

Impact Report 2015-2016

"Building community one family at a time, through compassion, advocacy and comprehensive model services, fostering self-sufficiency and sustainable impacts."

Family Service Association



Our Mission:

Building community one family at a time, through compassion, advocacy and comprehensive model services, fostering self-sufficiency and sustainable impacts

Our Motto: Family Strength is Community Strength

Family Service Association



The vision that guides FSA's efforts to accomplish its mission is that of an agency making a difference in the world by strengthening both families and individuals, and creating a strong and vibrant society. Our motto "Family Strength is Community Strength," represents our vision of helping people to build caring communities, strengthen families, and improve lives. Since 1953, FSA has been serving low-income, ethnic minority families that lack the resources of many of their middle-class counterparts. Current agency services include Mental Health, Community/Senior Centers, Child Development, Senior Nutrition, Senior/Affordable Housing, Mobile Fresh (our "grocery store on wheels"), and also our HOPE Collaborative, which is the designated Child Abuse Prevention Council for Riverside County. These services impact over **22,581 individuals annually**, and are designed to meet current and emerging needs in over **40 program sites** where FSA operates in the Inland Empire of Southern California (Riverside and San Bernardino Counties). As one of the largest multi-service agencies in the region, FSA currently has **380 employees**, and has utilized over **2,533 volunteers** during this fiscal year, all helping to deliver quality programs and services. FSA has been accredited since 2002 by the Council on Accreditation (a non-profit accreditor of human services since 1977), attesting to its programmatic and administrative capacity.

Over the Past Year



Over the past year our actions positively impacted **22,581** people through our wide variety of programs from Child Development to our Clinical services. Here at Family Service Association we commit to positive change in the community and we are able to do this through our programs and services. Of course, none of this would be possible without the help of our generous volunteers, who in the past year contributed **95,197** hours of service. With the help of our staff and volunteers FSA has provided **2,970,079** service contacts. FSA's services are community based, highly accessible, serving the highest need populations and communities. To maintain the operation of our services and sites Family Service Association utilizes a blend of government contracts, grants, foundation support, contributions, fundraising, service fees and other contributions with a total operating budget of over **22 million**.

Programs Highlighted This Year



FSA works to solve the most pressing problems in Riverside and San Bernardino Counties by building collaborations among businesses, non-profits, funders, volunteers and the public sector, working to identify needs and in return develop programs that are asset based, responsive and deliver measurable results.

Data tracking and program evaluations allows FSA and its many community partners, funders and other supporters to see the impact of our efforts in the goals and outcomes in its programs and services. Through assessment and our continuous quality improvement (CQI) system, the CQI team chose to highlight: Critical Needs, Senior Nutrition, Parent Child Interaction Therapy (PCIT) and Mobile Fresh. To demonstrate impact, FSA closely tracked and evaluated the data from these four programs, looking broadly at outcomes achieved and the differences realized for those clients.

PCIT Parent Child Interaction Therapy

Meet Our PCIT Team



Parent-Child Interaction Therapy (PCIT) is an empirically supported treatment modality for young children (2-8 years old), which focuses on improving the caregiver and child relationship, as well as provides skills for the caregiver to better manage the child's behavior. This modality of treatment is frequently used for children who have experienced trauma, and are dealing with emotional and/or behavioral disorders. PCIT utilizes live coaching, to help improve the interaction patterns between caregiver and child.







" HI, I was recommended to take PCIT from my 4 year old's Special Education teacher. My son Brendan was having trouble adjusting to changes or dealing with anything he didn't like. He was prone to shutting down at school if something didn't go his way. For example, if the teacher or another student said something to him he didn't like, he would shut his eyes and mouth and not move for the rest of the class time. So the teacher would have to force him to move or actually just pick him up and carry him around. I also was having trouble just having him comply with my commands. My older son (now 6) was much more responsive to warnings but as all kids are different, I was finding that what worked for the older one, didn't work for the younger one. I found myself just giving up and letting the little one do whatever he wanted.

PCIT actually started helping me very quickly. I learned how to speak to my children more positively and how to shape their behavior for the better. Before PCIT, I felt like I had no idea what I was doing as a parent. I didn't know if I was disciplining them correctly since they seemed to make me frustrated a lot and I would yell at them and they would cry. I didn't really like how I felt after I yelled at them and I was afraid I was contributing to a negative self-esteem. As soon as I started implementing the techniques, I saw big changes. I almost didn't want to complete the therapy because I felt that I didn't need it anymore! But I'm glad I stuck with it because it really helped. Especially when I learned about effective timeouts. I didn't realize I was using timeouts wrong since they didn't work on Brendan before. But when I followed the timeout steps exactly, it actually worked like a charm!

So after I completed PCIT, NOW I feel like I actually have a good handle on this parenting thing. I would totally recommend it to any parent. "

Sonya Han Mom of Brendan (4) and Tristan (6)

The Facts: PCIT

• FSA has served 58 families to-date this fiscal year (2015-2016).

• 88% of the families completing the entire course of treatment (sometimes as long as a year) met mastery of PCIT skills

• 77% of active PCIT clients report a decrease in the number of problems they have parenting their children.

Did you know?

Disruptive behavior disorders (e.g. attention-deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder) are among the most common reasons children are referred for mental health services.

> - A Community Mental Health Implementation of Parent-Child Interaction Therapy by Lyon and Budd

58 Families Served 88% of the families met mastery of PCIT Skills

77% of cases reported a decrease in the number of problems in parenting

Mobile Fresh



The Mobile Fresh program is a mobile grocery store, and represents our goal of promoting healthy eating habits and increasing access to quality, affordable produce. The program combines the convenience of a corner store with the selection and freshness of a Farmer's Market. Mobile Fresh seeks to serve the community at large while also targeting "food deserts." US Department of Agriculture recognizes geographic areas as low supermarket accessibility zones also known as food deserts. Mobile Fresh currently serves over 40 stops sites in both Riverside and San Bernardino Counties. Expansion plans are currently being developed to add an additional 40 stops. The Mobile Fresh Program routinely sells its produce and dry goods at around 20-30 percent less than conventional grocery stores. This is great news for both low-income households as well as seniors with limited mobility.





"I live at the Country Village Estates Senior Community. I moved here from San Diego where all of my family lives. I am originally from Sweden where I was a Nanny to many Swedish movie stars. I retired and moved to America because my family had done so before me. When I heard there was this bus that came every week to County Village that brought fresh fruits and vegetables I had to check it out. I enjoy cooking and eating healthy. My passion is cooking Italian food. Every week I can get everything I need to cook and eat healthy from Mobile Fresh.

The Mobile Fresh program is very important to me for several reasons. For one, I no longer can drive so getting to the grocery store is out of the question for me on my own. For a while my nephew would drive up here to take to do some shopping. That put a [strain] on my budget because I had to pay for his gas and I felt I was being taken advantage of. There is a little store on [site] but it is very expensive. For a while I didn't have a choice but to go there. The second reason is that as we get older we have to put a higher emphasis on eating right and being heal[th]y. I feel Mobile Fresh is a blessing to my fellow neighbors and me. The staff is always nice and very helpful. Mobile Fresh give[s] me an opportunity to be independent with my family being so far away. As long as Mobile Fresh keeps coming here, I will too!"

-Yvonne Jenny

The Facts: Mobile Fresh

- 67% of clients are female and 13% are male, while 40% are
 66 years of age or older
- 33% have very low income (\$2,400 and under per month);
 38% are Caucasian and 33% are Hispanic
- Over half of Mobile Fresh patrons (53%) said they shop with us for one or more of the following reasons: great prices, access to fresh produce, or the desire to have a more healthy diet
- Nearly 3 out of 5 customers reported that the produce they purchased at Mobile Fresh that day would contribute to 3 meals for their household that week



Over half of our Mobile Fresh patrons said they shop with us for the: great prices, access to fresh produce and to have a healthier diet



58% of shoppers surveyed use Mobile Fresh items for 3 of their weekly meals **Did You Know?**

In 2014, 48.1 million Americans lived in food insecure households, including 32.8 million adults and 15.3 million children.

-Feeding America

Critical Needs



Critical Needs programming assists our families served through our community centers by providing emergency food assistance. As one of FSA's largest programs in our community centers, Families utilizing our Critical Needs Program do so as a result of ongoing financial problems to balance their family budget. Critical needs services can consist of the distribution of surplus food, monthly commodities food distribution and/or food vouchers. The increased demand for emergency food service has been dramatic following the 2007-2009 recession, leading to a 25% - 40% increase in clientele at each of our centers.





Rosa Maria (age 58) has utilized the Norton Younglove Community Center for more than three years. During this period with special emphasis on this past year, the site's programming has played a vital role in the sustainability of Rosa's household. "This past year was difficult for my family. My husband's hours at work were frequently being cut and as a result it was challenging to make ends meet. In addition, we had family members come and stay with us temporarily (family size increased to 5); adding more strain to our household. The community center has helped my family tremendously by allowing me to take part in the weekly food distribution programs. As a result I am able to fill in the gaps (food) where I otherwise would not have been able. These gifts have allowed my family to strive towards becoming stable and self- sufficient. Additionally, the site has provided me with resources (English classes, EFSP, and Exercise classes) that have helped relieve the stress and given me hope towards the future. I am thankful for the support and kindness that is offered to me and to all the other community members that use the community center's services".

**Maria also shared that as a result of utilizing the center's programming she has become more confident and she is furthering her education by taking additional English classes.

The Facts: Critical Needs

- 62% of clients are female and 29% are male; 27% of clients are between the ages of 56 and 65
- 82% of clients have low-income (\$2,417-3,833/month); 46% of clients are Hispanic
- The food provided by the Critical Needs Program is used in 3-4 meals in a week
- Some of the main reasons that the Critical Needs services are sought after is because of the loss of employment or disability

Critical Needs addresses food shortages due to: Loss of employment, fixed income, financial stress and disability



Our food is able to provide between 3-8 household meals Did You Know?

In 2014, there were more than 6 million people in poverty in California.

-United States Census

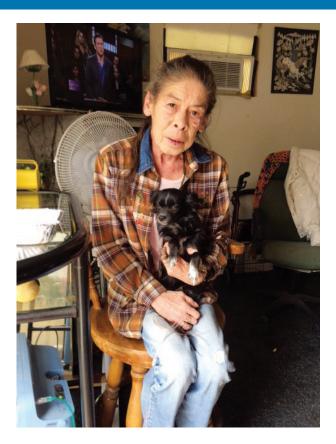
Home Delivered Meals



Senior Nutrition Services assists seniors and their loved ones in helping to maintain their independence through congregate/group meals served at Community/Senior Centers and our "More Than A Meal" Program, which delivers meals to homebound seniors throughout the region. "More Than a Meal" allows seniors to remain living at home independently for as long as possible by ensuring that they receive at least one nutritious meal each day.



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I live alone and I'm disabled. When Ms. Tamayo first started delivering meals to me, I have to admit that I was quick to refuse her service. I make very little on disability and was afraid it would be an added expense that I could not afford. She took the time to talk with me and made me feel at ease, so much so that I was able to confide in her that there were nights that I went to bed hungry because I ran out of food, money or both. Your program [and] Ms. Maria have been "life savers." Monday - Friday, come rain or shine I no longer go without. The food is well made, portioned just enough to satisfy my small frame. My doctor is pleased that I have actually gained 4 lbs, something that they have wanted me to do for sometime. Again, I say "Thank you." Thank you for your service and Thank you for your angels like Ms. Maria Tamayo. P.s. My dog, Somito, always gets happy to see Maria and sometimes walks her out.

-Martha Page

The Facts: Home Delivered Meals

- 65% of clients are female and 35% are male
- 74% are of very low income (under \$2,400 monthly)
- 25% are between the ages of 60 -69, 18% are between the ages of 70-75, 13% are between the ages of 76-79, 17% are between the ages of 80-85 and 12% are between the ages of 86-89.
- Our clients say that our program helps them: make ends meet, eat healthier foods and remain living at home
- 61% in this program do not have a home health care provider
- 90% of our clients are satisfied with our meals and our drivers. Often our drivers are our clients' main source of social interaction

Did You Know?

In California, 1,000,764 seniors are threatened by hunger and 1,431,062 are isolated, living alone.

- Meals On Wheels America



Our clients use our program because it helps them: make ends meet, eat healthier foods and remain living at home



74% of clients are of very low income (earning under \$2,400 monthly)



90% of clients are satisfied with our meals and value the social interaction from our drivers

Next Year's Highlights



Each year this report will highlight a few of our many programs that positively impact both clients and the community at large. Next year's Impact Report will shine the spotlight on the following programs: Kindergarten Readiness, Nurturing Parenting, FSA Volunteers, and Physical Activity for seniors. Nurturing Parenting is a 12-week course that works to improve parent-child interactions as well as support healthy child development. Kindergarten Readiness is a program designed to allow children to learn skills and acquire fundamental knowledge necessary for optimal development, not just in kindergarten but also in higher education (nmu.edu). Family Service Association's hard working volunteers help support the numerous programs and activities operated by our agency. Volunteers help strengthen FSA's ties to the community while improving the physical, emotional and mental health of the volunteers themselves. Physical Activity programming at our centers is designed to keep our seniors active enhancing mobility and teaching fall prevention strategies.

Meet Our Board



Pictured here from left to right: Dr.Irving Hendrick, David Demmers, Michael Ocasio (Board President), Linda Wray, Jane Adams, Jane Block, Dr. John Thomas, Dr. Margaret Wild, Ellie Bennett, Paul Jensen, Jeff Rajcic and Tim Streeter. *Not pictured: Kitty Huang, Dr. Carla Lidner, Dr. James Sandoval, Lugena Wahlquist and Paul Zellerbach.

And Our Officers



Dom Betro Chief Executive Officer



Veronica Dover FSA Chief **Operating Officer**



Judith Wood CDC Chief Operating Officer



Rick Teichert



Kathleen Vicario Chief Financial Officer Human Resources Officer



Family Service Association (FSA) has been accredited by the Council on Accreditation since 2002. This signifies that FSA's programs and services meets standards of quality set forth by the accrediting body. It involves an in-depth self-review of FSA's programs and services against currently accepted best practice standards, an onsite visit by an evaluation team comprised of experts, and a subsequent review and decision by the accrediting body. Accreditation review cycles occur every five years.

To ensure compliance and agency excellence, FSA utilizes a Continuous Quality Improvement (CQI) system that includes the distribution of client satisfaction surveys, site audits, outcome studies, advisory council meetings, chart audits, policy and procedure implementation as well as regular staff and community meetings. A major component of the CQI system is program evaluation. Program evaluation assists FSA by measuring the effects of a program against its goals to inform decisions about the organization's future direction. Program evaluations are conducted annually in each major department and results are summarized at year's end. FSA's CQI efforts are lead and overseen by a steering committee comprised by agency executive staff, program administrators, agency leads and select Board Members.