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Child Abuse Listening,
Interviewing &
Coordination Center

**Interim Grant Report: One-Year Grant
Eden Township Healthcare District**

15-010
RECEIVED
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BY: _____

Grantee Organization Name: CALICO

Program or Project Name: Building Resiliency: Family Support Services for Abused Children

Application Number and Grant Amount: Grant #15-010, \$25,000

Beginning and Ending Dates of Grant Period: January 1, 2016 – December 31, 2016

Organization Contact Person and Phone Number: Hillery Gladden, 510-895-0702

Date: July 15, 2015

Person Preparing the Report: Hillery Gladden

Hillery Gladden, Executive Director

1. Please list the objectives of your grant and describe the progress you have made toward meeting each one.

GOAL #1: Enhance support to and mental health of caregivers.

This first goal focuses on support to caregivers. CALICO believes that the best way to help an abused child is to ensure s/he has the full and appropriate support of his/her caregiver. But, as noted previously, caregivers are often ill-equipped to provide that support in this moment of crisis. Therefore, CALICO's Family Resource Specialists help caregivers access resources for themselves so that they are not distracted by their own physical and emotional needs and are therefore in the best position to provide meaningful comfort and support to their children.

Note – during this reporting period, CALICO conducted 112 child interviews. Because some children share caregivers and 4 children did not have a non-offending caregiver available, the total unduplicated number of caregivers was 87.

Objective 1a: An FRS will conduct an on-site crisis assessment with at least 75% of families to determine immediate safety needs and provide appropriate crisis intervention and stabilization.

A Family Resource Specialist (FRS) conducted an on-site crisis assessment with caregivers of 87% of the children (76 out of 87) interviewed during this reporting period.

Objective 1b: An FRS will initiate a California Victim Compensation Program (CalVCP) application on behalf of at least 50% of caregivers (to access funds for mental health services for the caregiver).

An FRS provided or completed a CalVCP application (or one was already completed at Children's Hospital) on behalf of 64% of the caregivers CALICO served during this reporting period (56 out of 87).

Objective 1c: An FRS will contact at least 75% of caregivers by phone post-interview to provide ongoing intervention, information and support.

To date, an FRS has contacted caregivers of 99% of the children interviewed (86 out of 87) during this reporting period. It is CALICO's goal to talk with every caregiver, so if we are not able to speak with the caregivers on-site, the FRS makes every attempt to contact them by phone.

Objective 1d: By a second follow-up call, at least 35% of caregivers will be enrolled in counseling.

To date, an FRS has contacted caregivers for a second follow-up call of 22% of the caregivers are currently enrolled in counseling (19 out of 87).

GOAL #2: Enhance support to and foster the mental health of the victim child.

This second goal focuses on improving mental outcomes for the victim-child. That process starts by educating the child's caregiver on the impact of trauma on their child. Too often, for example, caregivers think it's preferable not to talk about the abuse, or they even disbelieve their child. Armed with better information, caregivers are then better positioned to understand the importance of mental health services and are more willing to access them for their child.

Objective 2a: An FRS will provide psychoeducation to at least 75% of caregivers to increase their understanding of the impact of trauma on children and appropriate parental response.

An FRS provided psychoeducation to 95% (83 out of 87) of the caregivers (via in-person contact or via phone) served during this reporting period. Information provided included the impact of trauma on children, grooming behavior of offenders, and strategies for caregivers to provide healthy, appropriate support to their child.

Objective 2b: An FRS will initiate a CalVCP application on behalf of at least 75% of child-victims.

An FRS provided or completed a CalVCP application (or one was already completed at Children's Hospital) on behalf of 95% of the victims interviewed at CALICO during this reporting period (105 out of 112).

Objective 2c: At least 50% of caregivers contacted by phone will report that their child is enrolled in counseling.

The caregivers of (86 out of 87) of the children interviewed during this reporting period have been contacted by phone. Of those 108 children (note: 4 did not have a non-offending caregiver available), 50 (46%) were reported to be enrolled in counseling and an additional 18 (17%) were on a waiting list. In total 63% are currently in, or are in process of, accessing counseling.

Objective 2d: At least 75% of caregivers will indicate a favorable response to their child's treatment at CALICO.

Of the 87 caregivers served during this reporting period, 77 (89%) were satisfied with their child's treatment at CALICO.

2. Do you expect to be able to complete the grant objectives by the end of the grant period?

Our overall client goal is to reach 135 caregivers during this 12-month project. At this half-way point in the project, we have currently served 87 caregivers (64%) toward that goal.

3. How does your actual progress differ from the timeline in your project application?

Our work is crisis-oriented, and therefore highly unpredictable. However, it is common for the first half of the calendar year to be a little busier than the last half (December, in particular, is often slow). Our actual progress is therefore no different than what we proposed for this project.

4. Do you expect to achieve the measurable outcomes specified in your grant application?

As noted in Question 1, we are currently on track to meet or exceed all of our grant goals and objectives.

There is only one objective where we are slightly below the benchmark of where we should be (as reported in Q1). In Objective 1d: By a second follow-up call, at least 35% of caregivers will be enrolled in counseling. Currently, 22% of caregivers are accessing counseling. We believe that there are two primary reasons that caregivers are not accessing counseling at higher levels. First, while many caregivers (many of them immigrants) have insurance for their children, they do not have insurance for themselves. Therapy can be expensive and they may not be able to afford it. Secondly, with the funds available to them, some caregivers feel that any additional resources they have should be focused on the child. For caregivers who are unable to access therapy, we do suggest that they reach out to their family and community support systems.

5. Have you encountered any unexpected problems or opportunities in the course of this grant? Will they change your outcomes?

No, we have not experienced any unexpected problems.

6. Is there anything else you would like the Eden Township Healthcare District to know about your project?

N/A.

Fiscal Report
January 1, 2016 – June 30, 2016

	ETHD AWARD	JAN-JUNE 2016
Income		
Carry-Over Funds		
Community Fund Raising		
Government Grants		
Government In-Kind Support		
Grants and Foundations	25,000	10,000
Miscellaneous Income		
Total Income	25,000	12,500
Expense		
Communications Systems	500	250
Facility Operating Expenses	2,000	1,000
Fund Raising		
Insurance		
Miscellaneous		
Outside Services		
Payroll Gross	18,400	9,200
Payroll Taxes/Benefits	4,100	2,050
Payroll & Benefits –In Kind		
Supplies		
Training		
Total Expense	25,000	12,500