

**Sutter County
Children & Families Commission**

**Annual Report to
First 5 California**

FY 2003-2004

1. COUNTY PRIORITIES

- a. The major issues in Sutter County are: oral health, teen parents, children with special needs, children's behavioral issues, and health care access. The Sutter County Children and Families Commission conducted an extensive review of all available data and services available for children 0-5 and their families in Sutter County. To gain additional information about the needs and strengths of the families, the Commission developed a survey in English and Spanish for distribution to the School Readiness communities and at community outreach events. The Commission's Advisory group developed a community resource matrix that identified existing programs and services available to all children in Sutter County. Using this information, the Commission conducted a study session to develop a set of priorities and directed staff to refine the strategies to meet the priority challenges of oral health, teen parents, children with special needs, behavior issues and health access.
- b. The Commission promotes opportunities to address service gaps, leverage resources, create family friendly inclusive policies and further integrate the system of services delivery for children 0-5.

To obtain this goal, the Commission creates opportunities for early intervention programs that address the developmental, behavior, health, dental, literacy needs of children and their families. The services are delivered through home visits, comprehensive assessment/screening program, school-based dental program, family literacy programs, parenting programs, special needs family support and teen mother support groups. In addition, all service providers meet collaboratively to assess the progress of service delivery.

The Commission provides support for programs that coordinate and leverage resources across Commission-funded agencies, addressing gaps in the system of services for children and families. Lastly, the Commission continues to facilitate integration of services in all Commission-funded programs and to develop the capacity of the grantees to build successful collaborative efforts.

2. PRIMARY ACTIVITIES and PROGRAMS:

SCHOOL READINESS

The School Readiness program is staffed by a full time coordinator, three school site readiness coordinators, three parent liaisons, an adult educator and a full time clerical position. The positions are funded by a blending of school readiness funds and Even Start.

The program provides health and development screenings for all children entering Kindergarten. In addition, the children will be provided with care and services that

address all identified problems, as measured by screening records, referrals and case management records. All children identified as having a developmental delay are referred to Sutter County Special Education for evaluation; children with behavior issues are referred to the Sutter County Child Development Behavioral Specialist (Commission funded); those with immunization needs are referred to Sutter County Health Department (free immunization program Commission funded); and children with dental needs are referred to Sutter County Smiles (Commission funded school based dental program).

School Readiness Coordinators visit each parent in their home to share information, conduct a developmental screening, provide service referrals as appropriate, offer suggestions for school readiness activities, provide training to parents on the materials in the school readiness back pack (Commission funded), assist with the Healthy Families/Medi-Cal application if needed, and offer any additional support needed by the family. If a home visit does not occur for any reason, the school readiness coordinators will disseminate information by a variety of methods, including but not limited to phone calls, school newsletter, communication with child care providers, public and private preschools, radio, television, newspaper announcements, churches and other community-based organizations. Communication will be provided in the parent's primary language whenever possible.

Parents will be invited to bring their children to the school for various parenting and child interactive programs throughout the year to familiarize their child with the school program, staff and facility before kindergarten enrollment. A parent-child literacy program, Book and Breakfast, is operating for pre-kinder children. This program follows the Success For All model. Also, the children are engaged in a Kid's Club, promoting literacy, as well as Mommy and Me programs at the sites, community gardens, book parties and parent support groups and parent leadership groups.

This program is evaluated by an outside evaluation firm (final year end evaluation to follow) as well as through the collection of PEDS data .

The objectives of the School Readiness program are as follows:

- Every child will be ready to participate in a kindergarten program by being socially, developmentally, healthy and ready to learn.

PRESCHOOL FOR ALL

The Smart Start Program is a short-term program designed to assist parents and children in preparing for kindergarten. The program has five key goals:

- Increase parent education that fosters nurturing, healthy, safe and loving homes
- Ensure more children will enter kindergarten ready to learn
- Clarify the expectations of preschool teachers and aides about kindergarten readiness

- Assist children with all of their health and dental needs so that they are healthy and ready to learn
- Assist families by improving access to health services, obtaining resources for special needs, and coordinating services from collaborating agencies

The Smart Start program was designed by the Greater Yuba City Education Foundation and funded by the Commission. In FY 2003/2004, the program was expanded to 7 sites in Sutter County, and served 210 children and their families.

The program was evaluated by an outside evaluation firm and PEDS data was collected.

- c. Not participating in health access
- d. RETENTION

The Sutter County Children and Families Commission and the Child Care Planning Council entered into a collaborative partnership to provide early care and education providers, under the guidance of a CORP Advisor, with assistance in developing an educational plan with the goal of completing at least 3 semester college units in one year. Eligible providers receive a stipend of \$900 upon successful completion of the 3 unit class with a grade of "C: or better. The goal of the educational plan is to assist each provider in obtaining a child development permit from the California Commission for Teacher Credentialing. Applicants who have not received a child development permit are encouraged to apply to the program as providers.

Project objectives include:

- Directly encourage and support family- and center-based providers to take on the ongoing responsibility for planning and continuing their own professional development and educational attainment
- Support the participant in completing 6 core units of ECE, which qualify the provider to apply for the Child Development Permit at the entry level in no more than 2 years
- Promote knowledge among participants about the availability and use of standards (i.e.FDCRS, ECERS) for assessing the quality of care being provided, and to encourage self-assessment by providing these specific tools
- Support the participant in completing the twelve core units of ECE, which qualify the provider to advance to the level of the Child Development Permit Matrix at a consistent rate of a least three units per year, or within two project years of qualifying for the permit
- Demonstrate that the careful use of incentives and supports can increase the number of family- and center-based providers at the AA degree level
- Encourage participants at all levels of educational attainment to network with other family- and center-based providers during professional child care group meetings related to the project and special training and workshops

Results will be measured by the analysis of project data entered into the PACE database. The program is being evaluated by an outside evaluation firm.

e. Sutter County Smiles - oral health

Sutter County Smiles is a school-based dental program. The program is a unique collaboration between the Commission (purchased the dental van), local school district (provides drivers and maintenance on the van) and non-profit clinic (employer of the dentist and dental hygienist). The objectives of the program are as follows:

- Provide dental screenings and restorative care for all pre-school and kindergarten students in the Sutter County area. First priority will be the School Readiness-designated schools.
- Expand access for pre-school and kindergarten children
- Support early screening and increase availability of oral health prevention and treatment services for children
- Assist families in the application process for health insurance
- Deliver services in language other than English, if needed

IMMUNIZATION PROGRAM

The Sutter County Children and Families Commission, in partnership with the Sutter County Health Department, are offering no-cost immunizations for all children 0-5 residing in Sutter County. Any or all of the 26 immunizations that are required in the first five years of life can be obtained at the Health Department.

Data being collected for evaluation include:

- Number of immunizations by type and age of child receiving the immunization
- Number of children who are established patients of community physicians
- Number of children aged 2-4 receiving immunizations
- Number and type of immunizations given during the fiscal year 04-05 as compared to 03-04
- Reason for accessing the program (i.e. under-insured, no insurance etc)

Teen Success program-

The Teen Success program is a program of Planned Parenthood Mar Monte.

Teen Success addressed the primary issue of teen pregnancy and supports the Children and Families Commission's objective of increasing the availability of parent and caregiver education that fosters nurturing, healthy, safe and loving environments for children.

Teen Success focuses primarily on improved family function, however it also consistently addresses improved systems and improved child health.

The program is designed for pregnant and parenting teens and their offspring. As the teen becomes more self sufficient, economically independent and emotionally supported

she can better raise her child in an environment that supports and nurtures the child. Furthermore, one of the goals of Teen Success is for the teens to maintain their current family size until the age of 19 or graduation from high school. Currently 20% of teen moms have an additional child within two years of their first child. Having this second child further limits her chances of returning to school or becoming financially independent. The offspring of teen mothers (0-5 population) will be reached the following way:

All pregnant participants are asked about her prenatal care(who, where, how often) upon entering the program and the birth weight is noted after delivery.

During the nutrition section of the curriculum information is provided on the importance of folic acid, and prenatal vitamins as well as calcium. The child and the parent's nutritional needs are also both discussed as well as barriers the teens face in providing healthy diets.

Facilitators inquire about immunizations quarterly, RSV in the winter, well baby check-ups, etc.

Other areas where referrals are made that can affect children 0-5 are: 1)Housing Authority, 2)Family Court for Custody and child support, 3)Healthy Families, 4)Domestic Violence

The program was developed to achieve the following outcomes:

--Maintain current family size until age 19 or the completion of school.

--Motivate teens to stay in school.

--Link teens and their children with available community resources.

--Teach short and long-term life planning skills.

--Assist in the development of self-sufficiency and responsible behavior.

Meeting weekly for two hours, for at least one year, the goal of the group is to provide a supportive environment for teen mothers who are attempting to cope with two developmental milestones at once: adolescence and parenthood. Through the unique combination of support and education, Teen Success participants gain skills that reduce their likelihood of dependency on public support systems and increase their motivation for self sufficiency. Teen Success participants can focus on building healthy relationships, setting goals for the future and having fun as a teen. For many participants, Teen Success group meetings are the only constant in their somewhat chaotic lives. They come to rely on their peers who are in similar situations, and make friendships that endure beyond the program. Teen Success activities include exercises on self-esteem, dating violence, healthy relationships, parenting skills, substance abuse, long and short-term goal setting, discussions of barriers to education(cost, childcare, fear, motivation), STD and pregnancy prevention, body image, positive discipline, immunization information and time management skills. Guest speakers are invited to group and include successful adults who were teen parents, survivors of domestic violence, recruiters from community colleges and vocational schools and nutritionists. Other topics include relaxation and stress reduction techniques,

child/parent bonding, art projects, dance, car and house safety for children and communication skills.

The program is staffed by two experienced facilitators that have college degrees or at least 3 years experience in a related field. The manager that oversees the program has over 6 years experience and a Masters degree. The facilitators also attend weekly counseling supervision with an MFCC.

Currently, PPMM is unaware of any other teen pregnancy prevention program like Teen Success in the Sutter County region. A young mothers' program did exist, but it was cancelled due to issues in funding and attendance. Sutter County's teen pregnancy rate for 15-19 year olds was 50 per 1,000 in 1998, and in 2000, 139 15-19 year old girls gave birth (Department of Health Services Epidemiology Section) and is ranked 36th out of 58 California counties for teen births (California Department of Health Services). 45.7% of children ages 0-17 in Sutter County are low income, defined as living at 185% of poverty or below (Children Now, California County Data Book 2001). Although the proposed program does not reduce teen's first pregnancies, it does reduce the second pregnancy. As stated previously, 1 in 5 teenage mothers will have a second pregnancy within two years of her first pregnancy. Currently, teen parents attend various schools in the area. The county health department reported that they have been seeing and providing more referrals to teen parents since the closure of the young mothers' group. They attribute this increase to a lack of integrated services for teen parents that provide comprehensive and integrated information regarding available resources for the teens.

The outcomes are evaluated as follows: Teen Success goals of postponing a second pregnancy and successful completion of high school are easily measured. Baseline information is acquired through the initial intake form and is monitored on a weekly basis via a sign-in sheet. The sign-in sheet documents the teen's attendance, school status, family size and birth control method (including abstinence). In this fashion, the facilitator compares the baseline information with the information collected weekly. The outcomes of linking participants to local resources establishing short and long-term goals, prenatal care, immunizations and developing self-sufficiency and independence are measured using a behavioral matrix which documents the participants' changes in knowledge, behavior and attitude.

Special Needs Project, Sutter County Parent Network

The Sutter County Parent Network Special Needs Project supports, provides facilitated referral, transportation assistance, case management, information and training to families with children that have special needs including developmental disabilities, at risk conditions and behavioral challenges.

The project addresses all four areas. Facilitated referrals and transportation assistance aid in improved child health through increased access to medical services. Parenting classes on topics such as communication and social skills improve child development. Family functioning is addressed through therapy provided by project social workers and intensive

case management. Increased access to service, advocacy and input on community and regional advisory committees and boards are prime focus for system change.

The project supports parents and professionals directly through its programs. The children participate directly through the enhanced efforts of their parents and increased access to services. The children also benefit directly at social and directed play activities.

The project has both Spanish speaking and Punjabi speaking staff to serve a specific sub groups. Materials are translated. The parent liaisons also provide translation services and one liaison is also a parent of a child with special needs as is the executive director and the receptionist.

The project outcomes include empowerment of parents to advocate for their child, parenting competency, access to information and emotional support.

Activities include family, individual and child therapy, to parent support mentors, interagency collaboration and outreach activities including fairs, community booths, service clubs and fund raising.

There are 5 staff members. None are FT positions. The social worker/project director holds an LCSW license. The credential of "parent" is held by all staff.

Sutter County Parent Network is a stand alone agency organized as a 501(C)3 non profit and is directed by parents of children with special needs. The strategic plan is developed based on local needs and is parent driven.

Positive impacts include increased participation in IEP and IFSP/IPP meetings by the parents, increased knowledge of service availability and eligibility requirements, increase in functional skills by children such as potty training, behaviors and communication.

These impacts are reflected in the Parent Assessment tool created by Duerr Evaluation Resources and are recorded in the case notes and parent evaluations.

The program design is based on Early Intervention research adopted by the Department of Developmental Services, Family Resource Centers/Network of California and the California Department of Education under the Individuals with Disabilities Act, 1997.

BRIGHT FUTURES ASSESSMENT PROJECT

Program Description

Bright Futures reflects the new emphasis on protective factors for resilient children by building on family strengths, and by providing families with accessible, free health/developmental screenings, referrals to appropriate community agencies when necessary, parent training, information and support. Preventative health and developmental services, offered to all families in Sutter County, are the key components of the Bright Futures Program.

Program Goals

- To provide families with the knowledge that their children are physically healthy and developmentally on-track for their age.

- To identify children who are developmentally delayed, disabled or need medical management.
- To provide parents with training, information and support in caring for their young children.
- To provide early identification of health and developmental concerns in children birth through age five.
- To educate parents on developmental milestones and how parents can help their children achieve them.
- To build bridges by referring parents and children to community providers for primary health care services and treatment.
- To improve developmental outcomes (school readiness) and thereby improve early school performance.
- To assess the child's strengths and weaknesses, without labeling or stigmatizing the child.

In partnership and cooperation with health care and social service organizations, Bright Futures offers free comprehensive health/development screenings. The program is offered to all children, birth through age five. With the help of professionals, paraprofessionals, and age-appropriate diagnostic tools, the primary access of services consists of assessments of the children's hearing, speech-language, vision, motor and cognitive abilities. Additionally, nutrition counseling, behavior, physical health consultation, information on developmental stages, literacy, car seat safety and dental assessments will be provided. Should concerns arise out of any of these assessments, referrals are made back to the health care provider for more in-depth evaluation and treatment.

The old concept in Social Service delivery focuses on deficiencies, weaknesses and problems; Bright Futures offers a new concept that utilizes people's strengths, capacities and assets. The program works to foster resilient, capable families through the programs objective of increasing parents' knowledge of and access to child development information that increases parenting confidence and competence. The program's activities also provide the following:

- An increase in the parent's awareness of immunization schedules through consultation and referrals for timely immunizations.
- Enhancement of healthy nutrition.
- Knowledge of appropriate parenting models with regards to behavior. Parents receive needed and infrequently given reinforcement and encouragement that they and their children are doing well.
- Promotes parental knowledge of and responsibility for the child's total well-being.

This program endeavors to ultimately screen each child, birth through age five, in order to identify those with surfacing developmental delays, disabilities or needing medical management. Bright Futures can help assure the best possible treatment for children and prepare them for their optimum healthy development and wellness.

Program Components

- Provides monthly health & development screenings for children birth through age five. Quarterly Saturday events are held at various locations throughout Sutter County.
- Provides referral services for problems identified during the assessment.
- Helps link children to health insurance resources.
- Refers children and families to resources and services aimed at improving developmental outcomes.
- Supports development of resources to address problems that have been identified as part of the project.
- Supports development of community resources that enhance developmental outcomes.

Promoting Equitable Access and Outcomes

3. a. The communities in our county that have been historically underserved are the geographically isolated, migrant farm workers and the “working poor”.
- b. Strategies used:
 - i. Conducting Bright Futures Assessment program quarterly in isolated areas and at low-cost housing complexes.
 - ii. Developing informational materials in the native language. Disseminating First 5 materials from the clearinghouse.
 - iii. Participating in community events where the target audience is likely to attend, i.e. Health Fairs, Community Day at the Mall, Family Day at the local county fair, Public Health Week, WIC meetings, Family Literacy events at the schools, supplying School Readiness coordinators with information for the school site and home visits.
 - iv. Placing information in public locations, i.e. grocery stores, laundry mats, public library, churches
 - v. Disseminating information by a respected member of their community.
- c. The strategies seem to be working. Participation by the population has increased at Bright Futures, Immunization Project, Sutter County Smiles (dental services). We will have documented support Nov 1 when the outside evaluation report is released.

Program Highlights

Program Highlights: Sutter County Smiles

- a. Sutter County Smiles. The program is a collaborative between three agencies: Sutter County Children and Families Commission, Yuba City Unified School District and Peachtree Clinic, Inc. The van was purchased by Sutter County Children and Families Commission, which provides a yearly budget for the oral health initiative for 5 years. Yuba City Unified School District is providing the maintenance of the van, and the dental services and billing are provided through a non-profit clinic, Peachtree Clinic, Inc. It is a unique collaboration of three partners to make this program successful.

- b. No. It is an oral health initiative program through the Sutter County Children and Families Commission.
- c. There are three main components:
 - a. Direct dental services
 - b. Oral Health Education
 - c. Community Outreach
- d. Improved Child Health - they want children ready when they start school.
- e. The target group is children ages 0 through 5. 65% of patients are under the age of 6. It directly supports children who are referred through other programs such as Bright Futures, WIC, health department referrals, or word of mouth.
- f. The program focuses on getting children on a dental insurance program or connecting with the children who do not qualify for anything and get them serviced. Under their direct services grant, they can offer the children services. When the direct services grant ends, the non-profit clinic that they work with has federal 330 grant status, which means they can do things on a sliding fee scale. The subgroup is children who are not established with a dentist and who cannot get into a dentist because they are on Medi-Cal healthy families or non-insured. All of their materials are in Spanish and English and a lot of them are in Hmong, although their Hmong population is pretty small. They also have a Punjabi population. They are very aware of and try to accommodate the different languages and ethnicities in their service area.
- g. Children's oral health improves, which in turn leads to better school functioning for entering kindergarteners throughout the kindergarten year.
- h. Direct dental services; through a collaboration with the health department, they also do dental health fairs in the evening. Since a lot of their children are in kindergarten, they would be pulled out of class for services, so the parents wouldn't necessarily be there every time. The purpose of having the dental health fair in the evenings is so that the parents can be there with the dentist: they have the charts so that the dentist and parents can discuss better oral health habits. The great thing about it was that it was a collaboration with the health department, so WIC was there and they did a whole thing on nutrition. Plus the SB 111 bill (which is the Senate bill promoting classroom tooth brushing) was there. Also, before the program goes into a school, they do school-wide assemblies at grade level on classroom tooth brushing and all the children toothbrushes if it's in a non-fluoridated area. A lot of the children can't be seen by the van for a variety of reasons, so the program is constantly on the look out for referral sources.
- i. Dentist, Dental hygienist, and Lavena (program coordinator) is a certificated teacher. They also work with the health department in a variety of ways, which include working with a doctor. Their staff is well trained—not every dentist can work with 0-5 children. Some children have had very bad experiences before coming to this program, and have not made it to the chair until the third time they have come.

- j. There are a lot of working poor who do not qualify for a lot of programs, either because of their legal status or because they earn just enough to not qualify for dental benefits and Medi-Cal. There was a dearth of dentists who would accept them—there are very few dentists who will accept Healthy Families or Medi-Cal. That was the initial reason for pursuing the school-based method.
- k. The difference of the children performing in class, stories from the teachers about how the children are performing in class. You can look at test scores and see that they went up, but it was because they had dental work and they aren't in pain. It does make a difference in their classroom performance.
- l. District-wide assessment 3 times a year. Teachers have commented that a child's learning has picked up after they had their teeth worked on.

Program Highlights: Sutter County Parent Network

- a. Sutter County Parent Network - Special Needs Project
- b. No
- c. It addresses services and support for families that have children ages 0-6 with special needs
- d. The program focuses on all of the four result areas.
- e. The program was designed for parents of children with disabilities, the children themselves, and professionals who deal with children with disabilities. Indirectly—the skills that are given to family members, professionals and also other interagency collaboration to help coordinate services, to speed up service initiation. Directly—Activities for the children such as picnics, parties, and a therapeutic horseback riding program.
- f. There is a Spanish-speaking parent liaison for second language speakers. She is a parent of a child with special needs, and she runs some of the caseloads for the Spanish speakers, as well as the activities so that they can get together. There is also a Punjabi speaker who translates materials, or the program contracts out translation for brochures, etc. Materials such as videotapes are also ordered in different languages. The 123 Magic videotape people have given permission to the program to do voice-overs in different languages. They can run their video and have the translation run alongside it.
- g. Eligibility for services (assist them through the process), parent's isolation is reduced, addressing parents emotional needs by giving them a better way to deal with their crises through stress reduction, coping strategies, increasing their parenting skills.
- h. This includes support groups, therapy, parent to parent support, networking, socializing together, getting referrals to language assessments, referrals for doctor's appointments, referrals to agencies such as Alta California Regional Center, Area Board 3, different physical therapies. The program also offers specific kinds of classes,

such as parenting a special needs child, picture exchange communication system, behavior modification, parent child interactive therapy, social skills training.

- i. The program has a licensed clinical social worker and a college educated technology person who handles their web site.
- j. They are very quick to respond to a person who needs transportation to a medical appointment. If the appointment is an hour away in Sacramento or San Francisco, they can issue them a gas card. All they have to show is an appointment card. There is no long waiting period. If there is a group of parents that are interesting in a topic such as future, estate or life planning, within a month they can schedule a speaker and address their needs. There is a very quick response time. There is no eligibility criteria other than 0-6.
- k. Children they work with are covered under the Individuals with Disabilities Education Act, and when they work with families with those meetings, they tend not to need Fair Hearings. There are a lot of issues that come up and we can facilitate and help them understand what their parent rights are, understand what schools will offer under what circumstances, and the things that they need to do and what the school needs to do. We are able to keep that relationship a positive one without people going through that awful experience of going to Fair Hearings.
- l. Self-administered pre-assessment tool that measures where the parent is in terms of parenting skills, knowing what type of services are in the community, and ability to access these services; this is compared with a post-assessment.
- m. Based in large part on the family resource center's Early Start, which covers children ages 0-3. Parents have a voice in developing the program, the responsiveness to parent to parent, referrals, resources—information—this is a collaborative approach, family focused.

Program Highlights: Teen Success

- a. Teen Success - Planned Parenthood Mar Monte
- b. No
- c. The primary goal of this program is to help pregnant and parenting teens maintain their family size and graduate from high school. The objectives are to increase the availability of parent and caregiver education that fosters nurturing, healthy, safe and loving environments for children.
- d. Improved Family Functioning
- e. The program was designed for pregnant and parenting teens and their children. It indirectly supports children ages 0 through 5 in several ways. First, the program offers on-site childcare whereby childcare providers are able to ensure whether or not the children have been immunized. They can then refer them to Planned Parenthood clinics or other clinics to have them immunized or to have well baby checkups if they haven't had them already. Children can be monitored to see that they are clean and

feeling well. If a child is observed to be sick for a significant period of time, staff can recommend that the child be taken to the doctor. Another way the program indirectly supports children ages 0 through 5 is by having the parents commit to limiting their family size while they are finishing their high school education. The children benefit from this by not being further mired in dependency on government assistance.

- f. The program does not focus on a specific subgroup. For participants whose primary language is not English, pamphlets are provided in Spanish.
- g. - 12 participants to enroll and participate in the program for a year
- 90% of participants to maintain their family size
- 75% to enroll, remain or graduate from high school, GED or equivalent
- 100% to receive community-based referrals
- h. Teen Success is an ongoing program, so someone could feasibly be in the program for three years. They receive information on birth control, STD's, positive discipline, self-esteem, body image, setting and achieving short and long term goals, and mitigating issues for being able to attend school. When the girls graduate from high school, they can apply for a scholarship that is available from one of the program donors. This can help them in a vocational setting, a junior college or in a four-year college. Speakers are brought in to discuss domestic violence, or a nutritionist may be brought in if there are issues concerning eating disorders. Participants are referred to outside agencies for more serious issues. The program also uses self reflection tools, since a lot of what the girls discuss in the groups centers around their partner or their child. It's also getting them to start doing some things about themselves; to get them to discuss how they are feeling.
- i. Staff members either have a bachelor's degree in a related field, (psychology, sociology, etc.) or they have equivalent experience. They have done something similar in a job prior to this one. The program offers in-house training in how to facilitate Teen Success. They are also sent to two outside trainings: "Girl's Circle" and "Making Fun of Work".
- j. The program is designed for pregnant and parenting teens. It is innovative because it is the only program in Sutter County that works with pregnant and parenting teens. It is an incentive-based program because it rewards participants for making good and healthy decisions. It brings them together so that they can support one another while they don't feel a sense of isolation. Also, they can be tapped into the different resources that exist in the county. There is no other program in Sutter County where teens could receive every single resource that was available to them. Teen Success also provides facilitative referrals. For instance, the program will contact other agencies, such as WIC, to let them know one of the participants of Teen Success will be contacting them. Then the program will follow up with the participant to see if they contacted the outside agency. They will also have field trips to Yuba College or other similar places. Another feature that makes the program innovative is that it deals with them as a parent and as a teen, knowing that they are going through two different milestones as well.

- k. 100% maintained their family size
85% enrolled and/or graduated from High School or obtained their GED
100% were received referrals to other agencies
- l. Initially when a participant joins the group, the program obtains baseline information such as family size and school status (independent study, home study, taking a GED class). Once a week the participants have 5-minute check-ins to follow up on whether their information is still accurate. Through the check-ins, the program can pick up on other information, such as whether participants are on track and moving forward. A monthly report is generated based on all participants as a group.
- m. The rationale for the program's design was working on the mental health model of peer support. It was based on other programs that ran through Planned Parenthood in the nation, but it wasn't geared after one specific program.

Program Highlights: Smart Start

- a. Smart Start. It was housed in three separate districts, Live Oak Unified School District at Luther Elementary, Briton Elementary School District in Sutter and the Yuba City Unified School District at five sites: Maple Lane School, King Avenue School, Park Avenue School, West Walton School and Bridge Street School.
- b. Yes
- c. The need for children who have never had preschool experience to get some experience before they get to kindergarten. To ease the transition and get them familiar and comfortable with school.
- d. Improved Child Health - Smart Start collaborates with another school readiness program, Sutter County Smiles, a commission-funded dental program. Each of the Smart Start sites gets a week or two of service from Sutter County Smiles. They have a large mobile dental van and a dentist who does screenings and treatments for the children, provided their parents agree to their treatment.

Improved Child Development - The program is very much focused on social skills, and developing some early beginning literacy skills. It is heavily focus on getting the children socialized and getting them ready to function within a classroom so that the transition is easy.

Improved Family Functioning - Smart Start has a weekly family night where they bring in presenters for the parents on parenting issues. One night they had a health fair, another night migrant education came in to talk about parenting issues, and a behavioral psychologist came in to discuss behavior issues.

- e. Smart Start is designed for children who are about to enter kindergarten who have little or no preschool experience. The program is not concerned with income or any other factor. The only factor that they screen on is preschool experience. The program also collaborates with another commission program, Beauregard Literacy Club.

Each of the children receives a backpack of educational materials. The parent liaison's job is to meet with each of the parents individually to give them instruction on how to use those materials effectively.

- f. Those children who haven't had preschool are offered a four hour per day program for 4 weeks, so the children get 20 days of school. Each classroom is staffed by a kindergarten teacher, a preschool teacher, an instructional aid and supported by a parent liaison.
- g. Smart Start's goal is to enable children to have a successful transition into kindergarten so that they will achieve at or above their peers. We would like their attendance to be comparable to their peers or better. An assessment is conducted in each of the Smart Start schools. All of the kindergarten teachers are giving the Walker McConnell assessment to all of the children so that they can compare achievements.
- h. They offer parent liaison's to work with the families to identify needs and make referrals to other resources, deliver the backpacks, and coordinate with Sutter County Smiles to bring dental services into the program and provide the educational program for 20 days.
- i. There is quite a bit of professional training required for these positions. The program has a certificated kindergarten teacher, a certificated preschool teacher, an instructional aid and a parent liaison, in addition to a licensed dentist and a dental hygienist.
- j. There is no other program that tries to provide services to children who haven't had any preschool before they go to kindergarten. The program was initiated 3 years ago by the creator of the Yuba City Children's Foundation through a grant from the Commission to serve one classroom. Two years ago the Commission expanded the program to 3 classrooms. This year it went county wide to 3 districts and 8 classrooms.
- k. Two different kindergarten teachers at two sites have given feedback. The both reported that the Smart Start children stand out in the classroom and they really could tell which children were part of the program.
Teachers did not have to work as much with the children; they were already familiar with all of the rules such as riding the bus properly.
Teachers reported that the children stood out—they didn't cry the first day of school and they were excited to start school.
- l. The program is conducting the Walker McConnell assessment for all of the children and in the future they will be collecting attendance data as part of the evaluation design.
- m. The program follows research based early childhood education practices.

Program Highlights: Bright Futures

- a. Bright Futures. It is administered by the Sutter County Children and Families Commission

- b. No.
- c. A lot of their children are not accessing care for one reason or another, whether it's a medical home, a dental home or they need some assistance with cognitive or developmental skills. When the program identifies a need through the screenings, they make sure that the family gets a referral. Then the program continues to be in contact with the family to make sure they kept that appointment.
- d. The program addresses all of them, with a focus on Family Functioning and Systems of Care.

Improved Family Functioning: We have referred many of our families to new parenting classes, our one stop job resource as well as the domestic abuse shelter.

Improved Systems of Care: Because the children are getting into the system now; they have many entities that are working very closely together to provide services for the children.

- e. The program is designed for children ages 0-5.
Directly: When the children are getting screened, whether it's for their speech, cognitive or motor skills, they are receiving a free screening assessment. It directly affects them, especially if that child is in need of a speech referral or a behavioral referral. From there, we can refer that child to the different organizations that collaborate with Bright Futures or refer them back to their pediatrician.
Indirectly: It can affect any other child in the home. When a child with a behavioral issue is referred, the parent also receives parenting classes. Other children in the family who are over age 5 would receive the same support that the other child is receiving.
- f. Some of the challenges that they have are language. All of their materials are in Spanish and English. They have Spanish and Punjabi translators on site at every screening.
- g. They want to be able to identify needs that the children have before they get to school so that those needs are being met (whether it is a medical, health, dental or nutrition need). The majority of their referrals are dental. In Sutter County, the families are having a problem finding pediatric dentistry for their children. The Commission recently purchased a dental van, so they will be making lot of referrals to the dental van. With their teeth and health overall, since it is the majority of their referrals, they want to make sure that the children are properly being seen and are taken care of. They've had a number of children who have come into their program and they can't get any dental services. Either they don't have insurance or a lot of the pediatric dentists don't take Medi-Cal. They are seeing children who have severe problems, and they are just trying to help them cope, because that affects a lot of things as they are growing developmentally.
- h. Each of the stations has a specific assessment that is attached to it. They offer a large number of resource materials that the parents can take with them. Each station has resource materials specific to that station. There are 11 different stations that

the children go to, such as vision, dental, nutrition, and literacy. At the literacy station, they have a collaborative partnership with the Even Start grant area school district. They do a lot of talking to the parents about the importance of reading and books. At that station, the child gets to pick a book that they can take home with them. All the materials are put into a canvas tote the parents get to take.

- i. Registered nurse. Each of the professionals at the stations is specifically trained in that assessment. They also have a nice arrangement with C-Tech, a local training career program. C-Tech sends students who are going through the medical assistance program. They come and learn the station with the professionals and they help record and interact with the families. It is being used as a teaching tool as well.
- j. The program has been designed and adapted for the 0-5 population before they get to kindergarten. What makes it so innovative is that it is the only program in the County where children can get all of these services at a one-stop event with no charge.
- k. The program has an outside evaluator who has provided some good data on evaluation.

Anecdotal: They've seen a lot of appreciation from the parents for the program. The parents have been able to get their kids into services that they had not been able to, through their contacts with the local community. They have identified with the parents some difficulties the child was having that the parent didn't realize. On the flip side, there are a lot of families that are doing things just fine. We are able to offer them support and tell them what a great job they are doing. It's a really positive environment. This program doesn't have any qualifiers on it—anyone can come to it. They see families that are very well-adjusted, the child is ready for school, and we always make sure we give them a lot of kudos when they come through.

The program is about educating the families. There are a lot of things the parents might not know about. In regards to the speech station, they might not be sure about their child's speech pattern as they are growing up. The cognitive and motor skills stations in particular cover developmental areas in which parents typically wouldn't receive care or information from their regular physician. When parents bring their child to Bright Futures, they get to interact with that child and see how their child is doing, whether it is cognitive or motor skills. They are also educating themselves on how they can prepare their child for their future.

At the behavior station, the commission funds a behavioral specialist who is always at the screening with them. The parent may just have a simple question as it relates to getting the child on a schedule, preparing them for school. The answer to that question is immediate. They might have a question about biting—it's immediate. It's immediate feedback from the professionals to the parents at the different stations.

- l. Outside evaluator that evaluates the program.

- m. No. It was modeled off of a program in Bend, Oregon. The rationale for the program was that they wanted to offer something to all families in Sutter County that would help prepare their children for school.

Child/Family/Provider/Vignettes

Smart Start Vignette

- a. The participants involved were children ages 4 or 5 entering kindergarten in the fall.
- b. The demographic characteristics of the participants primary language was Spanish speaking students, with very low income status.
- c. The needs that were addressed is to build school readiness skills, like; social skills, oral language, letter and number recognition, building early literacy skills.
- d. The services the participants received were scheduled planned organized activities, such as circle time, small group activities playing with sand, counting letters or numbers out loud in the classroom. Another service they received were the opportunity to have their child screened for dental problems during the program sponsored by, Sutter County Children and Families Commission, Yuba City Unified School District, and Peach Tree Clinic. We also provided parents with information about parent literacy, Managing Child Behavior with Sharon Dowdall who works for the Sutter County Health Department. We had an Open house for our families and a Health Fair, dinner and a snack were provided every Wednesday when we had Parent Education Sessions.
- e. Many positive outcomes resulted from the program such as; learning their a,b,c's. Many children knew only ten letters or less when they started the program at the end of the program many children knew how to say their alphabet and or learned how to spell their name correctly. A lot of parents were satisfied because, they would come to me and say that they were amazed to see their child spell their whole name correctly.
- f. The services of activities received by Smart Start, School Readiness program improved the social welfare of children, when they got their dental screenings for a healthier smile, and receive a bag back full of educational materials that promoted parent and child interactive activities, and prepared children with a smart transition to kindergarten.
- g. The representation of the experiences of families in our community has had many great outcomes; we provide many free services and promote literacy through one of our many literacy programs through Yuba City Unified School Districts Even Start Program that promotes literacy and activities with parents and children working together.

Sutter County Smiles

Vignette 1

5 year old child, Female, Spanish-speaking, no English. Undocumented student who was in kindergarten.

When she first came in, she was very shy and withdrawn, and her teachers said she wouldn't say anything in class. They soon found out that she had absolutely horrid teeth. On her first appointment, she was put on antibiotics because she had numerous abscesses. She was very apprehensive at first, but once she realizedeven with the antibiotics, before she actually got her first appointment to where something was done, she started feeling better. Nine appointments later (7 fillings, 3 extractions and 3 crowns: some of her work had to be spaced out) it was clear that the more dental work she got, the more outgoing she became. She would actually just jump right onto the van and run and jump into the chair. She was so eager to have her work done. When she was done, the first thing she would do was show their parent liaison (who has a great rapport with children) what they did. She was so excited for the first crown that she got. The mother was so appreciative of her getting the work, that she would drive her daughter to wherever the van was so that she could get all the work done. The teachers noticed such an amazing difference in the child from the beginning to the end. She was a different little girl.

She had two older siblings who were able to be seen because of their sister. The family's oral health habits improved. The mother also brought the family to participate in the oral health fair. She talked to the dentist who gave her discoloration tablets as well as tooth brushes. The program truly impacted this family.

This story is representative of the children and families that were helped by this program. The main difference was that the parent made more of an effort than was normally seen by program staff. The mother arranged to get her daughter to wherever the van was.

Vignette 2

4-year-old Spanish-speaking boy was born with challenges and needed a lot of medical care; but he associated doctors with pain. He had to be coaxed in the door of the van and into the chair. He needed a lot of work, starting with antibiotics (which they found in many of the children). It took longer to start his work at the beginning, because he was so apprehensive. He had had very negative experiences with the medical community. But once he started feeling better and getting to know everyone, he warmed up to the staff. After 8 appointments, he had all of his work completed. When the program's direct services grant ends, the parents will be able to obtain dental services on a sliding fee scale. It will only be \$10 for them to come in and have a cleaning. The program will be doing follow-up on him.

If the program staff find that the habits haven't changed in the home, and the children are coming back in with problems that they had before they're fixed, the program does a mandatory meeting, where the parents have to come in and get more involved. The program

never turns away children because of the parents. They really try to make a difference in that home.

Vignette 3

They started working on a Caucasian girl when she was with her mother, but there was an addiction so the mother was very inconsistent about bringing the child. Attendance declined, and the program would go to pull her to do work, and she wouldn't be there for days on end. Eventually her grandmother got custody of the little girl. The grandmother consistently made sure she was there for appointments, so the work was done. The grandmother told them that she had personally taken the little girl to a dentist, trying to get the mother motivated to get things done. The child had had a horrible experience with the dentist; she screamed and cried and wouldn't go back. The grandmother was amazed that the program was able to make the connection with the child and got all of the work done. The work wasn't as extensive as some of the other children in the program. The program had moved sites and the grandmother did bring her to another site. The grandmother called back to say that they really made a difference. The little girl had gone from being totally afraid in a really bad home situation to being really comfortable with going to the dentist and getting all of her work done.

Vignettes: Bright Futures

Vignette 1

Male, Pakistani child who was 4 $\frac{1}{2}$ years old and spoke Urdu. He had an abscessed tooth that had been hurting for a long time. The mother said that they didn't know where to turn. The child was seen by their dental hygienist, who wanted to take care of the boy's tooth right away. At the time their program staff was having trouble referring children to pediatric dentists. The Peachtree mobile dental van came out to the school and removed the child's tooth. The child left very happy, and the mother was ecstatic, since she couldn't believe after all that time of trying they were successful and everything fell into place. Since then their program has seen this child's extended family members and their children.

Vignette 2

Grandmother had brought the child in with abscessed teeth. She had tried everything to get her granddaughter into treatment. She came to Bright Futures and again they were able to refer her to the dental van—got her right in, on antibiotics and then gave her treatment.

Vignette 3

A pregnant mom came in with a child that was 3-4 years old. They were Caucasian. The mother tended to hang around for a long time. The program staff found out that she was homeless and hadn't had prenatal care for her unborn child. She was 5 months pregnant. She came to Bright Futures looking for services for herself, and not really her daughter. Her daughter really didn't have that many referrals. The mother needed some help with

her home situation and she also needed to get into prenatal care. It just happened that the public health nurse who was there also does the prenatal clinic for the county. So they were able to get her into treatment the very next day. She had her prenatal exam and was set up on prenatal appointments. We were also able to get her in contact up with an ob/gyn who delivered the child. The homeless issue was a little tougher for us, and we were able to refer her to resources in the county, like WIC and food stamps. We sent her over to the one-stop to try and help with this homeless situation. She needed better options for her daughter and her unborn child.

Vignettes: Sutter County Parent Network

Case 1:

"The Sutter County Parent Network has saved my sanity. The Behavior Modification class sponsored by SCPN has taught me techniques to deal with behavior problems relative to my daughter's special needs. The autism support group that meets once a month has helped me to find other parents who understand the challenges and emotional roller coaster I go through"

Case 2:

"The Sutter County Parent Network has been a wonderful support to me. When no one else understands, I know I can count on them to be my cheerleader when my son learns to go potty "all by himself". They offer me understanding, love and support by connecting me with other families. I have learned so much through the resources that have been made available to me. With the help of the Picture Exchange communication Class, he can go through his day expressing his needs to others for the first time in his little life."

(Resources mentioned include: support at IEP meetings to assist with placement in a program specific to the child's needs, classroom visitations prior to placement, autism information regarding related medical issues that the child was subsequently treated for, acquisition of an auditory trainer through CCS after a 3-year delay with support from s CPN. In addition this parent has initiated fund-raising efforts, enrolled her child in Able Riders, and has done public speaking on behalf of children with special needs).

Case 3:

Spanish-speaking family with children with autism used the services of the Spanish Parent Liaison. Parents were in conflict over whom the children should live with based on bilingual issues. The liaison provided a referral to a Spanish-speaking marriage counselor while the couple was in disagreement over parenting and special needs services. The couple reconciled. Advocacy was provided to maintain current Teaching Autistic Children service hours, maintain regional center respite hours, ensure school admittance by advocating and referring for TB testing and faxing results to Headstart, provided gas cards for out of town medical appointments, contacted and referred family to Yuba County family Resource Center when they moved to Marysville.

Case 4:

Spanish-speaking family had goals for Occupational Therapy (OT) as recommended by the MIND Institute, Potty Training and Respite. A request for an OT assessment was written and sent to the Sutter County Office of Education. Mother attended Behavior Modification Class in March-April before the child's 6th birthday in May. The child was potty trained by July. Advocacy was provided by Parent Liaison for respite at the regional center quarterly meeting. Respite was approved. Advocacy was provided to resolve subsequent deficiencies in the provision of the respite service. The parents are getting along better. There are no longer any restraining orders in place.

Case 5

Parent was isolated with 17-month hospitalization of her newborn. Through SCPN contact with other families was made, and parent wished she had had that support while her child was in the hospital. She became active in becoming a peer parent advocate and made multiple hospital contacts in Sacramento on behalf of SCPN. SCPN successfully advocated for OT and Physical Therapy (PT) services to be provided in the home. Service providers had been reluctant to serve the medically fragile child and had delayed initiating service. SCPN provided advocacy regarding erroneous recall of critically needed medical equipment provided by CCS. The child responded well to stimulation and learned to sign, make her needs known, play with toys, develop loving relationships and a sense of humor. The family was referred to Exceptional Families when they moved to the Central Valley.

Case 6:

Spanish-speaking family requested SCPN services throughout a lengthy diagnostic process to determine if the child had spina bifida and a metabolic disorder. SCPN provided gas cards (father unemployed and receiving food stamps) and referred family to CCS to apply for future mileage reimbursement and to CAN for clothing, food and diapers. SSI eligibility was reviewed for the family but because the condition does not cause marked and severe limitations and growth is normal, benefits were denied. The case was reviewed for service options and needs from education, regional center, and CCS. The family moved out of county and was referred to the local family resource center.

Case 7:

Spanish-speaking family was concerned about lack of language in their youngest child. Parent liaison referred family to Alta California Regional Center. The child now receives regional center vendorized services through Speech Works. Parent was worried that her child would be sent to a special school if she talked to her doctor about her child's bed-wetting. Parent liaison eased her fears with information and support. He is now on medication. The child has also received counseling from Mary Chin, LCSW. Gas cards were issued for appointments to Palo Alto (Stanford), Sacramento, and from Robbins to Yuba City. Another child was referred to Mary Chin for counseling. Child was suffering from

anxiety due to school placement. Mary Chin arranged for conference with SARB officer, child, parent, and parent liaison to set up new plan for placement.

Case 8:

Spanish-speaking parent was unsuccessful in filing for SSI for her child. She had missed appointments with doctors that had been set up by SSI. Parent liaisons stress the importance of following the procedure. She assisted parent with forms and provided support. Child is now receiving SSI. Parent liaison explained school process for evaluation and assessment for special education. With this and other information parent is no longer timid, knows her rights, and is able to ask agencies for services her child needs.

Case 9:

Spanish Parent Liaison received referral from speech therapist regarding the client's sibling. Parent support was requested for what steps to take for out of control and aggressive sibling. Mary Chin made a referral to Sharon Dowdall. The child was then referred to the Infant Program and is in the process of evaluation for autism, ADHD, etc. Parent was frustrated by the lengthy evaluation process. Parent liaison helped support parent by explaining what the process involved. The two spoke as parent to parent. The parent now understands who can do evaluations and how that can translate into services from Alta California Regional Center and the Sutter County Office of Education. Parent has utilized respite services.

Case 10

"I appreciate very much all the help you have given me and my family. I hope there is an agency like yours in Sacramento."

Family of five from Iran referred by Sutter Yuba Mental Health to SCPN for information about our services. One of the children has PDD NOS and another is slow to begin talking. Parents interested in information about parenting, support, and assessment for autism spectrum disorders. They attended approximately 12 parenting classes put on by SCPN, numerous support group meetings facilitated by SCPN, and checked out materials from our resource library including parenting videos. The father received counseling from Mary Chin, who also made facilitated referrals to Yuba City Unified School District for autism assessment and to REAT for support and advocacy regarding services from Alta Regional. As a result, the son was assessed by the school district, the younger son was referred to Alta Regional for speech and language assessment, the parents learned about behavior modification techniques for effective parenting, and received support from other parents of children with autism spectrum disorders. The family has moved to Sacramento and the family was referred to a family resource center there. In addition, SCPN facilitated the transfer of assessments from YCUSD to the family's new school district. This case is typical of the families SCPN serves.

Vignette: Teen Success Program

One of our members was 16 when she became a member of the Teen **Success** program, and she was 5 months pregnant. She is Caucasian, bilingual (English and Spanish), and from a lower-to-middle class Caucasian family background. At the time she joined group, she was married to the father of the baby, who is Latino.

This member stated that she was somewhat "rebellious" as a teen, and when she found out she was pregnant, she decided she would "make it work." She heard about the Teen Success Program from the alternative high school she was attending, because fliers were being distributed there. The majority of teen mothers in Sutter County who have been served by Teen Success are going to alternative high schools.

The member also stated that her reason for joining Teen Success was to meet other moms, have fun, and hopefully learn something. She often was surprised by some of the things she learned during group, especially during Reproductive Anatomy and Birth Control segments. Some myths were clarified for her, including the belief that if a man drinks enough Mountain Dew soda, his sperm count will be too low to get a woman pregnant. This is believed to be true by many teens, due to a misconception about a dye called yellow no. 5, which is an ingredient in the drink. In addition, during the Anatomy segments, she was amazed to discover that the clitoris had the same number of nerve cells as the head of the penis. Many girls asked, "You mean we can feel like the guy does?" Although they had given birth to children, they still had little knowledge of their bodies.

At one point, this member was interviewed by the local newspaper. During the interview, she stated that she didn't remember getting any education in school about birth control or prevention of pregnancy except a video she was shown with the message "don't have sex." This information, along with the comments of other participants in the group that were similar, could be a contributing factor to an unwanted pregnancy. These educational needs were addressed though the topics in our Teen Success curriculum, as well as through creating an environment in which the members felt comfortable asking any question.

We also discussed relationships, healthy vs. healthy. The group took a field trip to a college campus and received instructions on how to register, and how to apply for financial aid. This member also had access to Birth Control, STD testing, and Pregnancy testing services, since our "Expanded Services" department provided these services on site, once a month at group meetings.

As a group facilitator, my observation is that Teen Success and the support and education given to this group member as direct result of the program, enabled her to finish high school, continue working, and maintain family size. She made some very good friends in this group, one of whom assisted her in leaving an abusive relationship.

This group also facilitated a reading program, in which participants were given a large number of free books for their children and were education on the benefits of reading with their child. One of the benefits the members learned was that a child being comfortable and familiar with books and reading at a young age is a first step to being literate once they are in school.

In my experience (2 years) facilitating this group in Sutter County, this member is representative of %75 of the participants we have served.