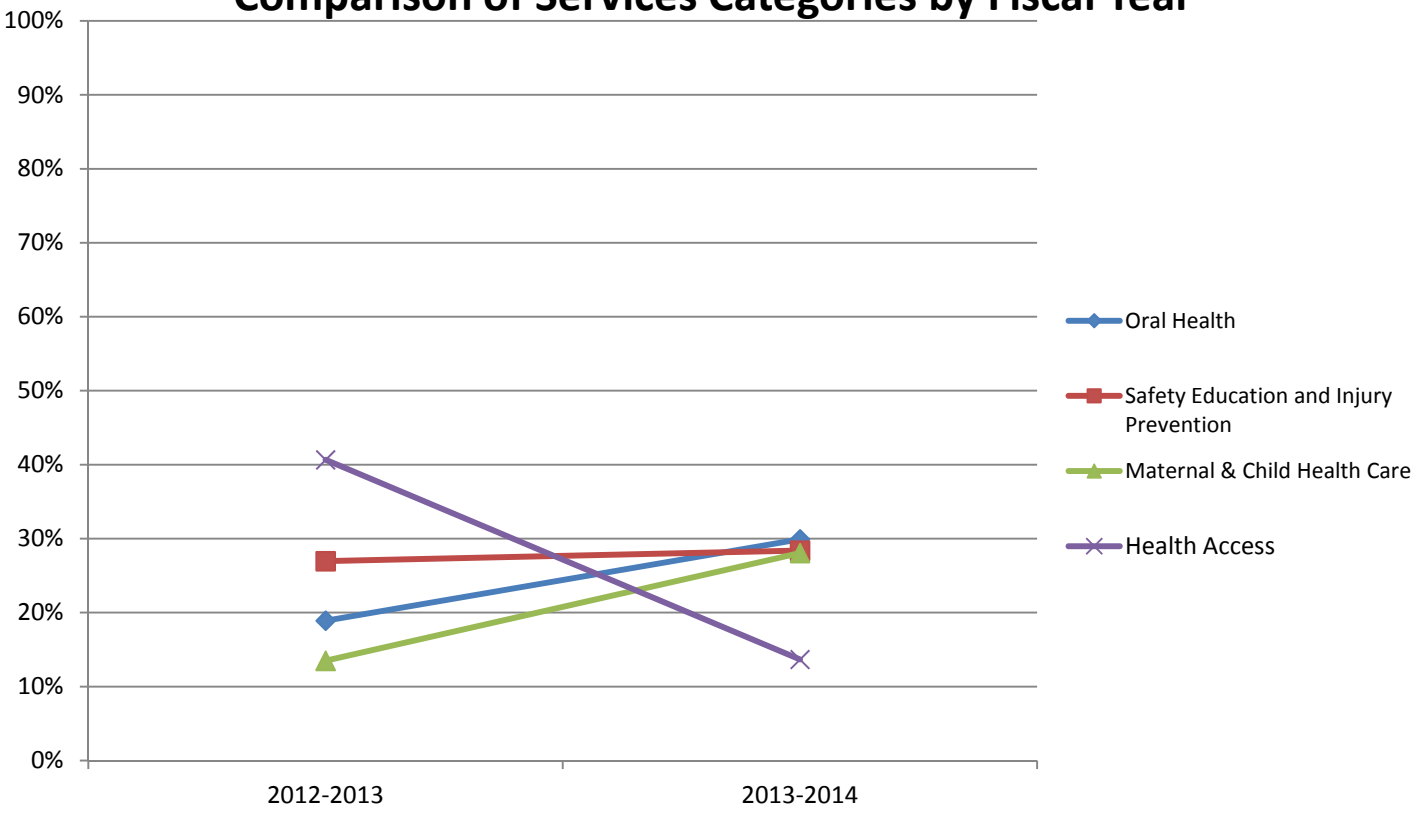


The highest percentage of services in Result Area 1 is consistently Resource and Referral services due in part to the broad base of participants and low level of intensity for this service. The percentage has increased during the past five fiscal years as programs continue to build partnerships and the ability to provide resources and referrals to families and families learn what the programs can provide them. Programs share that the need for resources and referrals continues to grow with the current economic conditions. (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



Services provided and clients served increased slightly in 3 of the 4 categories tracked by this chart.

Healthy Access showed a decrease in services provided and clients served due to the success of Healthy Cubs transitioning clients to other insurance products (Medi-Cal, Kaiser Kids, for example).

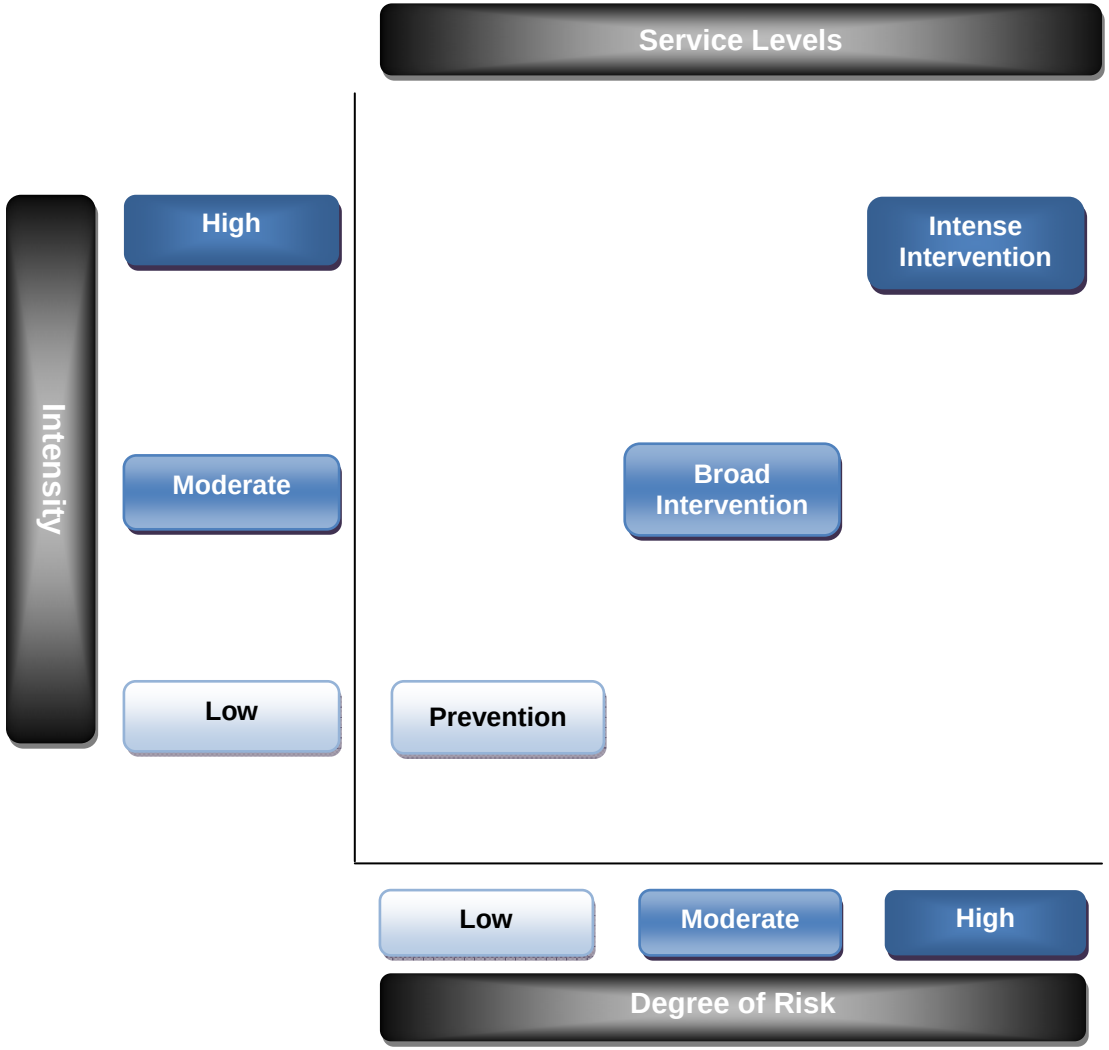
One of the Commission's funding strategies is to support a continuum of prevention and intervention programs that target all children 0-5 and their families in Stanislaus County. This means that Commission funds are working to benefit a spectrum of children from very low-risk to high-risk by providing 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 48% of the program budget is dedicated to Broad Intervention, while 42% goes towards Intense Intervention and 10% to Prevention services. The percentage dedicated to all three categories has remained fairly stable with a 1% increase in intense intervention and a 1% decrease in prevention. Some programs are listed under more than one level because they have different program components, and there is certainly overlap between service levels.



Intense Intervention (42%)

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

Broad Intervention (48%)

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

Prevention (10%)

2-1-1*
Family Resource Centers*
Shaken Baby Syndrome Prevention Program***

Support

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

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

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

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

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

Participant and County Demographics

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

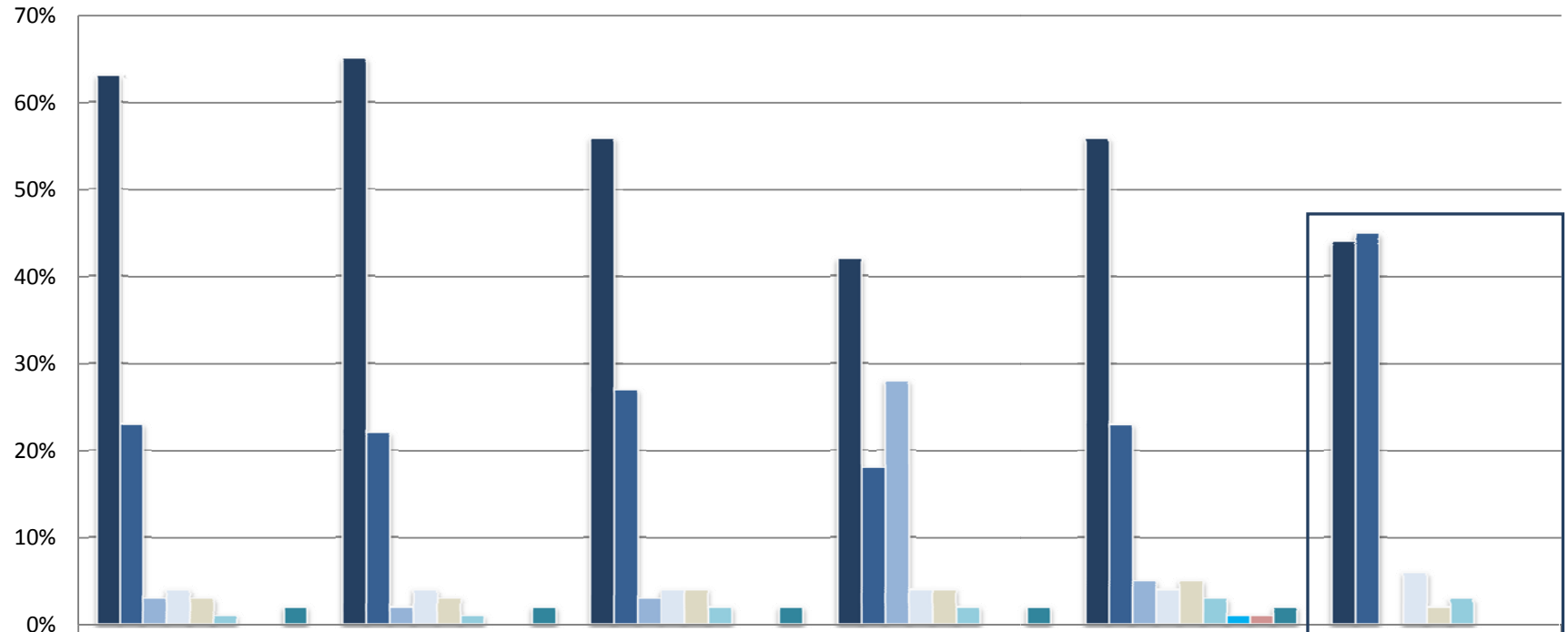
Race/Ethnicity Served and Participant Primary Language

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

Participating Children Age Distribution

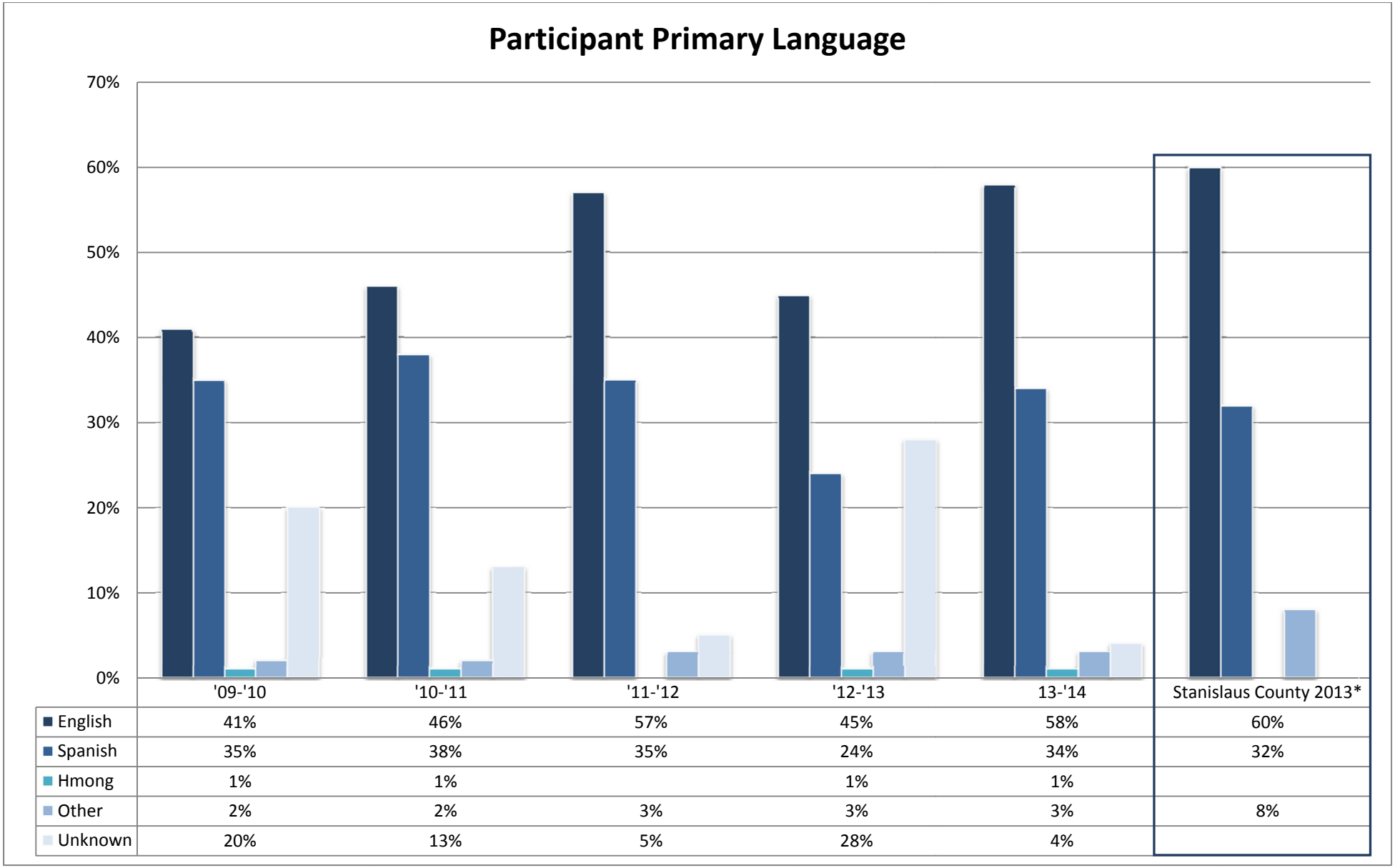
This chart shows the age distribution of children participating in Prop 10 funded programs. The programs served more children ages 3 through 5 than 0 through 2. However, there is a strong historical trend significantly narrowing the gap between the two age groups served. In '13-'14, the percentage of children 0-5 whose age was unknown spiked to 29%. This is due to 211 not collecting age information for a significant number of children (a data gathering issue the program is addressing).

Race/Ethnicity Served



	'09-'10	'10-'11	'11-'12	'12-'13	13-'14	Stanislaus County 2013*
Hispanic	63%	65%	56%	42%	56%	44%
White	23%	22%	27%	18%	23%	45%
Unknown	3%	2%	3%	28%	5%	
Asian	4%	4%	4%	4%	4%	6%
African American	3%	3%	4%	4%	5%	2%
Multiracial	1%	1%	2%	2%	3%	3%
American Indian					1%	
Pacific Islander					1%	
Other	2%	2%	2%	2%	2%	

*U.S. Census Bureau, 2013 American Community Survey.

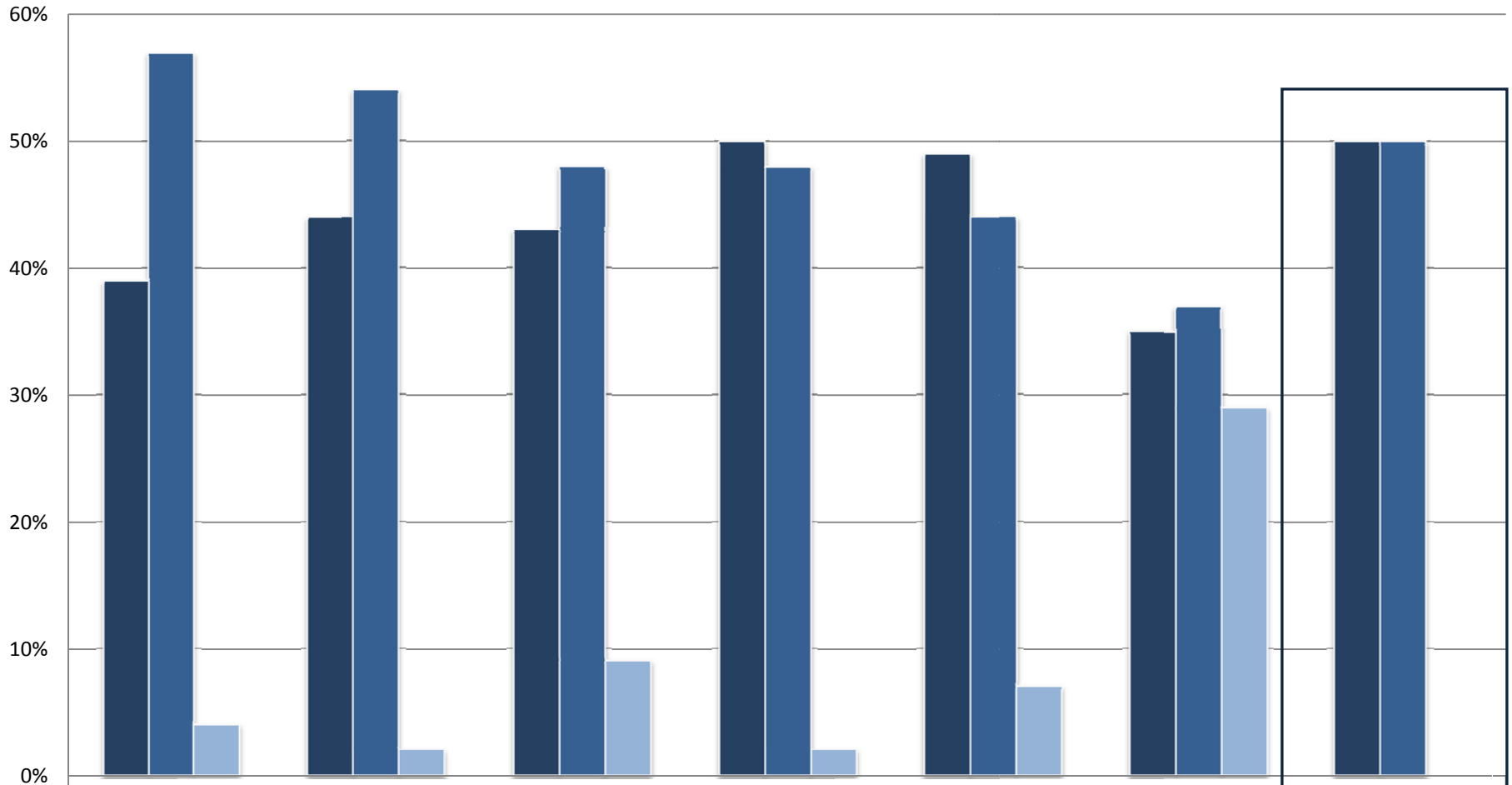


	'09-'10	'10-'11	'11-'12	'12-'13	13-'14	Stanislaus County 2013*
English	41%	46%	57%	45%	58%	60%
Spanish	35%	38%	35%	24%	34%	32%
Hmong	1%	1%		1%	1%	
Other	2%	2%	3%	3%	3%	8%
Unknown	20%	13%	5%	28%	4%	

CFC data does not include provider capacity language data.

*U.S. Census Bureau, 2013 American Community Survey.

Participating Children Age Distribution



	'08-'09	'09-'10	'10-'11	'11-'12	'12-'13	13-'14	Stanislaus County 2013*
0-2	39%	44%	43%	50%	49%	35%	50%
3-5	57%	54%	48%	48%	44%	37%	50%
Unknown	4%	2%	9%	2%	7%	29%	

*State and County Total Population Projections by Race/Ethnicity and Detailed Age, California Department of Finance, 2013

Result Area 1: Improved Family Functioning

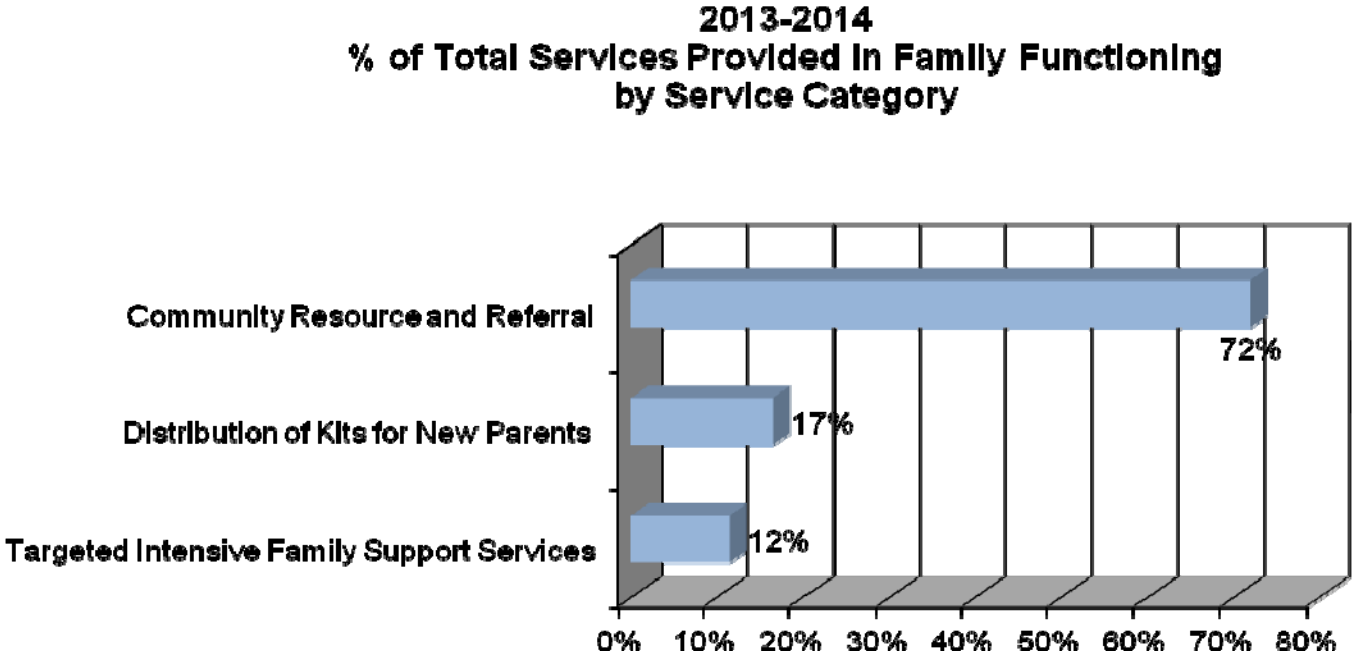
Description

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 60% of the 2013-2014 budget. Half of the programs are grouped under "Family Resource Centers with Differential Response services."

The amount expended in this result area is 97% of the amount budgeted for fiscal year '13-'14, 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 '13-'14 Total Awards	FY '13-'14 Expended
$4,462,815	$4,333,164 (97% of budget)



Result Area 1 Services and Service Delivery Strategies

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

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

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

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

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

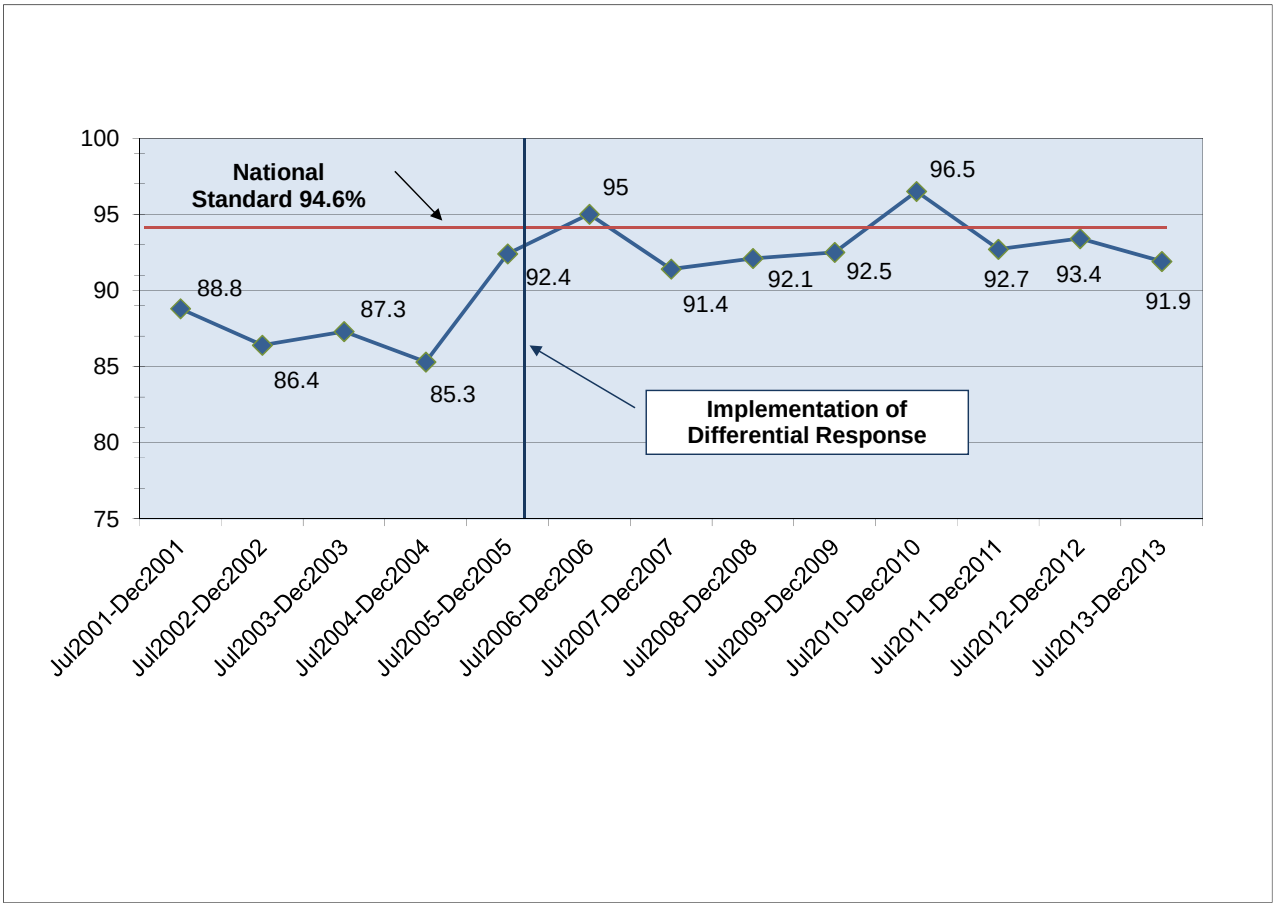
The services are offered by a spectrum of providers, from community based family resource workers to mental health clinicians. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals),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

Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2013 for children 0-5. Stanislaus County exceeded the National Standard of 94.6% "no recurrence" of maltreatment within 6 months of a substantiated report in 2006 and 2010 after the implementation of Differential Response (DR) through FRCs. The rate has dropped in subsequent years, but it has never fallen below the rate before Differential Response was implemented. In 2010, the rate of "no recurrence" of maltreatment was at the highest rate it has ever been in over a decade. Although there are many factors that contribute to this population indicator of "no recurrence" rate, 1,571 children 0-5 were referred through differential response, and of those the families of 58% of those children (914) 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?

- 8,974 children 0-5 received services that improved family functioning
- 245 children 0-5 received behavioral health services
- The parents of 1,284 children attended parenting education classes
- 214 early education sites received 2,741 hours of mental health consultation
- The families of 5,902 children 0-5 received resources or referrals to improve family functioning

- 21% of the children and families who received family support services (1,880/8,974) were engaged further through assessments
- 5% of those receiving family support services and who indicated a need (481/8,974) received more intensive services focused on improving child abuse risk factors

Mental Health Access and Improvements

- 100% of parents whose children are participating in mental health services (52/52) report a reduction in their child's mental health symptoms and improvements in child functioning
- 1,644 caregivers of children 0-5 were screened for depression and 194 were referred for mental health services as a result

Behavior Improvements

- 95% of children (20/21) demonstrate improved behavior within daycare environments

Parents and Providers Skills Improvements

- 70% of parents participating in parent education (926/1,284) report an increase in skills or knowledge
- 93% of day care providers (158/169) report improved skills and confidence in working with difficult children after receiving mental health consultation
- 18% of dependent children ages 0-5 (9/49) under the jurisdiction of the court were placed in a safe, permanent home

Result Area 1: Improved Family Functioning						
Program	Amount Expended in '13-'14 (% of '13-'14 allocation)	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2014)	Cumulative Amount Expended (7/1/2007-6/30/2014)	% of Cumulative Amount Expended
2-1-1	$ 76,306 (95%)	2,044	$ 37	$ 1,080,000	$ 984,329	91%
Court Appointed Special Advocates (CASA)	$ 29,467 (98%)	49	$ 601	$ 30,000	$ 29,467	98%
Children's Crisis Center	$ 460,000 (100%)	427	$ 1,077	$ 4,987,387	$ 4,291,757	86%*
El Concilio - La Familia	$ 93,960 (96%)	161	$ 584	$ 1,292,000	$ 1,184,363	92%
Family Justice Center	$ 109,521 (98%)	305	$ 359	$ 434,110	$ 419,516	97%
Healthy Start Sites	$ 416,020 (100%)	2,081	$ 240 (includes Support funding)	$ 5,541,841 (includes Support funding)	$ 5,509,675 (includes Support funding)	99%
The Bridge (FRC)	$ 185,000 (100%)	186	$ 995	$ 1,265,000	$ 1,215,087	96%
Zero to Five Early Intervention (0-5 EIP)	$ 1,447,573 (95%)	1,285	$ 1,127	$ 14,152,142	$ 13,312,727	94%
Family Resource Centers (providing Differential Response Services) (7 contracts)	$ 1,515,317 (97%)	2,743	$ 552	$ 12,837,040	$ 11,889,453	93%
TOTAL	$ 4,333,164 (97%)	9,281	$ 467	$ 41,619,520	$ 38,836,374	93%

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

2-1-1

Agency: United Way
Current Contract End Date: June 30, 2014

Program Description

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

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

Finances			
Total Award July 1, 2007 – June 30, 2014	FY '13-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$1,080,000	$80,000	$76,306 (95% of budget)	$984,329 (91% of budget)

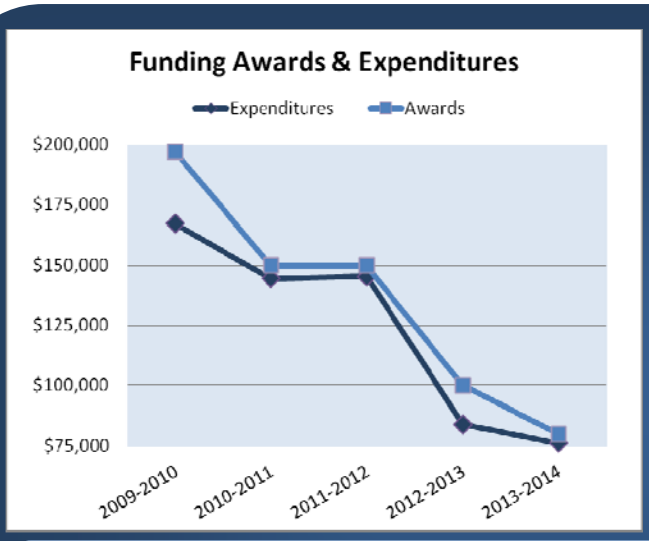
FY '13-'14 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (2,044) callers with a child 0-5)
$40,970	$34,874	$462	0%	$37

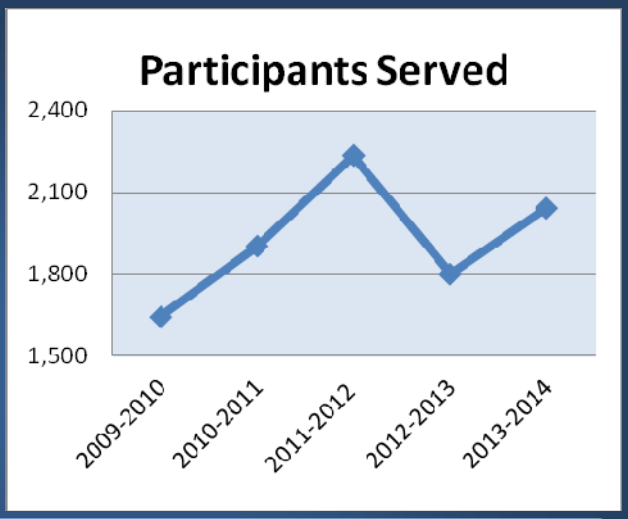
PARTICIPANT TYPE	% SERVED
Children 0-5	57%
Parents/Guardians	41%
Other Family	2%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	48%
White	28%
Black/African American	10%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	<1%
Multiracial	5%
Other	1%
Unknown	5%

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

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





Reflecting decreased program costs resulting from outsourcing program operations, funds awarded to the program continued to decline in '13-'14. Participants served in '13-'14 increased over those serviced in '12-'13. A contributing factor for the decline in '12-'13 was the use of a new data system, iCarol, and the associated learning curve for the system which may have resulted in some participant data not being captured.

Program Highlights

- Fresno County (211 FC) currently handles Stanislaus County 211 calls Monday through Friday, 8 AM to 8 PM while nights and weekends are handled by Interface Child and Families Services (ICFS). Follow up surveys indicate customer satisfaction with the outsourced call system is comparable to when United Way answered the calls locally.
- The program continues to explore the establishment of a regional 2-1-1 system for the San Joaquin valley. Increased control and reduced costs are prime motivators for considering such a change. The Stanislaus program is providing technical assistance to San Joaquin County and United Way of Merced as they work to establish the 211 program in their communities.
- Only 25% 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.
- Stanislaus County Office of Emergency Services partners with 211 to provide local disaster services. In the event of a disaster, 211 will provide local call specialists staffed by United Way employees and trained volunteers at the Stanislaus County 2-1-1 Call Center.
- In '13-'14, Stanislaus County 211 staff provided outreach at 31 events / locations.
- In '13-'14, Stanislaus County 211 staff provided 25 presentations to local agencies / organizations staff and clients and provided 25,734 promotional items to churches, medical clinics / facilities, day cares, agencies, and other organizations for distribution to program participants.
- Leveraging: 2-1-1 no longer receives funding from Stanislaus County cities, but the program did receive $164,167 in support from other public and private agencies.
- Cultural Competency: Stanislaus County 211 has the following national origin and languages represented in the call center which helps callers to feel more comfortable when talking to staff. All other calls are assisted / handling through AT&T Language Line Services.
    1) 20 Caucasian – speaking (6) English only; (14) English / Spanish
    2) 24 Latino / Hispanic – speaking (6) English only; (18) Spanish / English
    3) 1 African American – speaking (1) English only

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

- Collaborations: Stanislaus County 2-1-1 works with Stanislaus County agencies (OES, HSA, CSA, CAL-EMA, Advancing Vibrant Communities, American Red Cross, Latino Emergency Council) to strengthen the 2-1-1 Call Center for health and human resource referral assistance, emergency incidents, and disasters. Additionally, whenever possible, 2-1-1 refers callers to the closest Prop 10 funded family resource center or the closest stand alone program providing the needed service based on the caller's address/zip code. Such referrals promote collaboration and cooperation between Prop 10 funded agencies and other social service agencies.
- Sustainability: By supporting other counties in the development of their 2-1-1 programs and by encouraging them to join the 2-1-1 Central Valley Collaborative, 211 is strengthening its capacity by seeking funding as a collaborative, rather than competing for funding as individual entities.

Prior Year Recommendations

2012-2013 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.	• Stanislaus County 211 continues to work with regional collaborative partners to establish a Central Valley Call Center. The goal of the regional collaborative is to establish a more cost-effective method of providing 211 services throughout the county, and to work together to identify regional funding sources. In the 2013-14 funding year, 211 Fresno County began providing call services for Stanislaus County 211 weekdays from 8:00 am to 8:00 pm. Recently, they revised their target date to launch 24/7 call service. Surrounding counties, San Joaquin and Merced, are working to establish a 211 program within their county. Stanislaus County 211 has been working with both counties, and is encouraging them to join the Central Valley Collaborative. Thus far, Merced County has stated they intend to join the collaborative. Once 211 Fresno County is established as a 24/7 call center, we plan on reaching out to other Central Valley counties to join the collaborative.
2. Conduct targeted outreach to increase the number of callers with children 0-5.	• Staff continues to outreach to families through presentations at head starts, family resource centers, promotoras, parent meetings and other community based organizations. We also outreach through campaign presentations (i.e. Del Monte and Seneca) reaching parents in the workplace. • Staff also attends family friendly events sponsored by the libraries, Kaiser, school and other non-profit organizations.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
2-1-1 callers have access to health and human service program information 24/7/365	100%	99% (7,791/7,905)
2-1-1 callers with children 0-5 have access to health and human service program information 24/7/365	100%	99% (2,023/2,044)
33% of callers have children 0-5.	33%	25% (2,044/7,905)
Callers with children 0-5 years are unduplicated callers	75%	99% (2,023/2,044)
Children 0-5 years whose caregivers request health insurance assistance with their children's application are provided with health plan enrollment assistance	100%	96% (26/27)
2-1-1 callers with children 0-5 who were contacted for follow-up report satisfaction with 2-1-1 services	80%	87% (376/430)
Callers with children 0-5 years learn of the 2-1-1 services through outreach or advertisement.	50%	62% (1,247/2,044)
Callers' children 0-5 years who previously did not have health insurance have health insurance within 45 days after calling 2-1-1	75%	96% (26/27)
2-1-1 callers with children 0-5 years who are contacted for follow-up report having their needs met through referrals after calling 2-1-1	50%	64% (274/431)

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.
- Emphasize gathering 0-5 age data from callers.
- 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, 2014

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, 2014	FY '13-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$30,000	$30,000	$29,467 (98% of budget)	$29,467 (98% of budget)

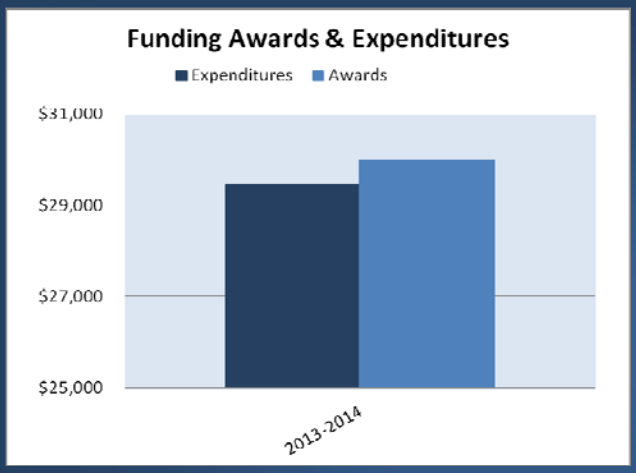
FY '13-'14 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Average Cost Per Child 0-5 (49)
$27,094	$2,373	$0	0%	$601

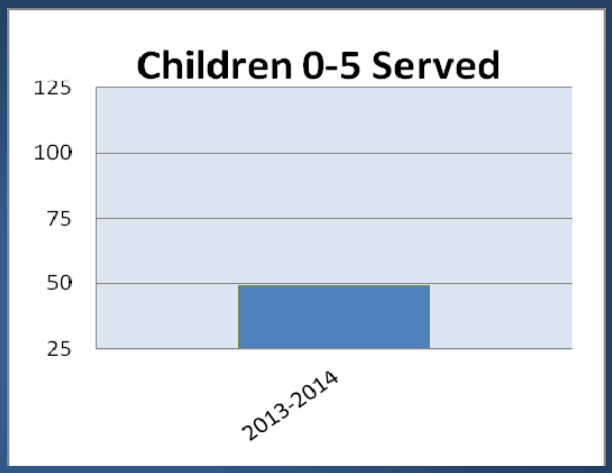
PARTICIPANT TYPE	% SERVED
Children 0-5	93%
28% <3; 67% 3-5; 5% unknown	
Parents/Guardians	0%
Other Family	7%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	36%
White	45%
Black/African American	2%
Asian	-
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	17%
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	98%
Spanish	2%
Hmong	-
Other	-
Unknown	-

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





The '13-'14 fiscal year is the first year CASA received Commission financial support.

Program Highlights

- Funding from the Commission permitted CASA to hire a full-time Case Manager who supervised additional volunteers who were able to provide advocate services to 49 children ages 0-5.
- At the end of '13-'14, 188 children 0-5 years of age remained on CASA's waiting list for court advocacy services.
- At the end of '13-'14, 55 children 0-5 years of age were still in the process of obtaining a permanent home.
- Leveraging: In '13-'14, CASA received $237,000 from State and local government sources, foundations, and local fundraising events.
- Cultural Competency: CASA provides training to staff and advocates on cultural competency as a part of its initial (and ongoing) training program. The minimum training for an advocate or staff person is 6 hours per year. The trainings address cultural and gender responsive issues.
- Collaborations: CASA has a consistent and interactive relationship with SCOE and the Children's Crisis Center. Additionally, CASA also provides education and special education training to Commission partners and other Stanislaus County agencies who request such training.
- Sustainability: CASA lists the following agencies as their key partners: Gallo Family Vineyards, Stanislaus Community Foundation, the Children and Families Commission, the Stanislaus County Board of Supervisors, the Stanislaus County Superior Court, Blue Diamond Growers, the Sisters of the Holy Family, In-N-Out Burger Foundation, and the Kiwanis Club of North Modesto and its members. CASA has developed strategic partnerships with the Community Services Agency, the Stanislaus County Superior Court, Children Systems of Care, the Children's Crisis Center, and the Stanislaus County Office of Education.

Prior Year Recommendations

CASA was first funded by the Commission in the '13-'14 fiscal year. Therefore, there were no prior year recommendations for CASA.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 served	50	49
Recruited volunteers will complete training to become advocates for children 0-5 years in age and their siblings	No planned outcomes	28
Children 0-5 years of age who obtain a safe and permanent home	No planned outcomes	9
Volunteers will complete the training and become advocates for children 0-5 years of age and their siblings.	50%	80% (22/28)
Children ages 0-5 will be placed in a safe, permanent home	40%	18% (9/49)

Recommendations

It is recommended that the program recruit and train additional volunteers to address the court advocacy needs of the 188 0-5 children on the waiting list.

Children's Crisis Center

Agency: Children's Crisis Center
Current Contract End Date: June 30, 2014

Program Description

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

The Respite Childcare Program is offered from five locations strategically located to serve low income and underserved neighborhoods throughout Stanislaus County. Shelters are located in the cities of Modesto (including co-location at the Stanislaus Family Justice Center), 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, 2014	FY '13-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$4,987,387**	$460,000	$460,000 (100% of budget)	$4,291,757 *(86 % of budget)

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

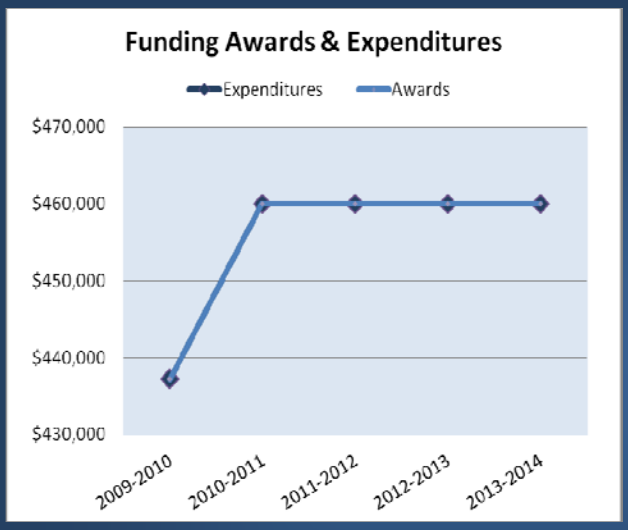
FY '13-'14 Budget / Expenditure Data			
Respite Care	Rent	Indirect Cost Rate	Average Cost Per Child 0-5 (427)
$460,000	$0	0%	$1,077

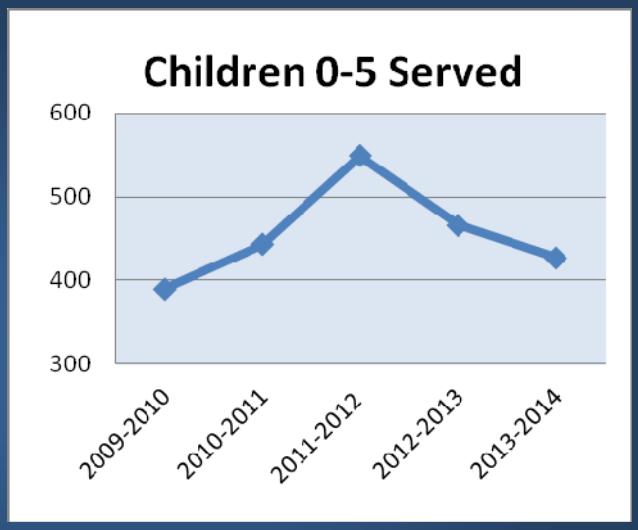
PARTICIPANT TYPE	% SERVED
Children 0-5	45%
(61% <3; 39% 3-5)	
Parents/Guardians	40%
Other Family	15%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	47%
White	27%
Black/African American	3%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	15%
Other	<1%
Unknown	5%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	80%
Spanish	15%
Hmong	-
Other	1%
Unknown	4%

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





Funding awards and expenditures have been consistent with the exception of a 5% increase beginning in '10-'11. The number of children served has declined since '12-'13 due to more intensive (and therefore more expensive) services being delivered.

Program Highlights

- In '13-'14, CCC served 427 children with 71,414 hours of respite care during 13,381 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.
- CCC relocated Marsha's House to the Ceres area in November of 2013, which has long been identified as being an underserved area of Stanislaus County. Economies of scale forced the closure of Cricket's House in June of 2014. CCC is working to develop a new center on Kimble Street in Modesto. If everything goes as planned, the Kimble Street location could be operational by June of 2015.
- 49 children needing developmental assessments received such assessments and 8 of those children were referred for additional assessments and services. 41 of the children assessed were documented over time as progressing in at least one developmental area.
- 78,038 nutritionally based meals and snacks were served to 427 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 at the end of their 3 month and 6 month evaluation periods.
- Leveraging: Most funding for the agency is derived from state and federal grant allocations and donations from foundations. $2,143,008 was received in '13-'14 from these sources.
- Cultural Competency: English and Spanish are the two most prominent languages spoken by Children's Crisis Center staff, as they are predominately the primary languages spoken by the target service population. Other primary languages spoken by children, parents, and staff include Spanish, German, Portuguese, Laotian, Hmong, Thai, Cambodian, Punjabi, and ASL (American Sign Language).
- Collaborations: For the past four years, CCC has been an on-site partner at the Stanislaus Family Justice Center (SFJC). CCC's role in this alliance is to serve children who have been victimized directly or indirectly by physical or sexual abuse, and children fleeing domestic violence. By working on-site at the FJC, CCC has strengthened its relationship with the other on-site community partners - including law enforcement, the District Attorney's Office, CAIRE Center, Behavioral Health &

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

- Sustainability: CCC has added 4 agencies to its Community Support list and has added 8 prominent individuals to its Key Champions list. These key partners and community leaders will provide, or influence others to provide, both cash and in-kind community support that will enable CCC to renovate the Modesto facility on Kimble Street.

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• The Children's Crisis Center continues to pursue funding sources consistent with the mission of the agency.
2. Reinforce partnerships with Valley Recovery Center and offer services at other Valley Recovery Center sites.	• The Children's Crisis Center has met with Beth Nelson, Program Manager at Redwood Family Center, to discuss service expansion to the California Avenue facility. The CCC is now scheduled to expand services, beginning August 2014, two mornings per week.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 who received respite care are from families progressing towards their Respite Priority Certification service plan goals	90%	98% (420/427)
Children 0-5 indicate decreased risk for child abuse or neglect	80%	84% (283/338)
Enrolled children 0-5 assessed with DRDP progress in at least one developmental area	70%	84% (41/49)
Children 0-5 indicating need for additional developmental services received appropriate referrals	No planned outcomes	100% (28/28)
Enrolled children 0-5 who did not have a medical assessment and/or TB screening	No planned outcomes	7% (31/427)
Enrolled children 0-5 without a medical assessment or TB screening received same	No planned outcomes	100% (31/31`)

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:

- Find a way to meet the need for on-site medical assessments, vision services, and oral services.

El Concilio – La Familia

Agency: El Concilio
Current Contract End Date: June 30, 2014

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, 2014	FY '13-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$1,292,000	$98,000	$93,960 (96% of budget)	$1,184,363 (92% of budget)

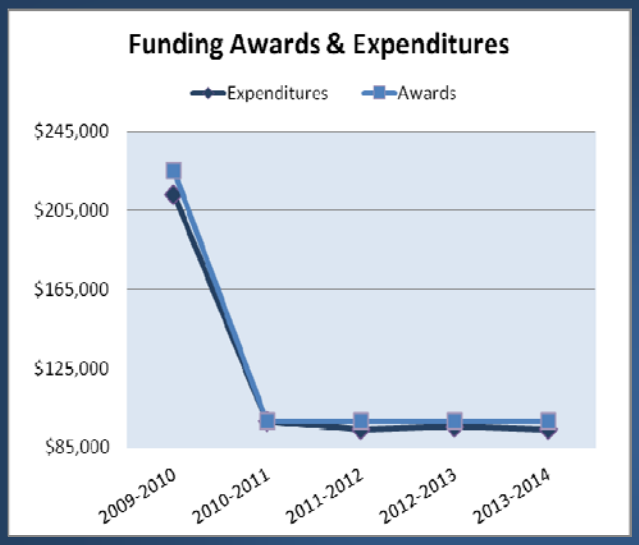
FY '13-'14 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (161)
$72,382	$21,578	10%	$584

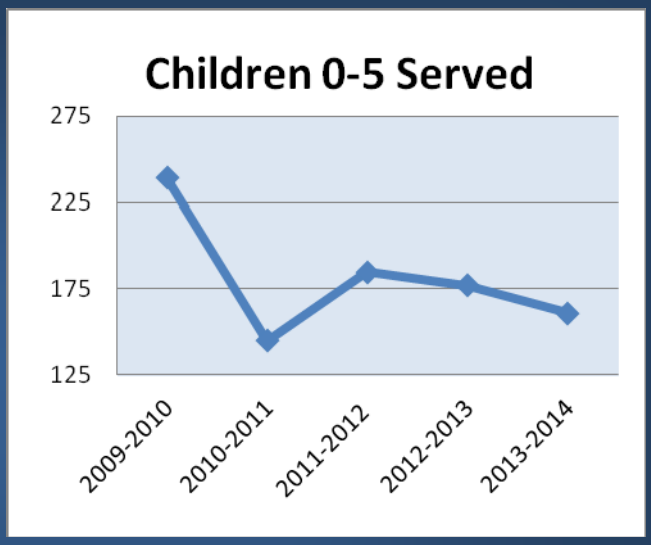
PARTICIPANT TYPE	% SERVED
Children	30%
36% <3; 64% 3-5	
Parents/Guardians	39%
Other Family	31%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	90%
White	8%
Black/African American	-
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	<1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	12%
Spanish	88%
Hmong	-
Other	-
Unknown	-

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





In '10-'11, La Familia transitioned from a program with 3 major activities to a program that provided counseling services only. In that same year, both the funding award and expenditures decreased by 56%. The number of participants served decreased by 48%. However, the number of children 0-5 served since '11-'12 have been higher than the historic low of '10-'11.

Program Highlights

- Through this contract, a Mental Health Clinician is at the following locations once a week: Parent Resource Center (Modesto), Turlock Family Resource Center, Casa del Rio (Riverbank), Newman Family Resource Center, Ceres Healthy Start, and Hughson Family Resource Center. If clients are unable to attend appointments on the set dates and hours, the clinician will see them at another location (and occasionally at the client's home).
- Domestic violence is a theme that runs through most of this program's cases. Parenting and marital issues show a marked increase in the last year.
- Leveraging: The program reports that $451,000 was leveraged from a variety of other sources. However, the amounts leveraged are not used to supplement the counseling program funded by the Commission.
- 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, and faith based organizations.
- Sustainability: The program increased its capacity by joining the San Joaquin County Family Resource Network, received funding to support a Covered CA enrollment counselor, and received a nutrition grant from the Newman School District.

Prior Year Recommendations

2012-2013 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• No response provided.
2. Reestablish the program in Turlock when a private space can be located at the FRC or some other appropriate location and when clinician hours become available.	• We are currently providing services at the Turlock Family Resource Center's new location where we are provided with a private office for mental health counseling.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 whose caregivers are screened for depression or other mental health issues.	158 children	161 children
Children 0-5 whose caregivers are receiving mental health services after being identified through the LSP/Burns Depression Screening or who request services.	95%	100% (72/72)
Children 0-5 whose caregivers receive individual counseling and indicate improvement with presenting issues.	65%	96% (151/159)

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:

- Provide more complete and detailed information on its activities in annual reports to the Commission.

Stanislaus Family Justice Center

Agency: Stanislaus Family Justice Center
Current Contract End Date: June 30, 2014

Program Description

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

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

Services provided to victims include advocacy, basic needs assistance, counseling, crisis intervention, housing and shelter assistance, law enforcement and prosecution, legal assistance, life skills, chaplaincy, and translation services. The partner agencies consist of public, private, and not-for-profit agencies that respond as a multi-disciplinary team of professionals to reduce the incidences of violence in Stanislaus County. Participating agencies in the Family Justice Center include Behavioral Health and Recovery Services, Chaplaincy Services, Child Abuse Interview Referral and Evaluations (CAIRE) Center, Community Services Agency (CPS/APS/StanWorks), 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, 2014	FY '13-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$434,110	$111,430	$109,521 (98% of budget)	$419,516 (97% of budget)

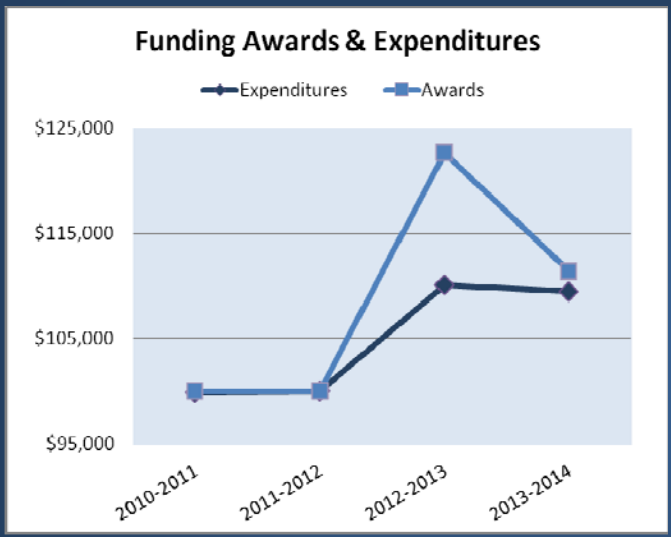
FY '13-'14 Budget / Expenditure Data			
Personnel Costs	Legal Services	Indirect Cost Rate	Cost Per Child 0-5 (305)
$99,996	$9,525	0%	$359

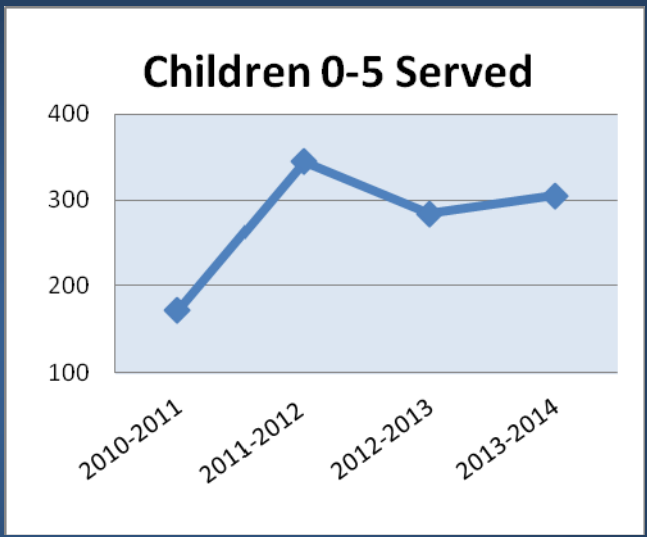
PARTICIPANT TYPE	% SERVED
Children	47%
44% <3; 56% 3-5	
Parents/Guardians	25%
Other Family	28%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	54%
White	16%
Black/African American	2%
Asian	<1%
Alaska Native/American Indian	1%
Pacific Islander	6%
Multiracial	14%
Other	4%
Unknown	2%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	72%
Spanish	26%
Hmong	-
Other	2%
Unknown	-

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





The program's funding was increased in '12-'13 to fund a legal assistance program. In '13-'14 98% of the funding provided to the program was expended during the activity year. Participants served has decreased from '11-'12 due to the more intensive nature of services provided in subsequent years.

Program Highlights

- The Family Justice Center model is identified as an evidence-based practice in the field of domestic and family violence and sexual assault intervention and prevention services. Documented and published outcomes of the model include reduced homicides, increased victim safety, increased empowerment for victims, reduced fear and anxiety for victims and their children, reduced recantation and minimization by victims, increased efficiency of services, increased prosecution of offenders, and dramatically increased community support for services to victims and their children.
- In '13-'14, 2,115 unique services were provided to caregivers and their children age 0 – 5, as compared to 908 unique services provided in '12-'13. Families with children age 0 – 5 received an average of 11.7 unique services per family, as compared to an average of 7.2 unique services in '12-'13. 35% of families had safety plans in place, compared to 63% in '12-'13.
- For the first 3 months of '13-'14, the Commission granted additional funds to the program to provide civil legal services. Assistance was provided to 37 caregivers with children age 0-5 (48 children total), resulting in 15 Temporary Restraining Orders (TRO) and 5 Permanent Restraining Orders (RO). There were also 5 custody modifications involving children age 0-5. (Funding for civil legal services was provided by a Federal grant starting on October 1, 2013.)
- The Family Justice Center currently occupies a building at 1625 I Street in Modesto containing 9,600 square feet of useable space. As the number of clients increase and the number of on-site service providers increase, the program may need acquire additional space. Options being considered include occupying an additional smaller facility near the main facility, moving to a larger facility, purchase of a building and construction of additional space, or opening satellite centers either by affiliating with partner agencies or by opening free-standing centers in the other incorporated areas of the county.
- Leveraging: The program was able to leverage $295,505 from Federal and local funding sources.
- Cultural Competency: Because abuse is not limited to gender, income level, occupation, education level, ethnic or sexual preference, FJC serves people from all sectors of the county. A majority of the staff is bi-lingual Spanish and translation services are provided for clients that speak languages other than English. Program materials are provided in both English and Spanish.
- Collaboration: The operating model for the FJC is to co-locate partners providing abuse services. Agencies currently on-site at the FJC include CAIRE Center (Child Abuse Interviews, Referrals, and Evaluation), Community Services Agency, Haven Women's Center, Children's Crisis Center, Behavioral Health and Recovery Services, Child Protective Services, District Attorney, Civil and

Legal Attorney, Stanislaus County Sheriff, VOICES of Stanislaus (VCS), and the Modesto Police Department. The Domestic Violence Response Team for Stanislaus County is also housed at the FJC site.

- Sustainability: The FJC's long-term strategy for enhancing existing resources is to pursue additional funds through grants and private community donors. FJC continues to research possible funding sources and write proposals to grants and foundations. Additionally, FJC's short-term plan is to engage its community partners in understanding the impact and benefits they provide to the long-term sustainability of the Stanislaus Family Justice Center in the expectation that this knowledge will cause partners to more fully commit in the future to the vision and activities of the Center.

Prior Year Recommendations

2012-2013 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Sustainability activities were further enhanced by the Director of Community Partnerships to focus on fund development/key partnerships with community members. Her duties also include forging collaborative partnerships with agencies that serve families and children and overseeing the Art Restore Kids Program. Funds were further leveraged through 2 grants awarded in October 2013 for 3 years from the Office on Violence Against Women: Arrest Program grant (Stanislaus County as the lead agency with the SFJC as a major partner) and the Legal Assistance to Victims grant (SFJC as the lead agency with Haven Women's Center as the partner).
2. Finalize development and implement a tool to measure self-sufficiency efforts.	• Tool was implemented in 2013-14 and results included on the agency's quarterly SCOARRS

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children receive services that reduce the risk of repeat child maltreatment.	200	305
Caregivers of 0-5 children who were granted a temporary restraining order	No planned outcomes	15
Caregivers of 0-5 children who were granted a restraining order	No planned outcomes	5
Children ages 0-5 whose families have a safety plan in place.	50%	35% (106/305)
Caregivers of children served report an increase in self-sufficiency skills.	70%	56% (101/181)

Recommendations

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

Additionally, it is recommended that the program:

- Work to increase the number and percentage of participants with safety plans in place.
- Evaluate and plan for the future space needs of the FJC.
- Work to increase the number of parent who develop self-sufficiency skills.

Healthy Start Support

Agency: Stanislaus County Office of Education
Current Contract End Date: June 30, 2014

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, 2014	FY '13-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$5,541,841	$498,398	$498,398 (100% of budget)	$5,509,675 (99% of budget)

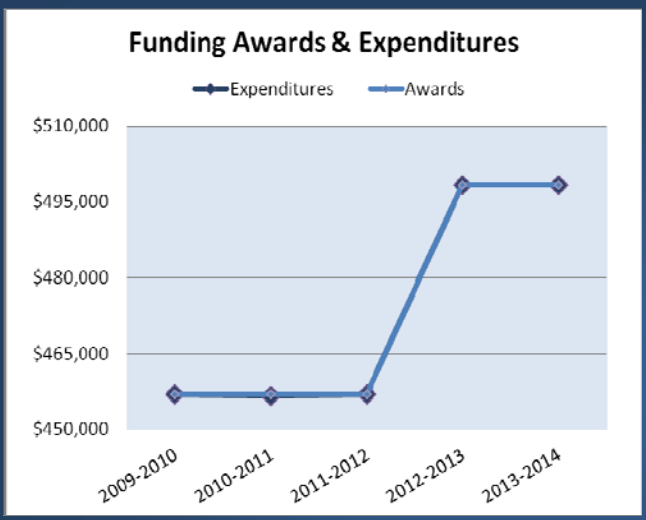
FY '13-'14 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (2,081)
$61,886	$20,492	$416,020	9.8% (excludes sites)	$240

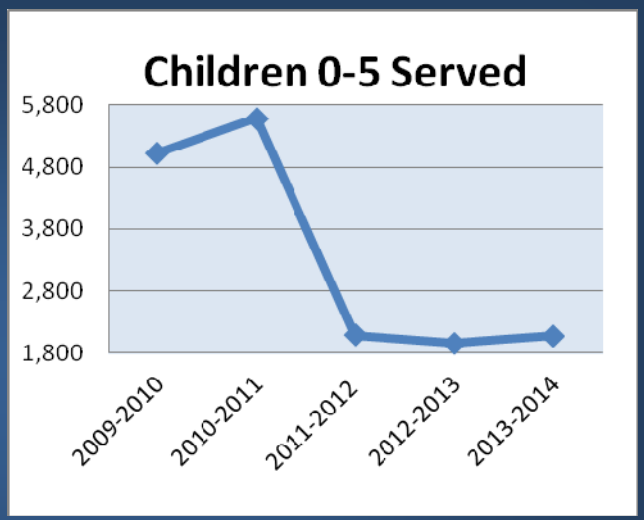
PARTICIPANT TYPE	% SERVED
Children	57%
49% <3; 51% 3-5	
Parents/Guardians	43%
Other Family	-

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	80%
White	13%
Black/African American	3%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	2%
Other	1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	40%
Spanish	59%
Hmong	-
Other	<1%
Unknown	-

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





The funding increase in '12-'13 resulted from the addition of the Keyes site. The children 0-5 served had increased until '11-'12 when there was a significant drop (63%) in service. A revised reporting methodology caused the drop in children served in '11-'12. The revised methodology has resulted in more accurate unduplicated participant counts.

Program Highlights

- The 10 Healthy Start sites funded by the Commission are located at the following schools: Allard, Ceres, Downey, Franklin, Hughson, Keyes, Orville Wright, Petersen Alternative Center for Education (PACE), Riverbank, and Robertson Road.
- Free and reduced lunch eligibility continues to be an indicator of the socio-economic levels at the 10 sites. The percentage at sites eligible for free and reduced lunch ranges from 33.8% to 96.9%.
- The Hispanic/Latino population continues to be the largest ethnic group in each of the 10 school communities ranging from 52.4% to 80.9%.
- Pre and post-tests show increases in the range of 25%-76% for literacy scores involving 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.
- Leveraging: The program reported that $3,250 was leveraged from Mental Health Services Act funding.
- Cultural Competency: The largest ethnic group served continues to be Hispanic / Latino at all of the ten Healthy Start sites/districts. Materials and programs are culturally sensitive and provided in both Spanish and English. All coordinators with the exception of Keyes are bilingual. Keyes does have bilingual support that is provided by other staff members.
- Collaboration: All sites work with FRCs in their community, other Prop 10 programs, and a myriad of other community organizations. The program reports the 10 funded sites collaborate with 55 different agencies.
- Sustainability: An ongoing agenda item at monthly collaborative meetings is Key Champion updates. A hard copy of the sustainability plan is shared with each site's Key Champions so the Champions will recognize opportunities as they occur to collaborate, continue services, and expand funding. Additionally, sites continue to build partnerships within their own communities that include faith based, local businesses, organizations, education, and government.

Prior Year Recommendations

2012-2013 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.	• At our March Collaborative meeting, copies of our most current Sustainability Plan were distributed for Coordinators to share with their principals and/or key champions at their site. Sustainability will continue to remain on our agenda as a topic of discussion and marketing strategies will be discussed and shared. Some sites leverage additional funding from sources such as Foster Youth, CDBG, Kaiser, PEI, ADA and Title 1. All sites collaborate with Commission contractors, as well as local community based organizations to provide services to the families they serve.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Families with 0-5 children have support systems, social emotional systems, and decreased stress - as evidenced by the following:		1,595 families 2,081 children
Families indicating increased knowledge of community resources	80%	97% (508/524)
Families indicating increased social/emotional support	80%	97% (318/328)
Families indicating decreased stress	80%	87% (695/799)
Families reporting progress towards positive family goals	80%	94% (752/800)
Families reporting improved parenting skills	80%	90% (503/559)
Families reporting increased confidence in their parenting ability	80%	99% (458/463)
Families/caregivers have knowledge and skills and are empowered to improve their children's health, nutrition, safety – as evidenced by:		
Families indicating increased knowledge to access health and wellness information for their children	80%	97% (549/613)
Caregivers passing CPR/First Aid course	80%	97% (96/99)

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 address succession planning and cross-training at Healthy Start sites and SCOE.

The BRIDGE

Agency: Sierra Vista Child and Family Services
Current Contract End Date: June 30, 2014

Program Description

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

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

Finances			
Total Award June 1, 2007 – June 30, 2014	FY '13-'14 Award	FY '13'14 Expended	Cumulative Amount Expended
$1,265,000	$185,000	$185,000 (100% of budget)	$1,215,087 (96% of budget)

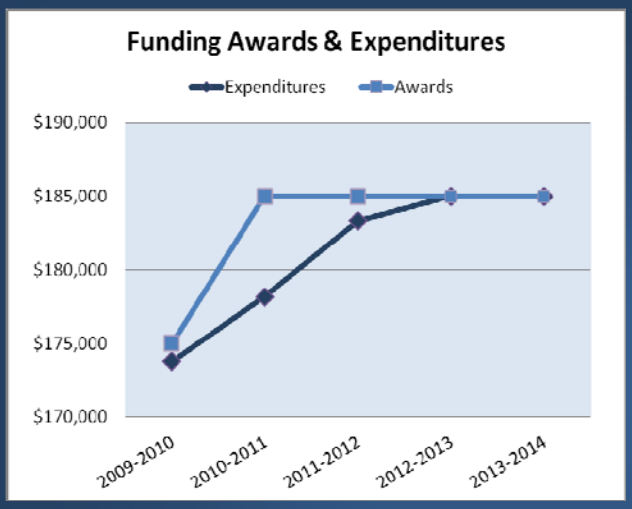
FY '13-'14 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (186)
$139,969	$28,211	$16,820	10%	$995

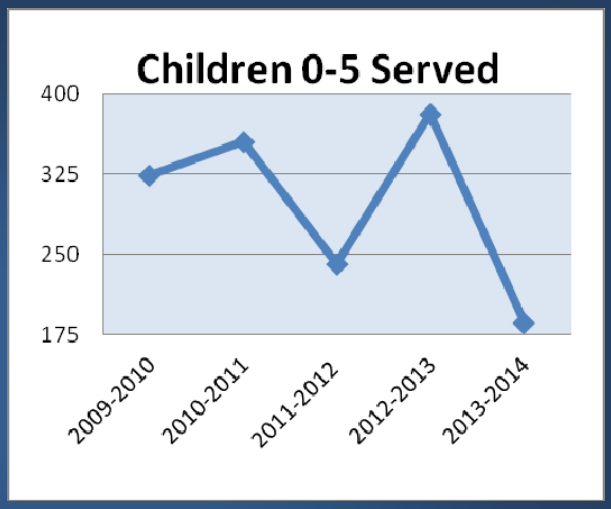
PARTICIPANT TYPE	% SERVED
Children	20%
30% <3; 70% 3-5	
Parents/Guardians	54%
Other Family	26%

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	19%
Other	81%
Unknown	-

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





The funding award for the BRIDGE has remained relatively constant. In each of the last two fiscal years, The BRIDGE has expended 100% of its budget. Children served increased in '12'-13 as a result of the Commission working with The BRIDGE to emphasize outreach. The BRIDGE reports the number of children served decreased in '13-'14 due to reduced staff hours resulting from budget limitations created by the loss of other funding sources.

Program Highlights

- Three large outreach events were sponsored by The BRIDGE to emphasize health, education, and well-being. The events included a Back to School Picnic with school readiness materials and activities, a Holiday Celebration with books given as gifts, and a Cultural Faire to celebrate the SEA (Southeast Asian) culture and identify families who could benefit from BRIDGE services.
- While overall participant feedback has been very positive and indicates that The BRIDGE services are well used and appreciated, survey respondents representing 127 0-5 children gave "quality of services" an excellent rating of 88%. This was an improvement from the 71% excellent approval rating for this category in '12-'13. This reflects the work done by The BRIDGE to improve this rating.
- The BRIDGE has administrative challenges. The program expended all of its Commission funds by May of 2014. Other funding sources had to be used to continue services through the end of the fiscal year.
- The number of children served decreased from 381 participants in '12-'13 to 186 in '13-'14, with a corresponding increase in costs per child from $485 to $995 in '13-'14 (nearly twice what is being spent per child by the FRC's). While The BRIDGE attributes this decline in children served to budget limitations, this decline in children served is also due to the service delivery model employed by The BRIDGE – which emphasizes services being delivered in the home and individual support to clients for translation, transportation, and advocacy.
- Leveraging: The BRIDGE leveraged $129,356 of federal, state, and local dollars.
- Cultural Competency: It is critical in working with the SEA population that the staff be members of the SEA community and be respected by the community. Community member involvement has resulted in the hiring of staff more closely aligned with the target population. Limited materials are available in the SEA languages which can be problematic. However, The BRIDGE has found several resources for health and parent education material in the SEA languages and uses them regularly.
- Collaboration: The BRIDGE has a long history of collaborating with the Modesto Police, MID, PG&E, Probation, CSUS, CSA, and others. The BRIDGE continues strong and active collaborations with King Kennedy, CVOC, and the Cambodian and Laotian Temples. Additionally, The BRIDGE has initiated collaborative relationships with several local Modesto City Schools campuses; Robertson Road, Kirschen, and Burbank. Lastly, The BRIDGE continues strong collaborations with Doctors offices, Social Security, Community Services agency, providing linkages to and interpretation services for families.

- Sustainability: The BRIDGE's strategy is to continue to seek outside funding sources (grants, allocations, and other government support) to fund its current and future operations.

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• SVCFS is committed to working toward Commission priorities. We continue to seek funding opportunities to leverage additional dollars toward enhancing and expanding services in the FRCs. We have completed a new Strategic Plan, are progressing toward national accreditation with the Joint Commission (Survey in Oct 2014), continue to forge new relationships with community partners/champions/supporters, participate in a multi-county network of FRCs, and train staff in evidence based and promising practices. We support multiple community capacity building efforts and partner with local community in well being efforts. We have a strong and committed Board of Directors as well as successful marketing and funding raising efforts. We work collaborative with many local agencies including running many programs jointly.
2. The BRIDGE emphasizes translation and transportation services. Develop programs to support participants' independence and self-sufficiency.	• The BRIDGE is working to partner with the community to bring in more workshops focused on independence and self-sufficiency within the SEA population. The BRIDGE has long been viewed as a "service station" where the SEA population goes to have concerns/problems "fixed." The BRIDGE is working toward changing this "cultural" identity and beginning to emphasize empowerment. This is a challenge as the SEA culture often concedes efforts to the "experts," especially when elders are involved. Nevertheless, the BRIDGE staff is committed to slowly and consistently encouraging SEA consumers to learn new skills in order to initiate their own solutions.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 referred during the year have caregivers who receive a Strength Based Assessment	70%	76% (142/186)
Children 0-5 referred in the new year have caregivers who receive referrals, resources, or support services	80%	100% (91/91)
Children 0-5 have caregivers who receive ongoing case management	40%	67% (61/91)
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%	100% (20/20)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	88% (65/74)
Children whose caregivers indicate a need will receive a mental health referral	90%	100% (8/8)
Children 0-5 whose families are assessed receive developmental screenings	55%	82% (61/74)
Children who indicate a need will be referred for further developmental assessment	90%	100% (3/3)
Children 0-5 served indicate increased time reading at home with family	60%	100% (19/19)
Children 0-5 who did not have health insurance when entering the program received assistance in obtaining health insurance	85%	90% (5/5)
Assessed children 0-5 who did not have health insurance are enrolled in a health insurance program within 90 days of intake	80%	100% (4/4)

Recommendations

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

Additionally, it is recommended that the program:

- Decrease travel and staff costs by providing services at the center versus at the client's home.

- Adjust the design of parent-child interactive activities so that services are offered when caregivers are present.
- Monitor budget expenditures and adjust operations so Commission funded services can be provided at appropriate levels throughout the year.
- 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, 2014

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, 2014	FY '12-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$14,152,142	$1,523,009	$1,447,573 (95 % of budget)	$13,312,727 (94% of budget)

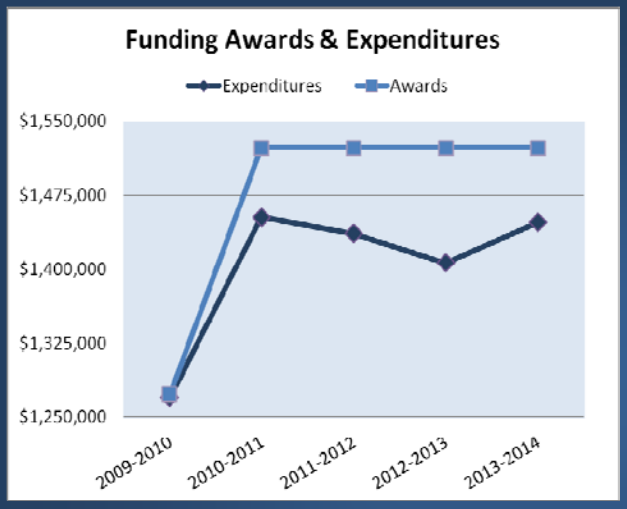
FY '13-'14 Budget / Expenditure Data			
BHRS	Sierra Vista	Cost Per Child 0-5 (1,285 - includes parent ed.)	Cost per Service Hour (15,594)
$867,232	$580,341	$1,127	$93

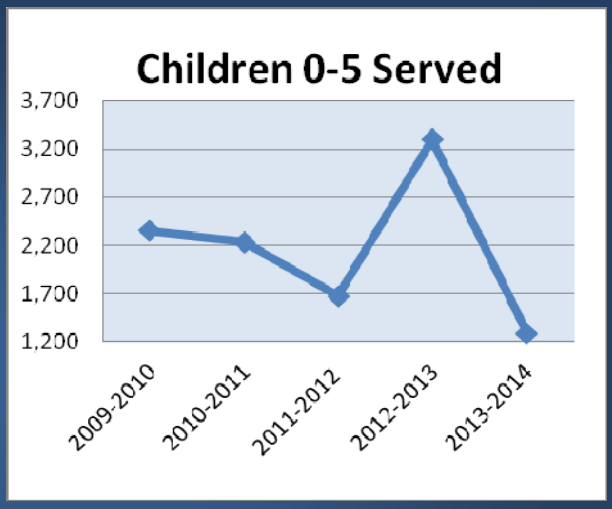
PARTICIPANT TYPE	% SERVED
Children	40%
38% <3; 62% 3-5	
Parents/Guardians	60%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	48%
White	42%
Black/African American	5%
Asian	-
Alaska Native/American Indian	-
Pacific Islander	1%
Multiracial	-
Other	4%
Unknown	-

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

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





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

Program Highlights

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

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

Service	Planned Hours	Actual Hours
Outpatient mental health services	*4,500*	*3,836*
Parenting	*420*	*422*
Prevention	*9,000*	*8,595*
Consultation	*2,600*	*2,741*
Planned Total Hours	*16,520*	*15,594*

- Services are provided at a community level and participants reflect the ethnic distribution of the county. Staff members are multi-cultural. Services to children and families include direct observation, case management, linkage to other services, on-site observation, children's groups (including Little Tykes), parenting groups, and in-home support services.
- Exposure to trauma was a trend for the year. A significant number of cases involved children in need of intensive mental health services as a result of their exposure to domestic violence, physical/sexual abuse and/or neglect.
- 65% of participants in this program were Hispanic. And while cultural norms of these families often attributes "shame" to the family accessing services, 0-5 EIP has been successful in providing services to this population and the program will continue to seek opportunities to reach out in the least intrusive ways.
- The 0-5 EIP program reports an increase of 12% in the number of inquiries received for the year. A total of 424 inquiries were made with over 200 families receiving preventative mental health services in the inquiry/screening process.
- Clinicians and Case Managers provided preventative mental health services by regularly attending parent groups at the Airport Parent Resource Center, North Modesto Family Resource Center, Oakdale Family Support Network, West Modesto King Kennedy Neighborhood Collaborative, and Promotores meetings. Attending these meetings provided 0-5 EIP with opportunities to support and educate parents and to share information about community resources and other assistance to address any questions or concerns presented by a parent.
- Leveraging: Funds totaling $884,029 were leveraged in '13-'14 through Medi-cal, EPSDT and other contracts through Head Start including; Migrant, Early Head Start, and Head Start.
- Cultural Competency: The 0-5 EIP program has bi-lingual, bi-cultural staff who is sensitive to the multitude of cultural influences on families. For Spanish-speaking families, 0-5 EIP has Spanish-speaking providers and representatives from various ethnic communities in Stanislaus County. Demographic information on clients served reflects the ethnic distribution of the county.
- Collaboration: 0-5 EIP continues to collaborate with a wide variety of partners, particularly with those partners where the focus is on family functioning such as Children's Crisis Center, Family Resource Centers, Family Justice Center, Stanislaus County Office of Education, Healthy Start, El Concilio, The BRIDGE, Parent Resource Centers, Court Appointed Advocates, Healthy Birth Outcomes, Community Services Agency - Child Welfare and Child and Family Services, Health Services Agency, School Districts, Stanislaus County Office of Education, Valley Mountain Regional Center, and Kinder Readiness Programs.
- Sustainability: Efforts by 0-5 EIP in this area focus on development of key champions, revenue enhancements by contracting with the educational system, and drawing down revenue from Medi-cal and Early Periodic Screening Diagnosis and Treatment. Key Champions for 0-5 EIP include the following: Family Resource Centers; Parent Resource Centers; Healthy Birth Outcomes programs; Stanislaus County Office of Education (SCOE); Modesto City Schools (MCS); County School Districts; Behavioral Health and Recovery Services (BHRS) and Sierra Vista Child and Family Service.

Prior Year Recommendations

2011-2012 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.	• 0-5 continues to leverage funding • Continues to promote 0-5 programming • The program continues to promote and maintain collaborations in the community • Work continues on implementing internal computer data system • The program continues to work with Prop 10 partners such as family resource center and HBO group. No service level changes needed.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Parents report a reduction in their child's mental health symptoms and improvements in child functioning	75%	100% (52/52)
Clinical staff report improvements in participating children as measured by symptom checklists and improvement noted in client care plans	75%	95% (20/21)
Children 0-5 who are assessed have caregivers who receive depression screenings	65%	41% (110/245)
Participating parents report improvements in their relationship with their child	75%	98% (56/57)
Parents report a reduction of stress and risk factors	75%	93% (53/57)
Clinical staff report reductions in risk factors for participating families	70%	73% (37/51)
Parents show a reduction in risk factors for abuse/neglect based on the Parental Stress Index	70%	73% (37/51)
Parents report positive skill gains from training programs provided	85%	98% (432/442)
Children demonstrate improvement in behavior within day care and social environments measured by parent	60%	95% (179/189)
Children demonstrate improvement in behavior within day care environment as reported by staff	60%	95% (20/21)
FRC staff report satisfaction with consultation and referral services provided by program	70%	100% (7/7)
Day care providers report improved skills and confidence in working with difficult children as a result of mental health consultation	80%	93% (158/169)
Providers report a willingness to continue to work with children with serious behavioral problems as a result of mental health consultation	75%	93% (157/169)
Providers report positive skill gains for training programs provided	80%	92% (89/97)
Providers report satisfaction with mental health consultation services	80%	98% (166/169)

Recommendations

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

Additionally, it is recommended that the program focus on conducting more depression screenings of caregivers with children 0-5.

FRC Countywide Summary

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

Current Contract End Date: June 30, 2014

Program Description

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

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

Finances

Total Award June 1, 2005 – June 30, 2014		FY '13-'14 Award		FY '13-'14 Expended (% of budget)		Cumulative Amount Expended (% of budget)	
Commission Funds	Combined Funds *(includes CSA)*	Commission Funds	Combined Funds *(includes CSA)*	Commission Funds	Combined Funds *(includes CSA)*	Commission Funds	Combined Funds *(includes CSA)*
$12,837,040	$17,266,001	$1,559,356	$2,059,356	$1,515,317 (97%)	$2,008,325 (98%)	$11,889,453 (93%)	$16,273,326 (94%)

Cost per Child 0-5 to Commission (2,743) = $552

PARTICIPANT TYPE	% SERVED
Children	33%
46% <3; 54% 3-5	
Parents/Guardians	36%
Other Family	31%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	54%
White	35%
Black/African American	4%
Asian	1%
Alaska Native/American Indian	<1%
Pacific Islander	1%
Multiracial	2%
Other	2%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	71%
Spanish	28%
Hmong	-
Other	<1%
Unknown	-

An Investment In Communities
Family Resource Centers and Differential Response

During the last nine years, the Commission has invested over $11.8 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for '13-'14 represents 21% of the Commission's total program budget and 35% of the budget allocated to Improved Family Functioning. This investment is based on both published national research about DR and FRCs, as well as the results that Stanislaus County has experienced. The Commission is funding what works within an effective structure.

What Works

Family Resource Centers

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

Shared Principles

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

Key Characteristics

- Integrated
- Comprehensive
- Flexible
- Responsive to community needs

Differential Response

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

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

Effective Structure

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

Family Development Matrix and Case Management (Improved Family Functioning)

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

Parent Education and Support Groups (Improved Family Functioning)

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

Community Outreach

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

FRC Core Services

All funded DR-FRCs provide these core services

Behavioral Health Services/ Depression Screenings (Improved Family Functioning)

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

Developmental Screenings/Preparation for School (Improved Child Development)

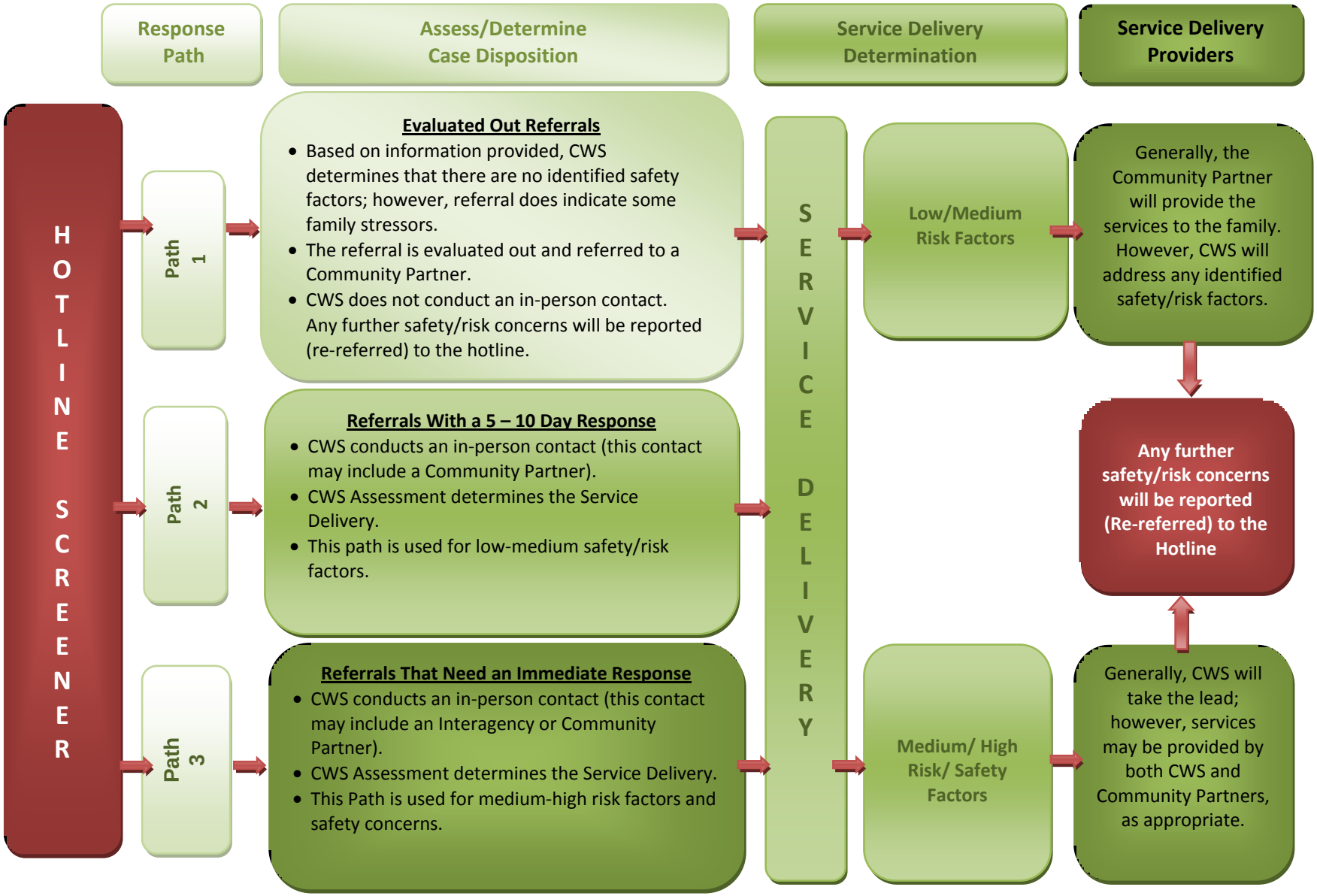
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated,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

Health Insurance Enrollment Assistance (Improved Health)

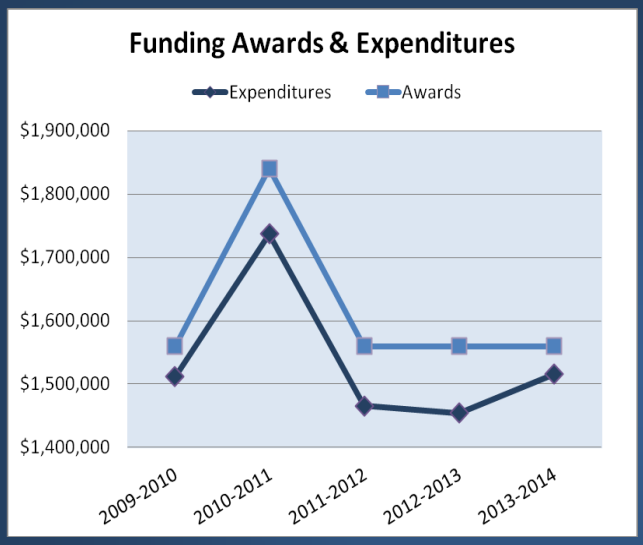
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal, Healthy Families, and Kaiser Kids within 90 days of the assessment. FRCs conduct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

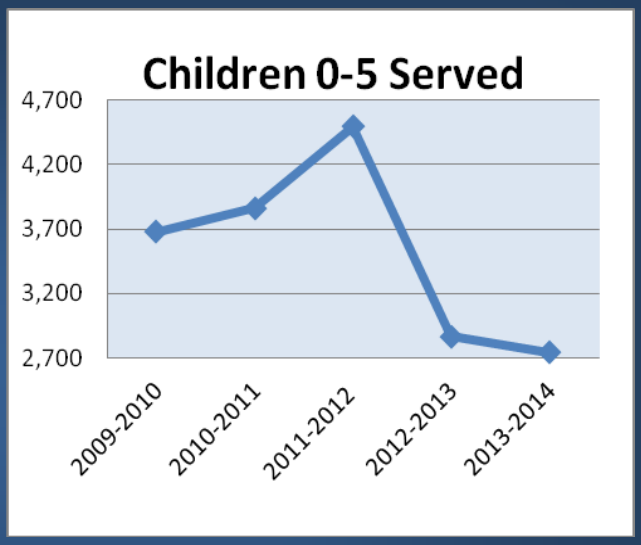
Differential Response is a strategy where community groups partner with the county's child welfare agency to respond to child abuse/neglect referrals in a more flexible manner (with three response paths instead of one). CSA's response to a referral depends on the perceived safety and risk presented.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

Stanislaus Differential Response Paths



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





Funding for Countywide FRCs has remained stable for all years with the exception of '10-'11. Commission funding was increased when CSA differential response money was unavailable for '10-'11. Children served rose continually until '12-'13 when better data collection eliminated the duplication of participant counts. Numbers served also declined because of increased difficulty in engaging referred families.

Program Highlights

- All DR-FRCs are charter members of the Northern San Joaquin Valley Family Resource Center Network (NSJVFRCN). The NSJVFRCN is a network of FRCs located within the Northern San Joaquin Valley Region whose mission is to attract and increase resources for FRCs in the region through the power of collaboration, leveraging, and leadership. Each FRC has access to the benefits of the network: training on best and promising practices, technical assistance, and consultation. In addition, information regarding service and regulatory policies, the needs of families in the region, and funding opportunities are shared.
- In addition to collaborating with others in the region, the FRCs work together through the Multidisciplinary Team (MDT) within Stanislaus County. The MDT consists of providers of Differential Response services from each FRC. The Team has been meeting twice monthly since the inception of FRCs. The MDT members discuss cases, protocol, and best practices, as well as share successes and challenges.
- Each FRC partners with a wide and unique spectrum of agencies, businesses, and community organizations to serve the needs of the children and families it serves. The list of partnerships is extensive, and continues to grow as one of the critical roles of the FRCs is to link children and families to community resources. As the FRCs have become established and trusted in the communities, they are now considered hubs of services, and partnerships and collaboration are the cornerstones for this development.
- Each FRC utilizes some 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; eight outcomes are addressed: 1) Caregivers have increased parenting knowledge, skills, and support 2) Caregivers are identified and linked to mental health services; 3) Mental health issues of caregivers are addressed and improved 4) Children receive early screening and intervention for developmental delays and other special needs; 5) Caregivers provide care that fosters their children's optimal development achievement; 6) Children possess literacy tools (books, skills); 7) Caregivers demonstrate improved literacy skills; and 8) Children 0-5 are enrolled in health insurance. The SCOARRS lists the strategies each program uses to reach milestones, and the indicators that show progress towards the milestones and planned outcomes.

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

- Leveraging: As a group, the FRCs leveraged a total of just under $1.1 million, $254,240 of which was brought into the County from State or Federal agencies. In addition, facility space, non-cash donations, and services are leveraged with Commission funding.

- Cultural Competency: All DR-FRC's have been committed to the continued development of cultural competency for staff. FRC's recruit and hire multicultural and bi-lingual staff to meet the needs of their diverse communities. A large number of bi-lingual Spanish staff, who provide mental health and case management services, are employed by FRC's. FRC's also employ staff with fluency in other languages including Cambodian, Laotian, Hmong, Farsi, and American Sign Language. FRC's also contract with the Language Line for translation for other languages. The FRC's provide direct services, literature, and presentations in threshold languages and in other languages as material is available. Staff at the FRC's is provided with ongoing cultural competency training in order to provide competent services to clients.

- Collaboration: FRC's have a developed an extensive number of collaborations with public, private, and non-profit agencies including: El Concilio La Familia Counseling, The BRIDGE, other Family Resource Centers, Healthy Birth Outcomes, Sierra Vista Child and Family Services, Parent Resource Center, Family Justice Center, Salvation Army, United Samaritans, Leaps and Bounds/Zero to Five Early Intervention Program, churches, city governments, Children's Crisis Center, 2-1-1, Healthy Starts, school districts, CalFresh Outreach Program, Center, and California Connects.

- Sustainability: Each FRC has prepared a Sustainability Plan that contains the following elements 1. Vision and Desired Results; 2. Identifying Key Champions and Strategic Partnerships; 3. Internal Capacity Building through development of a strategic planning process and (in some cases) accreditation; 4. Strategic Financing (including cost management and revenue enhancement); and 5. Establishing an Implementation Plan with Periodic Reviews. The FRC's have successfully developed Sustainability Plans and each year the FRC's report on the progress made in each of the 5 elements of the plan.

Prior Year Recommendations

In the 2012-2013 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	
2012-2013 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.	• On Sustainability: CHS and our FRC's will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. Each FRC has a coalition of Community Champions who help us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center

	Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. • Leveraging: The FRC's 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 FRC's 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 FRC's. 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.
2. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way	• As an agency CHS FRC's have developed a universal customer satisfaction survey. In addition, the FRC Collaborative is working to develop a customer satisfaction survey that meets the necessary requirements of the Commission and provides information that can be aggregated countywide in a meaningful way.

EASTSIDE	
2012-2013 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.	• On Sustainability: CHS and our FRC's will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. Each FRC has a coalition of Community Champions who help us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. • Leveraging: The FRC's 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 FRC's 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 FRC's. 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.
2. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way	• As an agency CHS FRC's have developed a universal customer satisfaction survey. In addition, the FRC Collaborative is working to develop a customer satisfaction survey that meets the necessary requirements of the Commission and provides information that can be aggregated countywide in a meaningful way.

FAMILY RESOURCE CONNECTION	
2012-2013 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• The Parent Resource Center worked with a committee to create a new fundraiser targeting women. The 2014 Ladies Night Out was very successful. This fundraiser will continue for two years and then another new event will be created for the next three years. Additionally, the PRC continually searches for funding opportunities. On an ongoing basis, staff from the Parent Resource Center collaborated with other family resource centers on the development of protocols for the family development matrix assessment as well participated in the workgroup that considered possible changes to the SCOARS. The PRC is most willing to collaborate with other centers and agencies to ensure services continue for our clients.
2. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way	• The customer satisfaction surveys have been discussed during the monthly management meetings. One idea was for agencies to share their surveys and identify common questions for consistency in information gathering. This is a work in progress.

HUGHSON	
2012-2013 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	• SVCFS is committed to working toward Commission priorities. We continue to seek funding opportunities to leverage additional dollars toward enhancing and expanding services in the FRC's. We have completed a

support ends.	new Strategic Plan, are progressing toward national accreditation with the Joint Commission (Survey in Oct 2014), continue to forge new relationships with community partners/champions/ supporters, participate in a multi-county network of FRC's, and train staff in evidence based and promising practices. We support multiple community capacity building efforts and partner with local community in wellbeing efforts. We have a strong and committed Board of Directors as well as successful marketing and funding raising efforts. We work collaborative with many local agencies including running many programs jointly.
2. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way	• The FRC's are working with staff from the Children's & Families Commission and Community Services Agency to develop a FRC wide customer satisfaction survey.

NORTH MODESTO / SALIDA	
2012-2013 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.	• SVCFS is committed to working toward Commission priorities. We continue to seek funding opportunities to leverage additional dollars toward enhancing and expanding services in the FRC's. We have completed a new Strategic Plan, are progressing toward national accreditation with the Joint Commission (Survey in Oct 2014), continue to forge new relationships with community partners/champions/ supporters, participate in a multi-county network of FRCs, and train staff in evidence based and promising practices. We support multiple community capacity building efforts and partner with local community in wellbeing efforts. We have a strong and committed Board of Directors as well as successful marketing and funding raising efforts. We work collaborative with many local agencies including running many programs jointly.
2. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way	• The FRC's are working with staff from the Children's & Families Commission and Community Services Agency to develop a FRC wide customer satisfaction survey.

TURLOCK	
2012-2013 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• The TFRC has been working with the Communications department of Aspiranet to create a fund development strategy for the resource center. Through fundraising and donations, the TFRC will be able to enhance programming and cover all real costs to operate the center. Aspiranet continues to leverage multiple costs incurred by the resource center that are not funded. A local grant writer is also working with Aspiranet in the Turlock Community

	to secure additional grants for programs, including TFRC. TFRC has also strengthened and established new collaborative partners, such as El Concilio and Salvation Army, allowing for greater services to be offered to the community.
2. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way	• The resource centers are meeting once a month to work on this project. The surveys currently being used by each center have been gathered as an initial step.

WESTSIDE	
2012-2013 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.	• On Sustainability: CHS and our FRC's will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. Each FRC has a coalition of Community Champions who help us raise unrestricted funds, build relationships and networks of support and open the door to new opportunities and partnerships. Each Champion group has an investment in the health and well-being of families. The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. • Leveraging: The FRC's 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 FRC's 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 FRC's. 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.
2. Develop a customer satisfaction survey containing consistent questions so that data can be aggregated countywide in a meaningful way	• As an agency CHS FRC's have developed a universal customer satisfaction survey. In addition, the FRC Collaborative is working to develop a customer satisfaction survey that meets the necessary requirements of the Commission and provides information that can be aggregated countywide in a meaningful way.

Planned Versus Actual Outputs / Outcomes

Family Resource Centers 13/14 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Family Resource Connection		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide an FDM Assessment to the caregivers of children 0-5 (DR & Non-DR).																
65% of the caregivers of children 0-5 will have a first FDM assessment	30%	145 / 480	22%	59/ 269	76%	793 / 1,049	78%	185 / 238	76%	359 / 475	49%	100 / 205	12%	25 / 208	57%	1666 / 2924
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (DR & Non-DR).																
70% of the children 0-5 who are assessed will have caregivers who received depression screening.	88%	128 / 145	100%	59/59	80%	634 / 793	81%	150 / 185	63%	226 / 359	90%	90 / 100	80%	20/25	78%	1307 / 1666
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.																
70% of the children whose caregivers receive GROUP counseling will indicate improvement with presenting issues	0%	0/0	0%	0/0	100%	42/42	97%	36/37	100%	9/11	100%	3/3	0%	0/0	99%	90/91
65% of the children whose caregivers receive INDIVIDUAL counseling will meet mental health goals	0%	0/22	82%	9/11	100%	19/19	100%	11/11	100%	9/11	86%	24/28	0%	0/0	72%	72 / 100

FRC Staff will provide children 0-5, whose caregivers are assessed, with developmental screenings using the Ages & Stages Questionnaire (DR & Non-DR).																
55% of the children 0-5 whose families are assessed will receive developmental screenings.	71%	103 / 145	44%	26/59	70%	554 / 793	51%	94 / 185	53%	191 / 359	39%	39 / 100	60%	15/25	61%	1022 / 1666
	Ceres Partnership		Eastside FRC		Family Resource Connection		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
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)																
65% of children 0-5 who received literacy services will indicate increased time reading at home with family	96%	397 / 413	100%	104 / 104	94%	168 / 178	100%	7/7	100%	12/12	100%	115 / 115	100%	48/48	97%	851 / 877
75% of children 0-5 will be provided books	100%	413 / 413	100%	104 / 104	90%	161 / 178	100%	7/7	100%	12/12	100%	115 / 115	100%	48/48	98%	860 / 877
40% of children 0-5 whose caregivers attended adult literacy classes will increase literacy skills	100%	112 / 112	100%	73/73	70%	213 / 303	100%	7/7	100%	16/16	100%	10/10	100%	48/48	84%	479 / 569
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.																
85% of the children 0-5, who did not have health insurance at the time of first contact, received assistance in obtaining health insurance	100%	57/57	0%	0/0	100%	12/12	100%	23/23	100%	3/3	100%	4/4	100%	6/6	100%	105 / 105
80% of the ASSESSED children 0-5, who did not have health insurance, will be enrolled in a health insurance program within 90 days of intake.	0%	0/0	0%	0/0	100%	11/11	100%	8/8	100%	1/1	100%	4/4	0%	0/0	100%	24/24

Recommendations

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

Additionally, it is recommended that:

- Family Resource Centers focus on outreach to isolated groups and communities.
- Family Resource Centers provide direct mental health services, rather than relying exclusively on referrals.
- Family Resource Centers focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.
- Family Resource Centers promote the involvement of fathers and male caregivers in the lives of young children.

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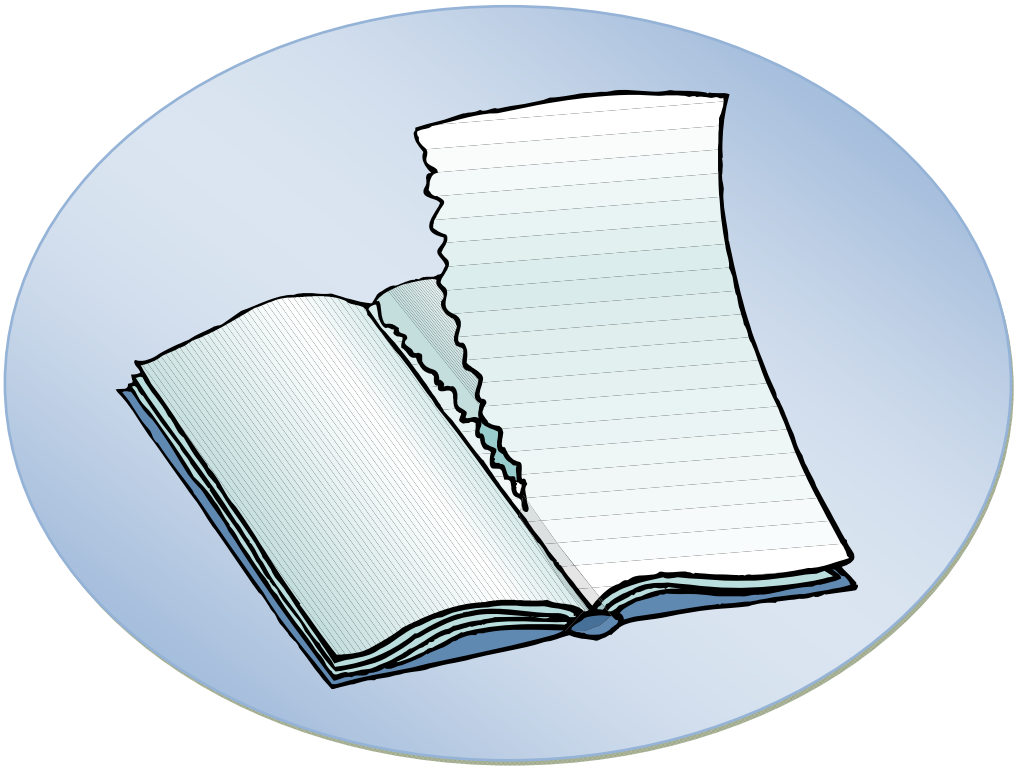


Result Area 2: Improved Child Development

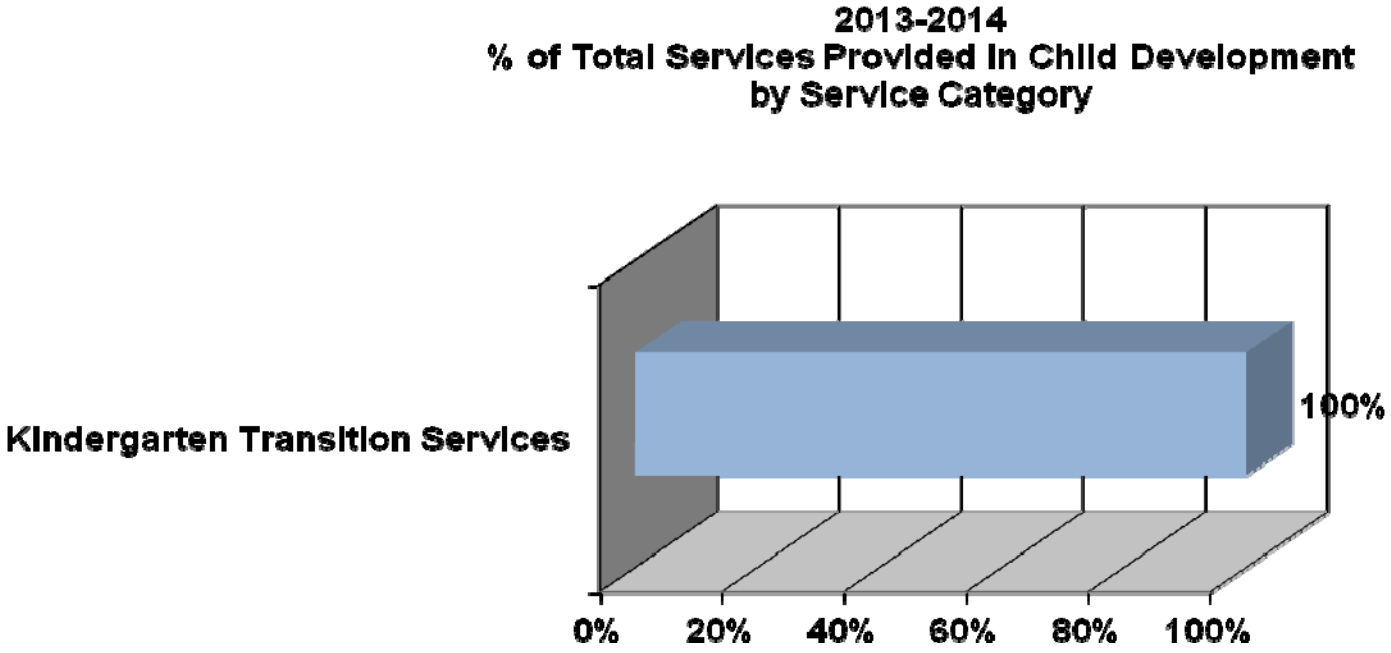
Description

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

Four Prop 10 funded programs (only 3 operated as Turlock Unified declined the funding) are categorized under Improved Child Development, comprising less than 1% of the 2013-2014 budget. Two additional programs, Early Providers Conference and Child Signature Program) are reported to the State under this result area, but are not reflected here in this Local Evaluation Report as they have been evaluated by separate processes.

Finances – Improved Child Development	
FY '13-'14 Total Awards*	FY '13-'14 Expended*
$40,000	$30,726 (77% of budget)

* Does not include $105,000 pass through funds awarded to SCOE Child Signature Program 2 which is subject to a separate evaluation conducted by First 5 California.



Result Area 2 Services and Service Delivery Strategies

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

Desired Result: Children Are Eager and Ready Learners

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

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

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

The services are offered mainly by teachers and early learning providers, as well as mental health clinicians. A variety of strategies are used to provide the services, including school based group classes and individual services, community based classes and services, countywide mental/behavioral health services to support early learning environments, and countywide support for child care providers.

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
• 127 children 0-5 received services that focused on improved child development		
• All services in this result area were provided in both English and Spanish		
Kindergarten Readiness Results • 51% of parents feel comfortable navigating the school system • 45% of parents spend more than 20 minutes a day just talking to their child • 55% 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 '13-'14 (% of '13-'14 allocation)	Total # Children 0-5 Served	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2014)	Cumulative Amount Expended (7/1/2012-6/30/2014)	% of Cumulative Amount Expended
Kindergarten Readiness Program	$ 30,726 (77%)	127	$ 242	$ 80,000	$ 64,544	81%
TOTAL	$ 30,726 (77%)	127	$ 242	$ 80,000	$ 64,544	81%

Kindergarten Readiness Program

Agencies: The School Districts of Keyes Union, Patterson Unified, and Riverbank Unified
Current Contract End Date: June 30, 2014

Program Description

The Kindergarten Readiness Program (KRP) was one of the research-based strategies from the Core Four Early Foundations (Core 4) program that was linked to children's success in school. Prior to '12-'13, KRP activities and three other strategies (Pre-Literacy Activities, Interactive Parent-Training Activities, and Screening Children for Behavior Problems) were funded through Core 4. Funding for all strategies except KRP ended on June 30, 2012. The Kindergarten Readiness Program was the only strategy of the four continued and funded starting in '12-'13.

The KRP is currently operated in 3 school districts (Turlock Unified declined $30,000 in funding in '13-'14):

- Keyes Union School District – Keyes Elementary School ($10,000)
- Patterson Joint Unified School District – Grayson Charter School ($10,000)
- Riverbank Unified School District – California Avenue and Rio Altura Elementary Schools ($20,000)

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, 2014	FY '13-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$ 80,000	$40,000	$30,726 (77% of budget)	$64,544 (81% of budget)

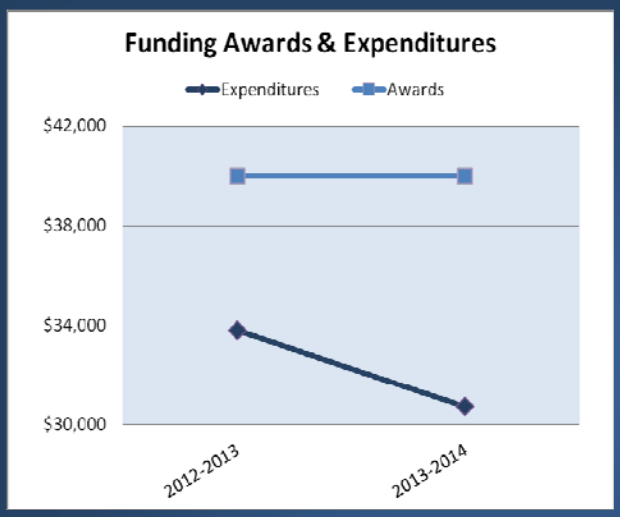
Cost per Child 0-5 (127) = $242

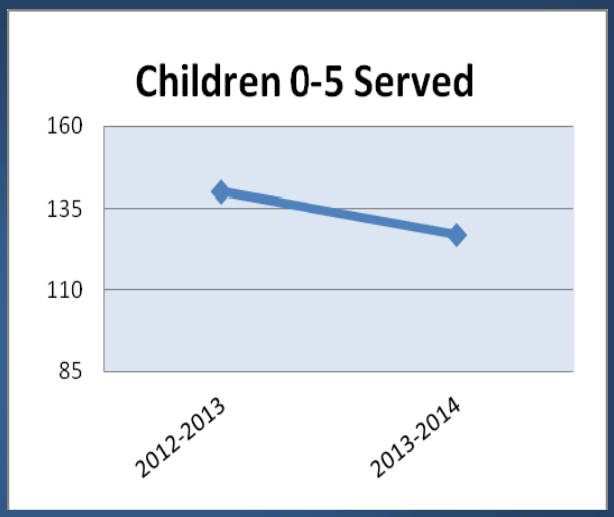
PARTICIPANT TYPE	% SERVED
Children	50%
100% 3-5	
Parents/Guardians	43%
Other Family	7%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	85%
White	15%
Black/African American	-
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	23%
Spanish	77%
Hmong	-
Other	-
Unknown	-

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





Grayson and Riverbank saw a decrease in the number of children served this year due to a decrease in farm crops as a result of the drought (many of the families in the program are migrant farm workers) and due to Districts now offering Transitional Kindergarten. Programs are revising their curriculum so there is more of a learning distinction between the Kindergarten Readiness Program and Transitional Kindergarten.

Program Highlights

- Operating characteristics of the Kindergarten Readiness Program include:
  - ✓ A four week Kindergarten transition camp is operated in the month of June at each school site.
  - ✓ Classes are staffed by at least one credentialed person and an aide (no more than 20 children per classroom).
  - ✓ Intensive instruction is given to children lacking basic Kindergarten skills. Parents are also provided with tools and strategies to address gaps during home instruction.
  - ✓ Two meetings are held for parents to learn about school expectations and the role that parents play in their children's education.
  - ✓ Visits to the school or public library are conducted for children. Parents to learn how to use the library.
  - ✓ All KRP sites employ bilingual staff and materials are in both English and Spanish. In addition, each site is designed to meet the cultural needs of that particular community.
- Strategy 4 in the Core 4 program, known as the Kindergarten Readiness Program, was the only strategy to produce substantial results at all sites. The strategy was implemented well, evaluated consistently, and results for children were clear. This formed the basis for funding the KRP program from '12-'13 into the future.
- Children in the program tend to be Hispanic, English language learners, and socioeconomically disadvantaged.
- Leveraging: Kindergarten Readiness Programs report receiving in-kind contributions from their Districts, along with Title I funds, and school site funds. Riverbank School District reports receiving $4,500 from Federal Sources.
- Cultural Competency: Program teachers speak English and Spanish. Parent education classes conducted and materials published for parents are in English and Spanish.

- Collaboration: Programs collaborate with the family resource centers and public libraries in their area, Sierra Vista, Behavioral Health and Recovery Services, KVIE public television, Healthy Start, Stanislaus County Office of Education, Prevention and Early Intervention (PEI), and CHDP.

- Sustainability: Key champions for the programs include school administrators, faith-based organizations, pre-K centers, family child care sites, home visitation programs, community leaders, PTA's, parents, and social services agencies. Schools are considering utilizing school funds to continue the programs should Commission funding be discontinued.

Program Challenges & Recommendations

The same 2 recommendations were made to each of the KRP sites. The responses of the sites are listed below.

GRAYSON	
2012-2013 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.	• Grayson Charter School continues to increase and provide in-kind support in addition to program staff salary to assure the program is implemented to the full scope of work each year. Should Grayson Charter School loose funding for the program, it is prepared to fund the summer kinder academy program through the Grayson Charter funds as it did during the 2003-04 school year. • A new partnership with the Patterson Library/Library was established to support the delivery of local Literacy resources to families.
2. Focus on parents as a child's first teacher.	• Two parent meetings were held during the summer kinder academy. The dual immersion program goals and results were shared with parents as well as how they can support their children at home as they are learning a second language. They were given additional ideas on how to use the items in the backpacks and they were encouraged to participate in school-wide committees.

KEYES	
2012-2013 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.	• 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

	with in the future.
2. Focus on parents as a child's first teacher.	• Our program offered a parenting class and a school readiness class to the parents. • We also worked with Sierra Vista, Migrant Education , and our teachers to provide our parents with needed resources and referrals • Every child was given a bag filled with school supplies, books and homework to complete over summer vacation.

RIVERBANK	
2012-2013 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	**PROGRAM'S RESPONSE**
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• RUSD and CASA del Rio have established a planning team that develops the parameters of the Kinder Transition Program. Some decisions may be made at the district level, others at the school level. The following is an overview of the Kinder Transition Program Implementation Process: o Planning Team: This team will decide who needs to be involved in the planning process. This is considered an opportunity to collaborate and to involve new or existing partners. The transition team includes the principal, other school leadership, the counselor, social worker, transition coaches, parent involvement coordinators, Title I administrators, Kindergarten and Pre-K teachers, and parents. o The program will continue to remain in operation as long as Prop 10 funds are available. In the#event the funds are no longer available, the RUSD School Board will vote to appropriate General Fund dollars to make up the difference in potential lost funds from Prop 10.
2. Focus on parents as a child's first teacher. In particular, Riverbank should emphasize home involvement activities.	• To kick off the Kinder Transition Program, a family orientation was held the first day. During the family orientation, parents and students were provided with a healthy snack before meeting the teachers and staff. After the initial greetings, students were escorted to their classrooms by the teachers and parents stayed in the multi-purpose room to be provided with information regarding the program. Parents were given a school map, a Program Calendar (outlining all activities during the program), a daily class schedule, and a snack menu. Parents were also provided literature on upcoming community events and were given invitations to Sierra Vista parenting classes offered specifically to incoming kindergarten parents. • Information with various types of involvement are discussed including volunteering in the classroom, participating in the Parent Teacher Association, and

	attending school functions and events. Parents were given suggestions of when, and how to volunteer in the classroom by a kindergarten teacher in order to encourage involvement with their child in an academic setting both at school and home.
3. Focus on outreach activities so all classroom seats are filled.	• In 2012-13 RUSD began implementing Transitional Kindergarten at the elementary school site in the school district. There was not an anticipated outcome that through family and student participation in Transitional Kindergarten that they would not opt to participate in the summer Kinder Transition Program. • In the 2013-14 school year last minute efforts were made to send phone dialers, marketing materials, and in-person outreach to encourage families and students who were a part of Transitional Kindergarten to participate in the Kinder Transitional Program. • For the 2014-15 school year, earlier outreach and# marketing efforts will be made to reach out to the Transitional Kinder students. Also, restructuring efforts are going to be made in order to avoid any potential duplication of program services to ensure students are receiving new and current educational learning materials and activities. To this end, enrollment should be exceedingly higher in the 2014-15 school year through these efforts.

Planned Versus Actual Outputs / Outcomes

OUTPUTS / OUTCOMES	Grayson		Keyes		Riverbank		Total	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Children served in the Kindergarten Readiness Program	40	19 (48%)	40	40 (100%)	80	68 (85%)	**160**	**127 (79%)**
Parents will indicate that they feel comfortable navigating the school system	50%	21% (4/19)	50%	53% (21/40)	50%	58% (41/71)	50%	**51% (66/130)**
Parents will indicate that they spend more than 20 minutes a day just talking with their child	50%	26% (5/19)	50%	38% (15/40)	50%	55% (39/71)	50%	**45% (59/130)**
Parents will indicate an increase in knowledge on how they can help their child do well in school	50%	11% (2/19)	50%	65% (26/40)	50%	62% (44/71)	50%	**55% (72/130)**
Children served will finish the Kindergarten Readiness Program	85%	95% (18/19)	85%	95% (38/40)	85%	85% (58/68)	85%	**90% (114/127)**
Children served will show improvement (based on a pre/post evaluations)	No planned outcome	95% (18/19)	No planned outcome	85% (34/40)	No planned outcome	69% (47/68)	No planned outcome	**78% (99/127)**

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:

- All the programs, and particularly, Grayson and Riverbank, should focus on outreach activities so all classroom seats are filled.
- Grayson should focus on improving parent outcomes.

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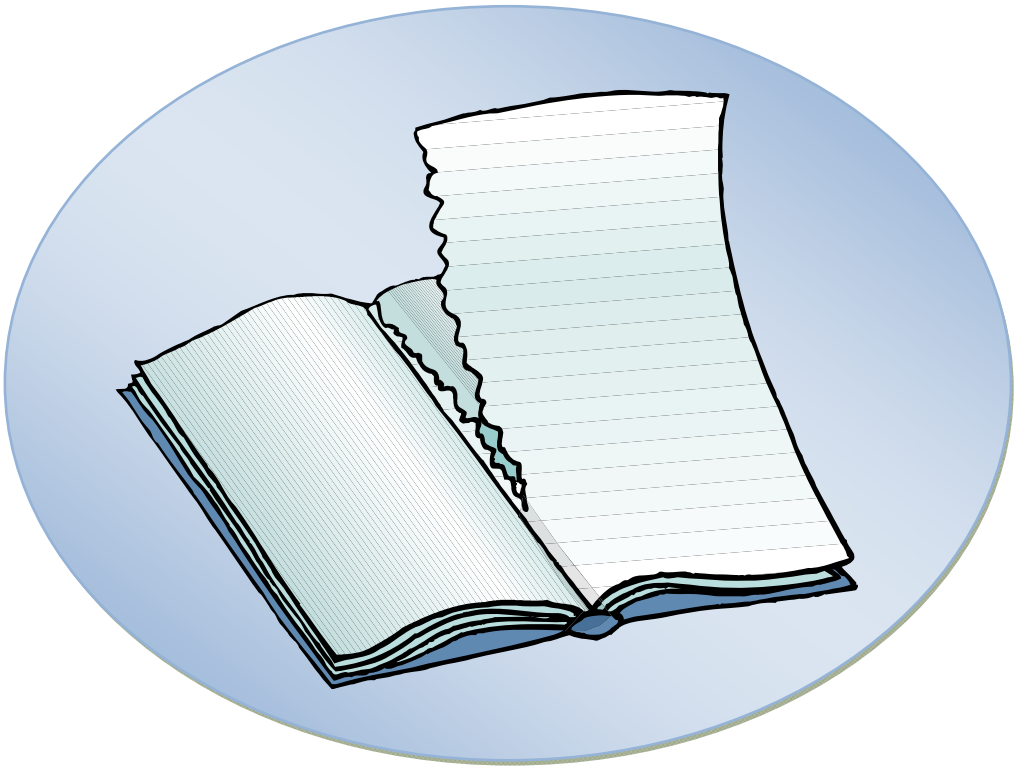


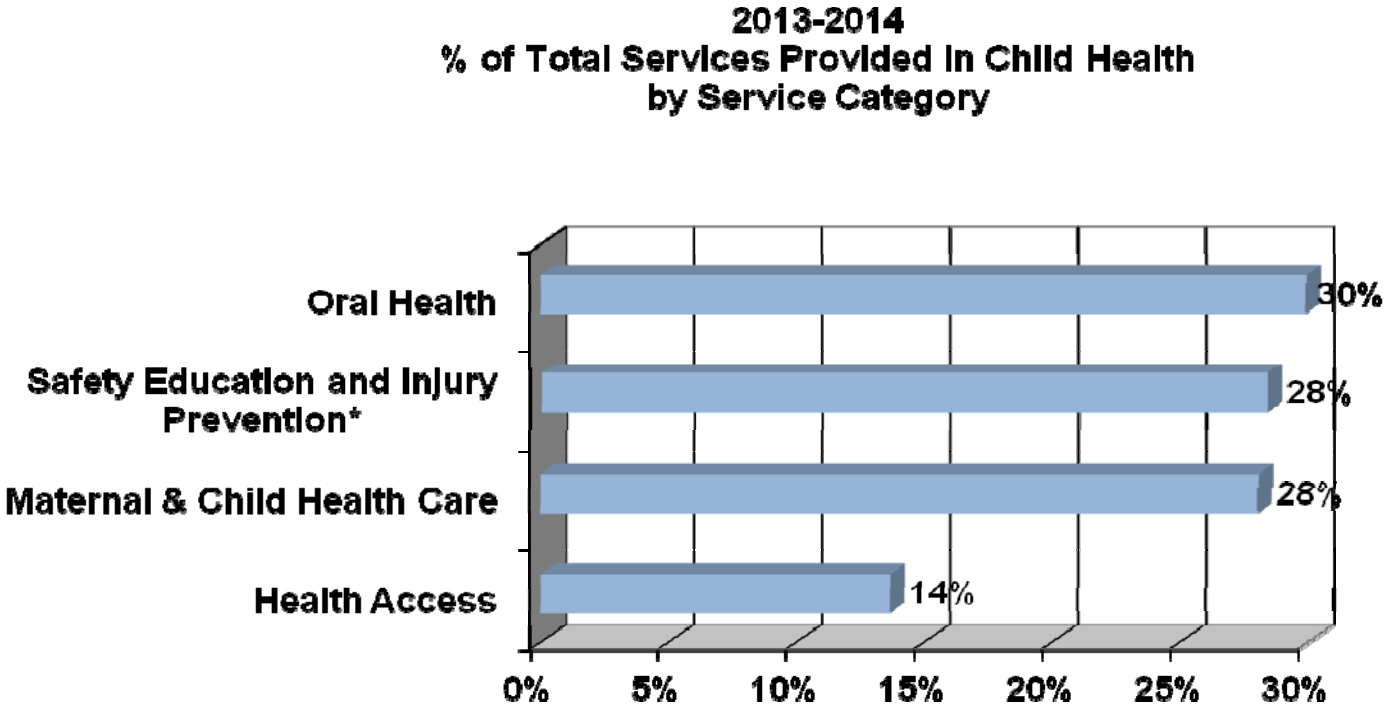
Result Area 3: Improved Health

Description

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

Four Prop 10 funded programs are categorized under Improved Health, representing 23% of the 2013-2014 budget. Although this Result Area remained the same percentage of the budget in '10-'11 and '11-'12, 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 '13-'14 Total Awards*	FY '13-'14 Expended
$1,707,160	$1,358,323 (80% 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. It should be noted that an objective was added to the Strategic Plan in February 2010 to highlight the importance of access and utilization of preventive and ongoing health care for our young children.

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

Desired Result: Children Are Born Healthy and Stay Healthy

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

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

- ***Health Access***
  Programs are designed to increase access to health / dental / vision insurance coverage and connection to services: health insurance enrollment and retention assistance, programs that ensure use of a health home, and investments in local "Children's Health Initiative" partnerships. Some providers participate in Medi-Cal Administrative Activities to generate reimbursements.

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

- ***Maternal and child health care***
  Programs are designed to improve the health and well-being of women to achieve healthy pregnancies and improve their child's life course. Voluntary strategies may include prenatal care / education to promote healthy pregnancies, breastfeeding assistance to ensure that the experience is positive, screening for maternal depression, and home visitation to promote and monitor the development of children from prenatal to 2 years of age. Some providers participate in Medi-Cal Administrative Activities to generate reimbursements.

- ***Safety education and injury prevention***
  Programs disseminate information about child passenger and car safety, safe sleep, fire safety, water safety, home safety (childproofing), and the dangers of shaking babies. Includes education on when and how to dial 911, domestic violence prevention and intentional injury prevention. Referrals to community resources that specifically focus on these issues may also be included.

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

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

- 1,413 children 0-5 received services that focused on improved health
- 493 pregnant women received prenatal care
- 300 women (who were pregnant for the first time) participated in pregnancy support groups
- 1,009 home visits were made to at-risk pregnant women
- 416 applications for interim medical services for pregnant women and children 0-5 were completed and processed
- Caregivers of 613 children participated in health, nutrition, or safety programs
- 8,449 new parents were educated about Shaken Baby Syndrome (through HBO, MJC and at hospitals)

- Over 80% of the participants in Improved Health services were Latino/Hispanic; 13% were White; 3% were Black/African American; the majority of the remaining were unknown (2%)
- 75% of the participating children 0-5 without health insurance (416/555) were assisted with the application process

A Greater Number of Children Now Have Health Insurance

- 279 children 0-5 who did not have health insurance are now enrolled in a health coverage plan (67% of those receiving enrollment assistance)

More Pregnant Women and Children are Receiving Health Care

- 280 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

- 441 children 0-5 received oral health screenings and fluoride varnish

Children and Parents Have Knowledge and Tools for Better Oral Health

- 529 children received oral health instructions, educational materials, and toothbrushes and demonstrated brushing techniques
- 469 parents received oral health instructions, educational materials, and toothbrushes

Infants are Being Born Healthy

- 90% of the infants born to participants in a healthy birth program (199/220) were born term
- 85% of the infants born to participants in a healthy birth program (187/220) were born with a healthy weight (between 5 lbs. 5 oz. and 8 lbs. 13 oz.)
- 89% of the mothers in a healthy birth program (196/220) initiated breastfeeding

Pregnant Women in a Healthy Birth Program Have Increased Knowledge and Make Positive Health Decisions for Themselves and Babies

- 100% of the infants (88/88) were up- to-date on immunizations at one year and 99% had health insurance (87/88)
- 92% of participants (1,663/1,813 - duplicated) report making positive changes based on health, nutrition, and safety classes
- 98% of case managed families (49/50) reported making positive changes for themselves or children

New Parents Have Knowledge to Prevent Shaken Baby Syndrome

- 95% of parents who gave birth in ’13-’14 (7,552 /7,954) were educated about SBS and have pledged not to shake their baby

Result Area 3: Improved Health						
Program	**Amount Expended in '13-'14** (% of '13-'14 allocation)	**Total # Children 0-5 Served** (or served through family members)	**Cost per Child 0-5**	**Total Award To-Date** (7/1/2007-6/30/2014)	**Cumulative Amount Expended** (7/1/2007-6/30/2014)	**% of Cumulative Amount Expended**
Dental Disease Prevention Education (HSA)	$ 26,847 (89%)	529	$ 51	$ 70,000	$ 58,523	84%
Healthy Birth Outcomes	$ 1,235,927 (92%)	932	$ 1,326	$ 13,710,036	$ 12,647,503	92%
Healthy Cubs	$ 82,921 (26%)	418	$ 198	$ 11,909,250	$ 5,873,065	49%
Shaken Baby Syndrome Prevention Program	$ 12,628 (97%)	8,449	$ 1.5	$ 191,587	$ 155,671	81%
TOTAL	$ 1,358,323 (80%)	10,328	$ 132	$ 25,880,873	$ 18,734,762	72%

Dental Disease Prevention Education

Agency: Health Services Agency
Current Contract End Date: June 30, 2014

Program Description

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

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

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

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

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

Finances			
Total Award October 27, 2009 – June 30, 2014	FY '13-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$70,000	$30,000	$ 26,847 (89% of budget)	$58,523 (84% of budget)

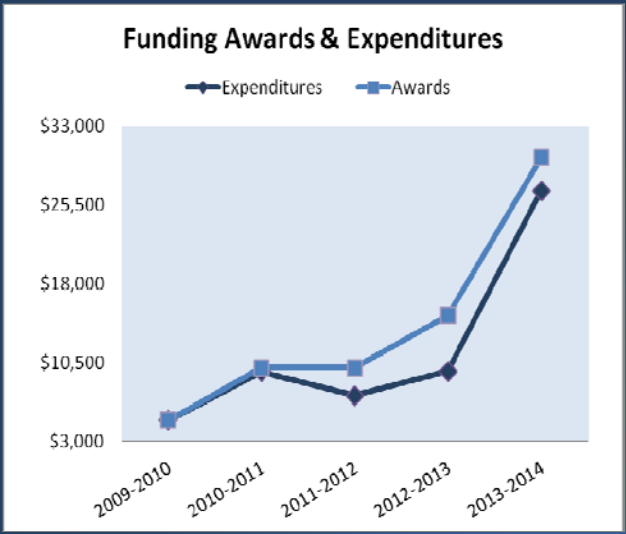
FY '12-'13 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (529)
$18,880	$6,449	$1,518	6%	$51

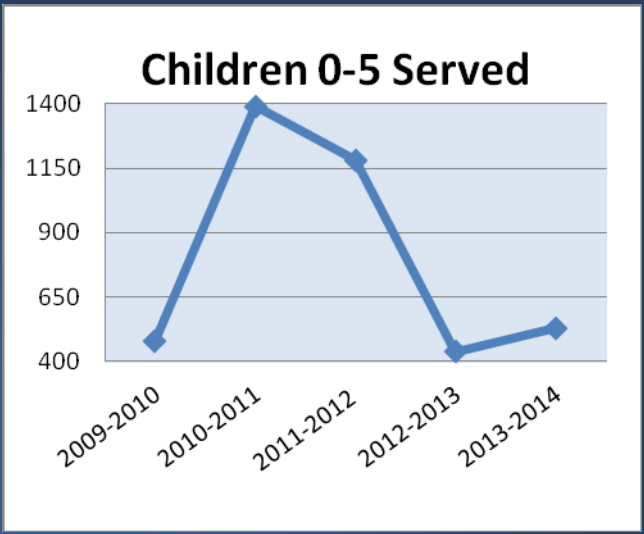
PARTICIPANT TYPE	% SERVED
Children	49%
25% <3; 75% 3-5	
Parents/Guardians	44%
Other Family	7%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	87%
White	7%
Black/African American	1%
Asian	-
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	1%
Other	2%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	12%
Spanish	87%
Hmong	-
Other	1%
Unknown	-

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





The program started providing services at the end of '09-'10 and expended the entire amount awarded. In '10-'11, the program provided services the entire year, nearly doubling expenditures and almost tripling the children served. In '11-'12, 74% of the award was expended and the program served 15% less 0-5 children than in '10-'11. In '12-'13, the award was increased from $10,000 to $15,000, but just under $10,000 was actually spent. Due to funding limitations in '12-'13, Golden Valley Health Care Centers were unable to host planned dental outreach activities offering dental screenings and varnishes. 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. In '13-'14, the program budget was doubled to $30,000 to fund varnish applications.

Program Highlights

- Children were given an opportunity to practice brushing techniques on the puppet "Ali-Croc." A Sesame Street book, "Ready, Set, Brush," was also used to provide children an opportunity to show what they learned in the lesson.
- 28 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.
- 529 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.
- 469 parents from all sites received oral health education and resources. Additionally, parents received toothbrushes, dental floss, and toothpaste. (This number has almost tripled from the 167 parents served in the previous year.)
- 144 HBO moms received instructional sessions (i.e., Oral Health and Pregnancy and Dental Care for Your Baby).
- 441 children (0-5 yrs) received fluoride varnish applications.
- Leveraging: The program leveraged $1,200 from local sources.
- Cultural Competency: All educational materials and handouts are offered in both English and Spanish. Additionally, the health educator is fluent in both English and Spanish. The program developed and utilizes a feedback survey in both English and Spanish.
- Collaboration: Program staff facilitates the County's Oral Health Advisory Committee (OHAC) comprised of a local dentist, an oral surgeon, the Public Health Officer, and various child health programs including: Women Infants and Children (WIC) Program, Child Health Disability Program, Comprehensive Perinatal Services Program, Golden Valley Health Clinics, HealthNet, Head Start, etc. Coordination between programs and service delivery systems is the focus of the OHAC. In addition to partnering with child health services/programs within the Health Services Agency such as Child Health Disability Prevention (CHDP), Women Infants and Children (WIC), Maternal Child Adolescent Health (MCAH) and Healthy Birth

Outcomes (HBO), this program collaborated and coordinated with Kindergarten Readiness Program sites, Healthy Starts, and Family Resource Centers.

- Sustainability: Key champions identified by the program include: the Children and Families Commission, Public Health Services, Family Resource Centers, school sites, and Healthy Starts. Strategic partnerships identified by the program include: Children and Families Commission staff, WIC, CHDP, Community Health Services, Family Resource Centers, school sites, Healthy Starts, MCAH and dental providers.

Prior Year Recommendations

2012-2013 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.	• Staff plans to continue to work on sustainability, leveraging resources and collaboration. Specifically, Program staff has reached out to other partners to research the possibility and feasibility of obtaining Medi-Cal reimbursement for varnish application. This reimbursement can alleviate program costs and create opportunities to expand services to other sites such as WIC while still targeting children 0-5.
2. Consider training Family Resource Center (FRC) staff so dental education can be provided to parents receiving FRC services.	• HSA staff will provide a Train-the-Trainer session for key staff in each site and provide technical assistance and program materials as needed.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health in-service	23	23 (28 staff)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for students	23	23 (529 students)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for parents	23	23 (469 parents)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health screenings and fluoride varnish application for students	23	23 (441 students)

Recommendations

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

Additionally, it is recommended that the program:

- Consider providing train-the-trainer sessions so staff at the service delivery sites can teach the dental disease prevention curriculum.
- Consider offering educational classes and varnishes in the same day to reduce staff and participant travel time.
- Continue researching the possibility of obtaining Medi-Cal reimbursement for varnish applications.
- Consider expanding services and prevention efforts to other sites (like WIC).

Healthy Birth Outcomes (HBO)

Agency: Health Services Agency
Current Contract End Date: June 30, 2014

Program Description

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

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

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

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

Finances			
Total Award September 1, 2003 – June 30, 2014	FY '13-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$13,710,036	$1,339,160	$1,235,927 (92% of budget)	$12,647,503 (92% of budget)

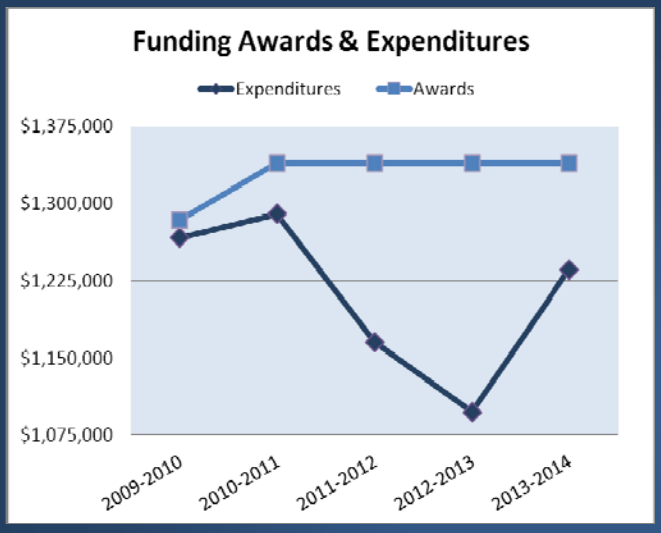
FY '13-'14 Budget / Expenditure Data						
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Cost Per Participant *Home Visits*	Cost Per Participant *Community Groups*	Total Cost Per Participant
$606,762	$107,046	$522,119	10% of personnel	$1,381 (332)	$1,242 (600)	$1,326 (932)

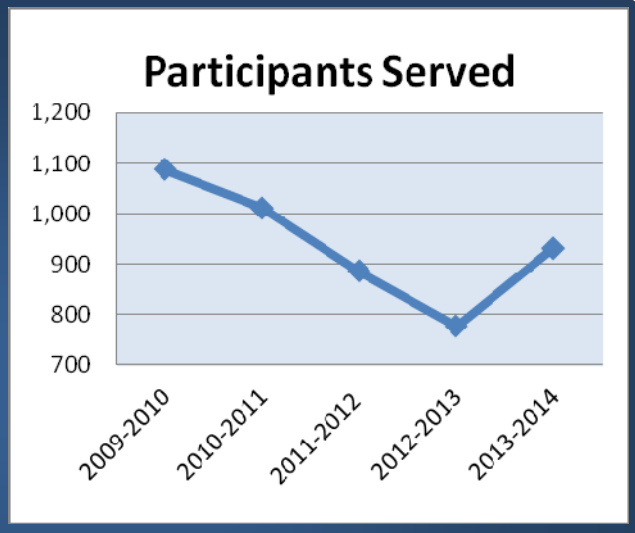
PARTICIPANT TYPE	% SERVED
Children	50%
100% <3	
Parents/Guardians	50%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	70%
White	22%
Black/African American	5%
Asian	-
Alaska Native/American Indian	2%
Pacific Islander	-
Multiracial	-
Other	1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	48%
Spanish	52%
Hmong	-
Other	-
Unknown	-

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





In ’10-’11, the Commission increased HBO’s funding to allow two sites to operate with full funding (they were previously operating on a portion of site funding). The numbers served have decreased each year, partially because of better collection of unduplicated data and partially because birth rates have declined. In ’13-’14, the program reports an increase in participants served.

Program Highlights

- The program uses a multidisciplinary team approach, where public health nurses lead the case management team of community health workers and social workers in providing intensive services to high risk mothers. Vacancies in public health nurse positions in past years have required all HBO Community Health Workers and Social Workers to become case managers.
- Overall, HBO program participants have babies that are being born on time, at healthy weights. Participants are more likely to initiate breastfeeding and continue for six months; have infants who at one year of age are more likely to be current with immunizations, and have health insurance.
- In response to contract compliance issues, HBO operations in Riverbank were discontinued and a new site was opened in the North Modesto/Salida Family Resource Center. (An examination of intake forms shows women from Riverbank appear to be accessing services in Oakdale. 50% of the women in the Oakdale program have a Riverbank address.)
- More than 78% of new pregnant mothers joining the ten HBO pregnancy support groups were in their first or second trimester on entry. An increased number of women joined the groups earlier in their pregnancies as compared to the prior year, which gives these mothers more time to learn self care and receive support during the prenatal period that can help to improve their odds of having healthy babies.
- 67% of participants indicated an increase in knowledge resulting from attending health education classes in ’13-’14. New curriculum is being developed as women experiencing multiple pregnancies report the need for new information.
- Leveraging: The HBO program leveraged $261,980 of federal and local dollars, which is over 21% of actual expenditures in 2013-2014.
- Cultural Competency: Classes are presented in English and Spanish, and the community component has two Spanish speakers available for class presentations. Interpreters from the HSA volunteer program and HSA staff assist case management staff when they conduct home visits of Spanish speaking clients. Program materials are in Spanish and English, the two main languages used by program participants.
- Collaboration: HBO has extensive collaborations with a wide variety of community partners: Parent Resource Center, Center for Human Services, Sierra Vista, Zero to Five Early Intervention, Turlock Family Resource Center, El Concilio,

Children's Crisis Center, TANF, Cal Fresh, Medi-Cal, Healthy Cubs, Dental Disease Prevention Education, Stanislaus County Office of Education Early Head Start, Stanislaus County Migrant Head Start, First Step, Drug Court, Community Housing and Shelter Services, Keep Baby Safe, GVHC, and the Women's, Infants, and Children's program.

- Sustainability: Key Champions for the program include the MCAH Advisory Board, Stanislaus Health Foundation, and the family resource centers. Strategic partnerships have been established with WIC, SCOE, and the Child Lead Poisoning Prevention Program.

Prior Year Recommendations

2012-2013 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• We continue to watch for grants or other options to leverage additional funding.
2. Provide pre/post tests to participants of substance abuse prevention/health education classes to determine if participants increased knowledge of prevention and health.	• This was removed from the SCOARRS for FY 14-15.
3. Consider revising the curriculum of health education classes.	• The curriculum is currently in process of revision. 21 of 27 are completed and the other 6 are being looked at and should be completed by the end of the 2014-2015 fiscal year.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Participants rate the support groups as having met their needs	85%	97% (232/239)
Women receiving case management services recommend the service to others	85%	96% (48/50)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	67% (1,211/1,813) (not a unique participant count)
Participants report having made changes based on what they learned in classes	60%	92% (1,663/1,813) (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%	98% (49/50)
Clients score 36 or greater on Caldwell HOME score (measurement of adequate environment for learning, implementing parental interventions, and change)	70%	50% (1/2)

Clients score 55 or greater on NCAST FEED (measurement of reciprocal behaviors between a mother and her child during the first 12 months)	70%	93% (13/14)
Clients score 50 or greater on the NCAST TEACH (measurement of caregiver-child interactions and communication)	70%	100% (4/4)
Participants deliver term infants	90%	90% (208/230)
Participants deliver infants weighing 2500 grams or more	90%	85% (187/220)
Participants initiate breastfeeding	50%	90% (207/230)
Participants breastfeed for at least 6 months	30%	69% (158/230)
Infants at one year of age have up-to-date immunizations	85%	100% (88/88)
Infants at one year of age have health insurance	85%	99% (87/88)
Clients admitting to substance use initiate treatment program	40%	0% (0/10)
Case managed women discontinue smoking during pregnancy	25%	50% (4/8)
Case managed clients who indicate a need for mental health services are referred	90%	92% (22/24)
Case managed clients who self report behavioral health issues at time of intake receive referrals to mental health services	90%	9% (1/11)
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’s to maximize MAA funding.
- Continue to improve the accuracy and timeliness of data collection by improving electronic data gathering systems.
- Encourage clients admitting to substance abuse to initiate a treatment program. (This recommendation is made despite the 10 women admitting abuse reporting they stopped abusing drugs prior to enrolling in HBO.)

Healthy Cubs

Agency: Health Services Agency
Current Contract End Date: June 30, 2014

Program Description

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

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

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

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

Finances			
Total Award October 1, 2002 – June 30, 2014	FY '13-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$11,909,250	$325,000	$82,921 (26% of budget)	$5,873,065 (49% of budget)

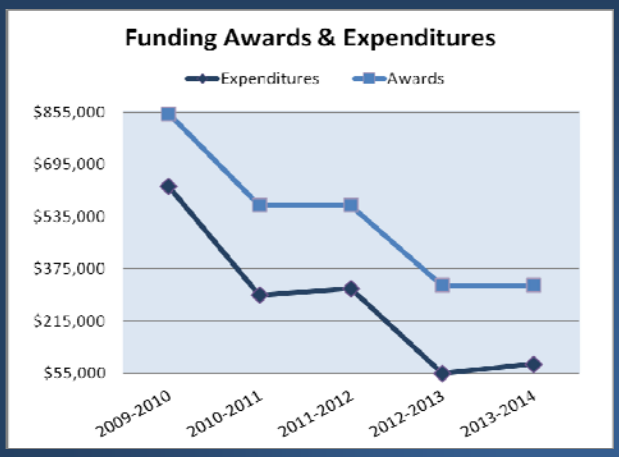
FY '13-'14 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Medical Claims	Indirect Costs	Cost Per Participant (418)
$41,080	$0	$35,501	$6,340 (8%)	$198

PARTICIPANT TYPE	% SERVED
Children	18%
67% <3; 33% 3-5	
Parents/Guardians	82%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	87%
White	6%
Black/African American	1%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	4%
Unknown	1%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	36%
Spanish	59%
Hmong	-
Other	1%
Unknown	4%

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. Although there were fewer numbers served in '13-'14 than in previous years, the percentage of those becoming beneficiaries of Healthy Cubs after receiving an application and initial care was 67%. The program reports that new Healthy Cubs policies requiring that Medi-Cal applications be submitted before Healthy Cubs services are provided and countywide efforts to enroll uninsured families in other health care plans have contributed, in a positive way, to the decrease in children 0-5 and pregnant women served.

Program Highlights

- The program paid $35,501 to providers for 376 medical visits for 280 beneficiaries.
- Of the 418 program beneficiaries who were successfully converted to more comprehensive health coverage, 194 received Medi-Cal Restricted benefits along with Healthy Cubs. By receiving both, patients were able to receive emergency room and pregnancy related benefits, the latter of which would have been paid through Healthy Cubs.
- Healthy Cubs identified and collected over $1,400 in claims previously paid that became eligible for payment under Medi-Cal or other insurance programs.
- Program participants must now apply for Healthy Cubs benefits at HSA's Scenic campus. Medi-Cal eligibility can no longer be verified by the use of a computerized program. Applicants must now bring proof of Medi-Cal eligibility.
- Medical services for participants are provided at HSA clinics and Golden Valley Health Centers. Due to declining enrollment, Oak Valley Hospital District no longer participates in the Healthy Cubs program.
- Leveraging: By billing for Medi-Cal Administrative Activities (MAA), the program was able to generate $203,339 for community health needs.
- Cultural Competency: Approximately 59% of Healthy Cubs' program beneficiaries are Spanish speaking. More than 90% of program beneficiaries either speak English or Spanish. The program is adequately staffed to support the language needs of the majority of its applicants. In addition, Healthy Cubs staff has a list of employees working within the Health Services Agency to assist patients when translation services for other languages are needed.
- Collaboration: Healthy Cubs reports developing cooperative relationships with numerous organizations throughout the county. Health Cubs provides program information to hospitals and medical providers in Stanislaus County for distribution to uninsured patients meeting age and income criteria who need of primary care or obstetric services.
- Sustainability: The program generates MAA funding that is used to support this and other health programs. However, Healthy Cubs would be discontinued if Commission funding were to be eliminated.

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• No response from program.
2. Determine impacts the Affordable Care Act (ACA) will have on program operations and design.	• At this time the ACA has not impacted the HCUBS program operations.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Uninsured pregnant women and children 0-5 are given Healthy Cubs applications and provided medical services in the interim	1,500	418
Applicants are beneficiaries of Healthy Cubs health care	1,000 / 67%	280 /67% (280/418)
Program participants convert to other health coverage	25%	68% (229/339)
Health fair and other presentations are given by Healthy Cubs staff	5	2
Accounts paid with Prop 10 funds are recovered from other payer sources	-	$1,395

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:

- Determine the impacts the Affordable Care Act (ACA) will have on program operations and design.

Shaken Baby Syndrome Prevention Program

Agency: Community Services Agency
Current Contract End Date: June 30, 2014

Program Description

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

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

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

The training is repeated/reinforced with families participating in the Healthy Birth Outcomes (HBO) program at Family Resource Center (FRC) sites. This program was implemented with the goal of reducing SBS injuries in children ages 0-5 through parent education**.** The program instructs parents that shaking an infant or child is never okay. Parents receive information about normal child development, including the role of crying for an infant, and the dangers of shaking a child and the ways to avoid that conduct.

Fiscal year 2013-1014 is the last year of Commission support for this program. Other funding sources will support the Shaken Baby Prevention Program in future years.

Finances			
Total Award July 1, 2007 – June 30, 2014	FY '13-'14 Award	FY '13-'14 Expended	Cumulative Amount Expended
$191,587	$13,000	$12,628 (97% of budget)	$155,671 (81% of budget)

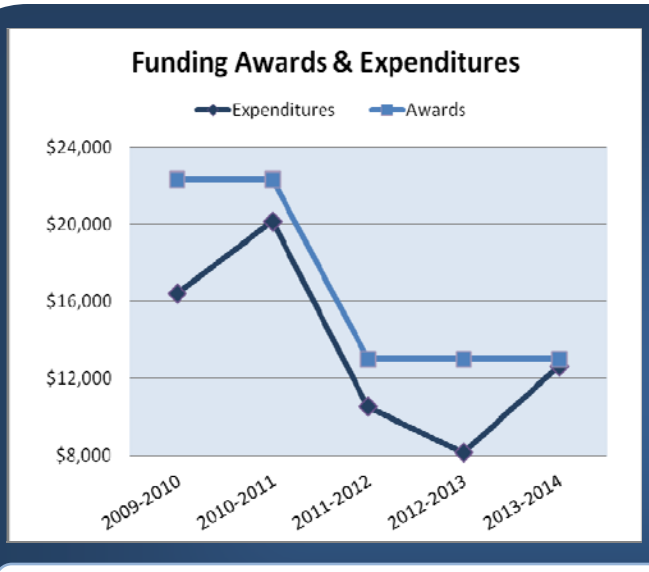
FY '13-'14 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost Per Parent Educated (8,449)
$0	$4,652	$7,976	0%	$1.50

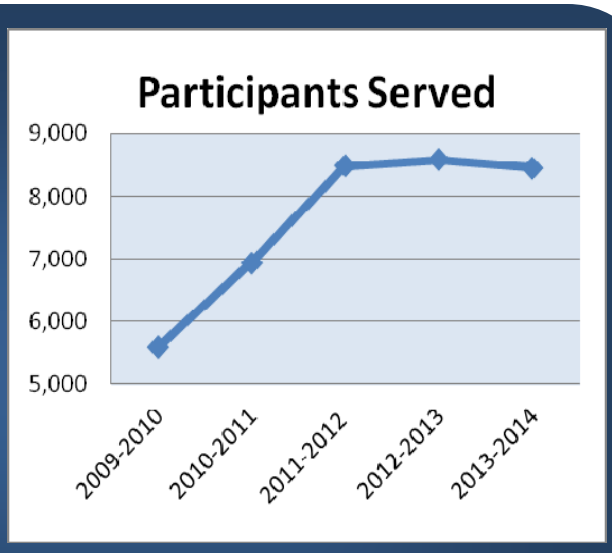
PARTICIPANT TYPE	% SERVED
Parents/Guardians	100%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Unknown	100%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
Unknown	100%

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





Even though expenditures for Shaken Baby have decreased over the years, the number of parents with newborns who were trained increased. This increase is due to the efforts of the birthing hospitals to provide the shaken baby training to all new parents.

Program Highlights

- Since the inception of the program, documented shaken baby syndrome injuries have decreased from 6 annually to 1 annually in each of the last three years.
- HBO has become a successful part of the SBS Prevention Program, educating new parents on the dangers of SBS. Over 665 parents were parents served through HBO – substantially more than the goal of 400.
- SBS prevention training was provided to staff members at Healthy Starts, Family Resource Centers, and Child Welfare. Trained staff now can identify risk factors and symptoms of SBS and can act in accordance with their roles, such as making referrals to CPS.
- The bus advertising campaign creates awareness of SBS throughout the community, reaching a wide audience.
- With 8,449 parents educated on the subject of SBS, the cost per SBS educated parent is quite low at $1.50.
- Leveraging: None reported. However, 100% of the administrative personnel costs involved in program operations are paid by CSA and Sierra Vista. In addition, personnel involved with implementing the program at hospitals and community sites are provided in-kind. All birthing hospitals in the county participate actively in the SBS Prevention Program.
- Cultural Competency: Communication is critical during a child's birth and hospitals, by necessity, must have employees who speak a variety of languages. Trainers from the program and hospital employees can communicate with virtually anyone, of any culture, birthing a child in Stanislaus County.
- Collaboration: The SBS program has ongoing collaborations with the four birthing hospitals in Stanislaus County - Doctors Medical Center, Emmanuel Medical Center, Kaiser, and Memorial Hospital. Another collaborative effort is the education of the prospective Stanislaus County foster parents who participate in the Foster Pride program. This education is a result of the ongoing partnership between the Shaken Baby Syndrome Prevention Program and the Adult Child and Family Services Division. Lastly, the Child Abuse Prevention Council, a forum open to the community, received regular information regarding the community impact of this program.
- Sustainability: Fiscal year 2013-1014 is the last year of Commission support for this program. A funding source in the Community Services Agency's Adult Child and Families Services Division will be used to support the Shaken Baby Program in future years.

Prior Year Recommendations

2013-2014 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	• Program has found funding to support the program through the Community Services Agency - Adult, Child and Family Services Division to maintain sustainability. The program has not changed in priorities and data is still collected using the SCOARRS format. Collaboration continues to be the driving force in the success of this program. The Shaken Baby Program continues to be a priority for the Child Abuse Prevention Council.
2. Work with Memorial Hospital to refine their estimate of numbers served.	• The program will continue to work with Memorial Hospital in coming up with a plan that will not create more work for the nurses but will provide a better representative number of the clients served.
3. Consider purchasing updated curriculum and equipment for hospitals.	• Many of the hospitals have the current video on their viewing library which has made it easier to view. Will continue to search for an updated video that provides the same level of education and emotional reaction.

Planned Versus Actual Outputs / Outcomes

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

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Parents are educated about SBS at a hospital setting	6,750	7,552
Parents are educated on SBS program at the HBO sites	400	665
Prospective foster parents are educated about SBS	No Planned Outcome	87
Parents, in partnership with Sierra Vista's First Steps parenting classes, are educated about SBS	No Planned Outcome	145
Documented SBS injuries in 2013-2014	0	1

Recommendations

Financial support of this program was assumed by the Community Services Agency at the start of the 2014-2015 fiscal year. Therefore, there are no Commission recommendations for this program.

Result Area 4: Improved Systems of Care/Sustainable Systems

Description

In the April 2009 revision of the Stanislaus County Children and Families Commission Strategic Plan, Result Area 4 was changed from Improved Systems of Care to include Sustainable Systems. With this name change came a slightly different focus, from programs that fit into a category that improve systems of care, towards an emphasis on supporting and nurturing widespread and overarching collaboration, coordination, and leveraging. Programs that are funded specifically to improve coordination, leveraging, collaboration, or utilization of resources continue to be categorized in this Result Area, along with their outcomes.

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 2013-2014. It should be noted, however, that although the budget allocation for this Result Area is relatively low, expenditures that are allocated to "Other Programs" should be considered as contributing to the results in Result Area 4.

Finances – Improved Systems of Care/Sustainable Systems	
FY '13-'14 Total Awards	FY '13-'14 Expended
$82,378	$82,378 (100% of budget)

Result Area 4 Services and Service Delivery Strategies

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

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

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

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

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

- ***Offer training and support for providers and contractors to build capacity and improve utilization of limited resources***
  Capacity building can occur at multiple levels, and the Commission supports this effort in a variety of ways. One way is through two Early Childhood Educator/Provider Conferences provided annually that are designed to train and support those working daily with young children. Offering these conferences at no cost to participants remains a cost effective means to

serve many with beneficial results. Another way is through the training and support Commission staff provides to contractors, including contractor trainings, so contractors can monitor and evaluate their own programs.

- ***Encourage collaboration and coordination amongst contractors and other organizations by sponsoring meeting/sharing opportunities***
  Collaboration and coordination can help decrease duplication of and increase the effectiveness of services. Programs understand that to gain the most beneficial results, collaboration and coordination is often necessary, especially during times of diminishing resources. 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 '13-'14, programs leveraged Commission funding both within and outside of Stanislaus County.

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

- 98% of the surveyed attendees (388/397) rated the February 2013 and August 2014 ECE/Provider Conferences as good or excellent

Improvements in Collaboration, Coordination, and Utilization of Limited Resources

Collaboration & Coordination

- 100% of the contractors collaborate with two or more Commission funded programs, averaging 4 per program
- Commission contracted programs report directly working with at least 246 other organizations, averaging 6 per contracted program

SCOE's Support & Coordination of Healthy Start Sites (a funded program)

- Improved collaboration amongst sites and services for 2,081 children 0-5 and their families
- Ten sites received technical assistance, coordination, and support with an 100% satisfaction rate

Increases in Leveraging Within and Outside of the County

Increase in Resources and Community Assets Leveraged Within the County

- 73% of the Commission contracted programs (16/22) report leveraging of resources and community

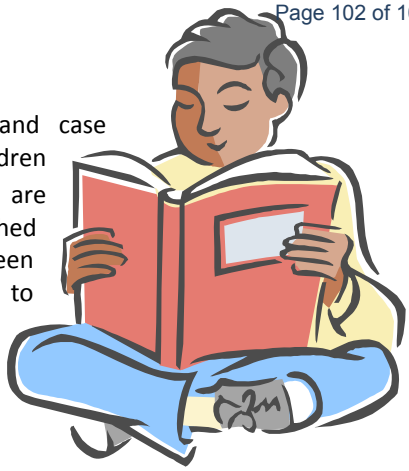
Increase in resources coming into Stanislaus County, As a Result of Leveraged Dollars

- 57% of the Commission contracted programs (10/21) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County
- A total of over $3 million was leverage from outside sources in 2013-2014

Result Area 4: Improved Systems of Care (Sustainable Systems)			
Program/Activity	**Amount Expended in '13-'14**	**Amount Budgeted in '13-'14**	**% Expended in '13-'14**
Program Salaries & Benefits*	$ 120,707	$ 143,920	84%
Services, Supplies, County Cap*	$ 32,371	$ 24,797	131%
SCOE Healthy Start Support	$ 82,378	$ 82,378	100%
TOTAL	$ 235,456**	$ 251,095**	76%

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

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



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

Orville Wright Healthy Start

This year Orville Wright Healthy Start had the opportunity to meet and work with a young man named Andres.

He came into the office wanting any information that would help him in obtaining custody of his baby girl. He informed staff that a baby had been born to a girl he had dated and there was a chance she was his. He and his parents were waiting for the DNA results.

Once he found out that she was indeed his, he proceeded with filing for custody. With the help of his parents, he was granted full custody of his daughter.

While going through these court dates and mandated meetings, staff worked with Andres on being a positive dad; Andres wanted to know everything about parenting and staff supported him with parenting classes, diapers, and formula when needed.

When Andres talked about his future he mentioned that he wanted to be a "welder" like his father. Staff shared information regarding several certification programs at MJC. First, Andres would need to graduate from high school. With some hard work he graduated a few months early. Upon graduating, Andres followed up with the MJC program.

At our last meeting Andres shared that he was now sharing custody of his daughter.

Children's Crisis Center

John* is a single father of one child, Sue. He and the child's mother, Nicole, have been separated for nearly two years. John resides at Nirvana Drug and Alcohol Treatment Center while Nicole resides at Redwood Family Center.

John shared that Nicole received no prenatal care and used crystal methamphetamine her entire pregnancy. Nicole gave birth to Sue at home and refused to go to the hospital. Instead, she contacted her aunt who offered to "safely surrender" the infant at the hospital. Nicole's aunt took the Sue to Memorial Medical Center while Nicole left for a friend's house. It took John three days before he was allowed to see his daughter. John admitted that Nicole had three other children who had been removed from her care and were adopted outside the family. He said her inability to reunify and follow the requirements of CPS is what led to the removal of her children. Sue was to spend her first year living with her paternal grandparents.

"I am a new father and without the support of the Children's Crisis Center I could never have accomplished this!" John, client

When she arrived at CCC at 11 months of age, Sue had no social skills, was apathetic, and would not participate in activities. It was a difficult transition time for her. She cried constantly. Slowly, staff began working with her, using art to stimulate sensory awareness such as finger painting, ice art, and Play-Doh. They would incorporate words related to tactile perception during this play time: soft, hard, cold, wet, squishy. Her lack of empathy would not only be displayed against other children, but also to toys and dolls. Her frustration level was very low and she would angrily throw dolls and grunt her displeasure over not being able to dress them. CCC staff would teach her positive re-direction by encouraging her "to use soft hands with the baby." She since has learned to ask for help when she becomes frustrated and enjoys group activities such as circle time and meals

.

To assist in language development, CCC staff taught Sue to use simple sign language to convey what she couldn't express verbally. John noted that she was using these signs at home and asked to be taught them so he and his daughter could "converse."

Sue continues to receive extensive respite care services from CCC, over 900 hours in the last fiscal year. The parents are working through their respective programs and attend counseling. They are both making profound life changes and have maintained their sobriety since entering recovery homes. John has secured a full-time job, obtained a vehicle, and continues to utilize the support of his family. Nicole and John have shared custody of their daughter. While they are not together as a couple and admit having some difficulties communicating, together they are committed to the well-being of their daughter.

With resources provided by our case managers, John has secured housing. CCC was able to assist with his rental deposit and provide him with clothing. Case managers continue to support both parents, directing them to needed community resources and providing their daughter with ongoing respite care to ensure she continues to thrive.
John has expressed how appreciative he is that the staff is always willing to listen and support him. "I am a new father and without the support of the Children's Crisis Center I could never have accomplished this!"

*Names have been changed to protect the privacy of clients.

Parent Resource Center

"I'm very stressed and I don't know what to do." These are the words of Evelia when we met for the first time. She was in tears throughout the in-take process because she felt overwhelmed with the custody disagreements between her and her son's father. "It hurts me to see that he is doing all this just to hurt me but in reality the person he's hurting is his own son." She felt distraught and at a loss and wasn't sure where this whole situation would lead to.

When this manager spoke to the social worker assigned to this case he let her know that he thought both the client and her son would benefit from counseling. During the in-take process, I explained to Evelia that one of the services that Parent Resource Center offers is referrals for counseling as well as depression support groups. She showed interest in individual counseling for herself. This case manager explained to her that counseling would help her cope with the situation and she would learn techniques that would help her do so. This client also expressed concern about her son's behavior. She mentioned that every time his dad would pick him up he would start to cry and scream and would cling to

"I'm so happy you did the referral for counseling, it has really helped me."
Evelia, client

her and tell her that he did not want to go. She also mentioned that he was almost five years old and she is still having some difficulty potty training. She was concerned about this thinking that it might be because of the stress that child goes through because of the current situation.

Evelia and her son have really benefited from receiving services through Parent Resource Center. She mentioned that she was very grateful for the services that she was able to receive with the help of Parent Resource Center. "I'm so happy you did the referral for counseling, it has really helped me." The case manager made a referral for Evelia to receive counseling through El Concilio and one to Sierra Vista for her son. Evelia continues attend counseling and her son already had his first counseling session. She is very happy because the court granted her full custody and she said she has noticed her son more relaxed. "I have been doing what you told me and it has really helped, thank you so much." Evelia was referring to the information this case manager gave her about potty training. This client has been very grateful for the help she has received and she has taken the initiative and has been determined to improve her situation and she has.

Riverbank Healthy Start

Ana is a single mom who moved to Riverbank from the Bay Area. The first time she accessed CASA del Rio programs and services was through the Adult/Parent education for computer training. Here, she learned about other programs and resources available through Healthy Start. She started to participate in the local Health Promotoras group focusing on mental health, physical fitness and nutrition for her and her family. This group is also provides leadership opportunities for women to make a difference in their communities. Ana is now facilitating her own Dance Therapy session.

Ana has a five year old son who will start Kindergarten the 2014-15 school year. She and her son attended all Kinder FACTTS sessions learning about school district policies, and ways to help and participate in her son's education. She was particularly interested in the new Common Core Standards through Kinder FACTTS she was able to meet Riverbank USD school administrators. She always had many questions for them and often stayed after the session to get clarifications and ask for additional information.

During the Summer Ana and her son also enrolled in Prop 10 Kinder Camp program. The family was active participating in dental health presentations and parenting classes brought through partnerships with Health Services Agency and Sierra Vista.

Ana expressed how much she has learned this year and that she feels confident knowing where to go when she needs help and also in her role as a parent.

Ana expressed how much she has learned this year and that she feels confident knowing where to go when she needs help and also in her role as a parent. She expressed the need to meet with school administrators more and continue to learn understanding district protocols and participate in her child's education.

APPENDIX 1 - ACRONYMS

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

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

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

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