



**Annual
Program
Evaluation
2018-2019**

June 2020

The Stanislaus County Children and Families Commission

Following voter approval of Proposition 10 in November 1998, the Stanislaus County Children & Families Commission was established by the Stanislaus County Board of Supervisors on December 8, 1998. The Commission operates as an independent County agency. In July 2018, the Commission also adopted the use of the name First 5 Stanislaus to align with nomenclature used by nearly all local commissions and the State commission.

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

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

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

Mission

Be a catalyst to help give children and families the best start.

Commissioners

Vicki Bauman, Chair - School Representative

Ignacio Cantu, Jr., Vice Chair - Community Representative

Vito Chiesa - Board of Supervisors

David Cooper - Community Representative

Kathy Harwell - Community Services Agency

Mary Ann Lilly-Tengowski - Health Services Agency

Nelly Paredes-Walsborn - Community Representative

George Skol - Community Representative

Julie Viashampayan, MD - Public Health Officer



TABLE OF CONTENTS

EVALUATION INTRODUCTION	4
STRATEGIC PLAN GOALS & OBJECTIVES	4
EVALUATION PURPOSE & METHODOLOGY	5
COMMUNITY IMPACT DASHBOARD	6
FUNDING ALLOCATION	7 – 11
INTENSITY OF SERVICES	12 – 13
PARTICIPANT DEMOGRAPHICS	14 – 18
RESULT AREA 1: IMPROVED FAMILY FUNCTIONING	
RESULT AREA SUMMARY	19 – 22
PROGRAMS	
2-1-1	23 – 26
CHILDREN’S CRISIS CENTER (CCC).....	27 – 30
COURT APPOINTED SPECIAL ADVOCATES (CASA).....	31 – 33
LA FAMILIA.....	34 – 36
STANISLAUS FAMILY JUSTICE CENTER (SFJC).....	37 – 40
HEALTHY START	41 – 44
THE BRIDGE.....	45 – 48
FAMILY RESOURCE CENTERS (FRCs) WITH DIFFERENTIAL RESPONSE SERVICES	
COUNTYWIDE SUMMARY.....	49 – 61
RESULT AREA 2: IMPROVED CHILD DEVELOPMENT	
RESULT AREA SUMMARY	62 – 63
PROGRAMS	
KINDERGARTEN READINESS PROGRAM.....	64 – 67
RESULT AREA 3: IMPROVED HEALTH	
RESULT AREA SUMMARY	68 – 70
PROGRAMS	
DENTAL DISEASE PREVENTION EDUCATION	71 – 74
HEALTHY BIRTH OUTCOMES (HBO)	75 – 79
ZERO TO FIVE EARLY INTERVENTION PARTNERSHIP (0-5 EIP).....	80 – 83
RESULT AREA 4: IMPROVED SYSTEMS OF CARE	
RESULT AREA SUMMARY	84 – 85
APPENDIX & ACRONYMS	86 – 88

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, highlights, contractor responses to last year’s recommendations, planned versus actual outcomes, and recommendations

Strategic Plan Goals and Objectives

In its 2019-2024 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 strengthening families

- Increase parental and caregiver knowledge, skills, and access to resources to support their child’s development
 - Strive to ensure all parents and caregivers of children in Stanislaus County receive parenting education from the earliest possible moment
 - Decrease child abuse and neglect
- Improve a sense of community in the lives of families (connections, supports, etc.) by increasing connections, relationships, and concrete support for parents and caregivers

Children are eager and ready learners

- Increase the number of children that are read to daily
- Increase access to opportunities for professional growth for Family, Friend, and Neighbor providers
- Increase the number of children who are “ready to go” when they enter kindergarten (as measured by the Kindergarten Student Entrance Profile/KSEP)

Children are born healthy and stay healthy

- Increase the number of healthy births
 - Increase the number of pregnant women and teens who receive prenatal care
 - Maintain infant mortality rates below state levels
 - Decrease the number of low birth weight babies
 - Decrease the percentage of women who smoke during pregnancy
- Increase children’s access to and utilization of health insurance benefits

Sustainable and coordinated systems are in place that promote the well-being of children from prenatal through age five

- Increase the funding and/or alignment of funding for a coordinated system of support for children and families
- Increase the level of county data integration/alignment of indicators, associated monitoring, and use of data to inform course-correction as needed to improve outcomes for children and families
- Increase the knowledge of individuals serving young children about available resources (including professional development) services, and referral opportunities

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 was done?,” “How well was it done?,” and “Is anyone better off?” are answered in this evaluation.

With these questions in mind, the goal of the evaluation process for the 2018-2019 fiscal year was to acquire, report, and analyze information, share that information with stakeholders (i.e., programs, community, funders), and then upon reflection, make recommendations based on the areas of strengths and areas that could improve to better serve target populations on both the Commission and program levels.

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

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

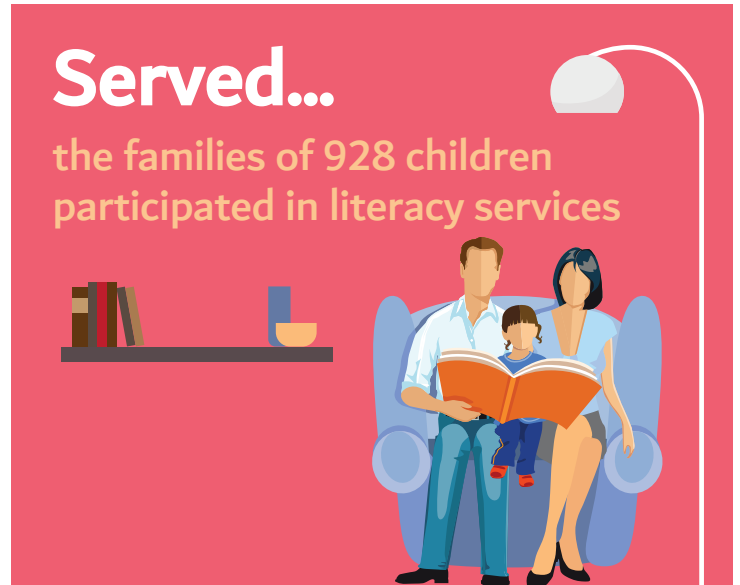
Program data was provided exclusively by the respective programs, and financial data and contract information were acquired from Commission records. Whenever possible, the contracted programs’ self-analysis was integrated into the evaluation, at times in their own words. All programs were also asked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

Changes in Reporting as a Result of COVID-19

Commission staff were in the process of completing this evaluation when Governor Newsom issued a Proclamation of the State of Emergency in the State of California related to the COVID-19 pandemic on March 4, 2020. As a result, staff priorities shifted to address essential business as it related to COVID and staff time and resources became limited.

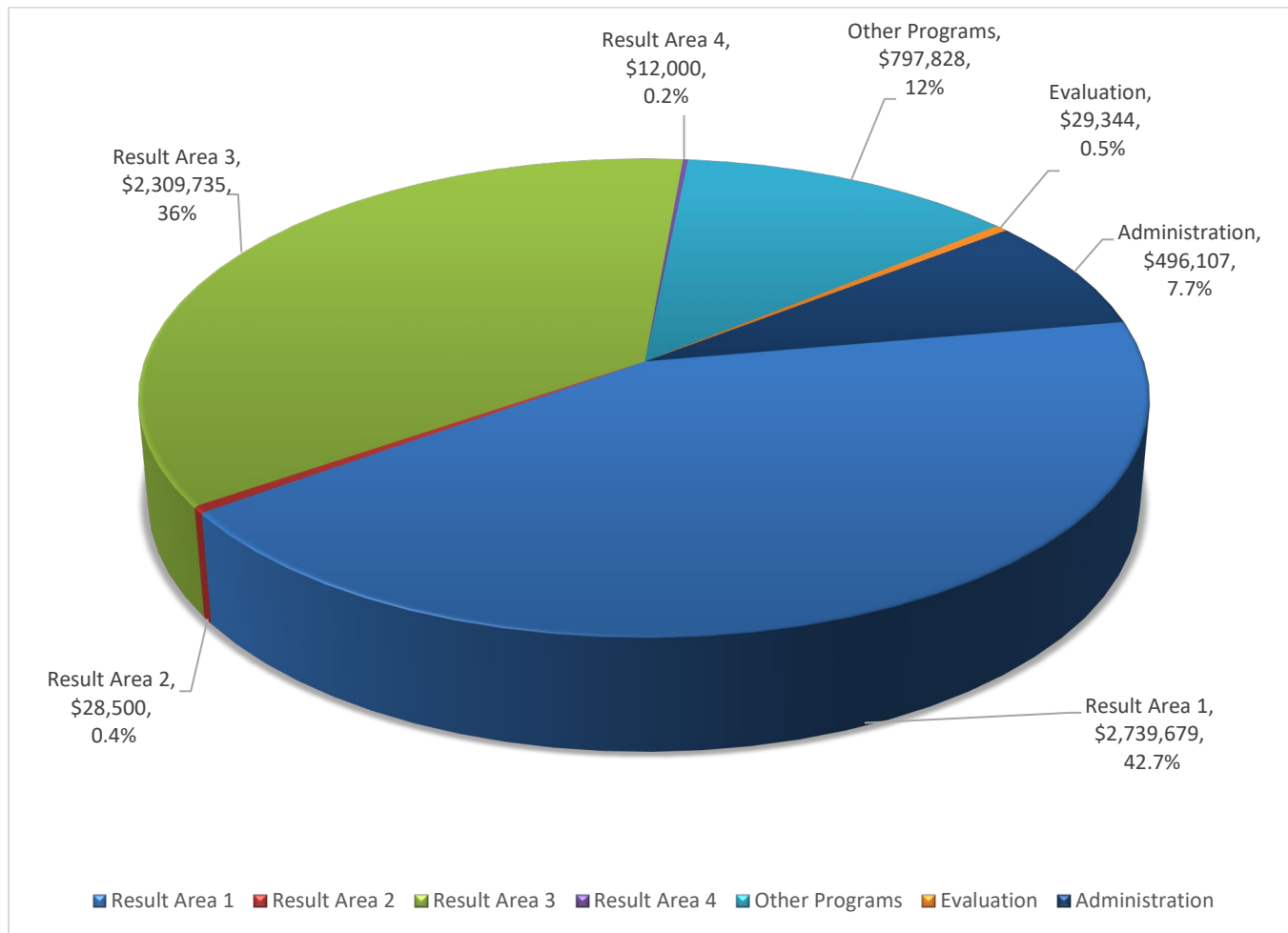
To accommodate time limitation while maintaining compliance, staff made modifications to its report. Fiscal expenditure data was not reported at the program level, though monitored, tracked, and analyzed, as it would have been too time consuming to input data into the report with the Commission’s limited staff.

Community Impact Dashboard 2018-2019



Funding Distribution by Budget Category

Total: \$6,413,193



The 2018-2019 budget pie chart portrays the distribution of Commission funding by budget category.

Program Categories:

The program categories (also known as Result Areas) make up 79.4% of the annual budget. These are areas in which outcomes for children 0-5 and their families are reported and evaluated. The funding provides measurable services for children and families.

Other Programs Category:

“Other Programs” consists of Commission and Stanislaus County charges that support programs, and the funds appropriated for program adjustments. This category makes up 12.4% of the budget and supports the work that the programs are doing throughout the fiscal year.

Administration and Evaluation Categories:

These categories make up just 8.2%, with Administration comprising 7.7% and Evaluation comprising 0.5% of the annual budget.

The graphs on the next page compare the distribution of the Stanislaus County Children and Families Commission total budget by fiscal year from 2014-2015 through 2018-2019. The first graph (Graph 1) compares the ***amount*** of funding allocated to each result area (RA), and the second graph (Graph 2) compares the ***percentage of the total budget*** allocated to each of the result areas.

Graph 1 illustrates that for the past five fiscal years, the Commission has consistently appropriated the largest *amount* of funding to RA 1 (Improved Family Functioning). In fiscal year 17/18, the amount of funding and percent of funding decreased substantially due to a reclassification of service and expenditure categories as required by First 5 California reporting requirements for county commissions. This change was first reported in prior year and since fiscal year 17/18 funding decreased another 10% in fiscal year 18/19 as the Commission moved to realign its funding and develop a balanced budget.

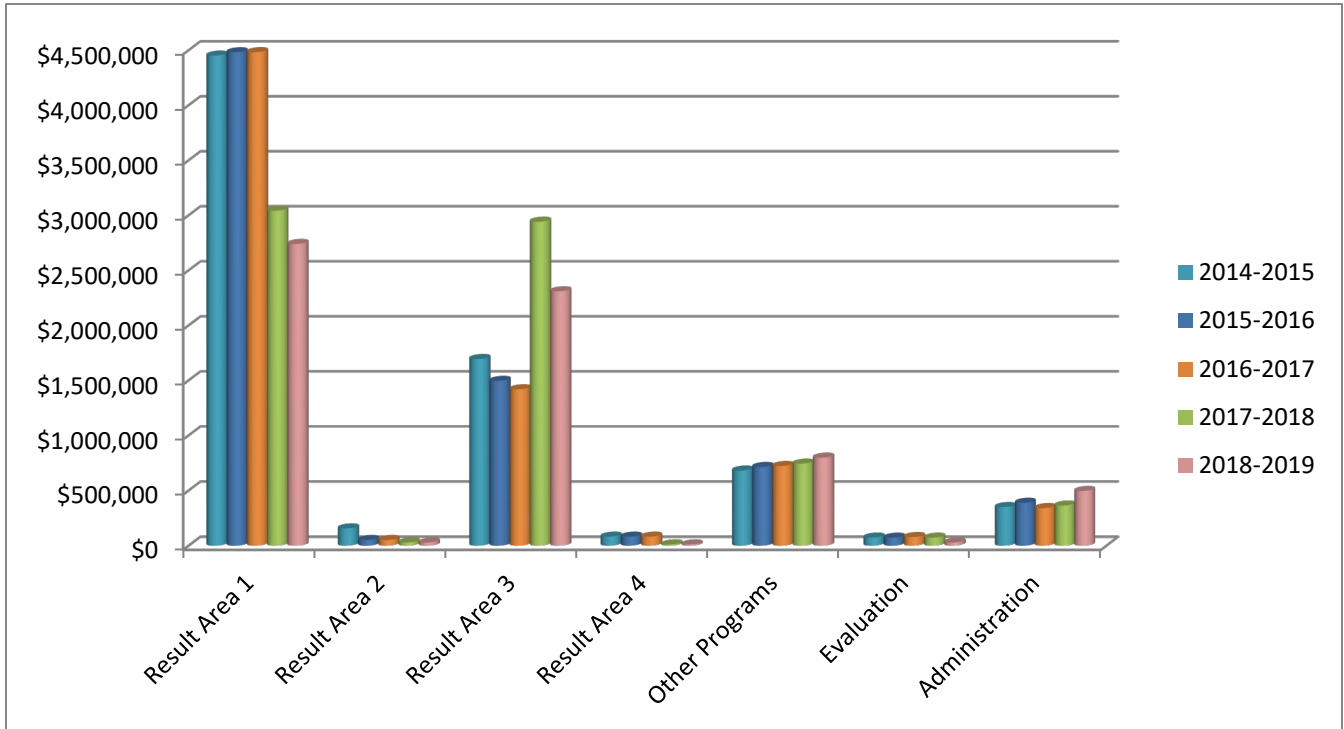
Both funding amount and percentage of funding for RA 2 has remained relatively steady since 17/18.

Both the amount of funding and percentage of the total budget dedicated to RA 3 increased in 17/18 and 18/19 compared to prior fiscal years. The increase was due to a change in reporting requirements in fiscal year 17/18. The change resulted in the Zero to Five Early Intervention Partnership (0-5 EIP) program that was previously reported in RA 1 to be reported in RA 3.

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

The funding category “Other Programs” has remained relatively consistent.

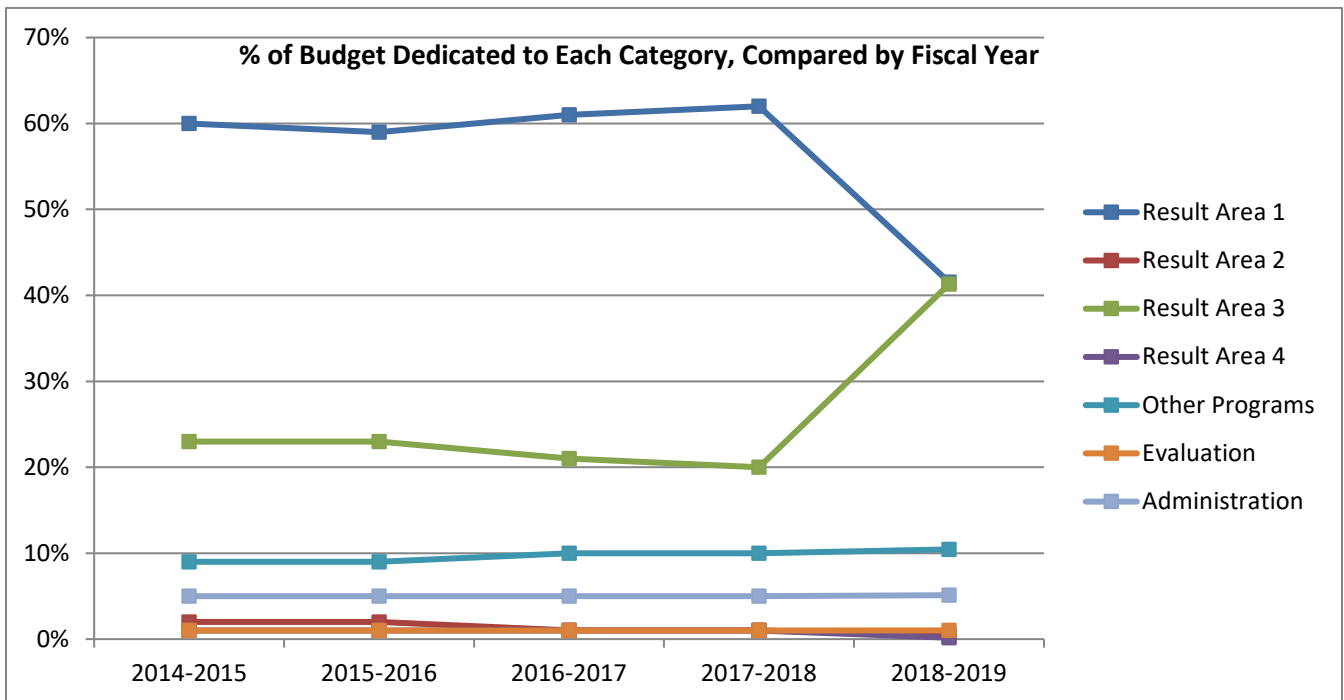
The budgets for the “Administrative” and “Evaluation” categories have remained consistently low in both the amount and percentage. The Stanislaus County Children and Families Commission remains dedicated to devoting the greatest amount and percentage of the budget to programs and services that positively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



Total Budget

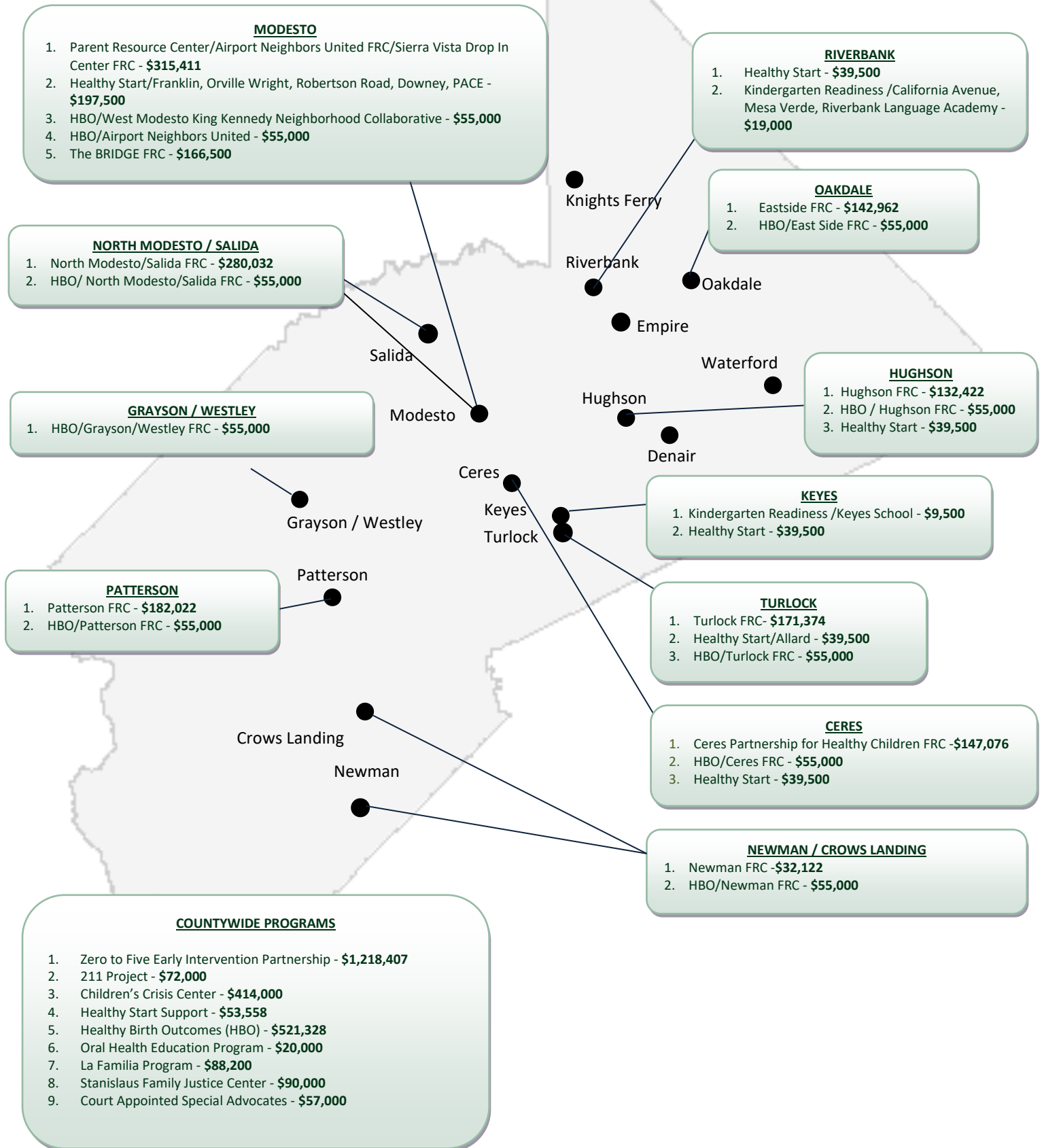
2014-2015: \$ 7,490,083
 2015-2016: \$ 7,287,186
 2016-2017: \$ 7,178,774
 2017-2018: \$ 7,207,108
 2018-2019: \$ 6,413,193

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



STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION

2018-2019 PROGRAMS



Program Budget Award by Location

Location	Program Budget Allocation	% of 18/19 Program Budget*	% of County's Population**
Modesto	\$ 789,411	31.0 %	40%
Turlock	\$ 265,874	10.5 %	13%
Riverbank	\$ 58,500	2.3%	4%
Ceres	\$ 241,576	9.5%	9%
Newman/Crows Landing	\$ 87,122	3.4%	2%
Grayson/Westley	\$ 55,000	2.2%	.4%
Hughson (includes SE smaller towns)	\$ 226,922	8.9%	3%
Oakdale	\$ 197,962	7.8%	4%
Salida***	\$ 335,032	13.2%	3%
Keyes	\$ 49,000	1.9%	1.0%
Patterson	\$ 237,022	9.3%	4%
TOTAL of location specific programs	\$ 2,543,421		
Countywide Programs	\$ 2,534,493		
TOTAL:	\$ 5,077,914		

* 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, 2019 and 2020: Sacramento, CA, May 2018; <https://suburbanstats.org>, 2020

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

The map depicts the distribution of Stanislaus County Prop 10 funds allocated to programs by location within the county. The map illustrates the extent to which program services reach children 0-5 and their families countywide, and the number of programs in each area. The chart above shows the percentage of program funds allocated by city or region juxtaposed against the percentage of the county's population in that area. The percentage of funding allocated to the Stanislaus County cities and towns continues to align closely with population demographics in general, though some of the smaller, outlying areas of the county, such as Grayson/Westley and Patterson, were allocated disproportionately high amounts of funding. However, the outlying areas of the county are located farther from many community resources and have greater need for services in their community for their residents.

A total of \$2,534,493 was allocated to programs that operate throughout the county, making up 50% 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 50% 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.

Intensity of Services and Service Levels

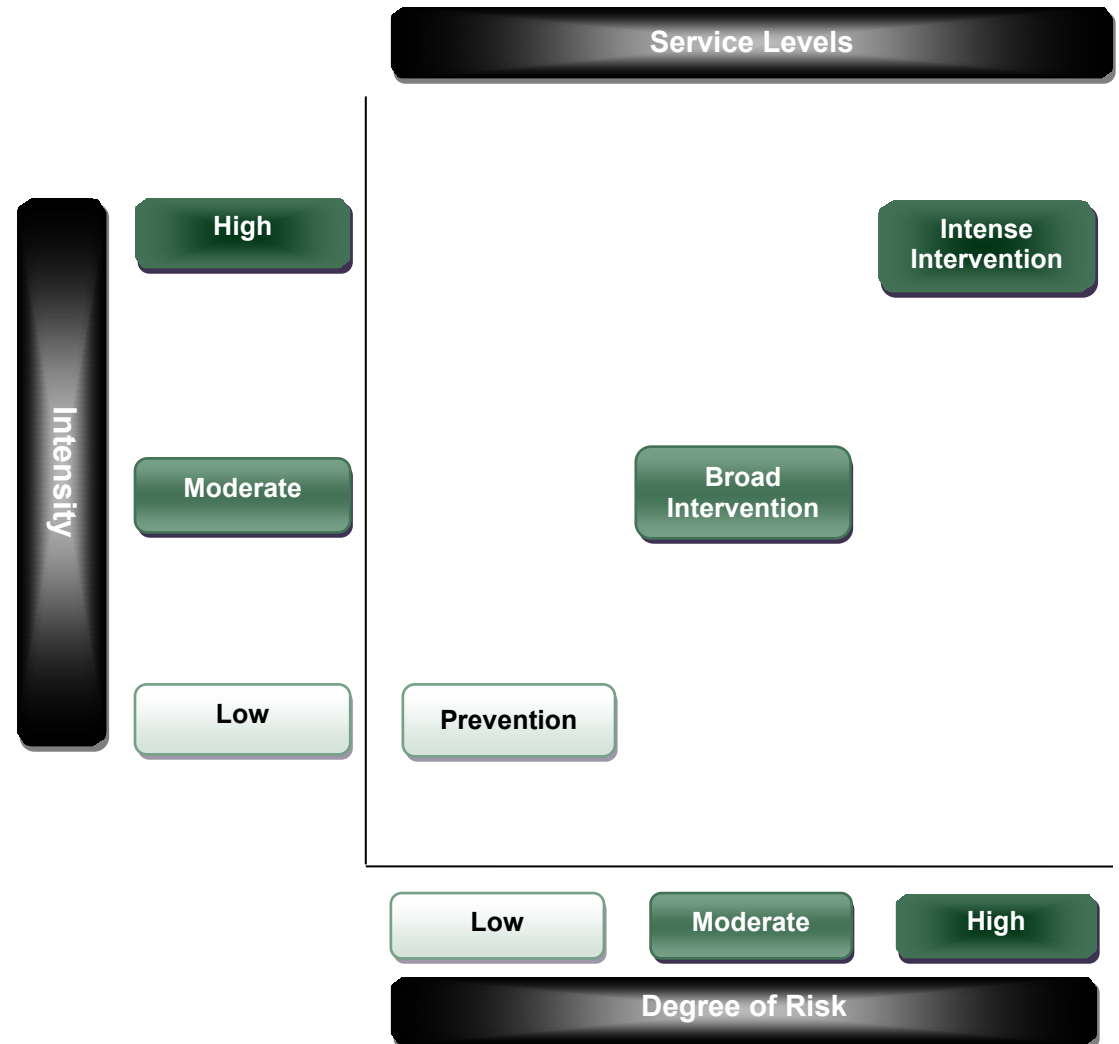
One of the Commission's funding strategies is to support a continuum of prevention and intervention programs that target all children 0-5 and their families in Stanislaus County. This means that Commission funds are working to benefit a spectrum of children from very low-risk to high-risk by providing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

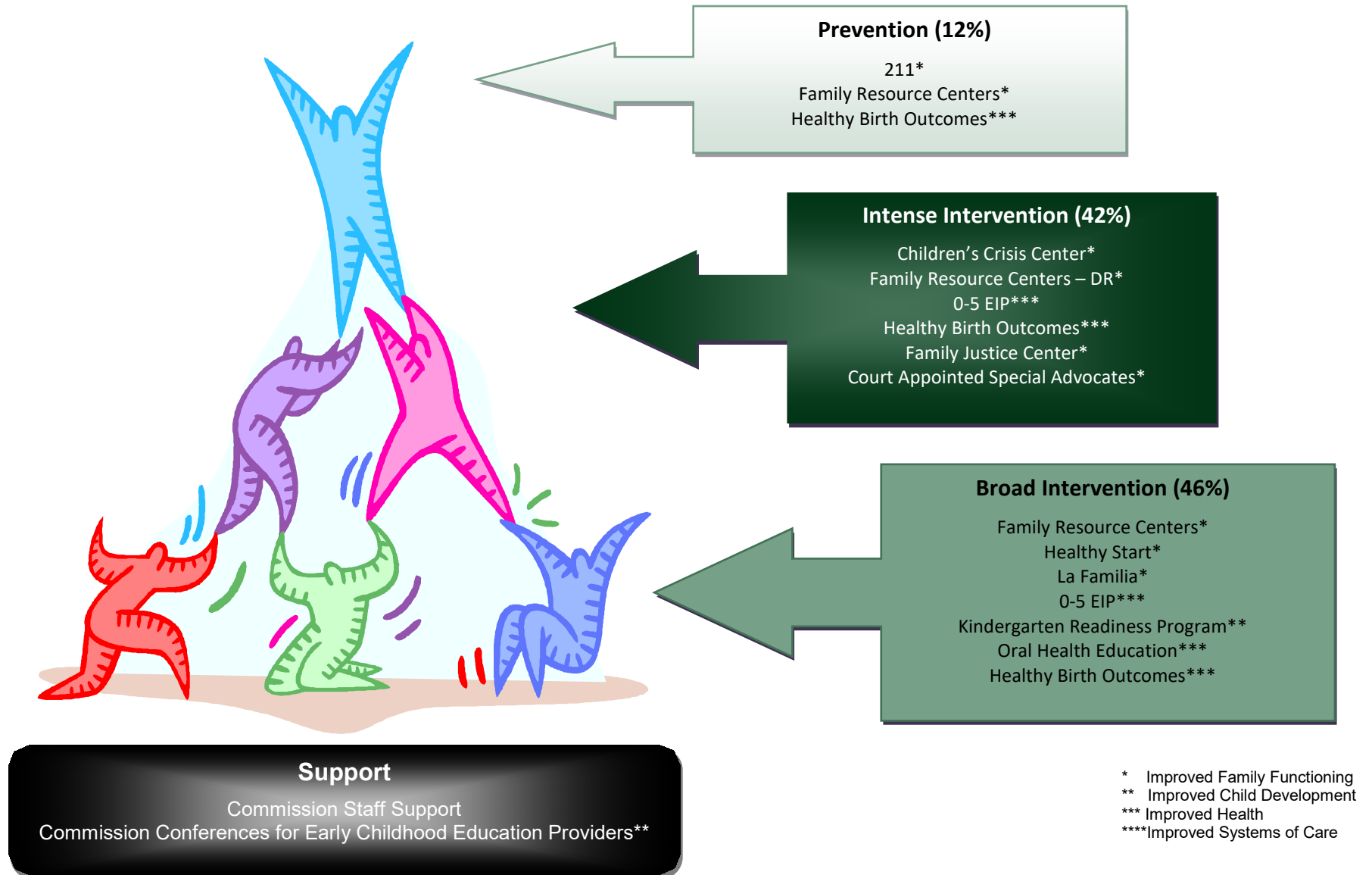
Service Levels

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

Service Level Pyramid

The pyramid image on the next page illustrates how Commission funds are extended across the range of service levels, and the distribution of the budget in relation to service levels. Approximately 46% of the program budget is dedicated to Broad Intervention, while 42% goes towards Intense Intervention and 12% to Prevention services. The percentage dedicated to all three categories has remained stable. Some programs are listed under more than one level because they have different program components, and there is certainly overlap between service levels.



**Prevention:**

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

Broad Intervention:

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

Intense Intervention:

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

Participant and County Demographics

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

Race/Ethnicity Served and Participant Primary Language

These charts depict the profile of the population being served by Prop 10 funded programs. As shown, the programs are providing services to a diverse population and mostly align with county demographics. There is a continuing emphasis on serving Hispanic families. Programs are aware of the need for culturally sensitive and appropriate services. All funded programs have implemented cultural awareness/proficiency trainings and the outreach efforts to diverse populations have been consistently strong.

Participating Children Age Distribution

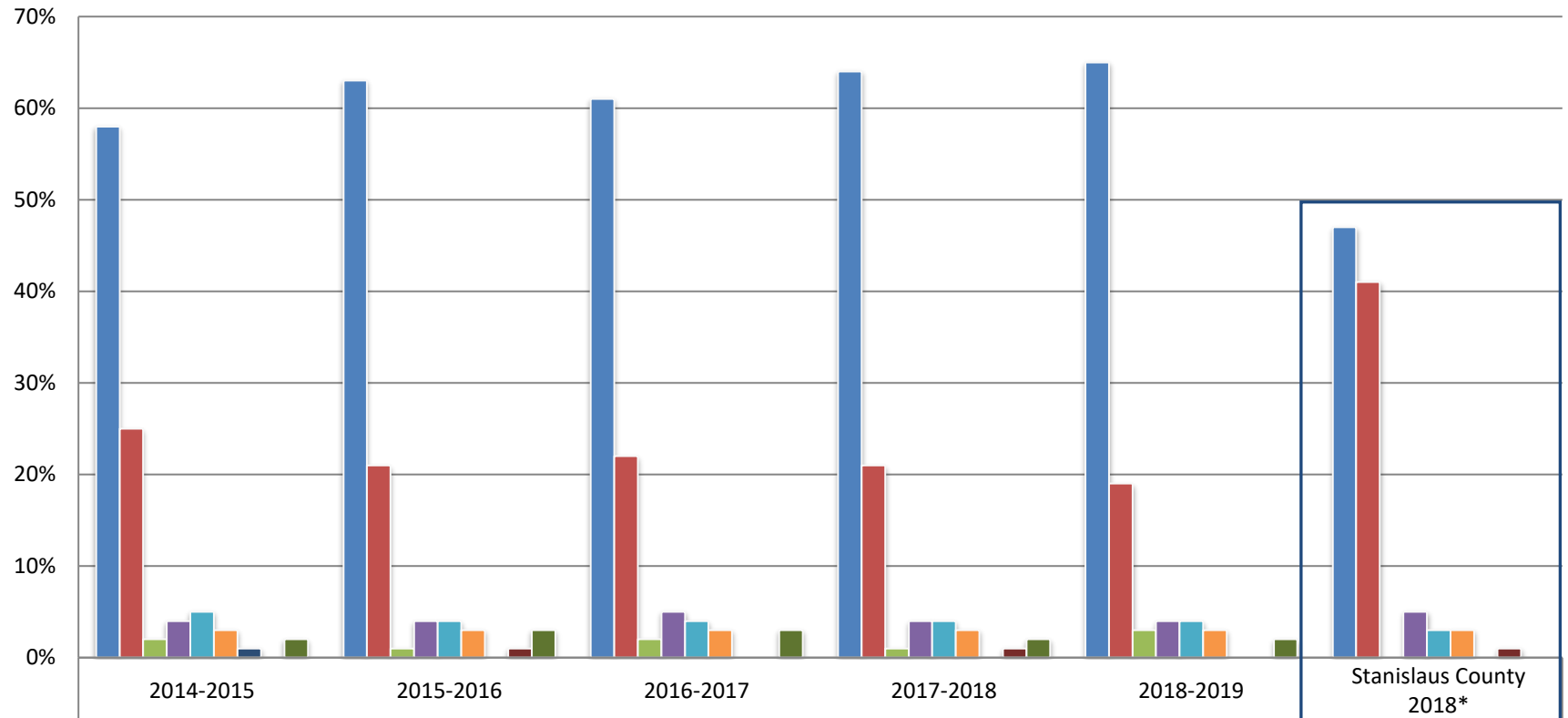
This chart shows the age distribution of children participating in Prop 10 funded programs. Since 15/16 the programs have nearly equally served children ages 0 through 2 and children ages 3 through 5. In 14/15, the percentage of children 0-5 whose age was unknown was high due to 211 not collecting age information for a significant number of children as a result of a data gathering issue the program corrected in 15/16).

Infant Mortality Rate

The Infant mortality rate for Stanislaus County is slightly higher than the State rate but exceeds the Healthy People 2020 goal. (Healthy People 2020 established science-based 10-year national objectives for improving the health of all Americans on a number of different indicators, including infant mortality. Visit <https://www.healthypeople.gov/2020/About-Healthy-People> for more information.)

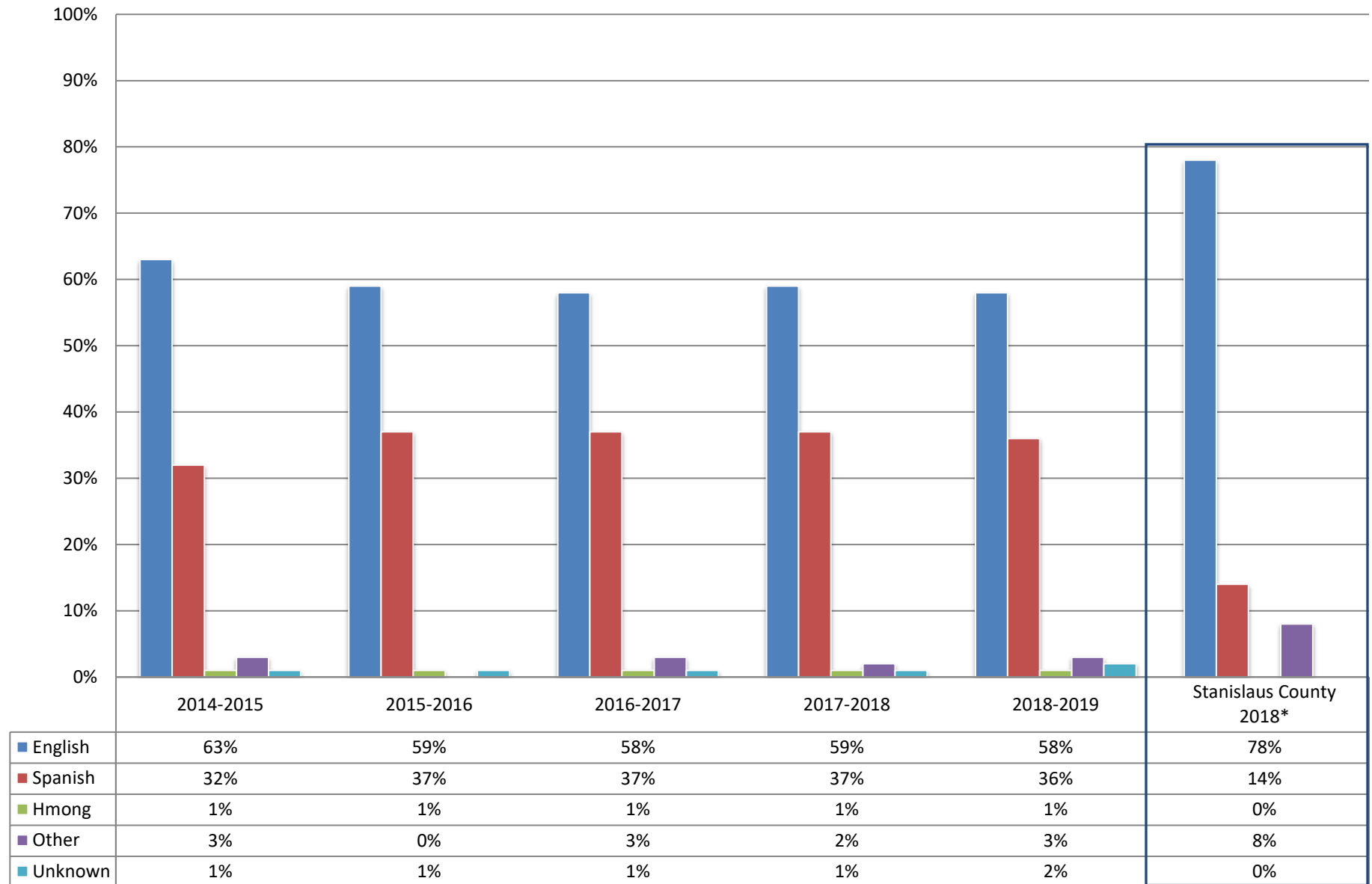
However, there are disparities when comparing the infant mortality rates for individual ethnicities. The rate for Whites has historically been significantly lower than the rate for African Americans. Socioeconomic influences such as education, food security and income stability may be factors negatively impacting the rate for African Americans.

Race/Ethnicity Served



*U.S. Census Bureau, 2018 American Community Survey.

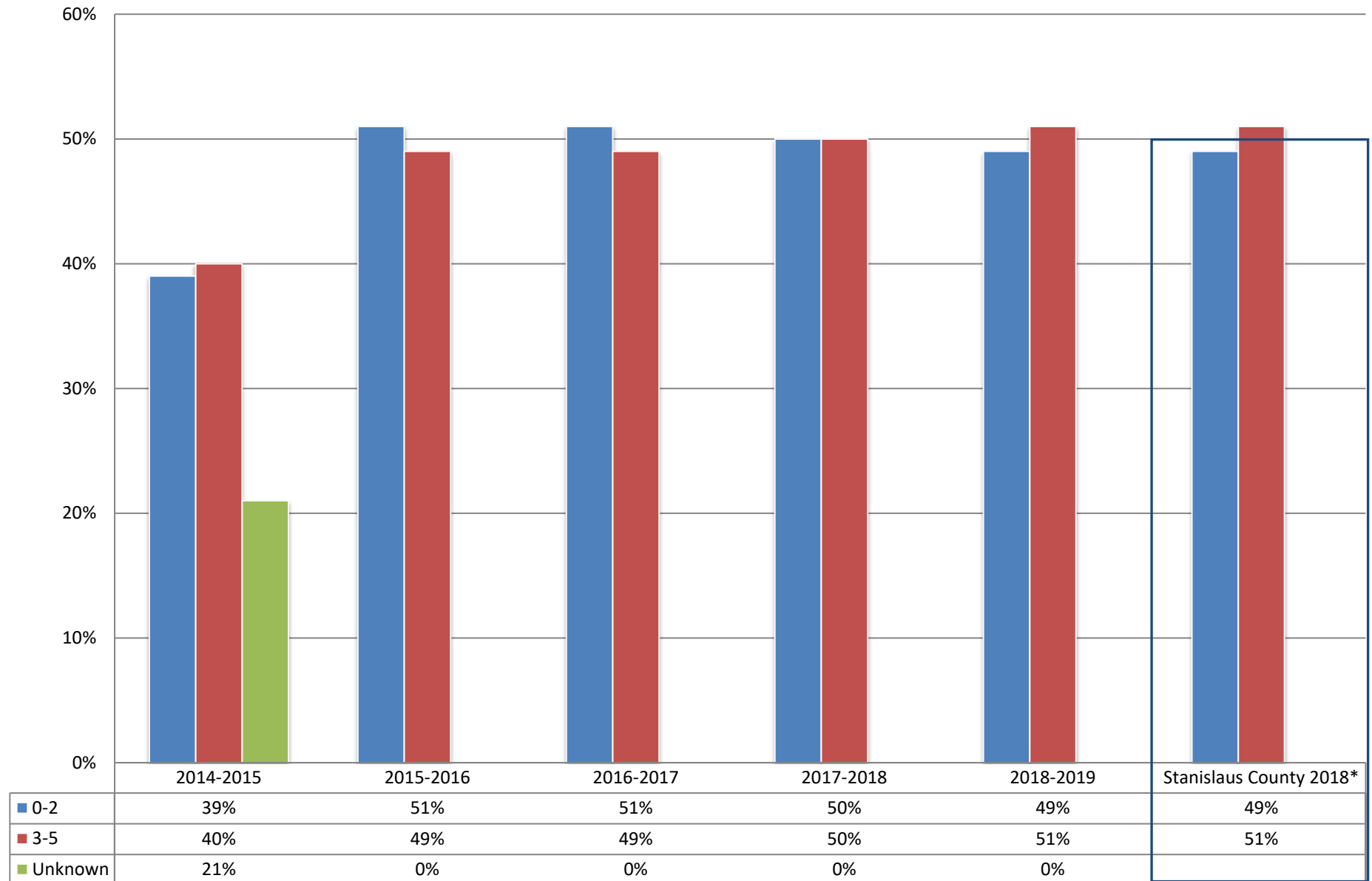
Participant Primary Language



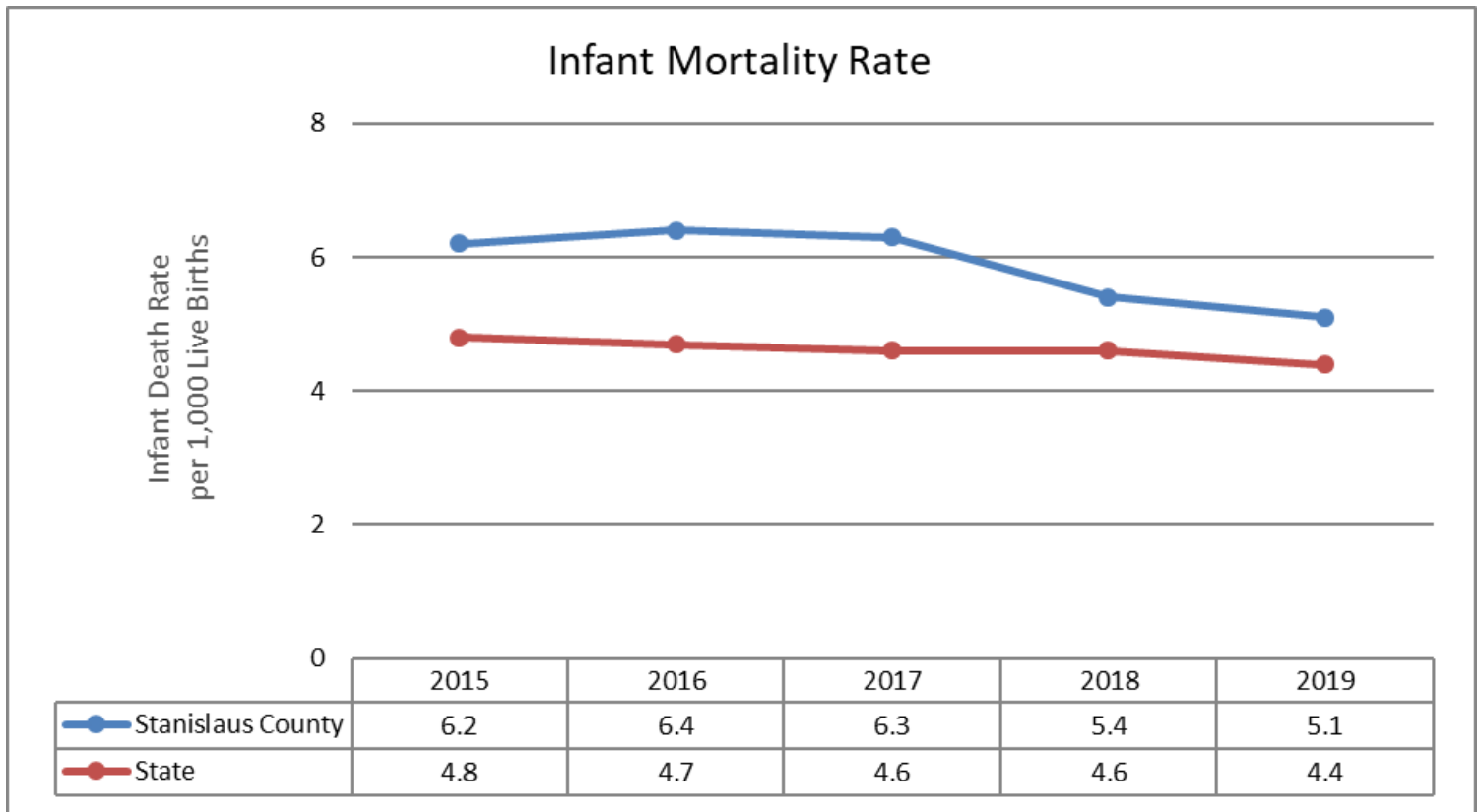
CFC data does not include provider capacity language data.

*U.S. Census Bureau, 2018 American Community Survey.

Participating Children Age Distribution



*State and County Total Population Projections by Race/Ethnicity and Detailed Age, California Department of Finance, 2020



County Health Status Profiles, California Department of Public Health, 2015-2017; Stanislaus County's Health Status Profile, 2018 & 2019

Stanislaus County Infant Mortality Rate					
	2015	2016	2017	2018	2019
All Races	6.2	6.4	6.3	5.4	5.1
Asian	5.9	8.3	6.3	7.7	NM*
African American	22.5	20.9	15.2	4.3	M*
Hispanic	6.6	6.2	5.8	5.0	4.0
White	4.7	5.9	6.3	5.2	5.7

*NM – Not Met refers to the Healthy People 2020 National Objective only (objective is 6.0)

*M – M refers to the Healthy People 2020 National Objective only (objective is 6.0)

<https://www.healthypeople.gov/2020/About-Healthy-People>

Result Area 1: Improved Family Functioning

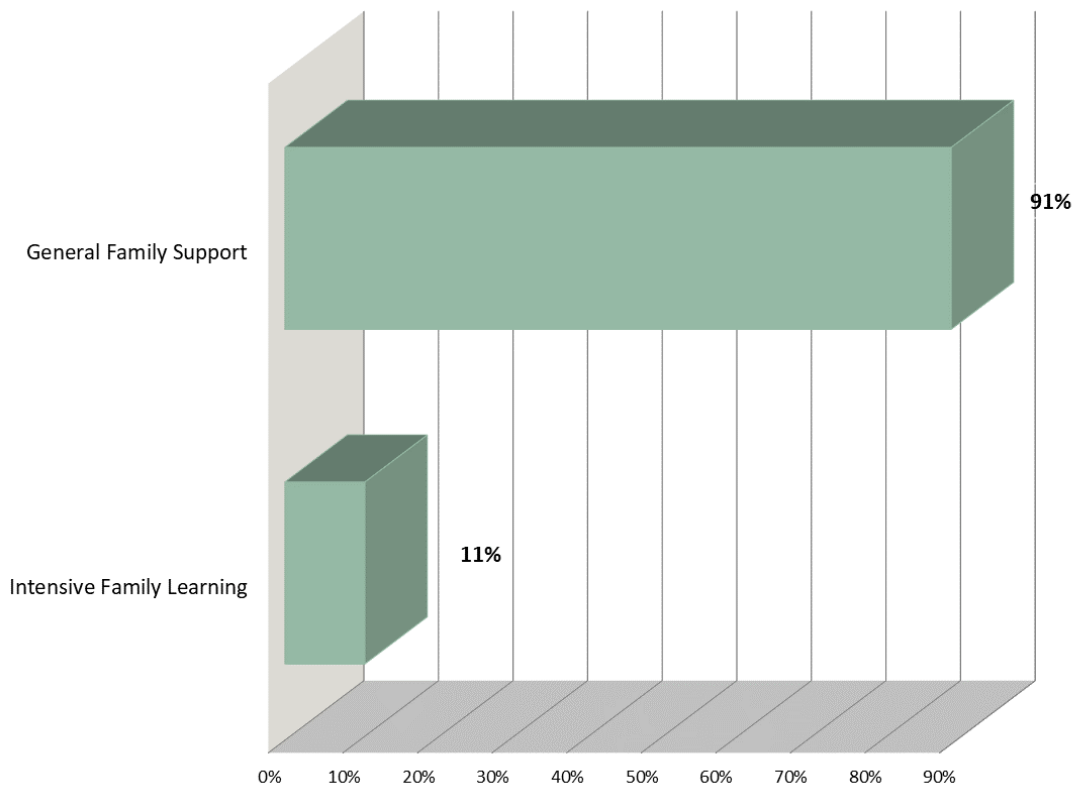
Description

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 two strategic plan objectives for this result area.

Fourteen Prop 10 funded programs are categorized under Improved Family Functioning, and represent 54% of the 2018-2019 budget. Half of the programs are grouped under "Family Resource Centers with Differential Response services."

The amount budgeted in this result area is the largest than any other result area for fiscal year 18/19, suggesting that funding for Improved Family Functioning continues to be critical in the provision of services for children and families.

2018-2019
% OF TOTAL CLIENTS SERVED IN FAMILY FUNCTIONING
BY SERVICE CATEGORY



Result Area 1 Services and Service Delivery Strategies

The number of programs and services, as well as the amount of funding dedicated to the Improved Family Functioning Result Area, suggests that it plays a prominent role in fulfilling the goals of the Commission's strategic plan. The Commission's Strategic Plan confirms 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 Strengthening 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 Strengthening Families

Objectives:

- *Increase parental and caregiver knowledge, skills, and access to resources to support their child's development*
 - *Strive to ensure all parents and caregivers of children in Stanislaus County receive parenting education from the earliest possible moment*
 - *Decrease child abuse and neglect*
- *Increase a sense of community in the lives of families (connections, support, etc.) by increasing connections, relationships, and concrete support for parents and caregivers*

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":

- ***General Family Support***
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.
- ***Intensive Family Support***
Programs provide intensive and/or clinical services by a mental health professional, as well as one-to-one service in family support settings. Programs are designed to support at-risk expectant parents and families with young children to increase knowledge and skills related to parenting and improved family functioning (e.g. home visitation, counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This is also the category for reporting comprehensive and/or intensive services to homeless populations.

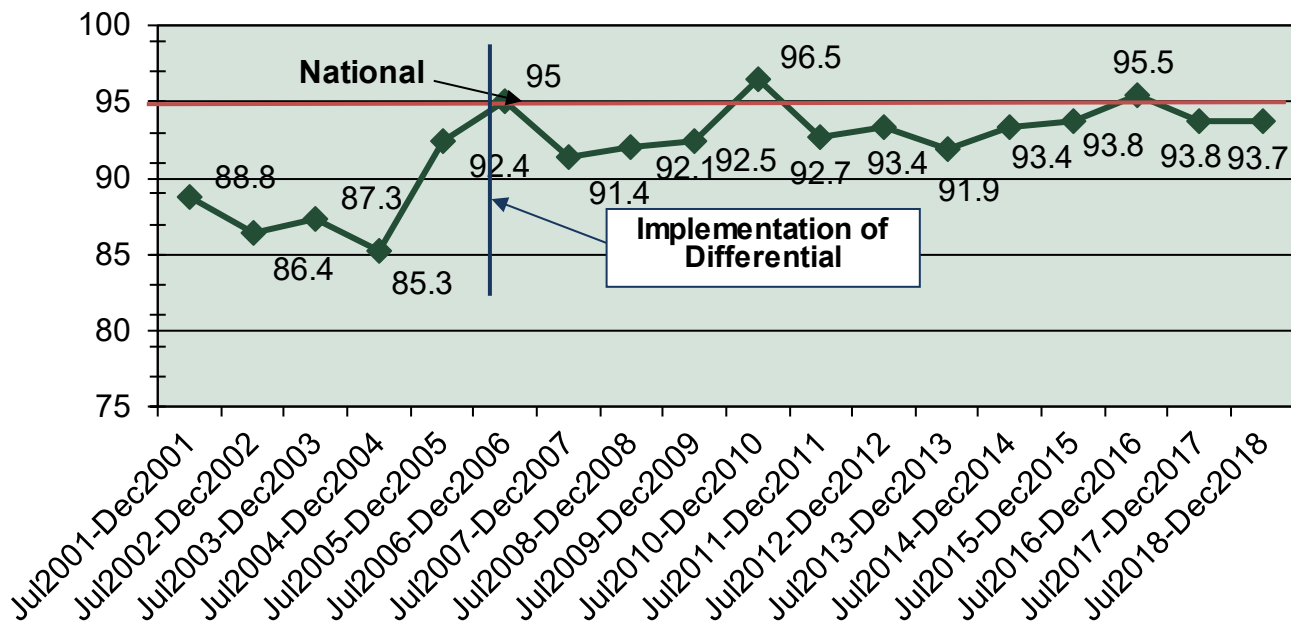
The services are offered by a spectrum of providers, from community based family resource workers to mental health clinicians. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals),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

Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2018 for children 0-5. Stanislaus County exceeded the National Standard of 94.6% “no recurrence” of maltreatment within 6 months of a substantiated report in 2006, 2010 and 2016 after the implementation of Differential Response (DR) through FRCs. The rate has dropped in subsequent years, but it has never fallen below the rate before DR was implemented. In 2010, the rate of “no recurrence” of maltreatment was at the highest rate it has ever been in over a decade. Although there are many factors that contribute to this population indicator of “no recurrence” rate, 1,053 children 0-5 were referred through differential response, and of those, the families of 50% of those children (531) 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?
• 7,990 children 0-5 received services designed to improve family functioning • The parents of 1,758 children attended parenting education classes • The families of 5,839 children 0-5 received resources or referrals to improve family functioning • 396 children 0-5 experienced improvements in their family environment after being enrolled in respite childcare • 616 children 0-5 whose caregiver participated in literacy services received a book		
• 20% of the children and families who received family support services (1,599/7,990) were engaged further through assessments • 21% of those receiving family support services and who indicated a need (1,660/7,990) received more intensive services focused on improving child abuse risk factors		
• 84% of parents participating in parent education (1,469/1,758) report an increase in skills or knowledge • 25% of dependent children ages 0-5 (20/80) under the jurisdiction of the court were placed in a safe, permanent home • 97% of children 0-5 whose caregiver received literacy services (597/616) increased time reading at home with their family • 92% of children 0-5 whose caregivers receive individual counseling indicated improvement with presenting issues (342/373)		

211

Agency: United Way

Current Contract End Date: June 30, 2019

Program Description

211 helps meet the essential needs of Stanislaus County residents by providing health and human services referrals throughout Stanislaus County 24-hours-a-day, 7-days-a-week, and 365-days-a-year utilizing trained Call Specialists. 211 is an easy to remember toll-free number with which callers throughout the county can access information confidentially in over 120 different languages. Callers are given up-to-date referrals and receive a follow-up call 7 to 10 days after the initial call to confirm they received the help they requested. In addition to the toll-free number, residents may now access the same information via their smart phone using the 211 website.

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

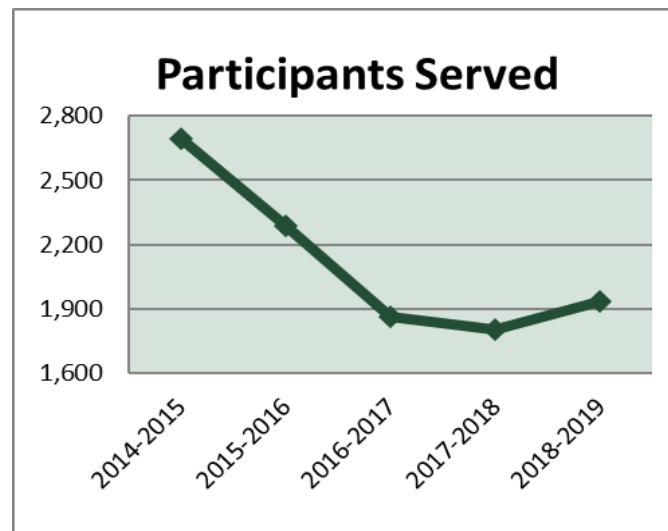
Finances		
Total Award July 1, 2007 – June 30, 2019	FY 18/19 Award	Number of Caller with Children 0-5
\$1,473,159	\$72,000	1,937

PARTICIPANT TYPE	% SERVED
Children 0-5	57%
53% <3; 47% 3-5;	
Parents/Guardians	41%
Other Family	2%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	53%
White	23%
Black/African American	11%
Asian	<1%
Alaska Native/American Indian	1%
Pacific Islander	<1%
Multiracial	5%
Other	4%
Unknown	3%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	83%
Spanish	12%
Hmong	-
Other	5%
Unknown	-

Participants Served Comparison by Fiscal Year



The decreased number of participants served starting in 15/16 reflects a State wide trend across 211 programs. People are preferring to access services through the internet or phone applications instead of calling the call center. The slight increase in participants served in 18/19 is attributed to the program's partnership with the Focus on Prevention homeless initiative.

Program Highlights

- Only 23% of callers had families with a child 0-5. This percentage remains below the goal of 33% despite efforts to target outreach to 0-5 families. However, website traffic continues to increase as participants, in ever-increasing numbers, use cell phones and other personal devices to obtain information they need.
- In 2018-2019, Stanislaus County 211 staff attended 29 outreach events and made 40 presentations to local agencies and organizations. Over 19,468 materials including 211 brochures, cards, inserts, posters and health insurance enrollment assistance flyers were distributed to local churches, medical clinics and facilities, day cares, agencies, organizations, etc.
- The following were common types of service requests in 2018-2019:
 - Housing / Shelter / Rent – 3,818 requests
 - Food / Meals – 2,850 requests
 - Utility Bill Payment – 2,027 requests
 - Family / Community Services – 1,128 requests
 - Legal, Consumer and Public Safety – 1,102 requests
- 6,131 unduplicated visitors received information about health and human service program information via the 211 website.
- Leveraging: 211 received \$80,000 in funding from Stanislaus County Community Services Agency, \$90,000 from Kaiser and \$10,000 from United Way Worldwide / CalETIC.
- Cultural Competency: All of Stanislaus County 211's call operators are bi-lingual (English / Spanish) making the dialogue more proficient between the caller and the call specialist. All other languages are handled through the AT&T Language Line Services to provided translation services as needed.
- Collaborations: Stanislaus County 211 continues to collaborate with many agencies / programs throughout the county to educate staff, clients and the community about Stanislaus County 211 through presentations, material distribution and attendance at scheduled outreach fairs / events in the community. In addition, United Way and Stanislaus County 211 has partnerships already in place with local organizations including Stanislaus County agencies (OES, HSA, CSA, Cal-EMA), Advancing Vibrant Communities, Latino Community Roundtable / Latino Emergency Council, Stanislaus CBO Collaborative, Stanislaus

County Focus on Prevention, Stanislaus Housing and Supportive Services Collaborative / Continuum of Care, and Turlock Community Collaborative Meeting.

- Sustainability: As United Way continues to operationalize our Strategic Direction that was adopted in 2017, the sustainability of 211's current model will be at the forefront for leadership in the 2019-20 fiscal year. There are great opportunities for the expansion of the 211 services in Stanislaus and many communities have seen success in offering a fee for service model to community partners and county departments, but this will require an initial investment in UW capacity.

Prior Year Recommendations

2017-2018 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.	• As the Commission launched into their Strategic Plan for the next five years, United Way is an eager partner at the table not only to provide 211 services but to build capacity in our nonprofits and our communities.
2. Continue to conduct targeted outreach to increase the number of callers with children 0-5.	• United Way staff will continue to leverage partnerships with local nonprofits and service providers through the Commission network.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
211 callers have access to health and human service program information 24/7/365	100%	91% (7,822/8,590)
211 callers with children 0-5 have access to health and human service program information 24/7/365	100%	96% (1,863/1,937)
33% of callers have children 0-5	33%	23% (1,937/8,590)
Callers with children 0-5 years are unduplicated callers	75%	96% (1,863/1,937)
Children 0-5 years whose caregivers request health insurance assistance with their children's application are provided with health plan enrollment assistance	100%	N/A (0/0)

211 callers with children 0-5 who were contacted for follow-up report satisfaction with 211 services	80%	85% (120/142)
211 website visitors who identify having a child 0-5 will have access to health and human service program information 24/7/365	100%	94% (225/239)
Callers with children 0-5 learn of the 211 services through outreach or advertisement	50%	60% (1,159/1,937)
Callers' children 0-5 who previously did not have health insurance have health insurance within 45 days after calling 211	75%	N/A% (0/0)
211 callers with children 0-5 who are contacted for follow-up report having their needs met through referrals after calling 211	50%	75% (107/142)

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.

Children's Crisis Center

Agency: Children's Crisis Center
Current Contract End Date: June 30, 2019

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, 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, 2019	FY 18/19 Award	Number of Children Served
\$7,241,387**	\$414,000	396

* This date reflects an award to the Stanislaus County Office of Education (SCOE) under a Master Contract. Children's Crisis Center (CCC) began subcontracting under the Master Contract for SCOE as of January 2003.

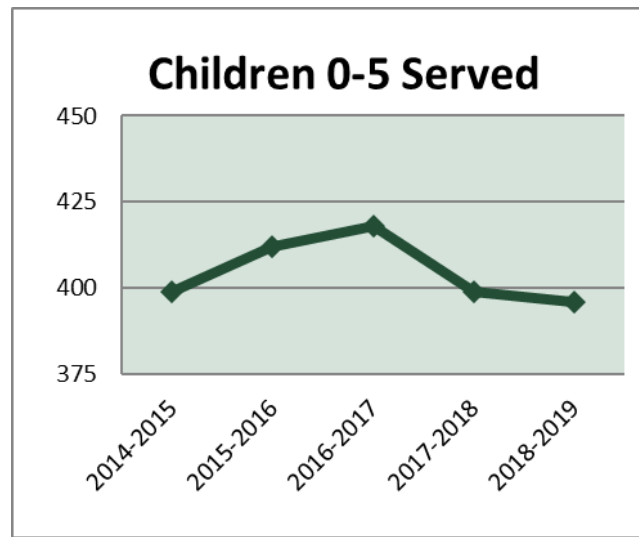
** Total includes awards granted to SCOE under a prior Master Contract, which included subcontracts to CCC prior to contracting directly with CCC.

PARTICIPANT TYPE	% SERVED
Children 0-5	39%
57% <3; 43% 3-5	
Parents/Guardians	34%
Other Family	27%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	61%
White	18%
Black/African American	3%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	15%
Other	2%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	89%
Spanish	11%
Hmong	-
Other	-
Unknown	-

Children 0-5 Served Comparison by Fiscal Year



The number served increased starting in 15/16 due to the program securing increased licensing capacity at the Oakdale site. While the number of children served declined in 17/18, the number of service hours remained consistent with 16/17. This demonstrates the children served needed additional respite care. The number of children served in 18/19 remained consistent with 17/18.

Program Highlights

- In 2018-2019, CCC served 396 children with 66,002 hours of respite care during 9,723 days of child enrollment. The goals for two of three of measurements were exceeded: 65,700 hours of respite care and 360 unduplicated children 0-5 will receive respite priority certification for enrollment in the Respite Shelter Program.
- CCC conducted a capital campaign to develop a new center on Kimble Street in Modesto in order to increase capacity in the Modesto area. Respite shelter services at the Kimble Street site commence in October of 2017. The site is licensed to served 12 infants/toddlers and 18 preschool age children.
- Staffing challenges in addition to difficulties in reaching families made it problematic for the program to complete developmental assessments. As a result, only 11 children received an initial developmental assessment in 18/19. 100% of the 26 children receiving a second assessment were documented over time as progressing in at least one developmental area.
- 92,964 nutritionally based meals and snacks were served to 396 disadvantaged high risk children ages 0-5.
- Family risk scores from the children served during the year indicate that 83% of families achieved a lower family risk score between their 3 month and 6 month evaluation periods.
- Leveraging: In 2018-2019, the program received \$2,758,245 directly from State and Federal government sources; \$74,647 was received from local government sources, and \$542,270 was generated by foundations and other charities.
- Cultural Competency: CCC maintains a culturally competent and diverse workforce. CCC currently possesses staff able to communicate (both written and orally) in the following languages: Spanish, German, Portuguese, Laotian, Hmong, Thai, Cambodian, Hindi, Urdu, Khmer, Punjabi, and American Sign Language (ASL). Additionally, staff trainings are provided that focus on multicultural considerations and topics confronting impoverished families.
- Collaborations: CCC works in collaboration with community partners from both the non-profit and for-profit sectors in Stanislaus County to meet the needs of their clients. These partners include Modesto Police Department, Sheriff's Office, Stanislaus County District Attorney's Office, Stanislaus County Community Services Agency, Haven Women's Center,

Stanislaus County Housing Authority, Modesto City Schools, Turlock Unified School District, Oakdale Joint Unified School District, Ceres Unified School District, Stanislaus County Library, Stanislaus County Department of Workforce Development, Stanislaus County Behavioral Health & Recovery Services, CASA, Stanislaus Family Justice Center, United Way, Stanislaus Safe Kids, family resource centers, and various hospitals, medical clinics, sober living facilities, homeless shelters, civic groups, faith based organizations and local businesses.

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

Prior Year Recommendations

2017-2018 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, as evidenced by new foundations and charitable giving sources listed this year (i.e. Sunlight Giving Foundation). • The Children's Crisis Center's collaboration with other community partners continues to expand as well. Our collaboration with CSA has become stronger through our increasing on-site presence, expanding FCV program and case collaborations; collaborations with other community partners has increased through participation in special events (Health & Safety Fairs), speaking presentations, case consults, and professional referrals.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 who received respite care are from families progressing towards their Respite Priority Certification service plan goals	90%	98% (390/396)
Children 0-5 indicate decreased risk for child abuse or neglect	80%	83% (178/215)
Children 0-5 demonstrate progress in social-emotional competence	No planned outcomes	100% (26/26)
Children 0-5 indicating need for additional developmental services received appropriate referrals	No planned outcomes	88% (49/56)
Enrolled children 0-5 who did not have a medical assessment prior to enrollment	No planned outcomes	3% (10/396)
Enrolled children 0-5 without a medical assessment received one	No planned outcomes	100% (10/10)

Recommendations

Funding for the Children's Crisis Center program was not continued for Fiscal Year 2019-2020 as the Commission restructured its budget for alignment with its new 2019-2024 Strategic Plan.

The Commission recognizes all the meaningful work and positive impact the program had on the lives of children 0-5 and their families in the community during its ongoing partnership with the Commission. The Commission thanks you!

Court Appointed Special Advocates

Agency: Court Appointed Special Advocates (CASA)

Current Contract End Date: June 30, 2019

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 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.

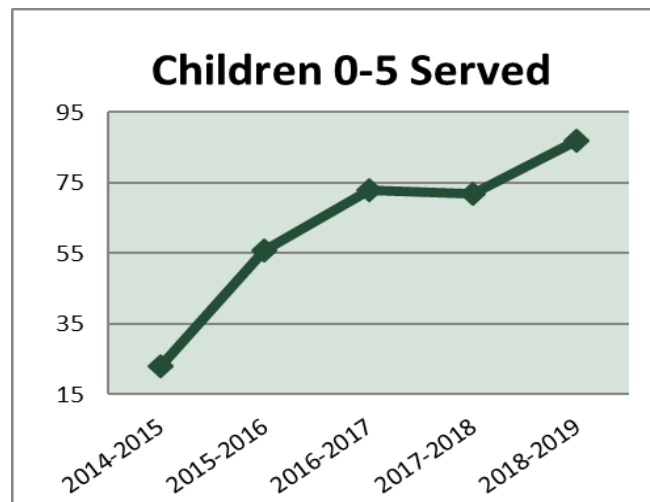
Finances		
Total Award July 1, 2013 – June 30, 2019	FY 18/19 Award	Number of Children Served
\$297,000	\$57,000	80

PARTICIPANT TYPE	% SERVED
Children 0-5	43%
58% <3; 42% 3-5	
Parents/Guardians	48%
Other Family	9%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	38%
White	43%
Black/African American	6%
Asian	2%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	11%
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	84%
Spanish	14%
Hmong	-
Other	1%
Unknown	-

Children 0-5 Served Comparison by Fiscal Year



The addition of a second Case Manager in 15/16 resulted in an increase in new children served. Starting in 16/17, the program has worked to increase community awareness of the program and recruit new CASA volunteers. Additionally, during the CASA volunteer orientation staff highlight the importance of serving the 0-5 population which has resulted in more children 0-5 being served.

Program Highlights

- In 2018-2019, new advocates were assigned to the Commission funded Case Managers, resulting in more 0-5 children being served (80 children 0-5 were served in 2018-2019 and of those 43 were new cases). The existing two Case Managers are close to reaching full caseloads and will soon be unable to serve additional children until existing cases have been closed by the Court.
- Children served receive personal advocacy services within the court system, leading to better case coordination between all parties involved. Specifically, CASA has been able to reunify families whose children would have likely languished in the 'system' if not for their advocacy efforts. In addition, CASA frequently holds the educational rights for the children the program serves, resulting in more effective services for each of these children through an Individualized Family Service Plan, Individualized Education Plan, 504 plan or other interventions and supports.
- CASA staff and advocates continue to complete Ages and Stages Questionnaire (ASQ) assessments for the children being served by the program. This developmental tool helps staff and advocates determine if additional services are need for each child and appropriate referrals are made when determined necessary.
- Of the 20 children who obtained a permanent home in 2018-2019, 6 children were reunited with their families and 14 were adopted.
- Leveraging: In 2018-2019, CASA received \$203,073 directly from State and Federal government sources; \$73,673 was received from local government sources, and \$270,326 was generated by civic groups, foundations, and local fundraising events.
- Cultural Competency: CASA provides training to staff and advocates on cultural and gender 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.
- Collaborations: CASA has a consistent and interactive relationship with SCOE and the Children's Crisis Center who have provided training on Special Education law and the laws pertaining to youth in care and how those laws relate to education. The Parent Resource Center has provided information to help our advocates that are interacting directly with

biological parents. In addition, CASA works very closely with Community Services Agency on all aspects of the cases assign to their advocates.

- Sustainability: CASA first focuses on sustainability and then expansion when possible. CASA utilizes Foundation Search to help in those efforts and has applied for 6 different grants to help sustain the program and the services they provide. CASA continues to strive for financial independence from every grant that currently supports their program.

Prior Year Recommendations

2017-2018 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.	• Funding was leveraged primarily through independent fundraising efforts (our Light of Hope, our annual Concert for CASA, our Holiday Card drive, our Golf Tournament and our 5K Superhero FunRun). Those events raised a total of \$393,010.00 in 2018-2019.
2. Track the number of resource referrals advocates make for each child.	• We tracked referrals and services through our database and made more than 200 referrals to additional services and/or supports for the children and youth we served.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Children 0-5 served	60	80
Children ages 0-5 will be placed in a safe, permanent home	25%	25% (20/80)
All new children ages 0-5 receive a developmental assessment	100%	47% (20/43)
Volunteers and staff will spend time advocating for children 0-5 served	No planned outcome	2,092 hours

Recommendations

Funding for the Court Appointed Special Advocates program was not continued for Fiscal Year 2019-2020 as the Commission restructured its budget for alignment with its new 2019-2024 Strategic Plan.

The Commission recognizes all the meaningful work and positive impact the program had on the lives of children 0-5 and their families in the community during its ongoing partnership with the Commission. The Commission thanks you!

El Concilio – La Familia

Agency: El Concilio

Current Contract End Date: June 30, 2019

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 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.

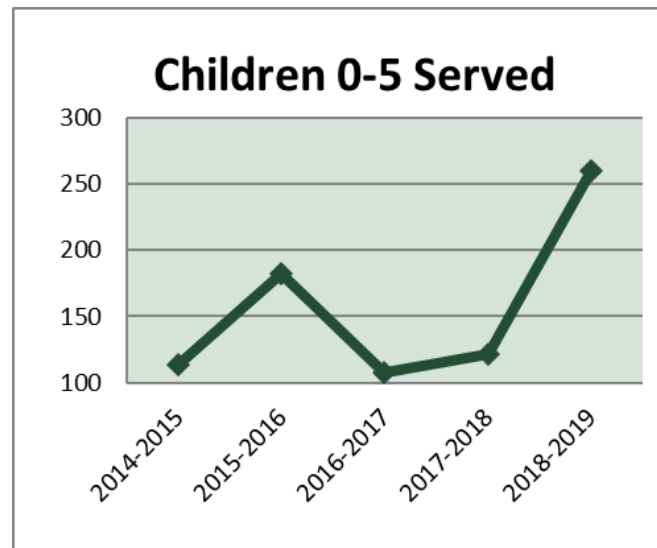
Finances		
Total Award July 1, 2006 – June 30, 2019	FY 18/19 Award	Number of Children Served
\$1,772,200	\$88,200	260

PARTICIPANT TYPE	% SERVED
Children	36%
38% <3; 62% 3-5	
Parents/Guardians	31%
Other Family	33%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	97%
White	1%
Black/African American	-
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	2%
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	5%
Spanish	95%
Hmong	-
Other	-
Unknown	-

Children 0-5 Served Comparison by Fiscal Year



The decrease in number served in 16/17 and 17/18 was a result of fewer clients seeking services due to their concerns related to their immigration status. A new counselor was hired in 18/19 who drastically increased outreach to community partners which led to the substantial increase in children served.

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, and Ceres Healthy Start. The vast majority of clients in this program are monolingual Spanish speakers with no access to medical or other health insurance. If clients are unable to attend appointments on the set dates and hours, the clinician will see them at another location (and occasionally at the client's home).
- Transportation and child care continue to be the chief barriers for clients to make their appointments. Many clients work seasonal jobs during the spring and summer and this can negatively impact service utilization during those months.
- Clients continue to express concerns engaging in services or sharing their personal information given the current focus on immigration status in the country.
- To improve the system of care and assist clients in need of more specialized supports, program staff participates in the Latino Behavior Health Coalition with other experts in counseling specific to Latinos (Tele-Care, GVHC and others).
- Leveraging: The program's collaboration with other local partners has resulted in in-kind leveraging for services such as child care for the program's clients.
- Cultural Competency: The program's clinician has received cultural sensitivity education through various courses. Staff is proficient in the language of the population being served. Most of the program participants are monolingual Spanish speakers.
- Collaboration: The La Familia program regularly works with Modesto City Schools, Ceres Unified School District, Turlock Family Resource Center, Casa del Rio, Turlock FRC, Parent Resource Centers, Patterson Family Resource Center, Newman Family Resource Center, Keyes Healthy Start, Ceres Healthy Start and the Latino Behavior Health Coalition.
- Sustainability: Without Commission funding the program will likely only continue in a limited capacity. The program will see individuals that express a need for counseling services on a very brief basis (one or two visits) to assess the individual's level of needs before referring them to the appropriate community resource/program.

Prior Year Recommendations

2017-2018 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.	La Familia will continue to leverage partnerships that we currently partner with.
2. Focus on improving attendance in group counseling sessions.	La Familia is working on outreach efforts with partners in our community and with various agencies in the community, which has drastically increased participants attendance.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
The caregivers of children 0-5 will be screened for depression or other mental health issues.	158 children	77% (121)
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% (121/121)
Children 0-5 whose caregivers receive individual counseling and indicate improvement with presenting issues.	65%	100% (121/121)
Children 0-5 whose caregivers receive group counseling and indicate improvement with presenting issues.	65%	100% (12/12)

Recommendations

Funding for the La Familia's Counseling program was not continued for Fiscal Year 2019-2020 as the Commission restructured its budget for alignment with its new 2019-2024 Strategic Plan.

The Commission recognizes all the meaningful work and positive impact the program had on the lives of children 0-5 and their families in the community during its ongoing partnership with the Commission. The Commission thanks you!

Stanislaus Family Justice Center

Agency: Stanislaus Family Justice Center
Current Contract End Date: June 30, 2019

Program Description

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

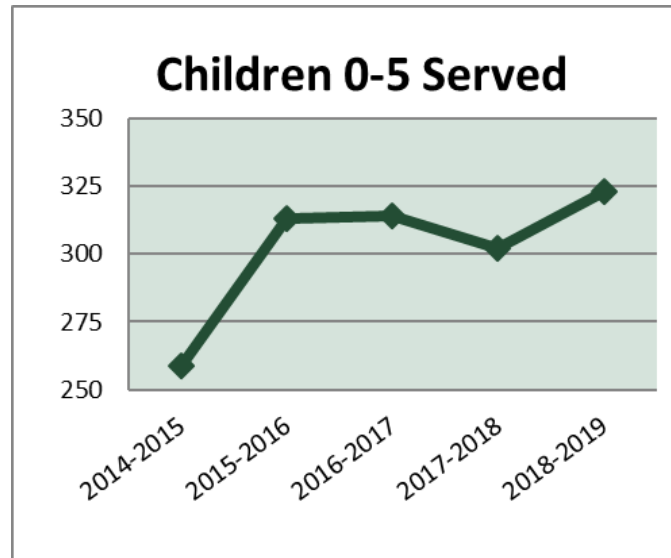
Prop 10 funds support core staff at the FJC. The Center staff is assigned administrative, coordination, and support duties to make service delivery for Stanislaus County families with children 0 through age 5 more efficient and more effective, with resultant better outcomes. The outcomes include an increase 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, 2019	FY 18/19 Award	Number of Children Served
\$925,640	\$90,000	323

PARTICIPANT TYPE		RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)	LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
	% SERVED				
Children	48%	Hispanic/Latino	54%	English	79%
47% <3; 53% 3-5		White	21%	Spanish	17%
Parents/Guardians	26%	Black/African American	3%	Hmong	-
Other Family	26%	Asian	1%	Other	1%
		Alaska Native/American Indian	<1%	Unknown	3%
		Pacific Islander	<1%		
		Multiracial	12%		
		Other	3%		
		Unknown	5%		

Children 0-5 Served Comparison by Fiscal Year



The number of children served has remained relatively stable since 15/16 when it increased significantly from the prior year. The increase in 15/16 may be a result of better data collection and reporting methods.

Program Highlights

- In 2018-2019, 323 children age 0-5 were served at the Family Justice Center (target outcome was 200 children). In addition, 173 caregivers of children age 0-5 received services.
- In 2018-2019, 2,489 unique services were provided to caregivers and their children age 0-5 (an average of 14 unique services per family), as compared to 2,373 unique services provided in 2017-2018.
- In 2018-2019, 54% of the families with children age 0-5 had safety plans in place, as compared to 42% in 2017-2018. The program met, and slightly exceeded, the target outcome of 50%, which it has historically struggled to meet in the past.
- Leveraging: FJC received \$712,905 directly from State and Federal government sources; \$231,655 was received from local government sources, and \$378,233 was generated by civic groups, foundations, and local fundraising events.
- Cultural Competency: Because abuse is not limited to gender, income level, occupation, education level, ethnic or sexual preference, FJC serves people from all sectors of the county. A majority of the program staff is bi-cultural and bi-lingual in English and Spanish. Translation services are provided for clients that speak languages other than English. Program materials are provided in both English and Spanish.
- Collaboration: The operating model for the FJC is to co-locate partners providing services to victims of domestic violence, sexual assault, child abuse, and elder abuse. Agencies currently onsite include CAIRE Center (Child Abuse Interviews, Referrals, and Evaluation), Community Services Agency, Haven Women's Center, Behavioral Health and Recovery Services, Child Protective Services, Stanislaus County District Attorney, Stanislaus County Sheriff, Without Permission, and Modesto Police Department. The Domestic Violence Response Team for Stanislaus County is housed at the FJC site. FJC partners with Center for Human Services to provide services for youth and adult victims of human trafficking, sexual assault and sexual exploitation.
- FJC, Haven Women's Center, and Without Permission share volunteer referrals and resources to best serve their clients. Through program Navigators, awareness and events, the organizations are sharing the message of collaboration and victim services.

- **Sustainability:** FJC continues to expand fundraising opportunities and events. In 2018-2019, the agency held its second annual golf tournament at Spring Creek Golf and Country Club (September 2018), and the Art of Justice event (March 2019). Fundraising events raise not only unrestricted charitable contributions for the agency, but also increase the awareness of the services and supports available to victims of domestic violence, dating violence, sexual assault, stalking, sex trafficking, and elder abuse. FJC continued to partner with the Sheriff's Department on the California Governor's Office of Emergency Services (Cal OES) Law Enforcement Specialized Units program, which provides support for the Domestic Violence Response Team (DVRT) co-located at the FJC. The Sheriff's Office new 3-year continuation grant began January 1, 2018 through December 31, 2020. FJC will continue to seek grant funding to support core services and expand fund development activities during the 2019-20 year. FJC's Interim Executive Director is working with the board and key volunteers to expand sustainability activities over the next 3 years.

Prior Year Recommendations

2017-2018 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.	• Stanislaus Family Justice Center (FJC) will continue to seek grant funding to support and expand fund development activities. The agency's board of directors is planning on expanding sustainability activities over the next 3 years. • The FJC is an inherently collaborative agency. A multidisciplinary team of partner agencies, both from the government, private sector, and not-for-profit areas participate in the FJC, bringing resources to the table including funding their respective staff to co-locate at the FJC. • The FJC is very active in leveraging funds and resources. Currently, over 10 funding streams/entities provide support to the FJC and its partner agencies. This include charitable contributions; local, state, and federal grants; foundation grants; and in-kind support.
2. Continue to focus on increasing the number and children enrolled in the Kid Zone.	• There was a 9.3% decrease in the number of unduplicated children participating in Kids Zone from 2017-2018 (172 children) to 2018-2019 (156 children). Unique visits decreased 5% from 693 to 654, which is attributed to the decreased number of children served by Kids Zone staff. Several survivors find offsite care for their children (grandparents, other family members) so they can receive services at FJC.
3. Continue to focus on improving the number of caregivers who report an increase in self-sufficiency.	• Caregiver self-sufficiency evaluations continue to be challenging, because surveys are not conducted at set points in time and we miss the opportunity to survey survivors as there is usually not a defined "end" to their service usage. Some clients get what they need and then do not return until they need something else for their case. Along with implementing the Polyvictimization Screening Tool, Navigators will be case managing clients, which should improve their engagement in self-sufficiency services and ultimately improve their reported increase in self-sufficiency.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children receive services that reduce the risk of repeat child maltreatment	200	323
Children ages 0-5 whose families have a safety plan in place	50%	54% (175/323)
Children ages 0-5 enrolled in Kids Zone and engaged in supportive services provided by co-located partners	85%	48% (156/323)
Caregivers of children served report an increase in self-sufficiency skills	70%	38% (66/173)

Recommendations

Funding for the Stanislaus Family Justice Center program was not continued for Fiscal Year 2019-2020 as the Commission restructured its budget for alignment with its new 2019-2024 Strategic Plan.

The Commission recognizes all the meaningful work and positive impact the program had on the lives of children 0-5 and their families in the community during its ongoing partnership with the Commission. The Commission thanks you!

Healthy Start Support

Agency: Stanislaus County Office of Education

Current Contract End Date: June 30, 2019

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. Regular 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.

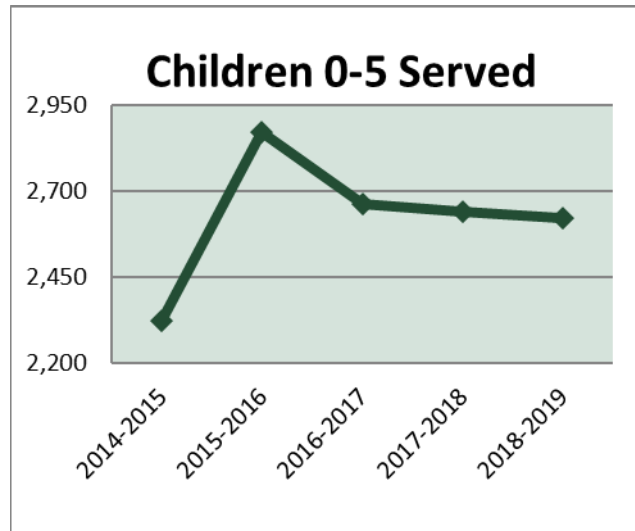
Finances		
Total Award March 15, 2002 – June 30, 2019	FY 18/19 Award	Number of Children Served
\$7,983,991	\$448,558	2,623

PARTICIPANT TYPE	% SERVED
Children 46% <3; 56% 3-5	40%
Parents/Guardians	31%
Other Family	28%

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

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	42%
Spanish	57%
Hmong	-
Other	1%
Unknown	-

Children 0-5 Served Comparison by Fiscal Year



The number of children served increased significantly in 15/16 due to increased outreach efforts by all Healthy Start sites. The number served decreased in 16/17 as a result of clients' immigration concerns but has remained stable since then.

Program Highlights

- The 10 Healthy Start sites funded by the Commission are located at the following schools: Allard, Ceres, Downey, Franklin, Hughson, Keyes, Orville Wright, Petersen Alternative Center for Education (PACE), Riverbank, and Robertson Road.
- Free and reduced lunch eligibility continues to be an indicator of the socio-economic levels at the 10 sites. The percentage of students at sites who are eligible for free and reduced lunch ranges from 56.5% to 99.5%.
- The Hispanic/Latino population continues to be the largest ethnic group in each of the 10 school communities ranging from 54.8% to 81.9%.
- Pre- and post-tests show increases of 75% for home literacy activities (reading to children, writing and coloring, and parental involvement).
- Use of the Family Support Outcome Survey (FSOS) has improved the accuracy and reliability of reported data but the tool is complicated and time consuming to use. The program is researching online data tools to further improve accuracy, efficiency and save staff time.
- Leveraging: In 2018-2019, the ten Healthy Start sites reported receiving \$226,630 directly from State and Federal government sources, local government sources, and in-kind services or goods generated by participating school sites.
- Cultural Competency: The largest ethnic group served continues to be Hispanic / Latino at all of the ten Healthy Start sites/districts. Materials and programs are culturally sensitive and provided in both Spanish and English. Most staff are bilingual or have bilingual support available as needed.
- 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 over a 100 different agencies.
- Sustainability: All ten Healthy Start school sites engage in various community capacity building efforts through their continued partnerships with local businesses, faith based and community organizations. Key Champions for each site are regularly revisited and revised due to ongoing personnel changes. It continues to be a priority for sites to present outcome results to their local school boards and to community members as a method to promote and market their program.

Prior Year Recommendations

2018-2019 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.	• Sustainability: Site Coordinators continue to keep community decision makers such as Boards of Trustees, County Supervisors, district administrators and school principals apprised of up-to-date Healthy Start information. For example, the coordinator at the Keyes Healthy Start Family Resource Center writes a monthly report to the Board informing them of Healthy Start activities, events and number of participants. The program is also a liaison to the LCAP committee at Keyes Union School District, helping to promote parent involvement. • Leveraging: Sites continue to leverage school district resources such as facilities usage, LCAP, McKinney-Vento Act, Student Attendance Review Team, general and AEGF funds. • Collaboration: All ten Healthy Start school sites support various community capacity building efforts through their continued partnerships with local businesses, faith-based and community organizations.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?	
OUTPUTS / OUTCOMES		PLANNED	ACTUAL
Families with children 0-5 have support systems, social emotional systems, and decreased stress - as evidenced by the following:			2,034 families 2,623 children
Families indicating increased knowledge of community resources	80%	96% (214/223)	
Families indicating increased social/emotional support	80%	96% (452/476)	
Families indicating decreased stress	80%	95% (466/476)	
Families reporting progress towards positive family goals	80%	98% (486/501)	
Families reporting improved parenting skills	80%	86% (374/435)	
Families reporting increased confidence in their parenting ability	80%	100% (384/384)	

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% (391/403)
Caregivers passing CPR/First Aid course	80%	99% (114/115)

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.

The BRIDGE

Agency: Sierra Vista Child & Family Services

Current Contract End Date: June 30, 2019

Program Description

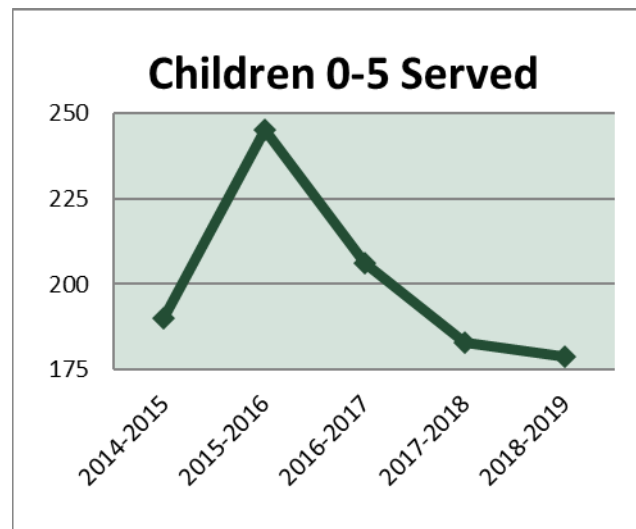
In 1988, The BRIDGE was created in response to a large number of Southeast Asian (SEA) refugee families arriving in Stanislaus County without the skills or background necessary to function or participate in a meaningful way in the community. The majority of The BRIDGE clients are Cambodian, Hmong, and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

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

Finances		
Total Award June 1, 2007 – June 30, 2019	FY 18/19 Award	Number of Children Served
\$2,171,500	\$166,500	179

PARTICIPANT TYPE		RACE/ETHNICITY		PERCENTAGE (ALL PARTICIPANTS)		LANGUAGE		PERCENTAGE (ALL PARTICIPANTS)	
	% SERVED								
Children	23%	Hispanic/Latino		-		English		-	
36% <3; 64% 3-5		White		-		Spanish		-	
Parents/Guardians	56%	Black/African American		-		Hmong		26%	
Other Family	21%	Asian		100%		Other		74%	
		Alaska Native/American Indian		-		Unknown		-	
		Pacific Islander		-					
		Multiracial		-					
		Other		-					
		Unknown		-					

Children 0-5 Served Comparison by Fiscal Year



The number of children 0-5 served increased in 15/16 as a result of staff focusing on outreach and engagement efforts. The loss of the Youth Advisor Program during the 16/17 year resulted in a decrease in children 0-5 served. In 17/18, staff's time was reduced to 30 hours a week to offset salary costs which impacted the staff's ability to outreach to new clients and resulted in another decline in children served.

Program Highlights

- The BRIDGE provided 2,707 hours for Family Support Services to 50 families representing 179 children 0-5. A total of 832 hours of case management services were provided to 113 families representing 41 children 0-5.
- In 2018-2019, large outreach events were sponsored by The BRIDGE that focused on the health, education, and welfare of children. The events included a Back to School event where school readiness materials were distributed and literacy activities were held as well as a Holiday Celebration with books given as gifts. The BRIDGE also partnered with Center for the Human Services and other local agencies on establishing the Father Involvement Learning Network (FILN). In addition, the BRIDGE's father focused Parent Café, which it offers quarterly, continues to be well attended.
- The BRIDGE continues to experience administrative and service delivery challenges due to the expectation of clients that services be provided at participants' homes and in the field. The program has had some successes encouraging participants to access services at The BRIDGE site and other service access locations.
- Information reported by the program indicates no referrals were needed by children for mental health and developmental issues. Rather than a reflection of the mental health and appropriate development of SEA children, these statistics more likely point to a reluctance within the SEA community to admit the need for counseling and developmental services.
- Leveraging: In 2018-2019, The BRIDGE received \$60,000 from local government sources and \$40,000 from Kaiser Permanente.
- Cultural Competency: It is critical in working with the SEA population that the staff be members of the SEA community and be respected by the community. Community members are involved in the hiring of staff to build capacity within the target population and to ensure staff reflects the target population. The BRIDGE staff provides services in Hmong, Cambodian and Laotian languages via staff that are both linguistically and culturally competent. Limited materials are available in the SEA languages; however, The BRIDGE has found several resources for health and parent education material in SEA languages and uses them regularly. The BRIDGE participates in the monthly Cultural Competency Equity and Social Justice Committee (CCESJC) facilitated by Stanislaus County BHRS. Additionally, Sierra Vista Child & Family Services employs a Director of Cultural Competency who oversees all aspects of cultural diversity within the agency, including holding bi-monthly Bilingual

staff meetings and bimonthly cultural competency meetings specifically structured to support staff providing services to families whose primary language is one other than English.

- **Collaboration:** The BRIDGE has a long history of collaborating with the Modesto Police Department, MID, PG&E, Probation, CSUS, Josie's Place, El Concilio and others. The BRIDGE continues strong and active collaborations with King Kennedy, CVOC, Clients' Rights Advocates, Modesto Commerce Bank, and the Cambodian and Laotian Temples. The SAACR (Stanislaus Asian American Community Resource) has reached out to The BRIDGE and has collaborated. Additionally, The BRIDGE has collaborative relationships with several local Modesto City Schools campuses; Robertson Road, Kirschen, and Burbank. Lastly, The BRIDGE maintains collaborations with other youth groups from BHRS PEI. The BRIDGE continues strong collaborations with doctors' offices, Social Security, Community Services Agency, providing linkages to and interpreting services for families. The BRIDGE has created new relationships with other agencies or businesses such as the Self-Help Federal Credit Union, United Way, Public Health Advocates, Doctor's Medical Center, Stanislaus County Library, and Valley Mountain Regional Center. The BRIDGE has also collaborated with Health Plan of San Joaquin.
- **Sustainability:** The BRIDGE's continued strategy is to seek outside funding sources (grants, allocations, and other government support) to fund its current and future operations and to work with a volunteer grant write to search out and apply for new grants focused on serving The BRIDGE's client base. The BRIDGE current utilizes funding through grants from CSA Calfresh and Kaiser. However, the majority of the program's funding continues to be provided by the Commission.

Prior Year Recommendations

2017-2018 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 BRIDGE will continue to work to increase the number of caregivers who receive case management services by providing outreach in neighborhoods, community events, churches, temples, and through referral by current clients who are receiving services.
2. Work to increase the number of caregivers who receive case management services.	• The BRIDGE will continue to work to increase the number of caregivers who receive case management services by providing outreach in neighborhoods, community events, churches, temples, and through referral by current clients who are receiving services.
3. Work to increase the number of children 0-5 consistently receiving services.	• By outreaching to families as mentioned in item 2, staff will be able to target families with children or grandchildren ages 0-5.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Children 0-5 whose caregiver(s) received services during the year have caregivers who receive a Strength Based Assessment	70%	89% (159/179)

Children 0-5 referred during the year have caregivers who receive referrals, resources, or support services	80%	100% (90/90)
Children 0-5 have caregivers who receive ongoing case management	40%	46% (41/90)
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%	89% (81/91)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	98% (81/83)
Children whose caregivers indicate a need will receive a mental health referral	90%	0% (0/0)
Children 0-5 whose families are assessed receive developmental screenings	55%	98% (81/83)
Children who indicate a need will be referred for further developmental assessment	90%	0% (0/0)
Children 0-5 served indicate increased time reading at home with family	60%	100% (36/36)

Recommendations

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

Additionally, it is recommended that the program:

- Work to increase the number of caregivers engaging in parenting education services.
- Work to increase the number of children 0-5 engaging in literacy services.

Family Resource Center Countywide Summary

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

Current Contract End Date: June 30, 2019

Program Description

In May 2005, the Children and Families Commission and the Community Services Agency (CSA) partnered to fund a network of Family Resource Centers (FRC's) to provide Differential Response (DR) and family support services to Stanislaus County communities. The intent was to provide families with children 0-5 and 6-17 and families at risk for child abuse/neglect with support services and a hub of resources. (DR is explained in more detail on the following page.) Originally, six contracts were awarded to serve Central/South Modesto, Ceres, Hughson and Southeast communities, Turlock, the Westside (Newman/Crows Landing, Grayson/Westley, and Patterson), and the Eastside (Oakdale/Riverbank). A seventh contract was awarded to serve North Modesto/Salida in May 2007. In 2017-2018, After Care services were added as part of an expansion to CSA's portion of the contracts.

All FRC's provide the following core services: community resources and referrals, strength based assessments and case management, parent education and support groups, school readiness information dissemination, 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, 2019		FY 18/19 Award	
Commission Funds	Combined Funds (includes CSA)	Commission Funds	Combined Funds (includes CSA)
\$20,477,889	\$28,206,850	\$1,403,421	\$2,303,421

Number of Children 0-5 Served (using Commission funding) - 2,192

PARTICIPANT TYPE	% SERVED
Children	24%
50% <3; 50% 3-5	
Parents/Guardians	38%
Other Family	38%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	62%
White	23%
Black/African American	4%
Asian	2%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	2%
Unknown	6%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	64%
Spanish	32%
Hmong	-
Other	<1%
Unknown	3%

An Investment In Communities

Family Resource Centers and Differential Response

During the last fourteen years, the Commission has invested \$20.4 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for 18/19 represents 28% of the Commission's total program budget and 51% of the budget allocated to Improved Family Functioning. This investment is based on both published national research about DR and FRCs, as well as the results that Stanislaus County has experienced. The Commission is funding what works within an effective structure.

What Works

Family Resource Centers

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

Shared Principles

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

Key Characteristics

- Integrated
- Comprehensive
- Flexible
- Responsive to community needs

Differential Response

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

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

Effective Structure

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

Family Development Matrix and Case Management (Improved Family Functioning)

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

Parent Education and Support Groups (Improved Family Functioning)

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

Community Outreach

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

FRC Core Services

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

Behavioral Health Services/ Depression Screenings (Improved Family Functioning)

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

Developmental Screenings/Preparation for School (Improved Child Development)

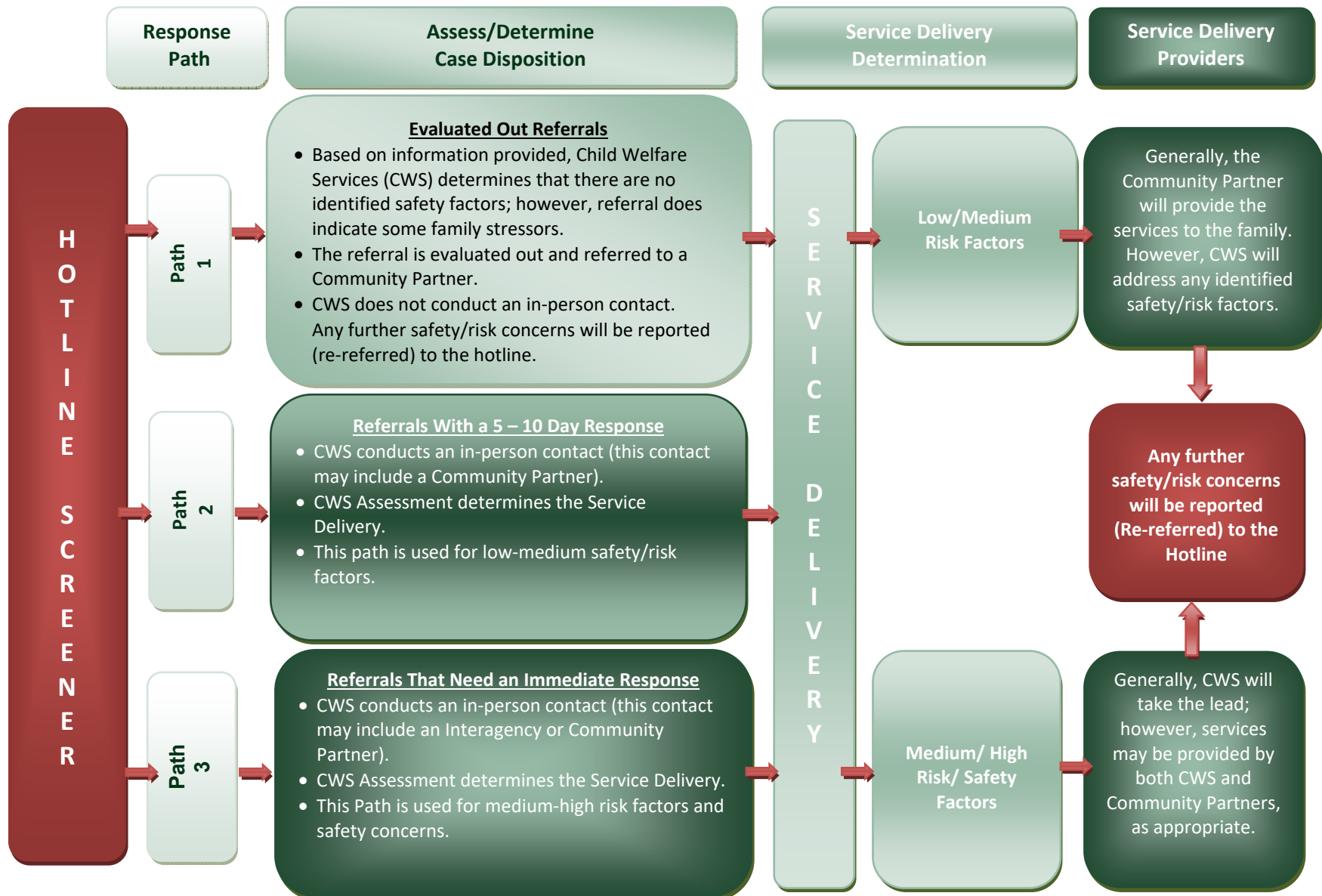
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated,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

Health Insurance Enrollment Assistance (Improved Health)

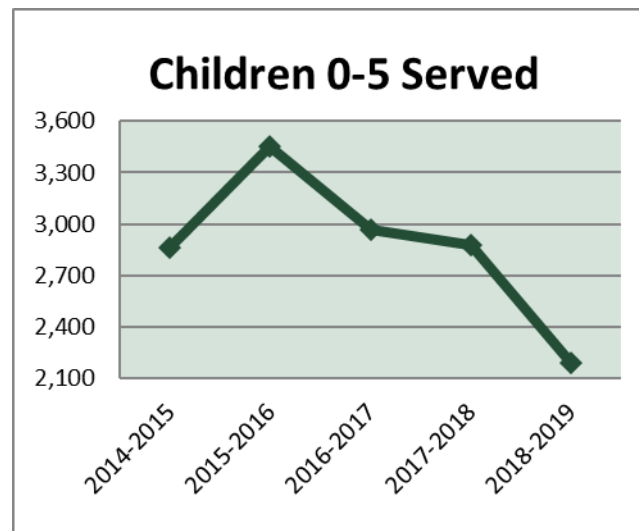
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal and Kaiser Kids within 90 days of the assessment. FRCs conduct this activity in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

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

Stanislaus Differential Response Paths



Children 0-5 Served Comparison by Fiscal Year



There was a significant increase in children served in 15/16 that was attributed to increased outreach efforts as well as an expansion of service by all sites. The number of children served returned to previous levels in 16/17 and declined slightly 17/18. There was a significantly decrease in the number of children served in 18/19 which may be the result of several factors. Commission funding for the FRC's was reduced by 10% and FRCs were not able to serve as many clients. In addition, several FRCs indicated they had previously been incorrectly reporting data that resulted in higher numbers being reported as served. Finally, several sites had staffing vacancies that impacted their ability to conduct outreach and provide services.

Program Highlights

- In 2017-2018, CSA added an additional \$400,000 to the FRC program for the provision of After Care services. CSA began referring clients who closed out their family unification and family maintenance cases with CSA to FRCs for After Care support. The intent of After Care services is to increase awareness of and utilization of community resources by referred clients.
- In addition to collaborating with others in the region, the FRCs work together through the Multidisciplinary Team (MDT) within Stanislaus County. The MDT consists of providers of Differential Response services from each FRC. The Team has been meeting twice monthly since the inception of FRCs. The MDT members discuss cases, protocol, and best practices, as well as share successes and challenges.
- Each FRC partners with a wide and unique spectrum of agencies, businesses, and community organizations to serve the needs of the children and families it serves. The list of partnerships is extensive, and continues to grow as one of the critical roles of the FRCs is to link children and families to community resources. As the FRCs have become established and trusted in the communities, they are now considered hubs of services, and partnerships and collaboration are the cornerstones for this development.
- Each FRC utilizes unique tools for evaluation and operational purposes. However, the following are the common tools all FRCs use:
 - ✓ SCOARRS (Stanislaus County Outcomes and Results Reporting Sheet) - Completed on a quarterly basis throughout the fiscal year; five milestones are addressed: 1) Caregivers' assets and needs are assessed; 2) Mental health issues of caregivers are assessed; 3) Mental health issues of caregivers are addressed; 4) Children receive early screening and intervention for developmental delays and other special needs; and 5) Children possess literacy tools (books, skills) and caregivers demonstrate improved literacy skills. The SCOARRS lists the strategies each program uses to reach milestones, and the indicators that show progress towards the milestones and planned outcomes.
 - ✓ Demographic Data Sheets – Excel spreadsheets developed by Commission staff in which programs input counts for services and the demographic data of participants; data is entered quarterly.
 - ✓ Customer Satisfaction Surveys – Each FRC administers a customer satisfaction survey at least twice a year.

- ✓ Employee Satisfaction Surveys – Each FRC administers an employee satisfaction survey at least once a year.
 - ✓ Family Development Matrix (FDM) – This assessment is used every sixty days to track the progress a case managed family is making towards independence and resiliency. The periodic assessments can be compared to document changes in the family unit. (It should be noted that the State of California stopped funding the FDM at the end of the 14/15 fiscal year. The Commission assumed the costs of the FDM so FRCs could continue to track family outcomes.)
 - ✓ Intake Forms/Logs – FRCs began using intake forms that collected consistent information. These coordinated intake forms allowed FRCs to collect and report data more consistently and accurately.
 - ✓ ASQ (Ages and Stages Questionnaire) – Every FRC uses the ASQ-3 to screen children 0-5 for developmental concerns.
 - ✓ Burns Depression Screening – Every FRC uses this screening to assess depression indicators.
- The FRCs continue to focus on encouraging father involvement in their classes and programs, and with their client own children. FRCs have had mixed success with their efforts to involve fathers. FRCs continue to develop strategies to engage father involvement.
 - Leveraging: As a group, in 2018-2019 the FRCs leveraged a total of \$1,194,572 from local government sources and \$370,358 was generated by civic groups, foundations, and local fundraising events.
 - Cultural Competency: All DR-FRCs are committed to the continued development of cultural competency for staff. FRCs recruit and hire multicultural and bi-lingual staff to meet the needs of their diverse communities. A large number of bi-lingual Spanish staff, who provide mental health and case management services, are employed by FRCs. FRCs also employ staff with fluency in other languages including Cambodian, Laotian, Hmong, Farsi, Assyrian, and American Sign Language. FRCs also contract with the Language Line for translation for other languages and interpreters as needed. The FRCs provide direct services, literature, and presentations in threshold languages and in other languages as material is available. Staff at the FRCs is provided with ongoing cultural competency training in order to provide competent services to clients.
 - Collaboration: FRCs have developed an extensive number of collaborations with public, private, and non-profit agencies including: El Concilio La Familia Counseling, The BRIDGE, other Family Resource Centers, Women Infant and Children (WIC), Workforce Development, Healthy Birth Outcomes, Family Justice Center, Salvation Army, United Samaritans, Leaps and Bounds/Zero to Five Early Intervention Partnership, churches, city governments, Children's Crisis Center, 211, Healthy Starts, school districts, civic groups, and CalFresh.
 - Sustainability: Each FRC has prepared a Sustainability Plan that contains the following elements: 1. Vision and Desired Results; 2. Identifying Key Champions and Strategic Partnerships; 3. Internal Capacity Building through development of a strategic planning process and (in some cases) accreditation; 4. Strategic Financing (including cost management and revenue enhancement); and 5. Establishing an Implementation Plan with Periodic Reviews. The FRCs have successfully developed Sustainability Plans and each year the FRCs report on the progress made in each of the 5 elements of the plan.

Prior Year Recommendations

In the 2017-2018 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	
2017-2018 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 FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. The agency will work to advance best practices and strong partnerships, as well as connect to larger, regional or national funding opportunities that support family strengthening work. Locally, CHS has been successful at promoting regional fund-raising events to increase our unrestricted funding, as well as utilizing MAA Medi-Cal as an additional resource to support FRC work. This year we will be focused on planning and new partner/funder development for all our community FRCs. - On Leveraging: The FRCs are building a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger donated \$10,000 to help with food and nutritional support for the FRC and families. - On Collaboration: Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRC. This movement of community will help ensure sustainability beyond our agency's involvement.
2. Continue to focus on completing second FDM assessment with case managed clients.	This fiscal year there was a slight increase of second FDM assessments completed to case managed clients. With the FDM data, we found most all families showed an improvement in the 2nd FDM. Parents become more aware of the resources and become more aware of areas they wish to strengthen while working with a Family Advocate.

EASTSIDE

2017-2018 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	- Center for Human Services continues to look for programs or grants to support sustainability efforts. Leveraging and collaboration with other partners, as well as developing other strategies, are a priority to ensure identified services continue as the Commission's financial support ends. The Center for Human Service is committed to continue to provide service to the Eastside Community as it has done for the past 17 years. - Medi-Cal Administrative Activities (MAA) is an example of unrestricted funds that are available that we are using as a way to leverage the end of financial support for the Oakdale FRC.
2. Continue to focus on completing second FDM assessment with case managed clients.	This an area we continue to focus on. Engaging families for long term can be challenging. We will continue to use new strategies to engage our families and send staff to trainings as they become available.

FAMILY RESOURCE CONNECTION

2017-2018 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.	- Both Parent Resource Center and Sierra Vista Drop-In Center continued to seek new funding sources to maintain services, prevent duplication, and work on sustainability. The partners worked collaboratively with HSA in December 2018 on grant application. The three-year grant was funded, bringing additional funding to Family Resource Connection's sites. Sierra Vista was awarded a new brief mental health intervention grant in fall 2018 while PRC was renewed for the City of Modesto CBDG and received a new Stanislaus County CBDG funding, both for parenting education classes. - The Family Resource Connection project partners continued to work on the commission's priorities of financial sustainability, leverage, and collaboration.
2. Continue to focus on completing second FDM assessment with case managed clients.	PRC staff continued to administer 2nd FDM's for case managed clients who were eligible for one. Case managers were able to meet with the clients in person or via phone and discussed family strengths and outcomes. Depending on the needs of the clients, case managers provided resources and referrals to increase client knowledge in local resources and support programs. Different strategies to engage clients long term have also been utilized, such as prescheduling clients to complete FDMs, increasing communication between case management and class facilitation staff to serve clients who may be active in multiple programs, and performing home visits so clients

	can be more comfortable in completing FDMs.
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HUGHSON

2017-2018 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	Sierra Vista Child & Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fundraising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. This fiscal year SVCFS leveraged new funding with BHRS PEI Brief Intervention Counseling Program. Lastly, SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community, as well as to minimize duplication of services. Specific to HFRC, the advisory board has continued to develop new fundraising opportunities. They have consistently increased their fundraising dollars each year.
2. Continue to focus on completing second FDM assessment with case managed clients.	Staff continues to make every effort to provide case management services for 60 days to complete the second FDM at closing. In attempts to keep the families engaged for 60 days, staff invite them to ongoing events and encourage participation.

NORTH MODESTO / SALIDA

2017-2018 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	Sierra Vista Child & Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fundraising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services.

2. Continue to focus on completing second FDM assessment with case managed clients.	• Staff makes every effort to provide case management services for 60 days to complete the second FDM at closing. Staff are mandated to take training/s, as they are available.
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TURLOCK

2017-2018 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.	• Aspiranet TFRC continues to work to achieve Commission's priorities of sustaining, leveraging, and collaborating to ensure services continue after the Commission's financial support end. The TFRC will continue to participate in the Commission's ongoing strategic planning towards sustaining funding streams towards the continued support of the FRC's. Aspiranet grant writers continually seek to expand resources and develop ways to raise funds. Currently, a Big Lots grant is in the RFP stage. Additional county funders serve to support the FRC expenses. Collaboration with other agencies generates expanded resources for the families in our community. Recently, WIC considered partnering with the TFRC, however, the space wasn't conducive to their needs. TFRC has been awarded the OCAP collaborative grant along with the other FRC's. Aspiranet applied for another CSA grant with the plan to further leverage the TFRC expenses, however, negotiations resulted in CSA declining our bid. Aspiranet will continue to seek out other needed county programs. • TFRC is looking to decrease the cost of overhead by looking for another building. • Our volunteer program has been successful and we plan to increase use of volunteers to include mentoring. TFRC is a Workforce Development site for the CSP program that allows Aspiranet to hire potential employees in their program without any cost to the employer.
2. Continue to focus on completing second FDM assessment with case managed clients.	• While the TFRC has improved engagement strategies, keeping DR families engaged continues to be a "work in progress". Over the past year the training provided by First 5 has made a difference by increasing our SCOARRS percentages in all areas except for DR second FDMs. TFRC staff is being creative in ways to encourage our DR families to participate in further FDM assessments. • Inviting families to events at the Resource Center continues to help families in overcoming barriers to engagement. We will continue to provide smaller monthly events to promote engagement.

WESTSIDE	
2017-2018 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	- Center for Human Services continues to look for programs or grants to support sustainability efforts. Leveraging and collaboration with other partners, as well as developing other strategies, are priorities to ensure identified services continue as the Commission's financial support ends. The Center for Human Service is committed to continue to provide service to the Westside Community as it has done for the past 17 years. - Medi-Cal Administrative Activities (MAA) is an example of unrestricted funds that are available that we are using as a way to leverage the end of financial support for the Westside FRCs.
2. Continue to focus on completing second FDM assessment with case managed clients.	The Westside FRCs are committed to engage families who are in need of case management services. The Family Advocates will focus on the family's needs and not treat them as a number. The Family Advocates will provide regular contact to the families as well as services to help build rapport. Those services will provide concrete support in time of need with the families.

Planned Versus Actual Outputs / Outcomes

Family Resource Centers 18/19 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Parent Resource Center		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide an FDM Assessment to the caregivers of children 0-5 (AC, DR & Non-DR).																
30% children 0-5's caregivers who responded to a contact will receive a second FDM assessment	24%	69 / 284	7%	14 / 211	30%	167 / 548	25%	52 / 212	55%	159 / 291	26%	51 / 194	8%	15 / 194	27%	527 / 1934
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (AC, DR & Non-DR).																
Number of the children 0-5 whose caregivers receive depression screenings.	88		48		470		147		221		137		40		1151	
FRC staff or contracted staff will provide group and individual mental health counseling to caregivers of children 0-5. Improvement will be reported by clinician.																
96% of the children 0-5 whose caregivers receive GROUP counseling will, according to their clinician, indicate improvement with presenting issues	N/A	0/0	N/A	0/0	100%	12/12	100%	23/23	100%	30/30	84%	27/32	N/A	0/0	95%	92/97
80% of the children 0-5 whose caregivers receive INDIVIDUAL counseling will, according to their clinician, indicate improvement with presenting issues	100%	18/18	100%	5/5	100%	3/3	100%	16/16	100%	26/26	81%	42/52	100%	15/15	93%	125/135

Family Resource Centers 18/19 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Parent Resource Center		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide children 0-5, whose caregivers are assessed, with developmental screenings using Ages & Stages Questionnaire (AC, DR, & Non-DR)																
92% of children 0-5 who received literacy services will indicate increased time reading at home with family	100%	89/89	80%	43/54	97%	66/68	100%	82/82	100%	133 / 133	98%	122 / 124	87%	26/30	97%	561/580
97% of children 0-5 will be provided books	100%	89/89	100%	54/54	94%	64/68	100%	82/82	100%	133 / 133	100%	124 / 124	100%	30/30	100%	580/580
75% of children 0-5 whose caregivers receive adult literacy services will self-report an increase in adult literacy skills	100%	89/89	100%	28/28	87%	149 / 172	100%	102 / 102	100%	147 / 147	99%	114 / 115	100%	30/30	96%	659/683

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:

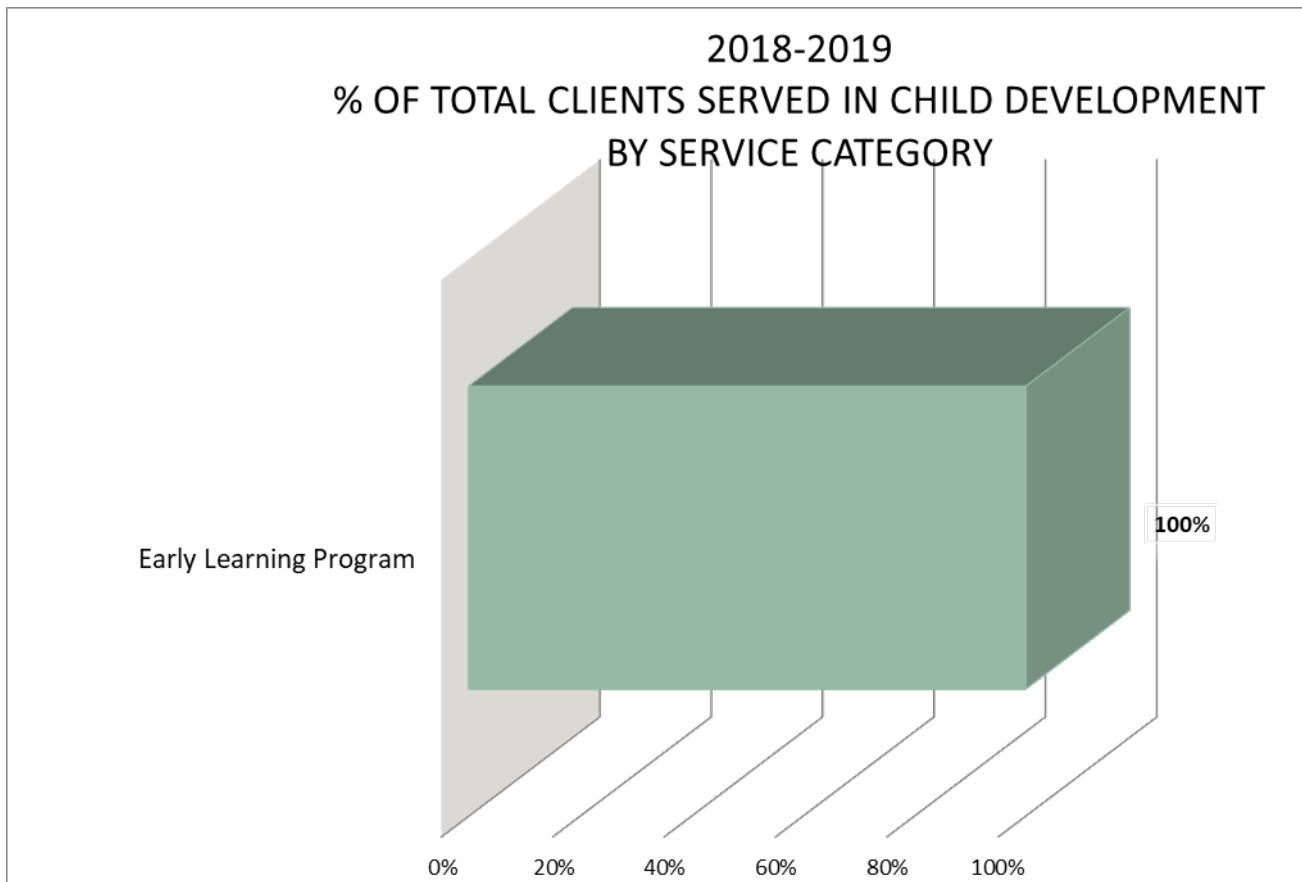
- Work to increase the number of caregivers engaging in parenting education services.
- Work to increase the number of children 0-5 engaging in literacy services.

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 three strategic plan objectives for this result area.

The Kindergarten Readiness programs are categorized under Improved Child Development and comprise less than 1% of the 2018-2019 budget.



Result Area 2 Services and Service Delivery Strategies

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

Desired Result: Children Are Eager and Ready Learners

Objectives:

- *Increase the number of children that are read to daily*
- *Increase access to opportunities for professional growth for Family, Friend, and Neighbor providers*
- *Increase the number of children who are “ready to go” when they enter kindergarten (as measured by the Kindergarten Student Entrance Profile/KSEP)*

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:

- **Early Learning Programs**
Programs of all types (classes, home visits, summer bridge programs) that are designed to support the early learning 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?
• 119 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 • 38% of parents feel comfortable navigating the school system • 34% of parents spend more than 20 minutes a day just talking to their child • 61% of parents have increased knowledge on how they can help their child do well in school		

Kindergarten Readiness Program

Agencies: The School Districts of Keyes Union and Riverbank Unified

Current Contract End Date: June 30, 2019

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 FY 12/13, KRP activities and three other strategies (Pre-Literacy Activities, Interactive Parent-Training Activities, and Screening Children for Behavior Problems) were funded through Core 4. Funding for all strategies except KRP ended on June 30, 2012. The Kindergarten Readiness Program was the only strategy of the four continued and funded starting in 12/13.

The KRP currently operates in 2 school districts:

- Keyes Union School District – Keyes Elementary School (\$10,000 – 40 students)
- Riverbank Unified School District – California Avenue and Mesa Verde Elementary (\$20,000 – 80 students)

The KRP is designed to introduce children to classroom routines and expectations for classroom behavior; engage children in daily activities that promote self-help skills and healthy habits; encourage daily use of oral language skills in the classroom; and promote participation in activities that build fine and gross motor skills. Parents are also encouraged to observe or assist in classes during the final week of camp and encouraged to visit a branch of the Stanislaus County Library to obtain library cards.

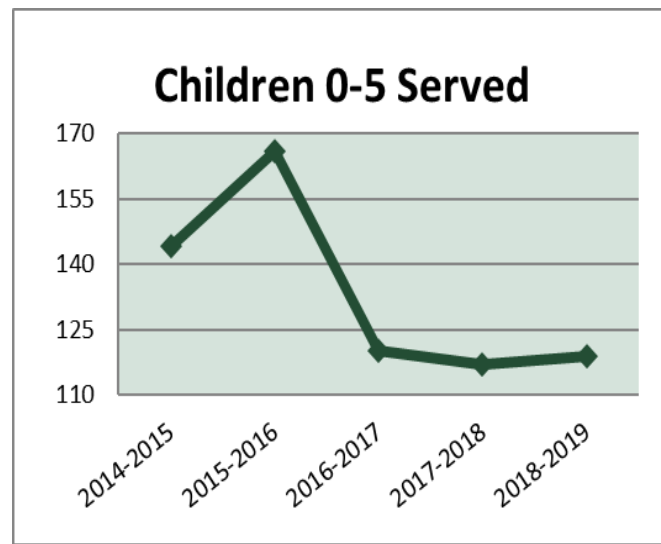
Finances		
Total Award July 1, 2012– June 30, 2019	FY 18/19 Award	Number of Children Served
\$ 258,500	\$28,500	119

PARTICIPANT TYPE		% SERVED
Children		39%
100% 3-5		
Parents/Guardians		61%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	47%
White	10%
Black/African American	-
Asian	7%
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	1%
Other	-
Unknown	34%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	33%
Spanish	27%
Hmong	-
Other	34%
Unknown	6%

Children 0-5 Served Comparison by Fiscal Year



The decrease in number of children served in 16/17 was a result of Patterson Unified declining to participate in the Commission's KRP program in 16/17. The number served has remained steady for the past two fiscal years.

Program Highlights

- Operating characteristics of the Kindergarten Readiness Program include:
 - ✓ A four-week Kindergarten transition camp is operated in the month of June at each school site.
 - ✓ Classes are staffed by at least one credentialed person and an aide (no more than 20 children per classroom).
 - ✓ Intensive instruction is given to children lacking basic Kindergarten skills. Parents are also provided with tools and strategies to address gaps during home instruction.
 - ✓ Two meetings are held for parents to learn about school expectations and the role that parents play in their children's education.
 - ✓ Visits to the school or public library are conducted for children. Parents learn how to use the library.
 - ✓ All KRP sites employ bilingual staff and materials are in both English and Spanish. In addition, each site is designed to meet the cultural needs of that particular community.
- The majority of students served in the KRP program are Hispanic, English-language learners, and socioeconomically disadvantaged. Most have had limited social experiences beyond immediate family and few have any experience in a structured, formalized educational setting.
- With attendance in the Transitional Kindergarten Program rising each year, Kindergarten Readiness Programs have revised their curriculum so there is more of a learning distinction between Kindergarten Readiness and Transitional Kindergarten.
- Leveraging: Riverbank Kindergarten Readiness Programs reported receiving in-kind contributions from their District. Riverbank School District leveraged a total of \$27,574 in cash and in-kind contributions from the District.
- Cultural Competency: Program teachers speak English and Spanish. Parent education classes are conducted in both languages and class materials for parents were in English and Spanish.

- **Collaboration:** Programs collaborate with family resource centers and public libraries in their area, Sierra Vista, Behavioral Health and Recovery Services, Healthy Start, Stanislaus County Office of Education, Healthy Services Agency, CHDP, Migrant Education, Head Start, local health clinics, and their local school district.
- **Sustainability:** Key champions for the programs include school administrators, pre-K centers, PTA's, parents, and social services agencies.

Program Challenges & Recommendations

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

KEYES	
2017-2018 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 unfortunately be discontinued next year. The District is in declining enrollment and will not be able to sustain the program with the Commission's financial support ending.
RIVERBANK	
2017-2018 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 a planning team that helps coordinate the Kinder Camp program. The success of the program is due to the collaborative work effort between staff, kindergarten teachers, administrators, parents and the community. • The June 2019 Kinder Camp program is the last funded program by First 5 Stanislaus. RUSD will sustain this program going forward. The program logistics and funding is currently unknown; however, the program will continue.

Planned Versus Actual Outputs / Outcomes

OUTPUTS / OUTCOMES	Keyes		Riverbank		Total	
	Planned	Actual	Planned	Actual	Planned	Actual
Children served in the Kindergarten Readiness Program	40	39 (98%)	80	80 (100%)	120	119 (99%)
Parents will indicate that they feel comfortable navigating the school system	50%	85% (33/39)	50%	15% (12/80)	50%	38% (45/119)
Parents will indicate that they spend more than 20 minutes a day just talking with their child	50%	85% (33/39)	50%	9% (7/80)	50%	34% (40/119)
Parents will indicate an increase in knowledge on how they can help their child do well in school	50%	82% (32/39)	50%	51% (41/80)	50%	61% (73/119)
Children served will finish the Kindergarten Readiness Program	85%	95% (37/39)	85%	93% (74/80)	85%	93% (111/119)
Children served will show improvement (based on a pre/post evaluations)	No planned outcome	95% (37/39)	No planned outcome	91% (73/80)	No planned outcome	92% (110/119)

Recommendations

Funding for the Kindergarten Readiness Program was not continued for Fiscal Year 2019-2020 as the Commission restructured its budget for alignment with its new 2019-2024 Strategic Plan.

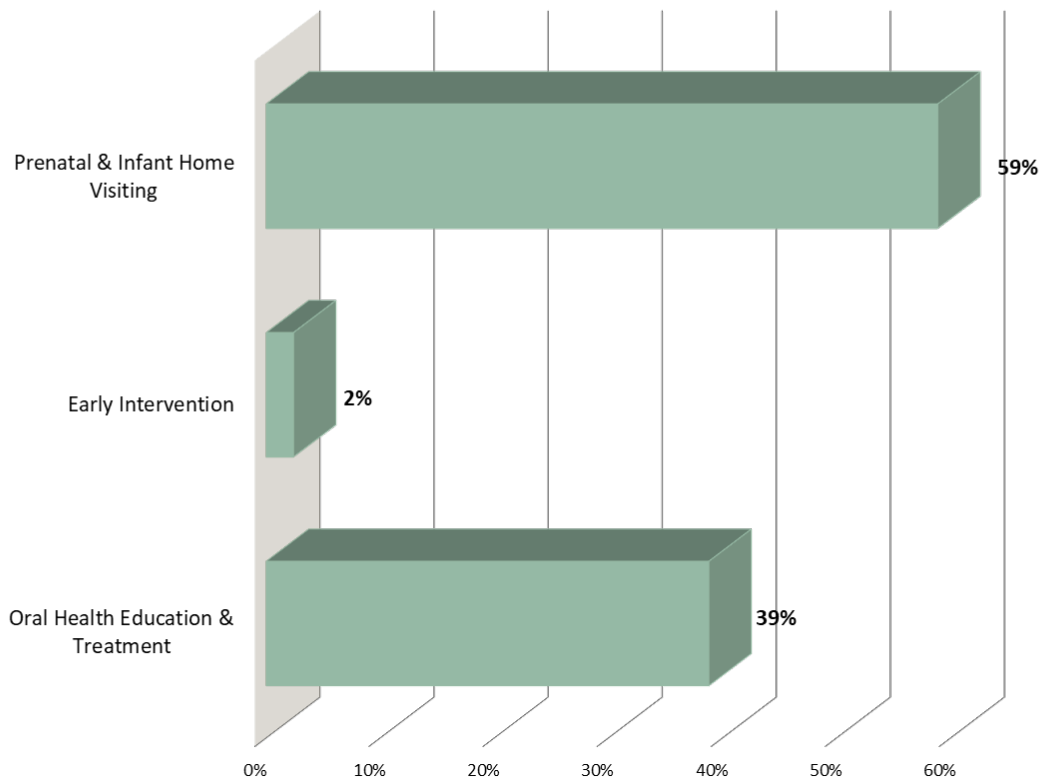
The Commission recognizes all the meaningful work and positive impact the program had on the lives of children 0-5 and their families in the community during its ongoing partnership with the Commission. The Commission thanks you!

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 two objectives for this result area. Three Prop 10 funded programs are categorized under Improved Health, representing 45% of the 2018-2019 budget.

2018-2019
% OF TOTAL CLIENTS SERVED IN CHILD HEALTH
BY SERVICE CATEGORY



Result Area 3 Services and Service Delivery Strategies

The services provided in Result Area 3 continue to promote optimal health for children 0-5 in Stanislaus County. The Improved Health Result Area remains a very important component in the Commission's strategic plan.

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

Desired Result: Children Are Born Healthy and Stay Healthy

Objectives:

- *Increase the number of healthy births*
 - *Increase the number of pregnant women and teens who receive prenatal care*
 - *Maintain infant mortality rates below state levels*
 - *Decrease the number of low birth weight babies*
 - *Decrease the percentage of women who smoke during pregnancy*
- *Increase children's access to and utilization of health insurance benefits*

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":

- ***Prenatal and Infant Home Visiting***

Home visiting is a primary service delivery strategy for inter-generational family-centered supports. Home visiting services are provided in the home by qualified professionals with parents, prenatally and/or with children birth to age three. These voluntary programs tailor services to meet the needs of individual families and offer information, guidance, and support directly in the home environment. While home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, early intervention, and early learning supports for young children and their families. Their visits focus on linking pregnant women with prenatal care, promoting strong parent-child attachment, and coaching parents on learning activities that foster their child's development and supporting families during the pivotal window of pregnancy through early childhood.

- ***Early Intervention***

Programs are designed to provide screening, assessment, and diagnostic services, including referrals or follow-up to needed services, including early intervention or intensive services to children with disabilities and other special needs, or at-risk for special needs. Services may include strategies targeting language and communication skills, social and emotional development, developmental delays, and related parent education. Mental Health Consultations in Early Care Education settings may also be provided.

- ***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.

The services are offered by a variety of providers, including public health nurses, FRC family service providers and mental health clinicians. 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?
• 1,575 children 0-5 received services that focused on improved health • 334 pregnant women received prenatal care • 334 women (who were pregnant for the first time) participated in pregnancy support groups • 597 home visits were made to at-risk pregnant women • Caregivers of 716 children participated in health, nutrition, or safety programs		
Children are Receiving Oral Health Care • 397 children 0-5 received fluoride varnish Children and Parents Have Knowledge and Tools for Better Oral Health • 646 children received oral health instructions, educational materials, and toothbrushes and demonstrated brushing techniques • 178 parents received oral health instructions, educational materials, and toothbrushes Infants are Being Born Healthy • 82% of the infants born to participants in a healthy birth program (130/158) were born term • 89% of the infants born to participants in a healthy birth program (141/158) were born with a healthy weight (between 5 lbs. 5 oz. and 8 lbs. 13 oz.) • 92% of the mothers in a healthy birth program (145/158) initiated breastfeeding Pregnant Women in a Healthy Birth Program Have Increased Knowledge and Make Positive Health Decisions for Themselves and Babies • 99% of the infants (103/104) were up-to-date on immunizations at one year and 100% had health insurance (99/99) • 95% of participants (1,663/1,748 - duplicated) report making positive changes based on health, nutrition, and safety classes • 100% of case managed families (21/21) reported making positive changes for themselves or children Mental Health Access and Improvements • 100% of parents whose children participated in mental health services (8/8) reported a reduction in their child's mental health symptoms and improvements in child functioning • 23 early education sites received 770 hours of mental health consultation and training • 100% of early education providers (7/7) reported improved skills and confidence in working with difficult children after receiving mental health consultation		

Dental Disease Prevention Education

Agency: Health Services Agency
Current Contract End Date: June 30, 2019

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 four components: 1) providing comprehensive dental disease prevention education to children, parents, and community based organization (CBO) employees; 2) providing oral health screenings and applying fluoride varnish to children 0-5; 3) assisting with the establishment of dental/medical homes for children 0-5; 4) coordinating the applications of fluoride varnish at clinics.

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

Children –The causes, processes, and effects of oral disease; plaque control (how to brush correctly, etc.); nutrition; and preparation for visiting the dentist. Children receiving fluoride application receive a dental supply bag with: toothbrush, tooth cover, toothpaste, timer, dental floss and stickers.

Parents – The causes, process, and effects of oral disease; plaque control; nutrition; use of preventive dental agents, including fluoride; the need for regular dental care and preparation for visiting the dentist; tobacco cessation; and dental injury prevention. Each family also receives a toothbrush, and educational pamphlets.

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

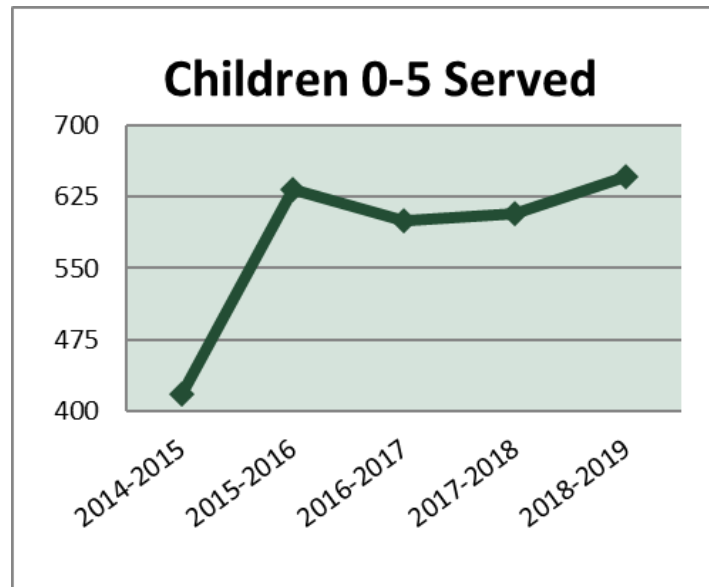
Finances		
Total Award October 27, 2009 – June 30, 2019	FY 18/19 Award	Number of Children Served
\$210,000	\$20,000	646

PARTICIPANT TYPE	% SERVED
Children	78%
13% <3; 87% 3-5	
Parents/Guardians	21%
Other Family	1%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	72%
White	15%
Black/African American	3%
Asian	2%
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	3%
Other	4%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	23%
Spanish	70%
Hmong	-
Other	7%
Unknown	-

Children 0-5 Served Comparison by Fiscal Year



In 15/16 the program hired an additional staff person to increase the program's capacity to serve clients and services provided has remained relatively stable. The program saw an additional increase in children served in 18/19 due to increased outreach efforts.

Program Highlights

- The program is comprised of four components:
 - 1) Providing comprehensive dental disease prevention education to children, parents, and CBO employees
 - 2) Providing oral health screenings and applying fluoride varnish to children 0-5
 - 3) Assisting with the establishment of dental/medical homes for children 0-5
 - 4) Coordinating the applications of fluoride varnish at clinics
- 32 staff members from Kindergarten Readiness sites, Healthy Starts, and Family Resource Centers, and other CBOs received oral health in-services. These education sessions provided information on how to conduct children and parent oral health education sessions as well as how to apply fluoride varnish application. Each participating site was provided with an oral health tool kit which included: 1 dental puppet, 1 Potter the Otter dental book, and fluoride varnish application supplies for at least 15 applications.
- 646 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.
- 178 parents from all sites received oral health education and resources (including a list of local dental care providers). Additionally, parents received toothbrushes.
- 397 children 0-5 received fluoride varnish applications and a dental supply bag with: toothbrush, tooth cover, toothpaste, timer, dental floss and stickers.
- Leveraging: The program reported leveraging \$10,000 of Local Oral Health Program funds from the California Department of Public Health, Office of Oral Health.
- Cultural Competency: The program is taught in both English and Spanish using multiple learning modalities including: auditory, written and visual aids. All educational materials and handouts are offered in both English and Spanish. Additionally, the health educator is fluent in both English and Spanish. The program developed and utilizes a feedback survey in both English and Spanish. Additionally, universally understood visual aids are incorporated into presentations.

- **Collaboration:** Program staff collaborates with child health services/programs within the Health Services Agency such as Child Health Disability Prevention (CHDP), Women Infants and Children (WIC), Maternal Child Adolescent Health (MCAH) and Healthy Birth Outcomes (HBO). The program also collaborates and coordinates with Kindergarten Readiness Program sites, Healthy Starts, Family Resource Centers, and Promotoras programs.
- **Sustainability:** Several of the program's strategies will be sustained by the Local Oral Health Program (LOHP) which is funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) through the California Department of Public Health, Office of Oral Health. Additionally, the program will continue the collaborative partnerships established through the formation and convening of the Stanislaus County Oral Health Advisory Committee. When possible the LOHP will continue to leverage resources and funding to increase in the reach, impact and sustainability of the First 5 Dental Disease Prevention Program.

Prior Year Recommendations

2017-2018 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.	• Resources from the Local Oral Health Program were leveraged to provide a train-the-trainer model workshop that offered comprehensive oral health training. The training included information on how to conduct children and parent oral health education sessions, as well as how to apply fluoride varnish application. Each site was provided an oral health toolkit that included: 1 dental puppet, 1 Potter the Otter dental book and fluoride varnish application supplies to support at least 15 applications. Approximately 24 attendees from 16 targeted sites were trained and received fluoride varnish application certification. This training is intended to increase the reach, impact and sustainability of the First 5 Dental Disease Prevention Program.
2. Work with partners to develop strategies to scale services to more children 0-5 and their caregivers.	• In addition to the Dental Disease Prevention Program targeted site partners, staff also worked with the Women, Infants and Children WIC Program to increase services offered to children 0-5 and their caregivers. In 2020 WIC sites will begin to offer "dental days" that will consist of parent and child education and fluoride varnish applications. • The Local Oral Health Program funds were leveraged to increase services and resources for the shared target population through the Local Oral Health Advisory Committee.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Targeted Healthy Start and FRC sites receive oral health in-service as requested	No planned outcome	24 sites
Targeted Kindergarten Readiness and Healthy Start sites receive oral health instructional visits for students	13	15 (646 students)
Targeted Kindergarten Readiness and Healthy Start sites receive oral health instructional visits for parents	13	17 (178 parents)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive fluoride varnish application for students	23	15 (397 students)
Dental Disease Prevention staff provide dental health education at health fairs and other community events	No planned outcome	980 people

Recommendations

Funding for the Dental Disease Prevention Education Program was not continued for Fiscal Year 2019-2020 as the Commission restructured its budget for alignment with its new 2019-2024 Strategic Plan.

The Commission recognizes all the meaningful work and positive impact the program had on the lives of children 0-5 and their families in the community during its ongoing partnership with the Commission. The Commission thanks you!

Healthy Birth Outcomes (HBO)

Agency: Health Services Agency
Current Contract End Date: June 30, 2019

Program Description

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

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

Women who are less than 28 weeks pregnant and are at highest risk due to medical issues, behavioral health, domestic violence, or other psycho-social stressors impacting their pregnancies, can receive intensive case management services by a multidisciplinary team of public health nurses, community health workers, and a social worker. Referrals for case management services can come from any entity who feels the pregnant woman could benefit from additional help to deliver a healthy infant.

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

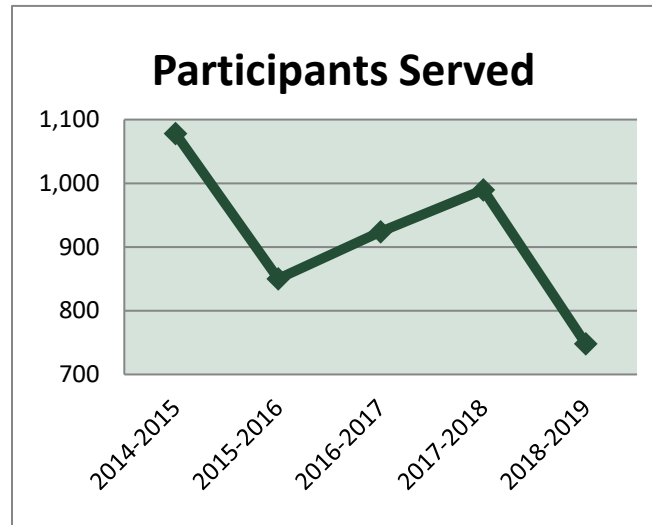
Finances		
Total Award September 1, 2003 – June 30, 2019	FY 18/19 Award	Number of Participants Served
\$20,138,004	\$1,071,328	748

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

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	83%
White	11%
Black/African American	2%
Asian	1%
Alaska Native / American Indian	-
Pacific Islander	-
Multiracial	-
Other	3%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	45%
Spanish	46%
Hmong	-
Other	9%
Unknown	-

Participants Served Comparison by Fiscal Year



In 15/16 the numbers served decreased due to participation decreases at each of the ten program sites. HSA has worked with the sites to increase outreach efforts and the number of participants served has increase since 16/17. Unfortunately, several sites struggled to meet their enrollment number for 18/19 and this resulted in the decline in participants served. In addition, the program had a reduction in funding for 18/19 that impacted staffing for the home visiting component of the program. As a result staff were not able to serve as many clients.

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.
- 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.
- 475 support sessions were held at ten community sites and 334 new pregnant women joined the program. 99% of mothers who completed satisfaction surveys stated that the groups met their needs.
- Several sites struggled to bring in 40 new pregnant women (Turlock-16, Newman-21, Hughson-23, North Modesto-35, Grayson/Westley-9/20). The other sites met or exceeded their contracted amount of enrolling new pregnant women into their HBO group.
- Congenital Syphilis and homelessness continue to be concerns for pregnant women in the County. Public Health staff are providing outreach and case management services to these populations.
- More than 76% of new pregnant mothers joining the ten HBO pregnancy support groups were in their first or second trimester on entry. Women are joining groups earlier in their pregnancies, which gives these mothers more time to learn self-care and receive support during the prenatal period, thereby improving their odds of having healthy babies.
- More than 76% of participants indicated an increase in knowledge resulting from attending health education classes and 95% reported making changes in how they cared for themselves or their children as a result of information they gained in their HBO class.
- Leveraging: In 2018-2019, the HBO program drew down \$228,690 in Federal matching funds.
- Cultural Competency: Classes are presented in English and Spanish, and the community component has Spanish speakers available for class presentations. Interpreters from the HSA volunteer program and HSA staff assist case management staff when they conduct home visits with Spanish speaking clients. Program materials are in Spanish and English, the two main languages used by program participants.

- **Collaboration:** HBO continues to collaborate with Stanislaus County Community Services Agency (CSA) on the Shaken Baby prevention outreach. HBO covered the dangers and consequences of shaking a baby at HBO support groups as well as collecting data for CSA. There continues to be increased collaboration with the Public Health HIV/STD program, specifically focusing on Congenital Syphilis. HBO case managers conducted more intensive outreach to women with infections and assisted them in accessing treatment.
- **Sustainability:** Key Champions for the program include the MCAH Advisory Board, Stanislaus Health Foundation, and the family resource centers. Strategic partnerships have been established with WIC, SCOE, March of Dimes, and the Child Lead Poisoning Prevention Program. To continue case management services to high risk pregnant women, Maternal Child and Adolescent Health / Family Health Services is looking to revamp the high-risk maternal child program to assist with the referrals that HBO case managers will not be able to serve. Health Services Agency will be starting a new program with the FRCs and PH, engaging and working with substance abusing women funded through a grant from the Office of Child Abuse and Prevention. The case management portion of HBO continues to utilize Commission funding to bring in Federal funding to support programs.

Prior Year Recommendations

2017-2018 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 leverage funds via Targeted Case Management (TCM) for those cases that meet the qualifications for billing. • We continue to seek funding for services to high risk pregnant women in our community. We have recently been awarded a grant from the Office of Child Abuse Prevention to engage with substance abusing women.
2. Work to increase the percentage of case managed clients who indicate a need for mental health services are referred for services	• Seven out of nine client who reported behavior health issues received a referral or continue in mental health services in the year. • We have started mental health counseling in the home for client's that have limited transportation or those that are high risk not receiving services.
3. Work to increase the percentage of case managed client who self-report behavioral health issues at time of intake received referrals for mental health services.	• 78% of the clients self-reported behavioral health issues in the year were referred for services or continue to receive mental health services.

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%	99% (213/216)
Women receiving case management services recommend the service to others	85%	100% (21/21)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	76% (1,328/1,748) (not a unique count)
Participants report having made changes based on what they learned in classes	60%	95% (1,663/1,748) (not a unique count)
Case managed clients report having made self-care behavior changes for themselves and/or children based on case management services	60%	100% (21/21)
Clients score 36 or greater on Caldwell HOME score (measurement of adequate environment for learning, implementing parental interventions, and change)	70%	50% (3/6)
Clients score 55 or greater on NCAST FEED (measurement of reciprocal behaviors between a mother and her child during the first 12 months)	70%	67% (8/12)
Clients score 50 or greater on the NCAST TEACH (measurement of caregiver-child interactions and communication)	70%	88% (7/8)
Participants deliver term infants	90%	82% (130/158)
Participants deliver infants weighing at least 5 lbs. 5 oz. and no more than 8 lbs. 13 oz.	90%	89% (141/158)
Participants initiate breastfeeding	50%	92% (145/158)
Participants breastfeed for at least 6 months	30%	84% (169/202)
Infants at one year of age have up-to-date immunizations	85%	99% (103/104)
Infants at one year of age have health insurance	85%	100% (99/99)
Clients admitting to substance use initiate treatment program	40%	33% (4/14)
Case managed women discontinue smoking during pregnancy	25%	50% (3/6)
Case managed clients who indicate a need for mental health services are referred	90%	78% (28/36)
Case managed clients who self-report behavioral health issues at time of intake receive referrals to mental health services	90%	86% (19/22)
Perinatal providers are reached to increase awareness of services available to pregnant/parenting women	20	36

Recommendations

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

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

Agency: Stanislaus County Behavioral Health and Recovery Services

Current Contract End Date: June 30, 2019

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 caregivers. 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 caregivers, community partners and teachers.

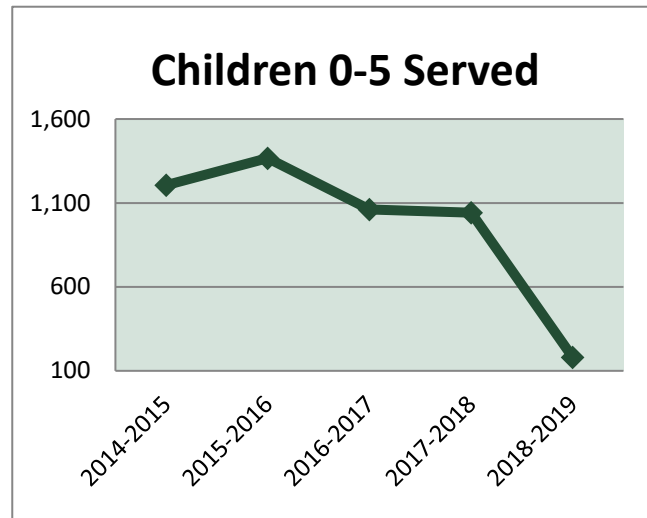
Finances			
Total Award March 1, 2002 – June 30, 2019	FY 18/19 Award	Number of Children Served (includes parent ed.)	Service Hour Provided
\$21,462,585	\$1,218,407	181	2,783

PARTICIPANT TYPE		% SERVED
Children	46% <35	47%
Parents/Guardians	54% 3-5	53%
Other Family		-

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	63%
White	27%
Black/African American	4%
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	3%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	65%
Spanish	35%
Hmong	-
Other	-
Unknown	-

Children 0-5 Served Comparison by Fiscal Year



The decline in children 0-5 served starting in 14/15 is a result of the program's continued difficulty with maintaining a full staff. The program has had issues with staff turnover as other agencies offer more competitive pay, especially for clinicians. In 18/19 the program's budget was reduced by 20% as part of First 5's strategy to develop a balanced budget and the program's outcomes were reduced to align with the lower funding. The program ultimately decided to end its contract during the third quarter of 18/19. This combined with the reduced funded resulted in a significantly lower number of children being served.

Program Highlights

- The target population of 0-5 EIP continues to be those children and families challenged by:
 - ✓ Poverty and Social Isolation
 - ✓ Traumatic Events
 - ✓ Placement in Foster Care
 - ✓ The Stigma Associated with Mental Health
 - ✓ Substance Abuse and Addiction
 - ✓ Domestic Violence
 - ✓ Drug Exposure in Utero
 - ✓ Medical Issues and Chronic Health Conditions, Including Developmental Delays
 - ✓ Learning Disabilities and Developmental Delays
 - ✓ Relatives as Primary Caregivers
 - ✓ Child Abuse and Neglect
 - ✓ Single Parent Homes
- The number of planned hours of service was met in one of four tracked areas. The number of planned clients and sites was met in one of the four track areas. The reduced number of service hours and numbers served was due to staffing vacancies that resulted in the program ending during the third quarter of the fiscal year.

Service	Planned Hours	Actual Hours
Outpatient Mental Health Services	200	196
Parenting	75	117
Prevention and Community Based Services	3,000	1,603
Consultation	1,500	867
Planned Total Hours	4,775	2,783

Service	Planned Child Clients	Actual Child Clients
Outpatient Mental Health Services	20	24
Parenting	50	39
Prevention	180	128
Consultation	50 Sites	23 sites
Planned Total Clients/Sites	250 Clients 50 Sites	191 Clients 23 Sites

- Services are provided at a community level and participants reflect the ethnic distribution of the county. Staff members are multi-cultural. Services to children and families include direct observation, case management, linkage to other services, on-site observation, parenting groups, and in-home support services.
- Clinicians and Case Managers provided preventative mental health services by regularly attending parent groups at the Airport Parent Resource Center, presentations with local organizations and groups and Promotoras meetings and events. These events provided 0-5 EIP with opportunities to support and educate parents and to share information about community resources and other assistance to address any questions or concerns presented by parents.
- Overall, 0-5 EIP sees so many families that are impacted by the traumas of their lives, many only needing some education and peer support; but others needing a whole team of mental health providers to help them process and overcome their traumas. The program continues to see families impacted by immigration issues, custody issues as well as traumatized adults raising children.
- Leveraging: In 2018-2019, the program received \$21,770 directly from local government sources.
- Cultural Competency: The 0-5 EIP strives for cultural sensitivity towards the families they serve, their partners and the community as a whole. The ability to be sensitive to culture is crucial in the work that the program does; families must trust 0-5 EIP staff and the work that they are doing. Staffs are regularly trained in cultural sensitivity.
- Collaboration: 0-5 EIP has grown collaborative partnerships within the community. 0-5 EIP recognizes it is able to provide richer services to the community when it's able to partner with other community agencies in servicing the 0-5 community. Collaborations include working with Children's Crisis Center, Family Resource Centers, Family Justice Center, Community Services Agency - Child Welfare and Child and Family Services, Health Services Agency, school districts, Valley Mountain Regional Center, and local substance abuse programs.
- Sustainability: The program is able to continue to provide mental health and case management services to those children and families covered by Medi-cal.

Prior Year Recommendations

2017-2018 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.	• Continued mental health and case management services will be provided to the 0-5 community by Leaps & Bounds and Sierra Vista's Early Intervention Program.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Parents report a reduction in their child's mental health symptoms and improvements in child functioning	75%	100% (8/8)
Clinical staff report improvements in participating children as measured by symptom checklists and improvement noted in client care plans	75%	90% (9/10)
Children 0-5 who are assessed have caregivers who receive depression screenings	65%	100% (10/10)
Participating parents report improvements in their relationship with their child	75%	100% (8/8)
Parents report a reduction of stress and risk factors	75%	100% (8/8)
Clinical staff report reductions in risk factors for participating families	70%	100% (8/8)
FRC staff report satisfaction with consultation and referral services provided by program	70%	100% (2/2)
Day care providers report improved skills and confidence in working with difficult children as a result of mental health consultation	80%	100% (7/7)
Providers report positive skill gains for training programs provided	80%	100% (7/7)
Providers report satisfaction with mental health consultation services	80%	100% (7/7)

Recommendations

Funding for the Zero to Five Early Intervention Partnership program was not continued for Fiscal Year 2019-2020 as the Commission restructured its budget for alignment with its new 2019-2024 Strategic Plan. Behavioral Health and Recovery Services did a phased reduction of program services resulting in closure of the program during the third quarter of Fiscal Year 2018-2019.

The Commission recognizes all the meaningful work and positive impact the program had on the lives of children 0-5 and their families in the community during its ongoing partnership with the Commission. The Commission thanks you!

Result Area 4: Improved Systems of Care/Sustainable Systems

Description

Programs and services funded specifically to improve coordination, leveraging, collaboration, or utilization of resources are to be categorized in Result Area 4, along with their outcomes. While the Commission doesn't have contracts to report under Result Area 4, it has expenditures which support and nurture widespread and overarching collaboration, coordination, and leveraging.

The percentage of the budget represented by the Result Area Improved Systems of Care/Sustainable Systems had consistently been 1%. In 2017-2018, due to State reporting changes that resulted in contracted funds previously reported in this Result Area to be reported in Result Area 1, less than 1% of the Commission's 2018-2019 budget was in Result Area 4. It should be noted, however, that although the budget allocation for this Result Area is relatively low, expenditures that are allocated to "Other Programs" in the Commission's 2018-2019 budget should be considered as contributing to the results in Result Area 4. These include expenditures for community and partner training education, as well as staff time spent supporting and monitoring programs.

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 from prenatal through age five" 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 From Prenatal Through Age Five

Objectives:

- *Increase the funding and/or alignment of funding for a coordinated system of support for children and families*
- *Increase the level of county data integration/alignment of indicators, associated monitoring, and use of data to inform course-correction as needed to improve outcomes for children and families*
- *Increase the knowledge of individuals serving young children about available resources (including professional development) services, and referral opportunities*

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. Commission staff 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 and workshops.

- ***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 FY 18/19, programs leveraged Commission funding both within and outside of Stanislaus County.

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
• 99% of the surveyed attendees (328/330) rated the August 2018 and March 2019 ECE/Provider Conferences as good or excellent • 99% of surveyed attendees (364/367) indicated they would take information they learned at the August 2018 and March 2019 ECE/Provider Conferences and apply it in their family child care home/classroom/center		
<i>Increases in Leveraging Within and Outside of the County</i> <i>Increase in Resources and Community Assets Leveraged Within the County</i> • 79% of the Commission contracted programs (15/19) report leveraging of community resources • A total of over \$2 million was leverage from inside sources in 2018-2019 <i>Increase in resources coming into Stanislaus County, As a Result of Leveraged Dollars</i> • 79% of the Commission contracted programs (15/19) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County • Over \$5.5 million was leverage from outside sources in 2018-2019		

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

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

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