

First 5 California Annual Report Form

PART 1

**SUTTER COUNTY COMMISSION
NARRATIVE**

2002/2003

County Commission Narrative

1. County Priorities.

- a. Describe the major issues and/or needs identified by your commission within your county. Your response may include the same information reported last year.

The Sutter County Children and Families Commission conducted an extensive survey and review of available data and services for children 0-5 and their families. To gain new information the Commission developed a survey for distribution to the general public in Spanish and English and developed a specialized survey for Kindergarten teachers. The Commission's Advisory Committee developed a community resource matrix that identified existing programs and services available to all children in Sutter County. Using this information, the Commission developed a set of priorities and directed the advisory task groups to refine the objectives and strategies to meet the needs of all children and their families.

- b. Please describe the funding priorities your commission has focused on in the past fiscal year (July 1, 2002 - June 30, 2003) in the following areas:

- **Systems-level priorities** (e.g., changes in policies, legislation, service integration).

The Commission promotes opportunities to address gaps, leverage resources, create family friendly inclusive policies and further integrate the system of service delivery for children 0-5.

To obtain this goal, the Commission creates opportunities for early intervention programs that address the developmental needs of children and their families and integrate services with home visits, developmental assessment screening program, school based dental program, family literacy programs, parenting programs, special needs family support, teen mother support programs and collaborative meetings of all service providers.

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

- **Program-level priorities** (e.g., specific initiatives or large programs that were funded and successfully implemented with target audiences).

The Commission encourages program level agencies to develop strategies that build upon parent strengths, promote parent child interaction, promote the physical, social, emotional, cognitive and environmental development of all children, endeavor to improve the overall physical, dental and emotional health of children.

Priorities for FY 2002-2003, include parent education, training and support, developmental screenings, services for special needs children and their families, oral health, teen mothers and early education.

- **Commission-level priorities** (e.g., a new strategic plan adopted, civic engagement in commission planning efforts).

The Commission updated the Strategic plan in FY 2002-2003 in order to continue developing comprehensive programs of service delivery and support for children ages 0-5 and their families.

The Commission is guided by seven principles that govern all Commission activities and provide direction for allocating funds and updating the Strategic Plan. The Commission conducted extensive review of data available for Children and conducted community meetings throughout the county.

2. Major Accomplishments.

a. *Systems-level accomplishments* (e.g., changes in policies, legislation, service integration).

Service Integration is a primary system change goal of the Commission. Examples of system integration include but are not limited to:

- Funded programs participated in a monthly collaborative meeting to discuss program integration
- One direct service grantee was able to act as a referral network for other Commission funded programs, county programs and other social services programs

b. *Program-level accomplishments*

The Commission funds a number of programs with emphasis in Early Childhood Education. Minigrants were used to assist local childcare providers to equip their environment to promote school readiness.

The Commission had funding successes in the following program focus areas:

i. Healthy Families and Children-

- Teen Success – Teen Parenting Program
- Sutter County Parent Network – Children with special needs program, provides parent support and assists parents in accessing services for their children
- Bright Futures – developmental screening and assessment program
- Dental Task Force – provides comprehensive dental services
- Smart Start – 3 week pre entry to kindergarten program
- Mini Grants Initiative – Mini Grants supported families and children with preventive health resource information

ii. Parent Education-

- YMCA – Parent education for first time parents
- Sutter County Parent Network – Parent education for parents with special needs children 0-5
- Teen Success – Parenting classes and support for teen mothers
- Dental Task Force – Parent education focusing on oral health
- Bright Futures – resource, referral program for parents
- Smart Start – Parent workshops, parent support groups and parent education focusing on kindergarten readiness

iii. Early Childhood Care and Education

- Smart Start – Three week pre kindergarten program for children that had not had a preschool experience. The program focused on the social, developmental and early education of the children
- Dental Task Force and Bright Futures programs – These programs dedicated an area specifically for an educational experience regarding the importance of good oral hygiene. Proper brushing techniques, flossing and diet are included in the above programs.
- Child Care Mini Grants – The mini grants were awarded to licensed day care facilities to upgrade the physical environment to promote learning and/or to incorporate curriculum/programs for school readiness.

- c. **Commission-level accomplishments** (e.g., a new strategic plan adopted, civic engagement in commission planning efforts).

The Commission adapted the revised Strategic Plan.

3. **Challenges.** Please describe briefly any challenges your County Commission faced in being able to implement programs and achieve goals in FY 2002-2003.

These challenges have been identified:

*Limited capacity of providers to identify those in need of services and/or the perceived need for services. This has resulted in difficulty for some agencies in recruiting participants to their programs.

*Limited administrative staff at the Commission made the fiscal management of direct services grants challenging.

*Difficulty in communicating Commission goals to potential grantees to avoid potential misunderstandings. This has resulted in the Commission being presented with grant proposals outside of the intended scope of the strategic plan, wasting time for both the Commission and the applicant.

*Reaching geographically isolated populations outside of the greater Yuba City city limits.

4. **Plans for FY 2003-2004.**

Sutter County Activities for 2004

Sutter County is using program evaluation to guide the development of its most promising programs. Over the next year Sutter County will increase the proportion of funds spent on the Early Care and Education focus-area from the present 19% to over 35% of its total program funding. The primary reasons for this increase come from the development of a Child Behaviorist position to directly address early mental health interventions for young children, the new programs under development with the School Readiness Task Force and the expansion of the Child Screening and Smart Start programs to other areas of the county.

New Program Ideas:

- After conducting planning and discussion meeting to determine the best way to introduce this new program idea for children's services, Sutter County Children and

Families Commission has funded the development of a Behavioral Specialist position within the County Health Department. The purpose of the position will be to assist children (and their families) who have adjustment difficulties or exhibit behavior problems within childcare centers and schools. The idea behind the program is to provide this support within the early care and education environment and set up methods for identifying, intervening and resolving behavior issues that can disrupt the child's development. This program will be coordinated with the School Readiness program and will focus on three identified Yuba City schools, targeted under the grant.

Continuing Programs to be Expanded:

□ Bright Futures, the Sutter County child-development screening program has been well-received within the community. To date the program has conducted over 214 child screenings and provided over 105 referrals. Sutter County will expand this program in 2004 to conduct screening in two new areas of the county in addition to the Yuba City location.

□ Smart Start, this collaborative Pre-Kindergarten transition program, administered by the Greater Yuba City Education Foundation will be expanded to include other schools within the county.

□ The Sutter County Dental Task Force has had immediate success in providing this much-needed service. During a recent planning meeting the Commission has discussed the possibility of purchasing their own dental van and providing additional staff to exclusively serve the 0-5 population. The Commission will continue to explore this idea over the 2004 year with community partners, vendors and potential service-providers.

□ In order to better identify the outcomes associated with its mini-grant program Sutter County has introduced two separate rounds of funding for mini-grant awards; Community Mini-Grants and Childcare Mini-Grants. These small award programs are very popular with the family childcare providers and institutional programs with one-time funding needs.

Continuing Multi-Year Service Programs

□ Sutter County has funded several multi-year service programs to directly address identified needs for the 0-5 population within the county. All of the programs have worked through any initial delays to become established, functioning services. The Commission is monitoring the evaluation data and will use it to guide future support for the following grantees; Planned Parenthood's Teen Parent Program, The Parent Network's Special Needs Program and the YMCA's Becoming Parents Case Management and Education Program.

New Additional Funding For Sutter County

□ Sutter County has recently received news that the School Readiness Plan has been accepted and will be awarded in 2004. The School Readiness Program promises to expand and improve services for three low-performing schools within the Yuba City Unified School District. This additional funding enhanced by the Sutter County match will coalesce the Task Force and address much needed services within the area.

5. Status of Local Evaluation, Reporting, and Data Collection.

- a. Have there been any major findings from your local evaluation efforts? We are especially interested in findings related to school readiness, universal preschool, early childhood development and educational experiences, universal health care, and early assessment and intervention.

Program evaluations Faxed to Jenny McNeil, 10-14-2003

The major findings of the Sutter County external evaluation included the following:

- The Bright Futures Program is a very well attended and well supported by parents in our community. Details of the success include:

- i. Documentation of children's demographic and basic health information.

- ii. Average screening of 23 children per month

- iii. High degree of parent satisfaction with care and resource materials

- iv. Appropriate referrals made for all children whose screenings raised "potential concern" regarding developmental progress.

- v. High level of community providers continuing to support the program

- vi. Site visits by neighboring counties wishing to implement a similar program

Please refer to detail of program in Promising Practices.

- The evaluator found that helping children prepare for kindergarten through the Smart Start program was also successful. Details of the success include but are not limited to:

- i. Enrollment of 72 children in the program

- ii. Active participation of parents at the Parent Workshops

- iii. Documented positive changes in the children's social skills

- iv. ECE pre/post assessment scores demonstrated improvement

- v. Increase in the pre/post Walker Survey instrument (levels of change in behavioral adjustments in participants)

- vi. Overall teacher satisfaction

- vii. Increased number of children receiving health screenings and dental treatment

- viii. Refer to the Smart Start vignette for program detail.

- The programs all demonstrated value to children 0-5 and their families. However, recruitment to the programs which focused on parenting skills and teen mothers was difficult. The program managers felt this was due to lack of interest in the programs, uncertainty among the participants about the outcomes and expectations of their participation, transportation and language barriers .

- The programs that focused on direct services experienced large numbers of participants. Although this was viewed as a positive, the Commission was concerned that access to direct services was difficult to obtain either due to lack of understanding, lack of providers or lack of insurance coverage.

The external evaluator continues to evaluate the funded programs and produces a process and outcome evaluation report bi-annually for the Commission.

- b. Explain how these findings have been used (to inform policy-makers, to educate the public, to refine and plan programs, or in other ways).

The findings of the evaluation data demonstrates to the Commission considerable insight as to the effectiveness of the projects funding and the effect of the work as it relates to children 0-5 and their families in Sutter County.

6. Outreach to Historically Underserved Populations.

- a. What communities in your county have been historically underserved (e.g., specific ethnic or linguistic groups, families with children who have disabilities or other special needs, geographically isolated families)?

The communities in our county that have been historically underserved are the geographically isolated and the "working poor" families.

- b. What strategies has your County Commission used to reach each of the communities or groups mentioned above?

Strategies used have included community meetings in the identified areas and conducting the Bright Futures Assessment Program in isolated areas.

- c. How have these strategies resulted in greater access to and quality of services for these communities or groups?

The strategies have resulted in a greater awareness of available services in the county.

7. Innovative and Promising Programs. Please describe at least **three** new or continuing promising programs that your County Commission funded during FY 2002-2003.

Smart Start Program-

Smart Start is a program of the Greater Yuba City Children's Foundation.

The program addressed Kindergarten readiness and parent involvement.

Our primary focus was improved child development, the other three areas related to school readiness were also elements of our program.

The program was designed for children entering kindergarten who have never had any preschool experience. Students enrolled in the program will be better prepared for kindergarten.

The program did not focus on any particular subgroup; moreover, many of our students were English language learners. Each teacher-aide team was able to communicate with students in their native language and parent meetings were conducted in the preferred language of parents.

The desired results of this program will be students who will be academically successful and socially competent, families that are better able to support their student's success in school, and a more seamless transition for children into the public school system.

The 2002 Smart Start program consisted of a full-day (8:00 a.m. to 5:00 p.m.) class that included engaging the children in songs, physical activities, letter recognition, math-readiness, oral expression, pre-reading and pre-writing activities, and visits from community agencies including the Sutter County Library, Yuba City Police, and Yuba City Fire Department. Breakfast, lunch, and snack were provided to students each day. Parent involvement program consisted of weekly meetings; lessons were in the language of the family.

The program had 3 kindergarten teachers; 3 pre-school teachers; 6 classroom aides (3 each morning and afternoon); two parent-liaisons, and one program coordinator. The kindergarten teachers were all credentialed veteran teachers; pre-school teachers met the unit requirements set forth by YCUSD, classroom aides were required to have second language skills.

The program included health screening/immunizations for students; parent-involvement/parenting classes for parents; and opportunities for collaboration and communication between pre-school and kindergarten teachers.

As a result of this program students were more prepared for kindergarten than in previous years. Teachers and parents knew what was expected of the other as far as preparing their students for a smooth transition from preschool to kindergarten. Preschool teachers were able to get a better idea of what skills students need for kindergarten. Kindergarten teachers said that working with preschool teachers helped them better understand the level of skills students had been taught before they reached kindergarten. Both preschool and kindergarten teachers said they learned a lot from sharing techniques and ideas and felt that once regular kindergarten classes started, those who had participated in Smart Start had less separation anxiety, knew their way around the classroom and had expanded their learning capacity compared to kindergartners who had not been exposed to preschool or Smart Start. Also Pre-school and kindergarten teachers felt that Smart Start gave them a chance to work closer together than ever before. This new internal collaboration helped them find out what each expected of the other as far as preparing their students for a smooth transition from preschool to kindergarten.

Program impact was measured using a teacher-developed school-readiness tool.

The rationale for the program's design came from a survey conducted by the Yuba-Sutter Childcare Planning Council's survey of kindergarten teachers which listed the characteristics and skills of children who are best-prepared for kindergarten.

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.

By June 30, 2003, at least 90% of participants will have maintained their family size.

By June 30, 2003, at least 75% of participants assessed "In Need " at the beginning of the project moved to "Planning" level in at least one category of the behavioral matrix.

By June 30, 2003, at least 60% of participants remained in, re-entered or graduated from high school or the equivalent (GED).

By June 20, 2003, 100% of participants received informational resources for the Sutter/Yuba region.

These statistics compare favorably to teen parents in the general population where 20% have a second pregnancy and 33% remain, enroll or graduate from high school. Furthermore all pregnant teens received prenatal care and all offspring were provided immunizations.

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 with 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 group. 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. No other agencies besides Sutter County Parent Network are funded by this project. 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 Associated 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

9. Child/Family/Provider Vignettes.

Special Needs Project, Sutter County Parent Network Vignette #1

Mrs. A, age 30 is the married mother of four children ages 10, 6, 4, and 2. Mrs. A and her family are Caucasian, and their primary language is English. The oldest child, a boy, is emotionally disturbed and has been placed in a residential home. The two middle children, a girl and a boy respectively, have no disabilities, and the youngest, a boy, has a hearing loss. Mrs. A is married to a member of the National Guard who is currently stationed in Iraq. This is her third marriage. Mr. A is the father of their oldest child who was born out of wedlock, and the remaining three children's father is Mrs. A's second husband. The younger three are currently in foster care with Mr. A's mother, and CPS is recommending that they be returned to Mrs. A in about six months on the condition that she completes her court ordered treatment plan.

Mrs. A was originally referred to our agency for help with her oldest son's IEP. More recently, Mrs. A contacted our agency again for information about parenting classes and counseling. She explained that her children had been "taken away", and she wanted to do all she could to "get them back". Mrs. A was already receiving services from Child Protective Service and First Steps, an alcohol and drug treatment program. She was also attending AA meetings. Her children were originally placed in foster care with a family with whom Mrs. A had little contact. Her mother-in-law petitioned the court to be the children's foster mother and that was approved. Mrs. A visits her children twice a week and talks to them on the phone every day. She hopes to be able to walk her six year old to school every day, and CPS is considering that possibility.

Since June 19, 2003, Mrs. A has been receiving weekly psychotherapy in our office. Additionally, we have referred her to a support group and a parenting class which she is planning to attend beginning September 2003. As a result of her weekly counseling sessions, Mrs. A has been able to identify goals and work diligently towards reaching those goals. She has made some progress towards accepting responsibility for her actions and learning how her behavior has led to the loss of custody of her children. She is working on identifying and strengthening her support systems which includes forming friendships with people who are drug free, straightening out her finances, applying for jobs as a massage therapist (she recently completed her massage therapy training program), developing and maintaining positive and appropriate relationships with professionals in the social services and court systems, and regularly attending support groups and advocating for herself within these groups. Mrs. A is also working on her feelings concerning her own childhood, which included multiple incidents of physical, emotional, and sexual abuse. (A pre Special Needs Assessment was completed in 7/03, and the post assessment will be done next year.)

The following are Mrs. A's comments: "I really feel that having the support of all the people at the Sutter County Parent Network has helped me to become more stronger. I now have someone that I feel comfortable talking with. I feel that with Mary Chin's help I am able to address a lot of the issues in my life that need to be addressed. I want to thank Mary Chin and everyone else there for all the support they give me. I am learning that I am responsible for the things I have done and now its time to find out new methods of coping with issues so I can become a stronger person and better parent."

The services that Mrs. A is receiving from the Sutter County Parent Network promote the supporting conditions for school readiness in two ways. First, the goal is to provide a safe and stable home environment so that children can grow and learn without undue anxiety and disruption. Our services are helping Mrs. A to become a more effective and responsible parent so that when her children are returned to her, she can provide them the safe and stable environment that they need. In order to do that, Mrs. A must be free of her dependency on drugs and alcohol, be able to responsibly manage her financial resources, and have a dependable and effective support system. Second, Mrs. A needs a repertoire of effective parenting techniques and strategies as well as an understanding of child development so that she can provide consistent and appropriate guidance to her children. We hope that our parenting classes will give Mrs. A this information.

While Mrs. A's particular circumstances are not the common experience of families with children with special needs, families in the foster care system do have a disproportionately high incidence of children with identified disabilities including social-emotional, specific learning disabilities, attention deficits, challenging behaviors such as oppositional defiance disorder, fetal alcohol syndrome/effect and reactive attachment disorder. Foster care children and adoptive children present distinct parenting challenges, and the parent to parent support and non-mandated agency services provided by the Sutter County Parent Network are key to empowering parents through a non-threatening and family centered model.

Special Needs Project, Sutter County Parent Network Vignette #2

Mrs. B is a 35 year old married mother of three children: twin girls age five and a boy who is two. She and her family are Caucasian and English speaking. One of Mrs. B's daughters has Asperger's Syndrome, and her other two children have no disability. Mrs. B called our agency in March of 2003 because she needed help with finding day care, counseling, respite care, parenting classes, gas for out of town medical appointments, a support group and toilet training for one of the twins. When Mrs. B contacted our agency in March, she was in a crisis situation because she felt overwhelmed by her responsibilities as a parent, the demands of her job, and her household duties. Mrs. B is a registered nurse who works full time.

Sutter County Parent Network was able to provide a number of services and referrals to Mrs. B. She was immediately enrolled in a parenting class offered by our agency on behavior modification, which addressed toilet training. Mrs. B and her family received counseling services both in our office and from a local marriage and family therapist. At the conclusion of the parenting class, many of the participants,

including Mrs. B, chose to continue in a support group, which was facilitated by the class instructors. In the support group, the parents had the opportunity to share experiences and get follow-up information and support on their parenting techniques and strategies. Mrs. B was able to find a day care provider who could take all three of her children. Our agency gives Mrs. B gas cards for her out of town medical appointments for her child with Asperger's. Mrs. B is registered for our next parenting class, which starts in late September, and will continue to participate in the support group as well as a new support group (for parents of children who are in the Autism spectrum). These meetings resume in September after a summer break.

As a result of our services, Mrs. B has been able to recover some sense of control over her life, and her stress level has been reduced considerably. She has successfully toilet trained her daughter and learned other effective parenting strategies especially regarding discipline and establishing routines in the home. Mrs. B's score on the Special Needs Assessment improved from 45(January, 2003) to 66 (March, 2003). The following are Mrs. B's comments:

"My 5 year old daughter has been diagnosed with Asperger's Disorder, ADHD and OCD. Sutter County Parent Network has helped me to deal with my daughter's behavior in many ways:

1) By offering behavior modification classes that helped me to learn to become a better parent (life is MUCH more peaceful now!)

2) By offering emotional support and counseling to help me deal with my daughter's special needs and the grief of not having a "normal" child

3)By helping me to identify other community resources I needed, and helping me to access them

The Resource Library has awesome resources, in both book and video (like the 1-2-3 Magic Series) that helped me to deal with my other daughter (twin to my special needs child)

5) Attending IEP meetings with me to determine if my daughter was eligible for Special Education.

6) The staff is always supportive when things are not going right, and they help in anyway they can to decrease my stress level.

7) Gas vouchers and McDonald's gift certificates are a lifesaver when I have to take my daughter to out of town medical appointments.

8) Childcare stipends have enabled me to attend many of the classes that I could not have afforded to pay a babysitter for. This is a REALLY IMPORTANT part of the program. I would like to see it extended for the support groups also.

My stress level is 1000% less than it was when I first attended the Behavior Modification class and the support group that followed. I really want to thank Sutter County Parent Network for everything they have done for me and my family!"

The services provided by the Sutter County Parent Network promote the supporting conditions for school readiness for the children of this family by providing support to the mother and, by extension, to the entire family. Mrs. B's "stress level" has decreased significantly because she was able to gain more control both at home and at work. She is, consequently, better able to perform the duties needed to make sure

her daughters are ready for school each day, and to engage in activities at home that will help her children be more successful at school.

Mrs. B's situation is representative of the continuous stressors traditionally placed on mothers of children with special needs. The medical appointments, agency planning meetings, denials of service, appeals, parenting challenges, securing childcare for more than one child and feeling welcome and assured that your provider is knowledgeable and caring - all of these critical assignments are time consuming, exhausting, frustrating and stretch emotional and financial resources. Couple this with the demands of career and marriage and it's no wonder that our families benefit from emotional support, training and networking. Knowing that other parents face similar struggles, knowing that children with similar disabilities are making meaningful progress and are happy, and having someone to listen to their story sounds like an over-simplification of a successful program, but it's where most of our families start their journey to self-advocacy and empowerment. Mrs. B's situation is repeated more often than not - the opportunity to recognize the need for support and receive that support is what we need to promote to other families with the Special Needs Project.

Special Needs Project, Sutter County Parent Network Vignette #3

Mrs. O is a 30+ married mother of four children: a daughter age 15, and three sons ages 8, 6, and 4. Her 6 and 4 year old sons have autism. The family is Hispanic and the primary language is Spanish. The children all speak English as does Mr. O. Mrs. O has a very limited knowledge of English. Sutter County Parent Network has known the O family since November 2002.

The O family was referred to Sutter County Parent Network for help with IEP paperwork, legal referrals, and information about playgroups for the two youngest sons. At that time, Mrs. O was separated from her husband and in the process of filing for divorce. He wanted custody of the three youngest children, and Mrs. O was contesting that. The two youngest receive in-home services/assistance from T.A.C. (Teaching Autistic Children), ALTA Regional, Special Education and SSI. At the time of this report, Mr. and Mrs. O have reconciled and are living together again.

The Sutter County Parent Network provided the following services to this family: interpreter service to help Mrs. O communicate with service providers, facilitated referral to the Family Law Center and to marriage counselors, referral to a play group at the Sutter County Library, enrollment in a parenting class with interpreter, a parent support group with interpreter. collaboration with ALTA Regional to provide better respite care and interpreter services, gas cards for out of town medical appointments, help with medical appointments and written requests for services, and organization of IEP documents.

As a result of Mrs. O's participation in our programs, she has learned how to be a better advocate for her children and for herself. Her score on the Special Needs Assessment went from a 6 in October 2002 to a 61 in May 2003. The following is Mrs. O's statement through an interpreter:

"Mrs. O is very grateful there is a program like ours to help her in many ways. She has received gas cards and finds a great benefit from the classes she has attended. 'I

truly appreciate all the help you give and thank you for the flyers in Spanish and the phone number for the couples counseling."

The services received by the O family helped to promote the supporting conditions for school readiness by giving Mrs. O the resources she needed to provide a more stable environment in the home. As a result of Mrs. O's efforts, and those of her husband, they are now reconciled and the family is reunited. The two youngest children are receiving services both in the home and at school, and both boys are making very good progress. Both boys have been successfully toilet trained this year.

The O family is representative of the statistic that while the 50% divorce rate is not higher for families with disabilities, the dissolution of the marriage and the family occurs significantly earlier. Families struggling with a child or children with major disabilities, different parenting styles and strategies, and lack of information in addition to the traditional marriage stressors frequently turn to divorce if not counseled and supported. That means that at the very time when young children can maximize benefit from early intervention, the family is in crisis and the advantages of dual parenting and the support that couples can provide to each other are lost.

Becoming Parents Program, YMCA Vignette

In September of 2002 BPP began the first class in this area. The first participants to enroll were a young expectant couple that was about 6 months along in the pregnancy. Both participants were raised in drug dependent families that had seen domestic violence for many years. The demographics of each participant are as follows:

*The expectant mother was 19 years old, unmarried and had no other children. She had a high school diploma and worked nights at a telemarketing firm. Her mother had been married twice, does not have a relationship with her biological father. Her mother had been dependent on drugs and alcohol most of her life, yet had completed the First Steps program just 4 years prior. The participant herself had begun drugs at a young age and had been smoking since age 12.

*The expectant father was 27 years old, unmarried, and had one child from a previous relationship. He did not graduate from high school, and was not working due to a recent hip replacement caused from a work injury. The participant had no relationship with his biological father. The participant's biological mother was, and is still, using drugs. She also buys and uses the drugs with her children. Two of the children, including the participant, receive SSI for the loss of mental capacity due to the mothers drug use at the time she was pregnant.

Participants completed the 6 week BPP program. During this time the expectant mother had wrecked her car causing her to lose her job. She was in the process of moving to a better area of town when her apartment was broke in to and the family she was renting a room from was evicted. Through all of these problems the participants continued to come to class. If transportation was a problem, staff at BPP provided transportation.

After completing the program the baby was born and the couple moved in together and bought a car. The mother enrolled in a medical assistant program at CTEC and

worked nights at the telemarketing firm. They commended BPP for the skills they had been taught. However, old habits came back and the male participant was caught with drugs by the female. She moved out. After months of separation, they told BPP that they used the communications skills they had learned to work many of their problems out. The father committed himself to a rehab facility. The couple has since married and he is in an ongoing program to keep clean.

The coordinator has met with the couple numerous times. The baby is bright and appears to be happy. The couple is still using the skills they have learned through the program to continue to better their relationship. This is the first step in breaking negative family cycles. This baby will be the first in many generations of their families to have a significant chance at prospering at school and in society. Preventive programs work slowly; however, have great overall impacts on individuals, families, communities and society as a whole.

We live in a community that is in need of these types of programs. As coordinator I have seen the program begin working in the classroom and I receive many calls from the participants regarding the positive changes they are now making in their lives. I feel programs such as this will help our community prosper in many ways, one family at a time.

Teen Success Program, Planned Parenthood Mar Monte Vignette #1

17 year old female with an 18 month old son. Since joining Teen Success she has continued on with school. She left her husband who was physically abusing her and filed for divorce and a restraining order. She was awarded full custody of her son. She currently lives with her mother, 2 sisters and her brother. Her current goals are - get a drivers license, find employment preferably in the medical field, graduate from high school, attend the Yuba Community College nursing program

Teen Success Program, Planned Parenthood Mar Monte Vignette #2

17 year old female with a 5 month old son. She currently lives in a two bedroom apartment with her husband who works full time during the day. She works part time in the evenings and her husband or mother watches her son. She has a driver's license; car and she completed high school a few weeks ago. Her future goals are: attend the Yuba College nursing program, find employment with benefits and improve her Spanish (her husband's first language is Spanish).

Smart Start, Greater Yuba City Children's Foundation Vignette #1

Ana was a bright 5 year old child who was anxious to learn. Although her parents spoke only Spanish, they supported her for all the Smart Start activities.

Ana had never been in a preschool and was registered to begin kindergarten in the fall.

A wide range of activities that were aimed at preparing the student for kindergarten were provided. These include: 1) development of social skills including separation from parents; self-help; interaction with peers and adults; learning to express needs appropriately; and sharing/taking turns. 2) Readiness skills: listening; following

directions; sharing ideas orally; pre-reading/pre-writing opportunities; math readiness. 3) Health Screenings: immunization checks; physicals. 4) Parents attended weekly parent education meetings that include introduction to the public library.

Registration for the Smart Start program was held at the Sutter County Library. The library set aside a section for us to meet with the families. About a third of these families had not been to the library, so we helped them get cards after they registered for Smart Start, because the children were thrilled at being there.

So it was with little Ana. Although only 5 years old, she did speak English already, but had not been to the library. She was so excited, she showed us books and explained them in English. She asked her mother to check some out, so we assisted her mother in obtaining a library card. This child was started on the right path even before she got to (kindergarten) class because of this experience. She did not slow down, but continued to learn throughout the program.

Examples of efforts that support school readiness are early care and education services with kindergarten transition services; parenting/family support services; health and social services; improving schools' capacity to prepare children and families for school success; and strengthening program infrastructure, administration and evaluation.

Smart Start is a holistic approach to create a system that prepares children to enter kindergarten. The program addresses students' social, academic and health related needs so that they will meet with greater success in kindergarten. The program also helps their parents learn how to be more supportive of their student's education, and encourages pre-school teachers and kindergarten teachers to better understand and educate young children as they prepare to enter kindergarten.

There were others who jumped out of the box, as it were, following the same enthusiastic learning pattern. Children were excited to get to hear stories, play, and sing. While the parents were in English or Spanish speaking parenting classes, all their children - even a few up to 12 years of age - were in a room, listening and singing with enthusiasm.

We will not forget little Ana and the others who got a jump start on kindergarten, with support, they will continue to learn quickly. This was most rewarding.

Innovative and Promising Programs

The Becoming Parents Program, Yuba Sutter YMCA

The most common transition parenthood intervention in the United States are childbirth preparation classes, however, these programs focus primarily on the events of labor and birth and do not prepare the parents for the subsequent year of parenting. The Becoming Parents Program (BPP) provides first time parents with specific knowledge and skills - survival skills - for taking care of their couple relationship, taking care of themselves, relating to their baby, and dealing with the many ways becoming parents impacts their lives.

The knowledge gained by participating parents will benefit children one to five in many ways. The skills and techniques covered in the variety of topics will improve family functioning which will in turn improve child development and health. By improving family functioning by educating participants how to use better communication skills and problem solving techniques, their children will be raised in an environment with less conflict leading to feelings of security and confidence which will enable them to do better in school and in society.

Adopted from a research project currently funded by the federal government, modifications were in order. First introduced in Sutter County as a program for first time parents, the staff at BPP learned that many other families would benefit from the topics, skills and techniques that the program provides. With permission from the programs creator, Dr. Pamela Jordan, the coordinator modified the program to provide services for foster families, teen parents, and parents who currently have children. Spanish classes will also be starting soon.

BPP can be used with married or partnered couples diverse in age, race/ethnicity, educational level, and socioeconomic status. It includes as its foundation the highly effective Prevention and Enhancement Program (PREP), many studies of which have demonstrated that couples who have had PREP training have significantly reduced rates of separation and divorce as compared to control couples, and the Stop Anger and Violence Escalation (SAVE), and Domestic Conflict Containment Program (DCCP), which focus on managing stress and anger and preventing domestic violence. Additional components of BPP focus on self care and an "owners manual" for the baby. BPP consists of a series of brief lectures, videos, couple and group discussions and exercises, and individual couple and homework exercises.

The YMCA'S BPP Program currently employs one full-time coordinator and ten class facilitators. The YMCA's CEO and staff give BPP additional hours and experience as does the program's steering committee.

This program is not only innovative in meeting the needs of our own county, but is the first of its kind in the nation. BPP has recently been named a national model program and is being adopted by individual states, such as Oklahoma, as a state given program to meet the needs of President Bush's current marriage initiative. The funded research program led by Dr. Jordan at the University of Washington in Seattle does not see a range of diversity, only focusing on married, mostly middle class first time parents. The YMCA's program however, caters to all parents needing the skills which have included drug addicted expectant mothers, participants who cannot read

or write, those which were raised in household that for generations have had drug addictions and domestic violence, as well as teen parents.

Although participant numbers have been lower than expected, outcomes for these participants have been very positive and made great impacts:

* Children's System of Care has reported seeing a positive change in the behavior of its teen father that entered the program.

* One couple, both who were raised by drug dependent families have married and the mother has gone on to higher education.

* A couple with a significant age difference of 20 years has reported that the program has had a positive impact on their marriage and how they raise their child.

* One expectant mother did not complete the program due to the fact that she checked herself into rehab after the session on substance abuse.

These impacts are documented by the staff at BPP but written letters of verification from the participants and/or agencies like Children's System of Care can be retrieved

Dental Task Force Program-

The Yuba City Unified School District is the agency housing the Direct Services Grant that the Sutter County Children & Families Commission ("Commission") has approved for \$115,984.00, for the 2002/2003 school year. The purpose of the grant is to strengthen local collaborative efforts involving schools, family service providers, and non-profit organizations for the well being of children in Sutter County to:

- expand services for pre-kindergarten and kindergarten children, up to their sixth birthday, and their families at schools.
- support or expand co-location of services for children and families at user friendly and more readily accessible sites.
- support early screening and increase the availability of oral health prevention and treatment services for children.
- provide access to health care utilizing mobile services as well as offering services at schools and family centers.

The grant provides the resources to contract with a local non-profit clinic to provide a school-based mobile dental clinic for Bridge Street, King Avenue and Park Avenue schools. The focus will be on providing dental screenings and direct services for all pre-school and kindergarten students. School nurses from any school in Sutter County could refer a child, up to their sixth birthday, if there were special circumstances that made receiving needed dental care impossible.

The certificated program coordinator's position receives 64% funding from the grant. A clerk for translations, parent contacts, and data entry will be hired as soon as possible. Other personnel available through the contracted school-based mobile dental clinic include two dentists and a dental assistant. One of the dentists speaks English, Punjabi and Spanish and is utilized to communicate with parents and to assist in oral health education for the families.

All three schools have a high Free and Reduced Lunch percentage with an ethnically diverse population. Materials are translated only in Spanish at this time.

School personnel are used to communicate with Spanish, Punjabi and Hmong students and parents when needed. A priority is given to enrolling families in programs such as Healthy Families. The coordinator and outside evaluators developed the database used to document services and follow-up contacts. Some students and families need to be case managed when referrals or other outside services are needed to complete services. The database provides an organized method of case managed services.

These services provide a valuable resource to keep our students in school and their ability to learn not impeded by dental pain. A Healthy Start grant was implemented four years ago at Bridge St. School. In the planning year a survey of parents was used to prioritize services for the operational grant. 68% of the Hispanic respondents rated dental services as the number one concern. Many of the working parents in Sutter County do not have dental insurance or do not qualify for state and federal insurance programs. Parents must miss work and go without pay to obtain dental services for their children. The site-based dental service eliminates children missing school and as a result the district and parents are not losing precious dollars. Through this grant Yuba City Unified School District will be able to sustain site-based dental clinics to provide families with needed dental services.

County Commission Funding Priority Outcomes and Indicators

Directions: Please check all of the outcomes listed below that were local funding priorities in FY 2002-03. Also, please check the indicators on which core participant data were collected. Population-based indicators will be collected by the statewide evaluation team and do not need to be marked.

Funding Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children are born healthy.	<ul style="list-style-type: none"> • Infant survival rate • Number and percentage of births at low birth weight • Number and percentage of live births in which mothers received adequate prenatal care 	<input type="checkbox"/> Number and percentage of births at low birth weight <input type="checkbox"/> Number and percentage of live births in which mothers received adequate prenatal care	
<input type="checkbox"/> Children receive preventive and ongoing regular health care.	<ul style="list-style-type: none"> • Number and percentage of children aged 19-35 months who receive the recommended vaccines • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<input type="checkbox"/> Number and percentage of children who receive well-baby and child checkups by age 2 <input type="checkbox"/> Number and percentage of children with a regular medical home <input type="checkbox"/> Number and percentage of children who have health insurance <input type="checkbox"/> Number and percentage of children aged 19-35 months who receive the recommended vaccines	
<input type="checkbox"/> Children are in healthy and safe environments.	<ul style="list-style-type: none"> • Number and rate of hospitalizations by children with nonfatal unintentional injuries 		
<input type="checkbox"/> Children are healthy and well nourished.	<ul style="list-style-type: none"> • Number and percentage of women who are breastfeeding • Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their height and age 	<input type="checkbox"/> Number and percentage of women who are breastfeeding	<input type="checkbox"/> Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their height and age
<input type="checkbox"/> Children have good oral health.	<ul style="list-style-type: none"> • Number and percentage of children who have dental insurance 	<input type="checkbox"/> Number and percentage of children ages 1 and older who receive annual dental exams	<input type="checkbox"/> Number and percentage of children who have dental insurance

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children are free of smoking-related illnesses.		<input type="checkbox"/> Number and percentage of children who live in households where no adults smoke <input type="checkbox"/> Number and percentage of women who did not smoke during pregnancy	
<input type="checkbox"/> Children have access to high-quality early care and education.	<ul style="list-style-type: none"> • Number of licensed center child-care spaces per 100 children • Number of licensed family child-care slots per 100 children • Number of Head Start slots per 100 low-income children • Number and percentage of licensed center child-care spaces for children with disabilities and other special needs 		
<input type="checkbox"/> Children participate in early childhood education programs.		<input type="checkbox"/> Number and percentage of children who have ever attended a nursery school, prekindergarten, or Head Start program by the time of kindergarten entry	
<input type="checkbox"/> Children receive early screening/intervention for developmental delays, disabilities, and other special needs.	<ul style="list-style-type: none"> • Number and percentage of children identified as having disabilities and other special needs (including a developmental delay) by the time of kindergarten entry 	<input type="checkbox"/> Number and percentage of children identified as having disabilities and other special needs (including a developmental delay) by the time of kindergarten entry	<input type="checkbox"/> Number and percentage of primary care providers who use developmental screenings on all children under age 3
<input type="checkbox"/> Children enter kindergarten “ready for school”.	<ul style="list-style-type: none"> • Kindergarten student active attendance rates • Number and percentage of students retained a second year in kindergarten • State standardized test scores for reading in second grade 		<input type="checkbox"/> Number and percentage of children identified with disabilities who are referred to developmental services by kindergarten entry <input type="checkbox"/> Number and percentage of children who participate in school-linked transition/school readiness immersion programs

Priority Outcomes	Population-Based	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children live in home environments supportive of optimal cognitive development.	<ul style="list-style-type: none"> • Number and percentage of families who report reading or telling stories regularly to their children 1 to 5 years of age 	<input type="checkbox"/> Number and percentage of families who report reading or telling stories regularly to their children 1 to 5 years of age	
<input type="checkbox"/> Children are safe from intentional injuries in their homes and communities.	<ul style="list-style-type: none"> • Number and percentage of children with substantiated or confirmed (open) cases of child abuse • Number and percentage of child maltreatment in which there is a recurrence within a 6-month period 		
<input type="checkbox"/> Fewer teens have babies and more parenting teens delay subsequent pregnancies.	<ul style="list-style-type: none"> • Number and rate of births to young teenage mothers 		<input type="checkbox"/> Number and rate of births to young teenage mothers
<input type="checkbox"/> Families are self-sufficient.	<ul style="list-style-type: none"> • Number and percentage of children living in poverty • Number and percentage of kindergarten children participating in free/reduced-price breakfast and lunch programs 		<input type="checkbox"/> Number and percentage of children living in poverty <input type="checkbox"/> Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger) <input type="checkbox"/> Number and percentage of children who move more than once in a year <input type="checkbox"/> Number and percentage of mothers who completed high school or its equivalent
<input type="checkbox"/> Parents provide nurturing and positive emotional support to their children.			<input type="checkbox"/> Number and percentage of mothers screened for and referred for depression
<input type="checkbox"/> Children achieve permanency.	<ul style="list-style-type: none"> • Number and percentage of children under age 5 who have lived in foster care within the past year • Number and percentage of children under age 5 in foster care who are placed in a permanent home 		