

**SUTTER COUNTY
CHILDREN & FAMILIES COMMISSION**

**Annual Report to
First 5 California**

FY 2004-2005

1. County Commission's Priorities

(a) Major issues identified in Strategic Plan

The major issues in Sutter County are: oral health, 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, children with special needs, behavior issues and health access.

(b) Funding Priorities in FY 2004/2005

- Parent Education and Support Services (SCPN, Bright Futures, Child Development Behavioral Specialist, Smart Start, School Readiness)
- Early Childhood Care and Education (Smart Start, Backpacks, School Readiness, CARES, Bright Futures, Child Development Behavioral Specialist)
- Healthy Children and Families (Sutter County Smiles, Immunizations, Bright Futures)
- Integrated Services and Systems for Children and Families (Bright Futures)

2. Primary Activities and Programs, by Funding Priorities:

(a) Priority Area/Initiative: Parent Education and Support Services

(1) Primary Activities and Accomplishments:

Sutter County Parent Network (SCPN), which supports families with special needs children, provided 897 case management services to 61 families and 65 as-needed services to 31 additional families.

(2) Outcomes:

After using **SCPN** services, parents were significantly more likely to be able to address the needs of their special needs child. Parents also reported a greater understanding of their child's needs, more confidence, and less stress as a result of program participation.

(b) Priority Area/Initiative: Early Care and Education

(1) Primary Activities and Accomplishments:

School Readiness provided school readiness and kindergarten transition activities to approximately 54 children and 118 parents at 3 elementary school sites. **School Readiness** also distributed **Kindergarten Transition Backpacks** to 520 families. **Smart Start** uses a summer pre-kindergarten program to teach basic school readiness skills to children with little or no preschool experience. **CARES** provides incentives for child care providers to increase their education and to become licensed providers.

(2) Outcomes:

School Readiness schools showed more success than comparison sites in moving “severe-to-moderate risk” students out of that risk category based on Walker Assessment Scale results. Parent involvement in home-based transition activities also increased, with parents reporting that the **Kindergarten Transition Backpacks** had made kindergarten entry easier for their child. **Smart Start** successfully elevated children with no preschool experience to a school adjustment level matching those children with preschool experience based on pre and post assessment tests.

(c) Priority Area/Initiative: Healthy Children and Families

(1) Primary Activities and Accomplishments:

The Initiative on Child Health provided 1843 free immunizations to 456 children. **Sutter County Smiles** provided 3241 dental screening, cleaning, restorative treatment, and dental health education services in 1117 dental visits for 340 children. The **Child Development Initiative (CDI)** funds a Child Development Behavioral Specialist to provide screening and intervention for children 0-5 with behavioral problems. 103 children were screened or received services during 04-05.

(2) Outcomes:

39% of children who received services through the **FREE Immunization Program** had no insurance at the time of service and 12% of parents stated they would not have gotten the immunizations if they were not free. For 35% of children, **Sutter County Smiles** provided their first visit to the dentist. Additionally, 44% of children who received dental services had no dental insurance, and 71% of children would

not have received dental care were it not for the **Sutter County Smiles Mobile Dental Clinic**. Of families who received **CDI** services, 63% had completed some treatment plan goals, while 29% completed all treatment plan goals. Children who received **CDI** services also demonstrated improvements in behavior.

(d) Priority Area/Initiative: Integrated Services for Children and Families

(1) Primary Activities and Accomplishments:

Bright Futures provided free health and developmental screenings to 386 children in Sutter County, 70% of referrals resulted in the child receiving additional services. The most common referral needs were for dental services and literacy (Kindergarten Transition Backpack). **Bright Futures** cooperates with other agencies and Commission run programs to staff the screenings with volunteers knowledgeable in a variety of areas and of available services in our community.

(2) Outcomes:

Bright Futures increased its screening from 17 children to 26 children per event, exceeding program goals. Program staff tracked referrals, and found that 51% had resulted in a service, while an additional 8% were awaiting scheduled appointments. Nearly one-third of referrals were for dental services (frequently to **Sutter County Smiles**, another commission-run program). 98% of parents learned something new about their child from the screenings, and the same percentages believe their child was helped by **Bright Futures**.

3. Promoting Equitable Access and Outcomes

(a) The Sutter County Children & Families Commission has not formally adopted the Principles on Equity.

(b)The communities in our county that have been historically underserved are the geographically isolated, migrant farm workers and the “working poor”.

(c) Strategies used:

1. Conducting Bright Futures Assessment program quarterly in isolated areas
2. Commission staff continue collaborative work with Head Start and Migrant Head Start including attendance and participation at parent meetings, policy councils.
3. Providing information materials in native languages.
4. Providing interpreters for Spanish and Punjabi speaking participants at Bright Futures, School Readiness activities, Smart Start and the Sutter County Smiles Program.
5. Participation in Community events, i.e. Health Fairs, Community Day at the Mall,

Public Health Week, WIC meetings, Family Literacy events at schools

6. Placing information in public locations, grocery stores, laundry mats, libraries, churches, county health and welfare offices and public service radio announcements, billboards, and listings in community newspaper calendars.

(d) Through an independent evaluator the Commission is working to determine the extent to which children and families are served by more than one Commission funded program. An extensive database has been established and will improve the ability to track which communities, groups are accessing services and how frequently. Funded program meetings are held to increase cross referral of families needing assistance.

4. Program Highlights

Bright Futures – FREE Health and Development Screening Program

- a. Bright Futures is administered by the Sutter County Children & Families Commission. Bright Futures won an Acts of Caring Award from the National Association of Counties in April of 2005.
- b. No.
- c. The program provides families with accessible, free health and developmental screening in 11 areas: dental, vision, literacy, health, hearing, speech, cognitive, motor skills, behavior, nutrition and a resource station. Bright Futures identifies surfacing delays, or health concerns thereby improving early school performance. When the program identifies a need through the screenings, they make sure that the family gets a referral and follow-up assistance in accessing needed services.
- d. It was modeled off of a program in Bend, Oregon. The rationale is to provide children and families with accessible, cost-effective, educational, preventative health and developmental screenings.
- e. The program addresses all of the four result areas. By identifying surfacing developmental and health concerns and connecting families to needed services the program addresses improved child health and improved child development. Support and education provided to parents and early identification/services for behavioral issues in children addresses improved family functioning and finally staffing the screening stations with community agency and commission funded program volunteers provides participant families with staff knowledgeable of available community services.
- f. The program is designed for children ages 0-5.
Directly: Children are given a FREE screening that can identify surfacing concerns,

i.e. vision, dental, or developmental. The child and family are connected with services to address the specific issue identified. This early identification directly affects the child and family.

Indirectly: It can affect other children in the home. Parents participating in Bright Futures are provided with parenting support and educational resources that increase their knowledge of developmental milestones and the importance of preparing their child/children for school.

- g. Resource materials are available in Spanish and English. Spanish and Punjabi translators are on site at every screening.
- h. Bright Futures provides families with the knowledge that their children are physically healthy and developmentally appropriate for their age. The screening events are held in a positive and FUN environment. Parents are provided with training, information and support in caring for young children and screening staff are able to provide immediate answers to parents' questions. Another goal is to educate parents on developmental milestones and how parents can help their children achieve them.
- i. Each screening station has an assessment tool specific to the station topic. Each station also offers resource materials for parents to take with them. There are 11 different stations at each screening – motor skills, literacy, dental, vision, health, nutrition hearing, cognitive, speech, behavior and a resource table for parents. At the end of the screening parents receive an envelope containing a summary of the results of each screening. Families with children who need additional services are contacted by the coordinator to assist with the connection to the appropriate service agency.
- j. The screening stations are staffed by volunteers from commission funded programs, community, schools and county agencies. Staff includes a child development behavioral specialist, dental hygienist, public health nurse, licensed social worker, school readiness coordinators and paraprofessional students enrolled in a medical assistants program. Training is provided on completion of each of the assessment tools used at the screening stations. In addition in-service trainings are provided to volunteers on a variety of community resources and information.
- k. The program has been designed and adapted for the 0-5 population. Sutter County is diverse, and the program has met all the different cultural group needs as far as providing interpretation and information in different languages. 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.
- l. During 04-05, the screenings provided to 386 children resulted in 213 referrals for

149 children. 70% of the referrals resulted in the child receiving additional needed services. Most commonly children were referred for dental services (64 children) and for Literacy (66 children were referred to receive Kindergarten Transition Backpacks).

- m. The Commission has a contract with an independent evaluator that utilizes participant information forms, participant screening forms, parent surveys, in kind contribution record forms and the referral follow-up database to evaluate the program. Data is also submitted to PEDS.

Program Highlights: Sutter County Smiles Mobile Dental Clinic

- a. Sutter County Smiles. The program is a collaborative between three agencies: Sutter County Children & Families Commission, Yuba City Unified School District and Peachtree Clinic, Inc. The mobile dental unit was purchased by Sutter County Children & Families Commission. Yuba City Unified School District provides a bilingual parent liaison, administrative support and the dental van driver and Peachtree Clinic, Inc. provides the dental staff. It is a unique collaboration of three partners to make this program successful.
- b. No
- c. Direct dental services, oral health education and community outreach
- d. A needs assessment conducted by the Healthy Start grant and a local hospital identified oral health issues as a priority concern for parents.
- e. Improved Child Health is the program focus.
- f. The target group is children ages 0 through 5 who do not have access to health insurance or dental care locally, including families on medi-Cal. It directly supports children by providing dental care.
- g. The program focuses on children with no “dental home” and provides services on school sites. Many children served have never seen a dentist and do not have dental insurance and would not receive proper dental care. The programs bilingual parent liaison visits school sites prior to the dental clinic’s scheduled visit to facilitate identification of children that need to be seen and to assist families with the application process for insurance enrollment.
- h. Children’s oral health improves, which in turn leads to better school functioning for entering kindergarteners throughout the kindergarten year.
- i. Direct dental services, prevention and dental care education resources.
- j. The dental van is staffed by a pediatric dentist, registered dental assistant, and bilingual parent liaison and a program coordinator.
- k. The mobile dental clinic can reach children whose families face a variety of barriers

in accessing dental care for their children including transportation, insurance coverage and language barriers. A parent liaison visits school sites prior to the mobile clinics arrival to assist families with completion of health and consent forms (available in English and Spanish), school based dental services eliminates the need for the family to transport their children to the dental appointment and additionally reduces the child's absence from school. The dental van staff can provide interpreters as necessary and has materials available in languages other than English.

- l. The dental van provided over 3241 dental services to children, 444 of the children served were new patients. 44% of children had no dental insurance and 71% of parents surveyed stated their child would not have received dental services this year without Sutter County Smiles. Providing services on the school site reduces missed class time, eliminates transportation barriers and missed work time for parents. Teachers relate stories of improved class performance in children seen at the dental van.
- m. The Commission has a contract with an independent evaluator that utilizes an extensive database of children served that tracks services provided, demographic information and referral statuses, an intake parent survey and is completing a cost benefit analysis. Data is also submitted to PEDS.

Program Highlights: Sutter County Parent Network

- a. Sutter County Parent Network – Special Needs Project
- b. No
- c. SCPN provides facilitated referral, transportation assistance, case management, information, support and training for families that have children ages 0-5 with special needs (developmental disabilities, at risk conditions and behavioral challenges).
- d. 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. SCPN is a non profit and is governed by a board of directors. The strategic plan is developed based on local needs and is parent driven.
- e. The program focuses on all of the four result areas.
- f. The program was designed for parents of children with disabilities, the children themselves, and professionals who deal with children with disabilities. Indirectly—through the skills gained by family members, professionals and caregivers of children with disabilities and also through interagency collaboration to help coordinate services, to speed up service initiation. Directly—through activities for the children such as picnics and parties.
- g. SCPN has a Spanish-speaking parent liaison. She is a parent of a child with special needs, and she provides case management as well as organization of activities for

Spanish speaking families. Also available on staff is a Punjabi speaker who assists with translation of materials. Materials such as videotapes are also ordered in different languages. The 123 Magic videotape producers have given permission to the Sutter County Parent Network to do voice-overs in different languages.

- h. Parent empowerment, parenting competency, parent education and support.
- i. Program participants are offered support groups, family, individual and child therapy, parent to parent support, networking, socialization activities, referrals to language assessments, doctor's appointments, agencies such as Alta California Regional Center, Area Board 3, different physical therapies. The program also offers classes, such as parenting a special needs child, picture exchange communication system, behavior modification, parent child interactive therapy, social skills training.
- j. The SCPN employs an LSCW and many staff also have special needs children
- k. The Sutter County Parent Network is the only program of its type in Sutter County. There are no income eligibility criteria to meet. Families need only to have a special needs child age 0-5..
- l. Positive impacts include increased participation in IEP and IFSP/IPP meetings by parents, increased knowledge of service availability and eligibility requirements, increase in functional skills by children such as potty training, improved behavior and communication. SCPN provided 89 facilitated referrals and 62% of those resulted in accessed services, only 8% of facilitated referrals have been denied. This indicates the appropriate identification by SCPN of families needs. Family surveys have consistently stated that parents had improved understanding of their child's needs and how to handle them, as well as increased confidence and less stress.
- m. Pre and post service assessments are completed by parents. The program is also evaluated annually by the Commission's independent evaluator and submits PEDS data.

Program Highlights: Smart Start

- a. The Smart Start program is administered by the Yuba City Unified School District and held classes in four school districts including Brittan Elementary School District, Live Oak Unified School District and YCUSD. Eight class rooms at seven elementary school sites were completed. The classes were four weeks long and four hours each day. School sites included Luther Elementary in Live Oak, Brittan Elementary in Sutter and the Yuba City Unified School District at five sites: April Lane School, King Avenue School, Park Avenue School, West Walton School and Bridge Street School.
- b. Yes
- c. Providing a high quality preschool experience for child with no, or little, preschool experience to enhance their transition to kindergarten.
- d. The program follows research based early childhood education practices.
- e. Improved Child Health – Smart Start collaborates with Sutter County Smiles, a commission-funded mobile dental program that provides dental services at Smart

Start sites.

Improved Child Development – The instructional program focuses on teaching skills necessary for the child to transition easily into kindergarten. Instruction was designed to increase social skills, early literacy, early number sense and stressed the need for children to understand classroom procedures and rules.

Improved Family Functioning – Smart Start also focuses on parent education.

Parents identified topics of interest to them when they enrolled their children.

Parents were invited to weekly family nights and topics included parenting issues, health issues, and behavioral issues.

- f. Smart Start is designed for children who are about to enter kindergarten who have little or no preschool experience. There are no income restrictions or requirements. The program directly affects children participating by providing a preschool experience that better prepares them to enter kindergarten.
- g. 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. In addition each classroom had at least one bilingual staff person.
- h. Smart Start's goal is to enable children to successfully transition into kindergarten.
- i. Children are provided with four weeks of four hours per day preschool experience. Parent liaison's work with the families to identify needs and make referrals to other resources. Parents receive one on one visits where skills are shared that improve their ability to use the materials in the Kindergarten Transition Backpacks that their children receive. Parents were also invited to weekly parent education workshops.
- j. Each classroom is staffed by a kindergarten teacher, preschool teacher, instructional aide and parent liaison. All staff participated in six hours of pre-service training.
- k. There is no other program that identifies and provides 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.
- l. 183 children with little or no preschool experience attended Smart Start classes. Pre-post assessment of student skills showed statistically significant gains on key academic skills. Kindergarten teachers at several sites have given feedback. Teachers reported that the Smart Start children stand out in the classroom and they

really can tell which children participated in the program. Teachers did not have to work as much with the children; they were already familiar with all of the classroom rules. Teachers reported that the children stood out—they didn't cry the first day of school and they were excited to start school.

- m. 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. The program is also evaluated by the Commission contracted evaluator and submits PEDS data.

Program Highlights: School Readiness

- a. School Readiness - Yuba City Unified School District. School Readiness coordinators are located at three school sites- Bridge Street School, King Avenue School and Park Avenue School.
- b. Yes
- c. Early support and intervention for families with children entering school including kindergarten transition, family and parent support services, assisted referrals for health and social services, literacy information and services.
- d. Research shows that children who are healthy, emotionally, socially and cognitively ready for school are much more likely to have successful school experiences.
- e. All four result areas.
- f. The program is designed for families with children entering school. Children are served directly through programs like Little Learners-play group, Kinder transition activities, lending libraries, reading clubs. Children are served indirectly by programs for their parents including community resource access and referral, literacy information and services.
- g. Each of the school sites chosen for a school readiness program has a high percentage of students with limited English proficiency and high poverty statistics according to the percentages of students who qualify for free or reduced price lunch. School Readiness coordinators assist families with health and social service referrals and linkage with available services. Materials and classes are offered in Spanish as well as English.
- h. Improved school performance
- i. Parent Support Groups, Little Learners play group, Book Parties, Lending Libraries, Play days in the Park, Transition Time Trips, Kindergarten summit, Madres Unidas, reading clubs and My Kindergarten Classroom-kinder transition activities and each school site has a family center.
- j. Collectively the three School Readiness Coordinators have Bachelors degrees in

Management and Sociology, Associate degrees in Early Childhood Education and Recreation, a preschool teacher's certificate and Children's Center Permit Site Supervisor. The program also employs a clerk and administrative program coordinator.

- k. School Readiness Programs have been located in a three school sites that have a higher percentage of children with limited English proficiency and high poverty statistic's as a result of this these schools students have tested lower on STAR testing. Services are offered to these families in both English and Spanish, school readiness coordinators assist with referrals to needed community services, materials are also available in languages other than English and services are provided in their community at the school site or through home visits. School Readiness coordinators tailor each schools program to meet the specific needs of students and families at their sites. Additionally coordinators provide outreach to childcare centers and preschool sites with in the attendance areas of their schools to provide kinder transition services.
- l. Has seen an increase in families with children not yet of school age coming to site for programs and services that were not previously available to them.
- m. The commission has a yearly evaluation contract with an independent firm that utilizes the Walker Assessment Scale, parent surveys, activity sign in sheets and attendance/retention records and a service tracking database to evaluate the program. School Readiness submits PEDS data.

Child/Family/Provider/Vignettes

Vignette: School Readiness & Sutter County Smiles Collaboration

1. The family presented in this vignette consists of a mother, father and two sons ages 1 and 3.
2. The family is Hispanic and speaks Spanish as their primary language. They are both migrant farm workers, but mom has been unable to work for the past six months since their youngest son began to have unexplained seizures.
3. The mother originally came in because she had learned about "Madres Unidas" a support group for English Learner mothers with children ages 0-5. She was interested in learning about community resources and in finding a program that would introduce her children to school. Soon after she learned about "Little Learners" (a parent and child interactive group held in an enriched classroom setting) and began attending that program with her two children. She began to get information about local services and was referred to the Sutter County Smiles Dental Van because her oldest son (3) had visible decay. He had never been to a dentist and she had been unable to access one because she did not have insurance and he

did not qualify for Medi Cal. Mom participated in the “Latino Literacy Project” and attended 8/10 times and qualified to receive the complete library of bilingual books from the program for her own home library. She also participated by attending both “Play Days in the Park”. She listened to a speaker from a local family planning clinic during “Madres Unidas” and later approached me for help in making an appointment which she kept. On another occasion at MU she also heard a presentation from Sutter County Parent Network. The speaker made herself available after the program and this parent was able to sign up for services in order to receive help with obtaining information from doctors regarding her child’s seizures. As well as to be connected with other parents who were going through similar situations with their own children’s health. Mom told me later that this had been a very valuable connection. Mother and father also attended all 4 evening sessions of 1234 Padres a parenting class that was held in both English and Spanish and was being presented by a team of two school readiness coordinators. As a result of the connections made through these programs she became comfortable enough to attend ESL day time classes that were being held at a neighboring school site through Even Start/School Readiness collaboration.

4. There were many positive outcomes including the following:

The family is now familiar with two area schools long before their children have reached school age.

Parents were able to access support and information services to help better understand and care for their youngest child’s special needs.

The older child was able to receive dental services close to home and at low cost to the family. The mother was able to access women’s health services at no cost due to an assisted referral. Mother and father both were able to receive parenting classes while their children received care in an ECE setting. Mother was able to attend ESL classes to help build on her English skills while her children were being cared for nearby in an ECE setting. Mother and her two children were able to spend quality time together in an enriched classroom setting on a weekly basis and check out Leap Frog and other literacy materials to use together during the week. Bilingual children’s books were added to the family library. These are outcomes that were both observed and verifiable through attendance records and sign in sheets.

5. The specific ways in which participation promoted school readiness have been identified in questions 3-6. This family benefited in many areas including early care and education services, parenting family support services, health and social services, and improving schools capacity to prepare children and families for school success.

6. I believe this vignette is a very accurate representation of the types of experiences provided to children in our county. The school readiness program works in close collaboration with many other commission funded programs and utilizes all available

systems to obtain resources for families once needs are identified. The majority of families who access a school readiness program at Bridge Street School also access other services as they learn about them. Introducing families to other program services, staff, schedules and information is a regular part of all of our programs and there are many other families such as this one.

Vignette: School Readiness

Kids Club at Park Ave. School

A literacy based kindergarten after-school program. Operating daily from 12:15 -5:30 pm. August to December, and January to June 2:15-5:30 pm. We provide activities to support 36 families and their children's Kindergarten experience. Our families are single parents, parents working multiple jobs, attending school, Even Start families and families new to this country. Our families predominately speak Spanish. Some of the children in Kids Club reflect special needs, health issues, behavior, repeating kindergarten and the families need to have a safe, nurturing environment for their children after-school.

The only requirement for enrolling in Kids Club is attendance by the parents in the Second Step Program. Each child receives a backpack filled with Kindergarten age appropriate activities and materials. We support the children and their families by providing school readiness activities through literacy, recreational, our garden, home work help, 4-H nutrition program, and Second Step.

We provide community referrals to our families for housing, food, clothing, health, dental, and parenting classes. We work in partnership with the kindergarten teachers to support each child's individual academic program.

Stories of our families:

A mother now able to pursue a medical career and work because her child is enrolled in kids Club. She could not afford day care.

A family in crisis separated because of a criminal act. We provided the mother and her two children with food, clothing, housing referral and day care. We became her support system. The family is now together again.

Using our resources with Bright Futures we were able to address the need for a speech screening. The child qualified and was enrolled in a program. Mother was unable to receive assistance on her own with school system.

A student study team referral for an older sibling of one of our Kids Club members. We went with the parent and child to set up mental health appointments and referrals. A behavior plan was created. This child affected the entire family. We provided additional individual support to the kindergarten age child through our Second Step program teaching children how to solve situations and effective communication skills.

The family was in physical conflict because of the new baby and sibling rivalry. We worked with the school counselor, mother and daughter to create a behavior plan. The daughter was abusive to her mother. She needed to remain in kids Club for the safety of the new baby. We provided food, clothing, holiday baskets, a parenting class, and both parents were unemployed at this time.

One of our new families from Mexico needed health and dental services. The family was able to access the dental van at our school. The estimated work was valued at \$3000 for this kindergarten child.

Another family struggled with the death of the mother at the birth of her daughter. The family, the father and now three children needed all services. We provided translation, donations of baby clothes, food and furniture. We worked with the school counselor and enrolled the two boys in Kids Club and the after-school recreation program for the father.

Bright Futures Vignette

Bright Futures is a positive and competent program that has provided many families with local resources. One of the families in particular was able to utilize several of the programs directly connected with the Sutter County Children & Families Commission, and with programs outside of the Commission.

The participants are from one family; there is a mom and dad with two children, a boy and girl. Their son is five years old currently attending Kindergarten and their daughter is two. They are an East Indian family and their primary language is Punjabi. The Father speaks some English however; majority of the time he is at work. The Mother cannot speak, read, or write English and struggles with daily responsibilities.

The first time I approached the mother was at the WIC program. She was interested in the Bright Futures program and wanted to sign-up. Her primary concern was enrolling her child in a preschool setting. I recommended Head Start and Children's Home Society. She informed me that her child was currently on the Head Start list and she was waiting for a reply. I encouraged her to keep trying. At this time, the child was only four so he could not be referred to the Smart Start program. However, after their initial visit to Bright Futures, he was referred to the Dental Van for x-rays, cleaning, and fillings and the

Backpack program, which provides educational tools for school readiness. During his second visit, we were able to refer him to the Smart Start program. The Smart Start program provides pre Kindergarten students with a wide variety of activities including academic readiness, socialization, self-help skills, and physical development. The mother was pleased that her child received a preschool experience before attending Kindergarten. The mother faces many hardships due to the language barrier—her goal is to provide her children with an education—an education that she could not attain. When asked to comment about Bright Futures she said, “Thank you very much for all you did for my family!”

According to the annual evaluation report majority of the referrals were dental and literacy. Parents that were asked if they would have been able to receive the same services without Bright Futures replied no.

Bright Futures has provided parents with information about school readiness, educational services geared towards Kindergarten transition, and health and social services.

The family in this vignette represents the majority of families who have migrated from other countries. Due to language barriers and culture differences many families face hardships otherwise unknown to them. Language barrier prevents most of the families from accessing resources and information. Due to their income or legal status, many families are apprehensive about asking for assistance.