

REPORT 2020 April Cycle

GENERAL INFORMATION

Organization Information

Legal Name: ChildSafe		Federal Tax ID#: 74-2633697	
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Website: www.childsafe-sa.org		Fax: (210) 675-9000	

Head Of Organization

Name: Kim Abernethy	Title: President/CEO
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Application Contact

Name: Maliha Imami	Title: Chief Advancement Officer	E-Mail Address: malihai@childsafe-sa.org	Phone: (210) 675-9000
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REPORT INFORMATION

Report Funding Cycle: 2020 April Cycle	Report Date: 03/04/2021 12:00 am
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1: Please include in your report the dollar amount of the funds that were awarded, the date they were funded and what the funds supported.

Awarded Amount: 100,000	Date: 05/11/2020
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2: Were the objectives cited in your original proposal met? Please address each started objective and how it was met.

ChildSafe met its objectives cited in our original proposal. In our fiscal year ending June 30, 2020, ChildSafe served 5,289 individuals. We provided 1,913 forensic interviews to children and provided 6,464 trauma-informed clinical therapy sessions and 133 Adventure Therapy sessions to children and families. ChildSafe provided child abuse prevention training to 15,000 people overall. These statistics are a testament to our continued successes in providing effective, evidence-based services.

In addition, since March 2020, ChildSafe has been providing Care Coordination for youth who have been trafficked or sexually exploited. In the past 12 months, 177 youth have received services helping them to escape their abusers, heal from the abuse, and live productive lives. Because of ChildSafe's Care Coordination services, Bexar County can track where the activities are occurring, giving us an insight into the demand for child sexual exploitation and trafficking

To ensure there is no outbreak at ChildSafe's campus, our forensic interview and case management staff work in teams of three. If a staff member, partner, or client reports an exposure or being symptomatic, they are advised to stay home and the team that is exposed is taken out of circulation. With our team system, we are operating at 60% of our capacity for forensic interviews. This new system, though it protects us from spreading COVID-19, directly reduced the total number of clients we were able to see since mid-March when the lockdown began.

3: Please explain any changes from the original proposal and the circumstances that lead to the modification of the objective.

We did not make changes to the objectives in our original proposal.

To adapt to the pandemic, we pivoted and increased our use of technology, with our multidisciplinary team conducting their meetings via Zoom or other platforms, and implementing telehealth clinical therapy and case management services for children and families.

For services that cannot be provided via telehealth, clients come to the campus. To reduce the number of face-to-face encounters, we limit the number of people who can access the building at any one time. Some staff only come into the office on a limited basis as needed. We stay in contact with one another using technology.

To ensure we are providing ways to prevent violence, victimization, and abuse from leaving an indelible mark on our children, we developed online training for educators and service providers on the identification and intervention of child abuse and neglect in a virtual setting. We are currently collaborating with the United Way by training other service agencies. As schools slowly resume in-person learning, likely many aspects of distance learning are here to stay. Expanding this prevention training to reach more people, whether virtually or in-person, would increase its impact in our community.

Using CDC guidelines, we check everyone's temperature as they come into the building, collect possible exposure history, ask them to wear mask, and sanitize hands immediately upon arrival. No employee has contracted COVID-19 at our campus.

We are providing a deeper level of services to families who are stressed financially and facing unprecedented challenges in their lives.

4: What needs were addressed?

Before ChildSafe, a child's outcry of abuse did not necessarily mean the hurt was over. Due to the complex nature of cases, many professionals needed to be involved to intervene, investigate, and prosecute. Historically, information was not shared, efforts were not coordinated, so obtaining successful outcomes was nearly impossible.

In the US, an estimated 1 in 7 children experiences some form of abuse (this is likely an underestimate) and 1 in 10 sexual abuse before they turn 18. SA has the highest per capita rate of confirmed child abuse cases of all major Texas cities. Of the 650,000 children currently residing in our county, 162,500 will be abused and 65,000 will be victims of sexual abuse.

Child abuse has long-term psychological, physical, and behavioral consequences, and can result in low academic achievement, diminished careers, crime, and high societal costs. Trauma-focused therapy significantly lowers the risks and increases the developmental assets needed to build strong, emotionally healthy adults.

ChildSafe, the only CAC in Bexar County, provides services critical to restoring the emotional and mental well-being of abused children with a continuum of proven, evidence-based care. Adults have low awareness of the prevalence, consequences, and circumstances of abuse, limited knowledge of steps and actions to protect children, and reluctance to act in response to suspicions of abuse. ChildSafe is known for providing free, high-quality abuse prevention training. ChildSafe is the only organization providing child sexual and physical abuse preventive and safety education that meets TEA guidelines and fulfills mandated requirements.

5: What method of evaluation did you use to monitor and measure the project's outcome and what are the result?

Evaluation to determine progress with ChildSafe therapists is managed through the use of Trauma Stress Symptoms Check List for Young Children (TSCYC) and the Trauma Stress Symptom Check List for Children (TSCC) at intake and every 3 months after. New client charts are reviewed daily for referral to other service providers.

A client satisfaction tool for case management services, the Outcome Measurement Survey (OMS), will be used at intake after every forensic interview and with any client contact. Success is determined when we see progress toward individual goals.

ChildSafe uses quantitative assessment tools to evaluate the effectiveness of direct services provided to clients. We use the Outcome Measurement Tool (OMS) to measure both client satisfaction and the effectiveness of its family support services. Our case managers provide the OMS survey to the caregiver after their initial appointment and again at subsequent appointments. ChildSafe's target score for the initial OMS report is 93% of client satisfaction. OMS data showed that 96% of families receiving our intervention services demonstrated improvements in functional, behavioral, and physical symptoms related to abuse and reported a decrease in anxiety, a clearer understanding of the investigative processes, successful connection to supportive services, and increased knowledge of the impact of trauma on children. Outcomes are tracked in ETO.

6: Do you plan to continue this project, and if so, how do you plan to sustain it?

ChildSafe staff and board have developed a long-range strategic plan, with a focus on sustainable funding. ChildSafe's CEO and CDO have established collaborations with community organizations, and ChildSafe continually seeks funds from a variety of sources including individuals; corporations; foundations; and federal, state, and city government grants as well as from churches, civic groups, and fundraising events and programs.

This past year, we have resourcefully adapted our fundraising methods and donor meetings to be safe. We stay in touch with our donors, retain them, and identify new donors. Our most loyal funders who understand our services and value them as essential for youth have sustained us financially. We rely on help from our most loyal donors so we may continue to address the surge of child sexual abuse and exploitation we expect to see when all children return to school.

7: Please provide any other comments of information relevant to this grant.

COVID-19 has caused major economic devastation, disconnected many from community resources and support systems, and created widespread uncertainty and panic. Such conditions also stimulate violence in families where it did not exist before and worsen situations in homes where mistreatment and violence has been a problem.

As an essential service provider, ChildSafe has continued to provide services throughout the pandemic. We saw some unusual cases where children under age 3 in the household had experienced head trauma, brain bleed, and/or fractures. There was a case early on where a mother had bathed her 5- and 7-year-old children with bleach and thrown hot burning metal at them, believing her children were infected with the virus.

After we moved to telehealth, we have been able to provide a deeper level of counseling services. For the first time, our therapists were given a window into the crowded home conditions of our families.

ChildSafe has been selected as the pilot site for trauma-informed care by University Health System and the Ecumenical Center for the Trauma-Informed San Antonio project.

Texas and San Antonio continue to be magnets for child victims of sexual exploitation, including prostitution, pornography, and escort services. Our facilitation of investigations for exploited/human trafficking victims is recognized as a best practice. During the pandemic, global law enforcement entities have reported a sharp increase in online abuse with both children and sexual offenders confined at home. This heightens ChildSafe's commitment to inform our community about the prevalence of exploitation, to recognize the signs of exploitation, and to know the steps to combat exploitation.

8: Please provide an updated detailed projected budget with expenses for the received grant. Also include the totals for the budgeted and actual amount. Explain any discrepancies between the budgeted and the actual expenses for the project.

Line Item Description	Total Project Funds Allocation	Najim Requested Funds	Project Funds Actual	Najim Funds Allocation
Salaries	\$3,466,129	\$100,000	\$3269708	\$75000
Payroll & Benefits	\$725,380	\$0	\$600321	\$0
Core Program Operations	\$1,133,278	\$50,000	\$968601	\$25000
In-Kind	\$300,000	\$0	\$201652	\$0
TOTAL:	\$5,624,787	\$150,000	\$5,040,282	\$100,000

Signature
Maliha Imami