

inkind regulations children sheriff youth partners
 collaborate United Way juvenile court mission
 Crisis Services Partial Hospitalization Early Learning Outpatient Mental Health families
 2011 funders Head Start
 Clermont County Mental Health and Recovery Board Board of Directors programs young adults children's protective services
 Greater Cincinnati Foundation clients
 Job and Family Services
 School Based Mental Health
 certifications Foster Care
 resources operations volunteers parents staff babies schools Training stakeholders police
 finance

Annual Report to the Community



Child Focus, Inc.
Making THE Difference!
www.child-focus.org



EARLY LEARNING

Child Focus Early Learning Programs provide the building blocks for the future success of young children in our community. Our programs are designed to ensure more children are ready to learn and ready to succeed in school. In 2010-2011, Child Focus Early Learning Programs served close to a thousand children ages 0-5. Our educational programs supported young infants, toddlers and preschoolers as well as Kindergarten and school-age children.

FAMILY ENGAGEMENT

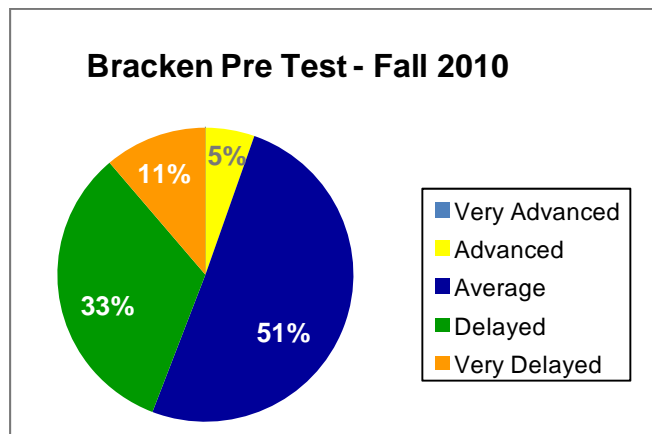
Family Engagement is the cornerstone of Head Start and a crucial component of our early learning programs. Child Focus respects parents as the first and most important teacher, we strive to support family well-being, promote positive parent-child relationship, engage families in transitions, help families establish connections to peers and community, and support families as advocates and learners. In 2010-2011, Parenting Education, followed by Emergency/Crisis intervention and assistance in meeting basic needs of food, clothing and shelter, continued to be the number one need for our families.

A staff of 120 employees delivers high quality early learning services reaching over 1,000 children every year.



SCHOOL READINESS

Research continues to demonstrate the strong link between high quality programs and school success. Positive early learning experiences contribute to later academic success, laying the foundations for socio-emotional growth, literacy and quantitative skills. The goal of Child Focus is to promote school readiness through the delivery of comprehensive high quality early learning experiences designed to equip young children with the skills they will need to succeed. The Bracken measures receptive skills in identifying colors, letters, numbers, sizes and comparisons and shapes. This assessment is believed to provide an indicator of school readiness through a normed scoring system. Below you will find a summary of our accomplishment for school year 2010-2011.



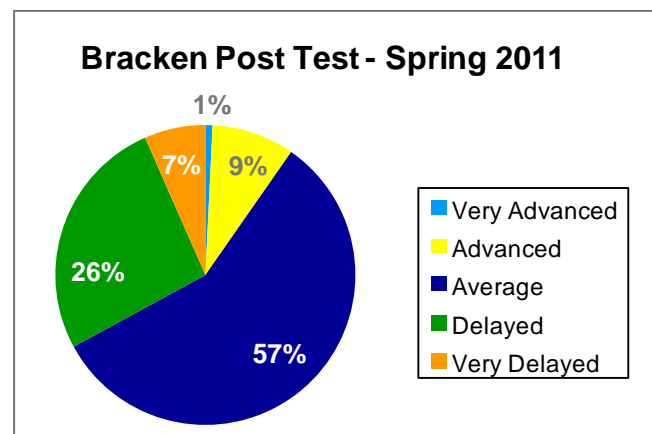
BRACKEN RESULTS– SCHOOL YEAR 2010/2011

The Bracken School Readiness Composite – Receptive (Bracken SRC-R), a kindergarten readiness measurement, is completed with all kindergarten bound children twice each year. This assessment defines what a child knows in five areas:

- Color recognition
- Letter Recognition
- Number Recognition and Counting
- Sizes and Comparisons
- Shapes

During the 2010-2011 school year, the Bracken assessment was completed with 224 children in the fall and 260 children in the spring. Analysis of Bracken baseline data shows that 44% of our children were in the Delayed or Very Delayed category in the fall.

The spring Bracken assessment data highlights the progress children are making in these kindergarten readiness skill areas. In spring, the children in the Delayed and Very Delayed categories dropped to 33%, just two thirds of the children originally found in this category. Also, a full 10% of children are in the Advanced and Very Advanced categories, up from only 5% in the fall. Most children are in the average category, indicating a readiness for kindergarten academic skills, with 67% being measured at either Average or Above Average.



HEALTH INDICATORS

We recognize optimal health is imperative to children's success. In partnership with parents we strive to promote optimal health, ensure children have ongoing access to health care and meet the specific health needs of children. As a result of our focus on health:

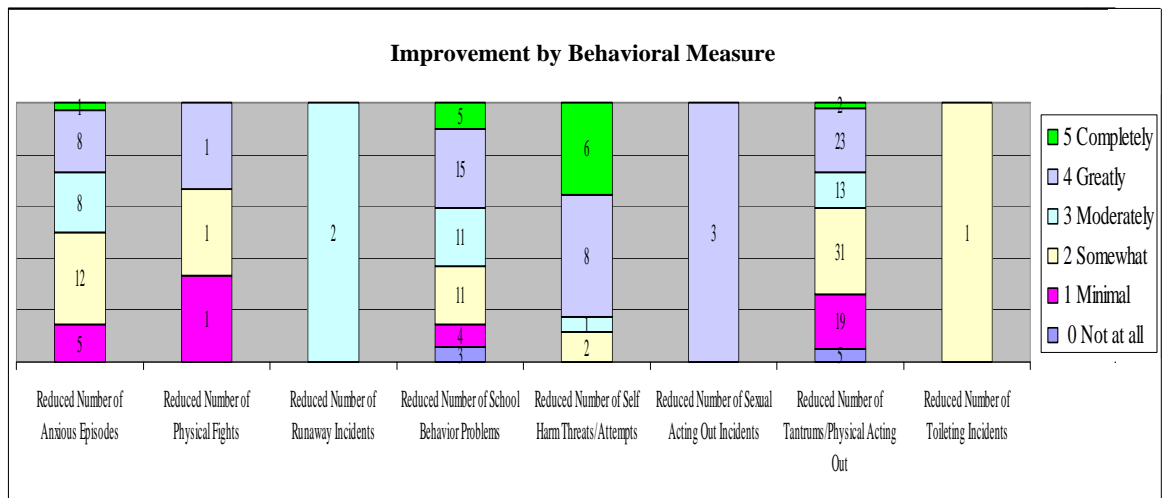
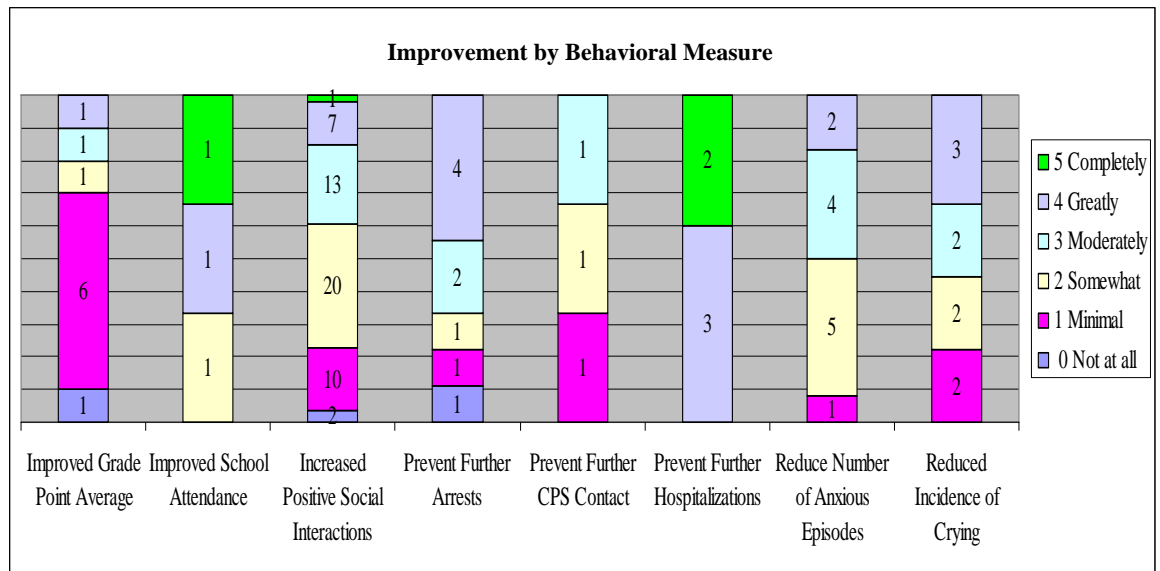
- 45 children were assisted to obtain health care coverage
- 43 children were assisted to establish a medical home
- 34 children were identified with vision deficits and received eyeglasses
- 5 children were treated for mild to moderate hearing loss
- 82 children with health conditions and/or dietary restrictions requiring specific care were served, plans of care written, and staff trained to meet those needs
- 127 children were assisted to establish a dental home
- 119 children received needed dental treatment
- 27 past due on immunizations at enrollment received needed vaccinations

Outpatient Mental Health

Group Treatment
Dealing with loss
Managing stress
Partial Hospitalization
Psychiatric Services
Family Stability
Changing behavior
Diagnostics
Therapeutic Support
Moving from victim to survivor
Making better choices
Counseling
Clermont County Crisis Hotline
Building on strengths
Coping with change
Crisis Services
Telling my story

IMPROVING BEHAVIOR

Upon intake, parents and guardians are asked to indicate one measurable behavior or event that they wish to see less of or more of. Each April and October all active clients complete follow up outcomes. They are reminded of the choices they selected upon intake. The follow form asks the parent/guardian to indicate whether the indicator they chose has improved or been prevented completely, greatly, moderately, somewhat, minimally, or not at all. By measurable behavior, the rate of improvement reported is reflected in the graphs. Child Focus provides mental health services that parents and caregivers report are helpful and informative, as well as provide meaningful information, such as how to implement treatment recommendations in the home and educational settings. Behavioral indicators and additional service outcomes are from the first half of the 2011 calendar year.



ADDITIONAL SERVICE OUTCOMES

93% of parents with children in **partial hospitalization** indicated improvement in their child's identified behavioral indicator.

95% of parents utilizing **crisis intervention services** reported that they felt more in control following the service. The average amount of improvement reported is 20% or 2 points on a 5 point likert scale.

100 % of parents receiving **therapeutic support services** reported the service was effective with a score of 8 or higher on a 10 point scale.

100% of parents receiving **juvenile court home-based services** reported the service was helpful and effective with services through the telephone survey.

100% of Parents and Guardians report that their question or concern about their child was answered through the **diagnostic process** and that that the evaluation provided them with new and useful information about their child's strengths and difficulties.



In the first half of the calendar year, 80% of parents enrolled in Outpatient Mental Health reported “somewhat” to “complete” improvement in their child’s identified behavioral difficulty.

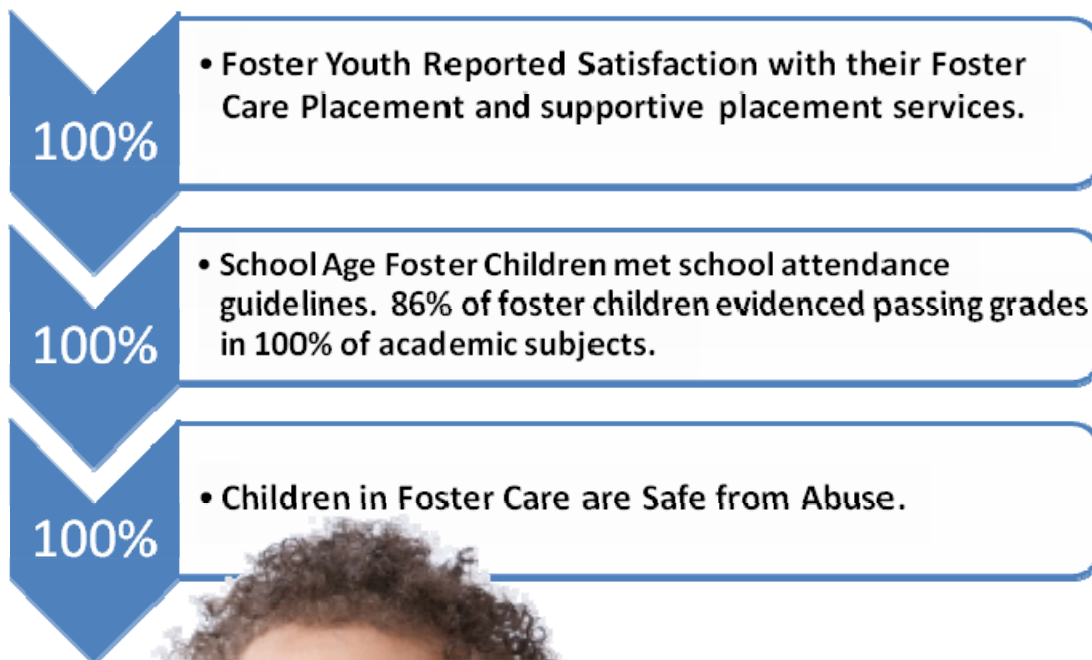
Life Skills Managing stress Open your home

Out of Home Care

Changing behavior Making better choices Being safe
 Telling my story Moving from victim to survivor
 Independent Living Caring foster parents
 Dealing with loss Family Stability Building on strengths
 Foster Care Coping with change
 Be a foster parent
 Loving home

KEEPING CHILDREN IN FOSTER CARE SAFE & HEALTHY

Children placed in Child Focus, Inc. Foster Care benefit from placement stability and continuity of care. Agency foster caregivers are adequately screened, trained and supported to provide care to children placed. Moreover, program staff effectively match the children and families according to the caregivers preferences and ability to meet the needs of the child. Child Focus, Inc. foster care provides consistent, stable out of home care for children who are unable to live with their biological parents. 2010-2011 outcomes are below.



School Based Mental Health

Prevention
Changing behavior
Managing stress
Making better choices
Building on strengths
Crisis Services
Therapy
Telling my story
Therapeutic Support
Dealing with loss
Teacher Consultation
Crisis Intervention
Group

REMOVING BARRIERS TO LEARNING

School-Based services are designed to promote positive mental health, provide early identification of psychological and social problems to reduce non-cognitive barriers to learning, and reduce the risk factors associated with school failure. Specialists work with students and their families to develop effective coping skills, reduce problem behavior and achieve school success. The levels of service provided in the schools include: prevention, consultation, Community Psychiatric Supportive Treatment (CPST) which is commonly referred to as Case Management, and crisis intervention. Outcomes below are from the 2010-2011 school year.

93% of all students served indicated that they were **making or maintaining progress** toward individual goals.

95% of school staff surveyed indicated that they agree or strongly agree with the statement, "School-Based Mental Health Staff **are needed in this school.**"

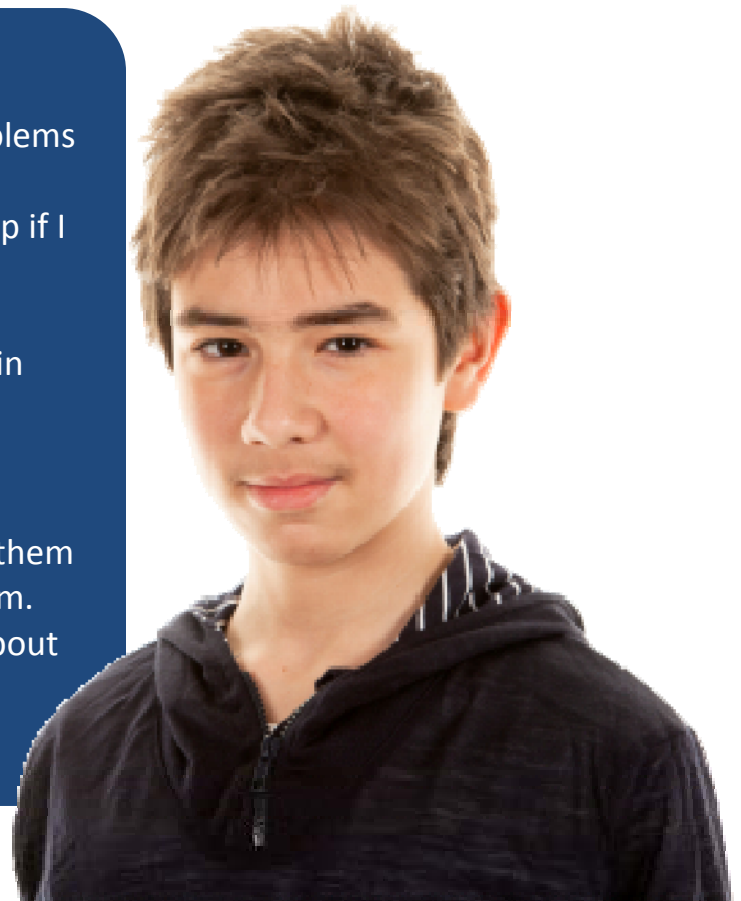
95% of the school staff surveyed indicated that they agree or strongly agree to the statement, "**I would recommend School-Based Mental Health services** to other schools and teachers."

Student Quotes:

- I have the ability to manage my problems when they arise.
- I would tell other students to get help if I thought they needed it.
- I am successful at school.
- I am able to show people how I feel in ways that don't get me in trouble.

Teacher Quotes

- The students learned skills and used them to be more successful in the classroom.
- I have received positive comments about School-Based staff's impact on the students.





AUDIT

The final audit report for Fiscal Year ending June 30, 2011 was conducted in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained the Government Auditing Standards, issued by the Controller General of the United States; and OMB Circular A-133. The audit did not contain any non-compliances, any questioned costs, any instances of non-compliance with any funding sources, or reveal any material weaknesses in the agency’s internal control system.

Child Focus Inc.
 Statement of Activities
 Year Ended June 30, 2011

Support:	
Federal grants	3,601,614
State subsidies	1,507,863
Title XIX and other federal funds	2,269,438
School District contracts	186,246
Therapeutic Foster Care funds	821,584
Early Head Start	995,611
In kind program revenue	422,057
United Way	237,353
Contributions	49,056
Revenue:	
Day care funds	491,402
Fees:	
Self Pay	54,645
Agency	232,464
Miscellaneous income	179,383
Special events less expenses of \$14,649	4,761
Child/Adult Care Food Program reimbursement	221,166
Homebased Intervention	253,630
Ohio Children’s Trust Fund	62,643
Day Treatment	288,671
Interest income	131,308
Rental Income	52,906
Unrealized gain on investment	1,339
Gain on sale of property and equipment	13,617
Release from restrictions	-
Total support and revenue	12,147,882
Expenses:	
Program services	10,505,513
Management and general	1,841,435
Fundraising	13,429
Change in net assets	(212,495)
Net assets, beginning of year	6,874,923
Net assets, end of year	6,662,428



volunteers
 Foster Care
 certifications
 Partial Hospitalization Training inkind
 School Based Mental Health operations
The Mission
 Outpatient Mental Health Board of Directors
 Early Learning staff regulations
 outcomes Crisis Services programs
 resources finance funders

The Mission of Child Focus, Inc.
 is to join with communities
 in strengthening families
 and improving the quality of life
 for children.



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