



**SUTTER COUNTY
CHILDREN
& FAMILIES
COMMISSION**

**STRATEGIC PLAN
2015-2020**

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LETTER FROM THE EXECUTIVE DIRECTOR & THE COMMISSION CHAIR

We don't have a crystal ball at Sutter County Children & Families Commission, but our vision for the future is clear: we want to see a future in which all Sutter County's children are born and raised in a safe, supportive and nurturing environment so that they grow up healthy, ready and eager to learn.

Our new strategic plan provides a method to help us navigate each step of the way.

Over the last year, we've gained a deeper understanding of what it will take to thrive going forward to ensure that our youngest community members take their place as Sutter County's next generation of workers, parents, community members and leaders. Our strategic plan is the product of what we learned and will direct our growth for the next five years.

While the strategic plan points us toward the future, it is shaped by a vision that has driven us for more than 15 years – that all children in Sutter County will have optimal health, be nurtured and prepared to succeed!

This Strategic Plan for Sutter County Children & Families Commission is presented with gratitude to the Advisory Committee and many individuals who collectively put countless hours of thought and debate toward its creation.

Michele E. Blake, MA
Executive Director

Jim Whiteaker
*District 4 Sutter County Supervisor
Chair, Sutter County Children &
Families Commission*

EXECUTIVE SUMMARY

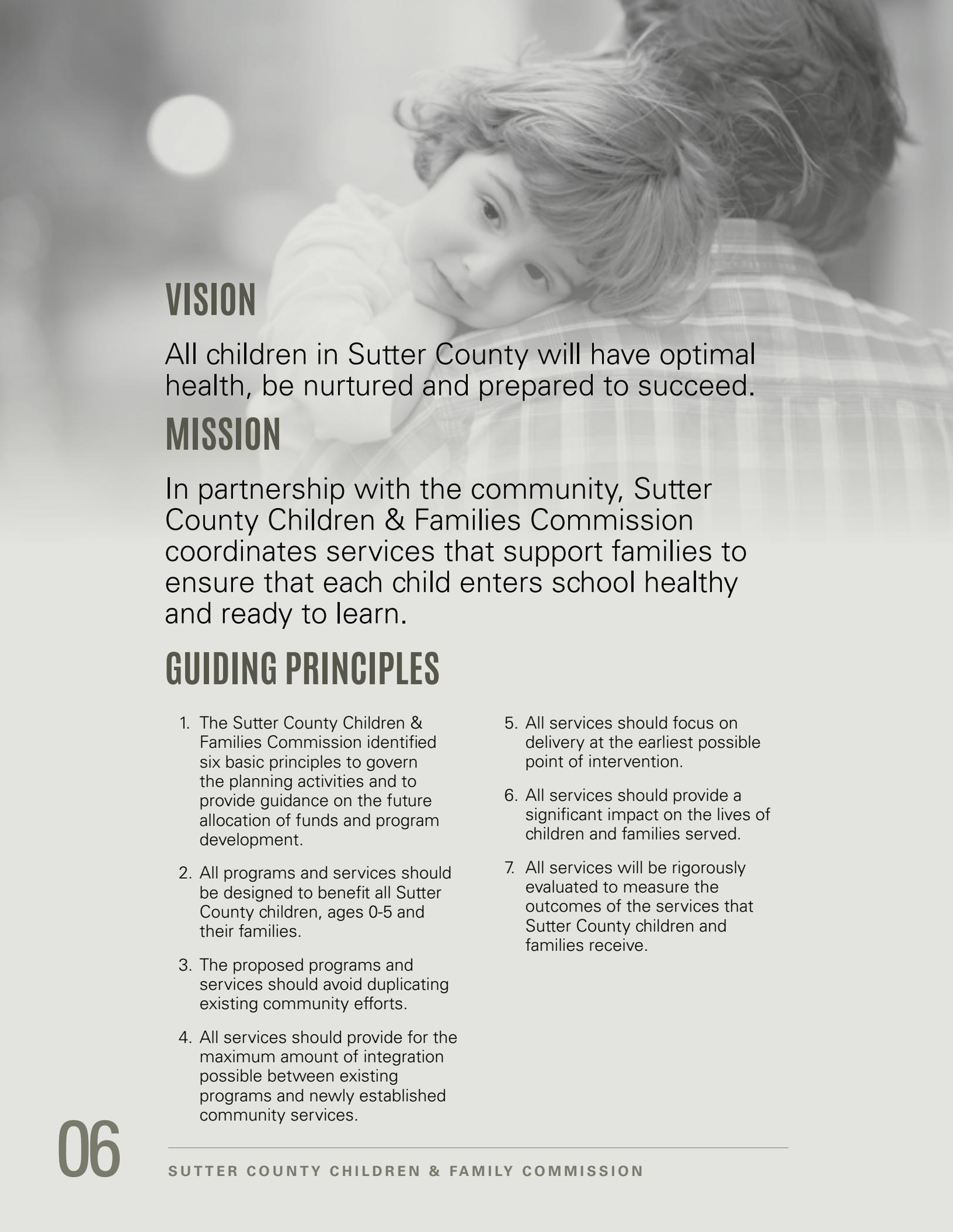
Sutter County Children & Families Commission proudly introduces the 2015-2020 Strategic Plan. The strategic plan balances the on-going support of many of the core programs with new changes in vision, mission and goals.

The emphasis on core programs continues as the Sutter County Children & Families Commission provides direct investments into several programs and services that produce improved outcomes for children, 0-5, and their families. Beyond direct investments, the community research indicated other areas that are important to the residents of the county, pointing out that the Commission can act in many ways to address the needs of young children, including community education, advocacy and engagement. In response, the goals were broadened in this plan to include these new areas of emphasis.

The Commission, led by its Advisory Committee, listened to Sutter County residents in community forums and through a focused community survey. Additionally, the Commission researched statewide data resources to monitor trends and develop comparisons with other counties in California.

Sutter County Children & Families Commission continued to invest in program evaluation to look closely at each of the funded programs. Evaluation has helped the Commission to note its successes and challenges, and to act as good stewards for these public investments. There have been changes in the ages of children who use programs, changes in services in the community and with the advent of pre-kindergarten and transitional kindergarten, changes in the school systems. The evaluation has helped to monitor program activity so that adjustments and adaptations can be made to fit the circumstances. This plan also includes a section on emerging programmatic strategies, priorities and supplemental activities that could address significant gaps in community services for young children in the future.

Due to the nature of its funding from tobacco taxes, the financial outlook indicates that for the next several years, changes will be necessary to balance income and expenses. Sutter County will do everything possible to ensure that children, ages 0-5, and their families continue to benefit and thrive from these dedicated funds.



VISION

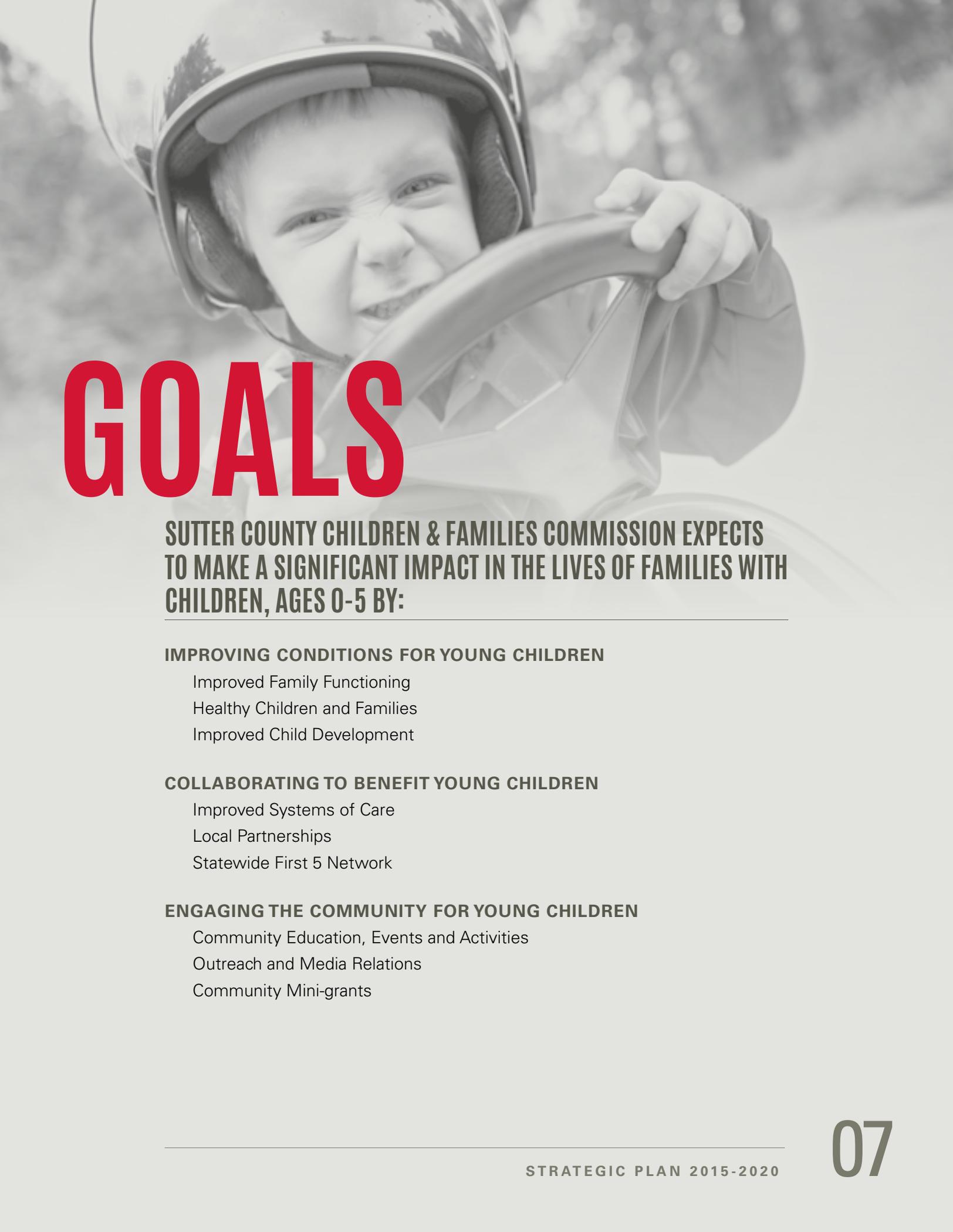
All children in Sutter County will have optimal health, be nurtured and prepared to succeed.

MISSION

In partnership with the community, Sutter County Children & Families Commission coordinates services that support families to ensure that each child enters school healthy and ready to learn.

GUIDING PRINCIPLES

1. The Sutter County Children & Families Commission identified six basic principles to govern the planning activities and to provide guidance on the future allocation of funds and program development.
2. All programs and services should be designed to benefit all Sutter County children, ages 0-5 and their families.
3. The proposed programs and services should avoid duplicating existing community efforts.
4. All services should provide for the maximum amount of integration possible between existing programs and newly established community services.
5. All services should focus on delivery at the earliest possible point of intervention.
6. All services should provide a significant impact on the lives of children and families served.
7. All services will be rigorously evaluated to measure the outcomes of the services that Sutter County children and families receive.



GOALS

SUTTER COUNTY CHILDREN & FAMILIES COMMISSION EXPECTS TO MAKE A SIGNIFICANT IMPACT IN THE LIVES OF FAMILIES WITH CHILDREN, AGES 0-5 BY:

IMPROVING CONDITIONS FOR YOUNG CHILDREN

- Improved Family Functioning
- Healthy Children and Families
- Improved Child Development

COLLABORATING TO BENEFIT YOUNG CHILDREN

- Improved Systems of Care
- Local Partnerships
- Statewide First 5 Network

ENGAGING THE COMMUNITY FOR YOUNG CHILDREN

- Community Education, Events and Activities
- Outreach and Media Relations
- Community Mini-grants

GOAL ELEMENTS

SUTTER COUNTY CHILDREN & FAMILIES COMMISSION DEVELOPED A NEW FRAMEWORK FOR ITS GOALS AND OBJECTIVES THAT EXPAND WELL BEYOND THE FOUR GOAL AREAS SET OUT IN THE CALIFORNIA CHILDREN AND FAMILIES ACT. THE GOALS INCLUDE NEW AREAS OF COLLABORATION, EDUCATION AND COMMUNITY ENGAGEMENT. WITHIN EACH OF THESE FOCAL AREAS LISTED BELOW, THE COMMISSION WILL TAKE SPECIFIC ACTIONS TO ACHIEVE ITS GOALS.

IMPROVING CONDITIONS FOR YOUNG CHILDREN

- **Improved Family Functioning:** Support programs that address family needs critical to the development of young children.
- **Healthy Children and Families:** Support programs that improve the health and well-being of young children.
- **Improved Child Development:** Support programs to promote early childhood education and development.

COLLABORATING TO BENEFIT YOUNG CHILDREN

- **Improved Systems of Care:** Collaborate with community programs to ensure that the systems are comprehensive, integrated and that services are readily accessible to children and their families.
- **Local Partnerships:** Lead, coordinate and collaborate to develop local partnerships and initiatives to benefit the interests of young children and their families.

- **Statewide First 5 Network:**

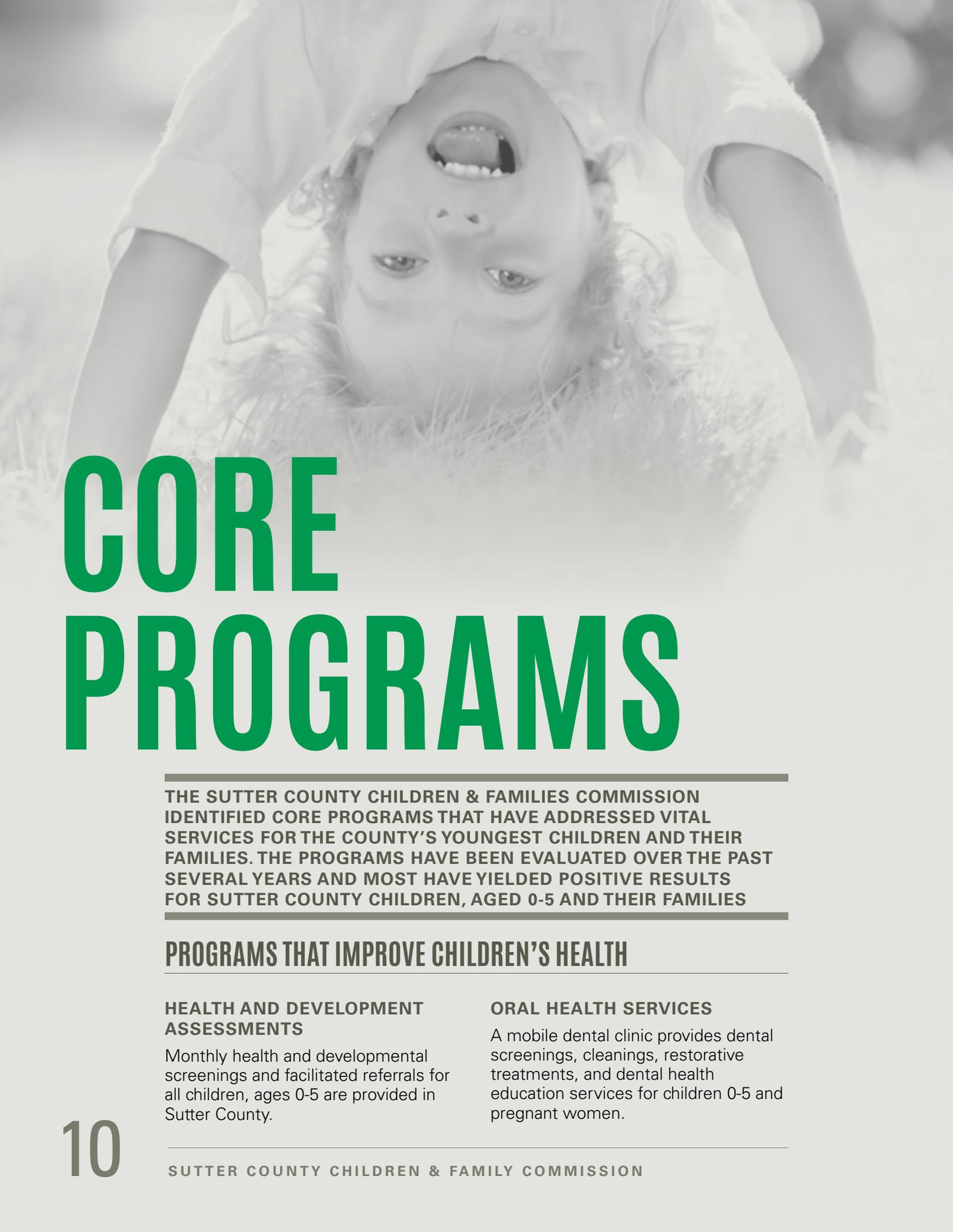
Participate in statewide advocacy and legislative engagement through the First 5 Association and other key state organizations to uphold the interests of young children and their families.

ENGAGING THE COMMUNITY FOR YOUNG CHILDREN

- **Community Education, Events and Activities:** Coordinate events, activities and educational programs that inform the community about the latest in research and practice concerning young children.
- **Outreach and Media Relations:** Build community engagement through a coordinated approach to messaging and activities that communicates the potential for positive outcomes for children and families through prevention and early intervention.
- **Community Mini-grants:** Provide local funding for innovative events, ideas, programs and activities that benefit young children and their families.

MEASUREMENT & EVALUATION

GOAL AREAS	OUTCOMES	FUNDING AND SUPPORT STRATEGIES
Improving Conditions for Young Children		
Improved Family Functioning	a) Maintain the support for families of children with behavioral health and other special needs	Program examples might include the Child Development Behavioral Initiative, Family Soup Special Needs Program, and/or any new initiatives to be developed
	b) Increase the number of families and children accessing comprehensive emotional development and family support services	Initiative to be developed
Improved Child Development	a) Maintain the number of opportunities for families to access quality early care and education programs that are critical for child development	Program examples might include School Readiness, Smart Start, and/or any new initiatives to be developed
	b) Increase the number of children that have access to affordable quality early care and education programs, including infant and toddler, extended and nontraditional services	Initiative to be developed
	c) Increase the number of educational opportunities for early care educators	Program examples might include Lessons Learned and/or any new initiatives to be developed
Healthy Children and Families	a) Maintain the number of children that receive health, developmental and oral health screenings	Program examples might include Bright Futures, Sutter County Smiles, and/or any new initiatives to be developed
	b) Increase the number and range of breastfeeding-friendly practices utilized in hospitals, health centers, workplaces and, early care and education settings	Initiative to be developed
	c) Increase opportunities, resources and access to health and safety services for young children	Initiative to be developed
Collaborating to Benefit Young Children		
Improved Systems of Care	a) Increase the frequency of interaction and cooperation between the funded programs and local partners	Program Integration Evaluation and any new initiatives to be developed
	b) Provide encouragement and support for the system of care process	Community Education/Outreach
Local Partnerships	a) Convene partnerships to increase family awareness about nutrition and young children	Community Education/Outreach
	b) Increase local awareness of recreation opportunities for families with young children	Community Education/Outreach
Statewide First 5 Network	a) Increase the local awareness of state policy and advocacy developments	Community Education/Outreach
Engaging the Community for Young Children		
Community Education, Events and Activities	a) Increase the number of training opportunities in child development and family issues in order to raise the community's awareness	Community Education/Outreach
Outreach and Media Relations	a) Increase community awareness of SCCFC programs through targeted advertising, community engagement and social media outlets	Community Education/Outreach
Community Mini-grants	a) Increase the numbers of innovative programs, services and activities through targeted mini-grant funds	Program example might include Mini-grants and/or any new initiatives to be developed



CORE PROGRAMS

THE SUTTER COUNTY CHILDREN & FAMILIES COMMISSION IDENTIFIED CORE PROGRAMS THAT HAVE ADDRESSED VITAL SERVICES FOR THE COUNTY'S YOUNGEST CHILDREN AND THEIR FAMILIES. THE PROGRAMS HAVE BEEN EVALUATED OVER THE PAST SEVERAL YEARS AND MOST HAVE YIELDED POSITIVE RESULTS FOR SUTTER COUNTY CHILDREN, AGED 0-5 AND THEIR FAMILIES

PROGRAMS THAT IMPROVE CHILDREN'S HEALTH

HEALTH AND DEVELOPMENT ASSESSMENTS

Monthly health and developmental screenings and facilitated referrals for all children, ages 0-5 are provided in Sutter County.

ORAL HEALTH SERVICES

A mobile dental clinic provides dental screenings, cleanings, restorative treatments, and dental health education services for children 0-5 and pregnant women.

PROGRAMS THAT STRENGTHEN EACH CHILD'S ABILITY TO LEARN

SUMMER BRIDGE PRE-KINDERGARTEN PROGRAM

The summer bridge pre-kindergarten program provides basic early learning and development skills to children entering Kindergarten with limited or no preschool experience at several school sites.

EARLY LEARNING AND DEVELOPMENT PROGRAM

The early learning and development programs provide developmentally

appropriate learning activities for young children. The services are highly focused on parent child activities, referrals to community resources, lending libraries and parent education.

PROVIDER EDUCATION

A variety of provider education opportunities aimed to increase quality care for our youngest children.

PROGRAMS THAT STRENGTHEN THE FAMILY & THE COMMUNITY

SPECIAL NEEDS PROJECT

Special needs project provides case management, individual and family counseling, facilitated referrals, parent education and training, parent liaison and support services to families of children with disabilities and other special needs.

CHILD DEVELOPMENT BEHAVIORAL SERVICES

The Child Development Behavioral Initiative (CDI) provides assessment and intervention for children with

behavior problems and workshops for parents to support the family and the child through the behavioral change process.

PARENT KITS

In collaboration with First 5 California, Sutter County Children & Families Commission provides a free kit for new parents containing parenting information, advice and useful tips first-time parents that need to be best prepared for the joys and challenges that lie ahead.

OTHER COMMISSION INITIATIVES

COMMUNITY EDUCATION/ OUTREACH

Sutter County provides a number of workshops for professionals and community members on the leading topics in early childhood development.

innovative community action and initiatives on behalf of young children.

MINI-GRANT PROGRAM

The Sutter County Commission funds a mini-grant program to encourage

READY-FOR-SCHOOL BACKPACKS

Sutter County currently provides free educational backpacks filled with early developmental tools for Sutter County children, ages 2-5.

EMERGING PROGRAMMATIC STRATEGIES, PRIORITIES & SUPPLEMENTAL ACTIVITIES

The Sutter County Children & Families Commission, working with its Advisory Committee and staff, has developed several new initiatives to focus the work of the Commission over the next five years.

These five priority areas are signs of emerging gaps in the area of services to young children. Part of an Advisory Committee presentation to the Commission in February of 2014, these new and important focus areas were identified and given great potential to improve the lives of children and families in Sutter County.

- Prenatal Support and Breastfeeding Services
- Infant and Toddler Early Care and Learning
- Support Services for Children with Behavioral Health and Other Special Needs
- Improving Safety and Avoiding Injuries
- Recreation Opportunities for Young Children and Families

IMPROVING PRENATAL SUPPORT AND BREASTFEEDING SERVICES

The Sutter County Children & Families Commission recognizes the need to improve prenatal support and breastfeeding services including, baby-friendly practices. Baby-friendly practices consist of providing space for mothers to breastfeed while at work, restaurants, and churches or at other public and semi-public locations. As of January 2014, California state law required hospitals to conform to baby-friendly practices. New mothers receive training opportunities to get the best health information about their new babies, and learn about the community resources where they can access lactation and nutrition services and receive professional care and in-home support. Sutter County can partner with many other agencies in

the community to develop a “baby-friendly” agenda for the community. The message is very important and needs to be effectively communicated to benefit families of young children.

INFANT AND TODDLER EARLY CARE AND EDUCATION

Acting as a partner and convener, Sutter County can do more to develop early care and education resources for infant and toddlers. The lack of available and affordable care has been a longstanding problem in Sutter County. The care, when available is often unaffordable, even when both parents are working. Problems arise when parents have to leave very young children in the care of relatives and even siblings. Quality of care is also a concern. Sutter County Children & Families Commission can partner with other programs to address this issue.

SUPPORT SERVICES FOR CHILDREN WITH BEHAVIORAL HEALTH AND OTHER SPECIAL NEEDS

The Commission noted that there are many families that experience stress in their day-to-day lives whether through divorce, death, deployment or dismissal. Their children may experience an emotional response that affects their ability to form relationships and interrupts their early development and cognitive functioning. Early behavioral health services can assist in school success by strengthening foundational early relationships, family functioning, the young child’s emotional regulation and social competence. Sutter County Children & Families Commission can collaborate with community partners to increase the awareness of these problems. The Commission can work on policy and coordination of services to direct resources towards young children and their families.

SAFETY AND INJURY PREVENTION

The Sutter County Children & Families Commission surveys found that safety concerns were high in the minds of parents and family members. Safety concerns for young children 0-5 and their families occur in three primary areas: traffic related, playground related, and in and around the home. According to recent data from the state of California, in 2011 alone, non-fatal emergency department visits accounted for 521 unintentional injuries to children, ages 0-4. Sutter County Children & Families Commission can partner with community agencies, providers and law enforcement to develop policies to increase awareness and recommend actions to reduce this level of injury to young children.

RECREATION OPPORTUNITIES FOR FAMILIES WITH YOUNG CHILDREN

One of the concerns identified in the Sutter County Children & Families Commission community forums was the need for more parks, recreation activities and transportation. Participants noted that improving parks and free recreational activities would promote physical development, help reduce obesity and foster increased wellbeing of families. Participants felt that the Commission could act as a convener to foster partnerships with providers to increase recreation opportunities for young children.

In particular, families of children with special needs were quite outspoken about the general need to improve accessibility and inclusive environments for people with disabilities. The improvements included a comprehensive list of activities that challenge families in invisible ways and become barriers to children with disabilities. The examples of programs that could be made more accessible include: library programs, parks and recreation programs and preschools. Specialized training for families and professionals would also help, for example: training of professionals regarding disabilities including specialized medical issue-training, special needs trained childcare during classes and activities, and specialized parent training and supports. Participants noted that other factors that could make a difference included: sibling support, consideration of specialized safety issues and resource referral information.

The community forum participants suggested that the Commission could act as the “backbone” for the services provided in the community for children, 0-5, and their families. In addition to the programs offered, Sutter County Children & Families Commission can partner with other community providers to reach at-need children and families and to provide specialized training for professionals, teachers and others supporting children with disabilities and their families.



COMMUNITY TRENDS

SUTTER COUNTY RESTS UPON 602.7 SQUARE MILES IN THE NORTHERN SACRAMENTO VALLEY. THE REGION SITS BETWEEN THE YUBA AND THE SACRAMENTO RIVERS, WHICH PROVIDE THE AREA WITH A RICH SUPPLY OF WATER FOR AGRICULTURE, THE DOMINANT FEATURE OF ITS LANDSCAPE. THE SUTTER BUTTES MOUNTAIN RANGE SITS COMPLETELY WITHIN THE NORTHWEST CORNER OF THE COUNTY. AT A POPULATION DENSITY OF 157.3 PERSONS PER SQUARE MILE (2010)², THE COUNTY IS CONSIDERED RURAL, WELL BELOW THE CALIFORNIA AVERAGE OF 239.1 PERSONS PER SQUARE MILE.

THE COUNTY IS HOME TO 95,022 PEOPLE³, LESS THAN 0.3% OF THE STATE POPULATION (38,041,430)⁴. THERE ARE 8,208 CHILDREN⁵, AGES 0-5, WHICH ALSO SLIGHTLY LESS THAN 0.3% OF THE SAME COHORT OF THE CALIFORNIA POPULATION (3,033,730). THE COHORT OF CHILDREN, AGES 0-5, COMPRISES ABOUT 8.6% OF THE TOTAL SUTTER COUNTY POPULATION. THE DIAGRAM BELOW SHOWS THE BREAKDOWN OF CHILDREN, BY AGE GROUP AND ETHNICITY.

POPULATION OF CHILDREN 0-5						
	Age 0-1	Age 1	Age 2	Age 3	Age 4	Age 5
Caucasian	549	549	510	475	485	496
African American	26	25	23	22	20	22
American Indian/ Alaskan	10	10	4	10	11	15
Asian	186	188	177	174	179	154
Hawaiian/ Pacific Islander	6	6	2	3	3	1
Hispanic	535	526	525	568	601	648
2+Races/ Ethnicities	81	79	75	75	81	71
TOTALS	1393	1383	1316	1327	1380	1407

FAMILY ECONOMICS

The median household income is \$47,081 (2012)⁶. Sutter County's median household income is 19.2% lower than the statewide median, 58,328 (2012)⁷.

About 16.8% of the population is considered to be below the poverty level (2012)⁸. This figure is significantly higher than the statewide average of 12.9% (2012)⁹.

The unemployment rate is 12.9%¹⁰, slightly higher than the statewide rate of 11.4%¹¹.

The federal department of Housing and Urban Development estimates the Fair Market Rent at \$812 per month for a

2 bedroom dwelling (2013)¹². This is comparable to rates in other nearby counties including: Tehama (\$826), Butte (\$878), El Dorado (\$1,073) and Yolo (\$1,082) counties.

Sutter County averages 3.01 persons per household (2012)¹³. This figure is slightly higher than the statewide average of 2.9714 but well below common measures of overcrowding in housing.

Although data is not available for Sutter County, across California, 26.5%¹⁵ of children are in households where a grandparent is assuming financial responsibility for the child.

CHILDREN'S HEALTH

The number of women who initiated prenatal care in the first trimester improved significantly over the past three years. The number of women gaining early entry to care rose to a high point of 83.6%¹⁶. Historically, this long-term trend improved from a point where less than two-thirds of pregnant women initiated early prenatal care to the point where over three quarters of the women in the region sought out early health care during their pregnancies. Still, while the number did improve, the overall problem in Sutter County (part of the Greater Sacramento Region) is still significantly lower than the statewide average of 89.1%. However, the rate of 83.6% is better than the national average of 70.8%¹⁷ and it exceeds the Healthy

People 2020 target of 77.9%¹⁸ both of which are significant achievements for Sutter County.

In Sutter County (part of the Greater Sacramento Region), 35.4% of women breastfed exclusively three months after delivery,¹⁹ which was better than the statewide average of 31.6%²⁰. This number also exceeded the national average of 33.6%²¹ for women that exclusively breastfed for three months following birth, and is moving towards the Healthy People 2020 target of 46.2% for three month's exclusive breastfeeding²². While there are a number of factors that determine whether a woman chooses to start and how she continues to breastfeed, birth facility policies and practices have been shown to contribute

significantly.²³ As of January of 2014, all California Hospitals are required to have an infant-feeding policy that promotes breastfeeding.²⁴

The number of women that participated in WIC during pregnancy²⁵ was 42.9%. This rate is significantly lower than the statewide average of 55.1% and should be followed to better understand the differences in the participation rates.

The rate of births to mothers between the ages of 15-19 was 8.2% of all births²⁶. This rate is lower (better) than the statewide average of 8.9%. Babies that are born to young mothers face higher developmental risks.

Sutter County (Greater Sacramento Region) has one of the highest rates (8.1%) of women who report any smoking in the first or third trimester. This rate is significantly higher than the statewide average of 5.6%.²⁷

Seventy-one percent (71%) of Sutter County children were considered to be in a healthy weight zone²⁸. Sutter ranks slightly better than the statewide average of 69%.

The percentage of children, ages 0-3, who do not experience recurring abuse or neglect²⁹ was 96%. This is higher (better) than the statewide rate of 93%.

The number of deaths of children, 0-5 (2011)³⁰ was only 1 in Sutter County. This rate increased from 0 in the prior year and is significantly lower than the Healthy People 2020 target of 6 deaths per 100,000 of the county population of children ages, 0-5.

The number of Emergency Room Visits, for children ages 0-4 was 539 (2011)³¹. Almost all of these were unintentional injuries. Only 18 of these events were considered “undetermined” intent (i.e., possibly intentional). The leading causes of unintentional injuries were: falls, struck by object, poisoning, natural/environmental and cut/pierce. The national average for unintentional injuries across the whole population was 9,219.3 per 100,000 people, so this rate for the population of children, 0-4 is significantly higher than the national average and should be tracked in order to understand the underlying problems.

Eighty-nine percent (89%) of Sutter County children visited a dentist in the last year³². This rate is slightly better than the statewide average of 87%.

Of the total number of births, 44.7% of infants received health insurance from Medi-Cal³³. For this age group, the county participation in Medi-Cal is slightly lower than the statewide average of 49%.

EARLY CARE AND EDUCATION PROGRAMS

The number of available childcare slots for full time childcare is exceeded by the demand. There is a need for almost 3,000 (2,989) additional childcare slots, well beyond the existing capacity

(2,309). The lack of adequate childcare reduces the size of the available workforce and presents challenges for the local economy.³⁴

AVAILABLE FULLTIME CHILDCARE			
	Supply	Demand	Gap
Infant/Toddler	472	(2,567)	-2,095
Preschool	1,837	(2,731)	-894
TOTAL	2,309	-5,298	-2,989

The percentage of children that speak a language other than English in the home³⁵ was 35.9%. A child that speaks a second language may have challenges with reading, comprehension and participation until the language needs are addressed.

Sutter County's rate is much lower (better) than the statewide average of 43%.

In the 2012-13 school year, there were 1658 students enrolled in Kindergarten in Sutter County³⁶.

District	Kindergarten Enrollment
Sutter County Office of Education	17
Brittan Elementary	65
Browns Elementary	15
Franklin Elementary	49
Live Oak Unified	134
Marcum-Illinois Union Elementary	157
Meridian Elementary	6
Nuestro Elementary	58
Pleasant Grove Joint Union	21
Winship-Robbins	17
Yuba City Unified	1,119
TOTAL ENROLLMENT	1,658

The percentage of children who feel a connection to their school³⁷ was measured at 51% which means that Sutter County ranks in the top third (best) of all counties. The statewide average is 44%. Children and families that have a connection with their school will experience better health and academic outcomes.³⁸

There are 223 children, ages 0-5, enrolled in Special Education programs throughout Sutter County.³⁹ Across all districts in the county, about 5%

(83) of the kindergarten students have special educational needs. The remaining 140 children were enrolled in Special Education through early intervention programs. Early age enrollment in Special Education indicates that the child's disability has been identified and that the parents and school personnel have developed an Individualized educational program (IEP) or individualized family service plan (IFSP) to address the child's developmental needs.

Sutter County Special Education Enrollment by Age	
Age 0-1	6
Age 1	8
Age 2	11
Age 3	43
Age 4	72
Age 5	83
TOTAL	223



COMMUNITY SURVEY

WHEN THE SUTTER COUNTY CHILDREN & FAMILIES COMMISSION BEGAN ITS STRATEGIC PLANNING PROCESS IN 2013, THEY REALIZED THE IMPORTANCE OF GOOD FEEDBACK AND DIRECTION FROM THE COMMUNITY. RECOGNIZING THIS NEED, THE COMMISSION ENLISTED THE ADVISORY COMMITTEE TO DESIGN AND IMPLEMENT A COMMUNITY SURVEY. WHEN THE PROCESS WAS COMPLETE, A TOTAL OF 535 SURVEYS WERE RETURNED FROM THE COMMUNITY PROVIDING A RICH TROVE OF DATA TO HELP GUIDE THE WAY.

TABLES 1 THROUGH 3 DESCRIBE THE DEMOGRAPHICS OF THOSE WHO COMPLETED THE SURVEY. THE MAJORITY OF RESPONDENTS RESIDE IN YUBA CITY, WERE BETWEEN 26 AND 45 YEARS OF AGE, AND WHOSE PRIMARY LANGUAGE IS ENGLISH.

TABLE 1 - CITY OF RESIDENCE		
Response options	Number	Percent
Live Oak	63	12%
Meridian	4	1%
Nicolaus	0	0%
Pleasant Grove	4	1%
Rio Oso	7	1%
Robbins	3	1%
Sutter	56	11%
Trowbridge	0	0%
Yuba City (95991)	178	35%
Yuba City (95993)	150	29%
Other	51	10%
Total	516	100%

**516 of the 535 respondents answered this question*

TABLE 2 - AGE OF RESPONDENTS		
Response Options	Number	Percent
14-19 years olds	16	3%
20-25 years olds	91	18%
26-35 years olds	183	35%
36-45 years olds	109	21%
46 + years olds	117	23%
Total	516	100%

**516 of the 535 respondents answered this question*

TABLE 3 - LANGUAGE SPOKE AT HOME		
Response Options	Number	Percent
Asian/Pacific Islander	2	0%
Bilingual	119	23%
English	303	58%
Punjabi	27	5%
Spanish	62	12%
Other	10	2%
Total	523	100%

**523 of the 535 respondents answered this question*

Participants were asked to self-identify their role in their family, if they provided services to families, and/or if they were employed by a community based organization, a county or state agency (Table 4). Respondents could select one or more response options

in each of the three sub-categories. Appendix Table A provides detailed information regarding the county department, state agency, and/or community based organization respondents identified.

TABLE 4 - SELF-IDENTIFIED ROLE		
Individuals identified their role in their family (414 individuals)		
I am the parent of a child, 0-5 years	335	81%
I am a grandparent of a child, 0 – 5 years	51	12%
I am a foster parent of a child aged 0 – 5 years	23	6%
I am a pregnant woman or soon to be dad	35	9%
Individuals defined their role as a child care provider (100 individuals)		
I am a service/support provider for pregnant women, children 0-5, and/or their families	41	41%
I am another type of caregiver to a child 0-5 years	38	38%
I am a licensed childcare provider	29	29%
Individuals defined their place of employment (91 individuals)		
I work for a Community Based Organization*	37	41%
I work for a County Department or State Agency*	66	73%

Respondents were asked to mark all that apply, will not add up to 100%.

Respondents were asked to select three areas of concern from a list provided on the survey. The top three areas of concern included quality childcare/preschool, medical care, and dental care. Appendix tables B and C

provide detailed information provided by survey respondents regarding issues of concern around children's activities and other concerns that were not listed on the survey.

TABLE 5 - ISSUES OF CONCERN ABOUT CHILDREN AGED 0-5 - IN SUTTER COUNTY

Response options	Number	Percent
Quality childcare/preschool	271	51%
Medical care	211	39%
Dental care	179	33%
Keeping my child safe	172	32%
My child's growth and development	171	32%
Preparing my child for kindergarten	153	29%
My child's behavior	140	26%
Safe playgrounds	131	24%
Need for children's activities*	82	15%
Support during pregnancy	62	12%
Breastfeeding support	48	9%
Helping my child through divorce/ separation	48	9%
Other (please specify)^	27	5%

Respondents were asked to mark all that apply, will not add up to 100%
**Participants were asked to identify what activities they would like offered. See Appendix Table B*
^ Participants were asked to identify other areas of concern. See Appendix Table C

Community survey respondents were also asked to identify the top three services that they felt could be improved for children ages 0-5 in Sutter County. Half of the respondents (50%) indicated that arts and recreation

activities for preschool children, kindergarten readiness (50%) and stranger safety (42%) were the top three services in need of improvement in Sutter County.

TABLE 6 - TOP THREE SERVICES - NEEDING IMPROVEMENT - FOR CHILDREN AGED 0-5 IN SUTTER COUNTY

Response options	Number	Percent
Arts and recreation activities for preschool children	260	50%
Kindergarten readiness (i.e. children are playing, sharing, listening, socializing)	262	50%
Stranger safety	223	42%
Library services for preschool children (i.e. storytelling with crafts, singing and puppets)	154	30%
Home safety	139	26%
Literacy classes for children	138	26%
Water safety	128	24%
Books to families with preschool children	123	23%
Bicycle and street safety	120	22%
Backpacks with educational toys, games	98	19%

Respondents were asked to mark all that apply, will not add up to 100%

Community survey respondents were asked to identify the top three services that could be improved for parents and families of children age 0-5. Twenty-eight percent of the respondents stated that access to quality childcare (ages 3-5), classes for children and parents to address childhood obesity,

nutrition, physical activity and child behavior and development classes for parents and caregivers were the top three services that needed improvement in Sutter County. Respondents were asked to mark all response options that pertained to them.

TABLE 7 - TOP THREE SERVICES THAT COULD BE IMPROVED FOR PARENT AND FAMILIES OF CHILDREN AGED 0-5					
Response options	Number	Percent	Response options	Number	Percent
Access to quality childcare (ages 3-5)	152	28%	Car seat safety information	64	12%
Classes for children and parents to address childhood obesity, nutrition, physical activity	137	26%	Alcohol and drug education	61	11%
Child behavior and development classes for parents and caregivers	127	24%	Public transportation assistance (i.e. availability, vouchers, Para transit)	59	11%
Access to fresh fruits and vegetables	124	23%	Support for child abuse prevention	59	11%
Access to quality childcare for infants through age 2	112	21%	Support with transitions (i.e. divorce, deployment, death, deportation)	57	11%
Developmental screening services for young children	90	17%	Family violence services	55	10%
Special needs access and services for young children	83	16%	Support for teen parents to further their education/training	50	9%
Assistance applying for Medi-Cal or health Benefits/insurance	70	13%	Support for teen parents	50	9%
Mental or behavioral health counseling for children	67	13%	Appropriate use of media and technology	47	9%
Training opportunities for childcare providers	66	13%	Postpartum depression services and support	45	8%
Increased support for homeless children, 0-5 years	65	12%	Breastfeeding information and support	41	8%
Opportunities for parents to meet other parents	65	12%	Prenatal/Pregnancy information and resources	33	6%

Community survey respondents were further asked to comment on what they thought would make their neighborhood a better place. Of the 351 people who provided comments, 23% felt that more parks and playgrounds in neighborhoods should include age-appropriate equipment, accessible for all children, including bathrooms. Family-centered community activities were also mentioned by 17% of the respondents. Those activities ranged from organized playgroups to a recreation center and additional age appropriate activities

for all children. General safety and crime were also mentioned as areas of concern for making neighborhoods a better place. Respondents stated often that increased police presence and law enforcement were needed, as well as traffic controls such as speed bumps, crosswalks, sidewalks, and crossing guards were essential needs. In addition to general safety concerns, five percent of the respondents stated that crime; specifically gang activity and violence as well as drug activity was a concern in their neighborhood.

TABLE 8 - SUGGESTED WAYS TO IMPROVE NEIGHBORHOODS - CHILDREN AGED 0-5		
Responses grouped into the following categories	Number	Percent
Parks and Playgrounds (more parks, accessible, age appropriate equipment, includes bathrooms)	82	23%
Family Centered Community Activities (Recreation Center, Organized Playgroups, Farmers Markets, Library, enrichment activities, Age appropriate activities for all kids)	58	17%
General Safety Needs:	Number	Percent
Increased Police Presence and Law Enforcement	37	11%
Sidewalks/Crosswalks/Streetlights	34	10%
Traffic Controls (speed-bumps, decreased speed limits in neighborhoods, crossing guards)	31	9%
Neighborhood Watch Groups	7	2%
Crime	Number	Percent
Address Gang Activity and Violence	16	5%
Address Drug Activity	15	4%
General Crime and Safety Issues	10	3%
Parent Supports (Drug and Alcohol education, Nutrition education, Community resource awareness)	16	5%
Child Care (quality care for any age, After School Programs, Early Learning and Development Program, Support for Child Care Providers)	15	4%
<i>*351 of the 535 provided information for this question</i>		



COMMUNITY FORUMS

MEMBERS OF THE SUTTER COUNTY CHILDREN & FAMILIES COMMISSION ADVISORY COMMITTEE HOSTED SEVEN FORUMS IN SUTTER COUNTY INVOLVING OVER 40 PARTICIPANTS. THE PURPOSE WAS TO GAIN THE INSIGHT FROM THE FAMILIES AND COMMUNITY MEMBERS ABOUT THE MOST PERTINENT ISSUES FACING THE PARENTS OF YOUNG CHILDREN THE MEETINGS INCLUDED A MIX OF PARENTS, CAREGIVERS AND STAFF FROM THE SUTTER COUNTY WIC OFFICE, FAMILY SOUP PARENTS, E-CENTER AND HEAD START. ONE FORUM WAS BI-LINGUAL (ENGLISH AND SPANISH), ANOTHER IN SPANISH AND THE BALANCE OF THE FORUMS IN ENGLISH. IN THE FORUMS A DIALOGUE WAS ENCOURAGED AND THE PARTICIPANTS WERE ABLE TO EXPRESS THEIR CONCERNS ABOUT A NUMBER OF TOPICS. THE FOLLOWING THEMES EMERGED FROM THOSE CONVERSATIONS.

PARTICIPANT COMMENTS

- In general, many parents reported that they lack basic information about available services (i.e. health, pre- and postnatal care, childcare, preschool, school, recreation and safety).
- Some parents noted that information and resources used to be available to Spanish-speaking families but no longer were offered, as a result people were without basic information about child development and services. The parents were referring to a group that met at Bridge Street School
- The participants also expressed the need for opportunities to talk with other parents about their experiences with their children.

- The availability and affordability of childcare was an issue as was the need for more preschool options.
- The participants also wanted more information and education on safety issues. Their concerns ranged from personal safety programs such as neighborhood watch and safe houses as well as basic information about bicycle safety and car seats. One group noted the problem with speeding drivers near the fairgrounds and suggested the need for traffic and street safety for children.
- Health support issues were also a big concern. Participants expressed interest in services such as vision, dental, speech and hearing assessment, learning assessment, diabetes management and information about ADHD and the medications to treat it.
- Parents in particular were concerned with the limited availability for children with disabilities and special health care needs that needed specialized services that were only available in the county in limited ways. Parents also expressed the need for more support with these issues.
- There were concerns expressed about the challenges and possible supports for military families, families experiencing grief and children experiencing divorce.
- The participants conveyed their concerns about the need for more information and support around breastfeeding, birthing options, immunizations, contending with being a new mom and receiving limited attention with the birth of their second child. There was also a suggestion for more in-home prenatal services and services for new mothers.
- The participants voiced the need for access to children's books, educational toys and more story time options for young children. The participants also suggested formal, organized play dates for young children.
- The participant's also expressed interest in more nutrition information and possible cooking classes for parents and children. One group expressed an interest in nutrition/cooking classes in Spanish.
- The parents and caregivers also suggested the need for more parks, recreation and activities specifically for young children. They cited the expense involved for organized sports and noted the need for safe and appropriate recreational settings for families. They suggested improvements for parks including more shade trees and restrooms. For young children, they suggested more climbing structures and baby swings. The suggestions included more water parks, as well.
- Parents also expressed a need for information and techniques to deal with discipline and difficult behaviors, particularly how to avoid spanking and use timeouts, etc.
- Transportation was an issue particularly for the rural areas. Parents also expressed the desire for more parking options for moms with strollers. One parent even talked about the lack of parking near to the hospital causing her to walk quite a distance to the front entrance while in labor.

COMMUNITY INDICATORS

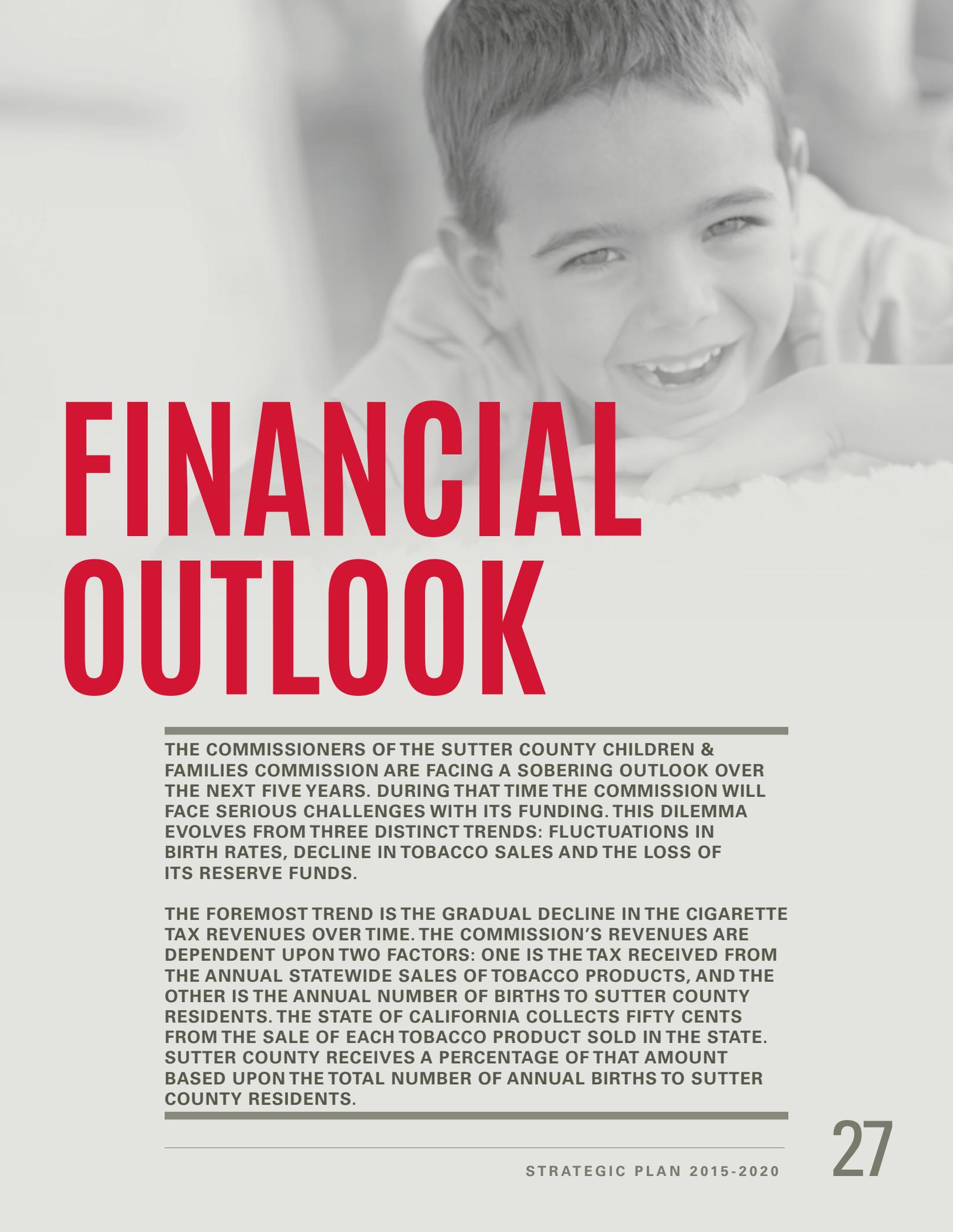
SUTTER COUNTY EARLY CHILDHOOD COMMUNITY INDICATORS 40		
Indicator	Data	Background
Population 2010 ⁴¹	96,286	The Sutter County population is less than 0.3% of the California total (38,118,336).
0-5 Population ⁴²	8,208	The population of children 0-5 is also less than 0.3% of the state total (3,033,730) for the same age group. Within Sutter County, the cohort of children, ages 0-5, comprise about 8.5% of the total county population.
Persons per square mile (2010) ⁴³	157.3	Sutter is considered a rural area. The California rate is 239.1 persons per square mile.
Persons per household (2007-2011) ⁴⁴	2.95	This is slightly higher than the statewide average of 2.89.
Median household income (2007-11) ⁴⁵	\$50,010	This figure decreased by over \$900 from the prior timeframe. It is lower than the statewide average of 61,632, which increased by \$800 from the prior time period.
Persons below the poverty level (2007-11) ⁴⁶	15.2%	This figure increased by almost one percentage point. It is slightly higher than the statewide average of 14.4%, which also increased over the same period.
Fair Market Rent, 2 bedroom dwelling (2013) ⁴⁷	\$812	Comparable rates for other counties include: Tehama (\$826), Butte (\$878), El Dorado (\$1,073) and Yolo (\$1,082).
Women who initiated prenatal care in the first trimester ⁴⁸	83.6%	This is a long-term trend. Sutter (Greater Sacramento Region) is significantly lower than the statewide average of 89.1%.
Any breastfeeding, one month after delivery ⁴⁹	77.9%	This is almost equal to the statewide average of 77.7%.
Participated in WIC during pregnancy ⁵⁰	42.9%	This is significantly lower than the statewide average of 55.1%
Age of mother, 15-19, as a percentage of all births ⁵¹	8.2%	This rate is lower (better) than the statewide average of 8.9%.
Children who are in a healthy weight zone ⁵²	71%	Sutter is slightly better than the statewide average of 69%.
Children, ages 0-3 who do not experience recurring abuse or neglect ⁵³	96%	This is higher (better) than the statewide rate of 93%.
Deaths of children, 0-5 (2011) ⁵⁴	1	This rate increased from 0 in the prior year.
Emergency Room Visits, ages 0-4 (2011) ⁵⁵	539	Almost all of these are unintentional injuries (i.e. leading causes: falls, struck by object, poisoning, natural or environmental and cut or pierce). Only 18 events were considered an "undetermined" intent (i.e., possibly intentional).
Children who visited a dentist in the last year ⁵⁶	89%	This is slightly better than the statewide average of 87%.
Infant health insurance is Medi-Cal ⁵⁷	44.7%	The participation in Medi-Cal is slightly lower than the statewide average of 49%.
Language other than English spoken in the home ⁵⁸	35.9%	This second language challenge is much lower (better) than the statewide average of 43%
Children who feel a connection to their school ⁵⁹	51%	Sutter ranks in the top third (best) of all counties. The statewide average is 44%.



ANNUAL 2014-15 BUDGET

INCOME	
Prop 10 Tobacco Tax Revenues	\$925,131
SMIF (State Shared Interest)	\$530
CSP#2 (State Grant)	\$150,000
Interest (From Local Reserves)	\$90,663
Transfer from Reserves	\$495,036
TOTAL INCOME	\$1,661,360

EXPENSES	
Community Investment	
Improved Family Functioning (Family Soup, Child Behavioral Specialist, Parent Kits)	\$203,060
Improved Child Development (Smart Start, Early Learning and Development Programs, Provider Education)	\$749,349
Improved Health (Bright Futures, Sutter County Smiles)	\$264,354
Improved Systems of Care	\$131,775
TOTAL PROGRAM INVESTMENT	1,348,538
Evaluation Expenses	\$84,584
Administrative Expenses	\$228,238
Total Expenses	1,661,360



FINANCIAL OUTLOOK

THE COMMISSIONERS OF THE SUTTER COUNTY CHILDREN & FAMILIES COMMISSION ARE FACING A SOBERING OUTLOOK OVER THE NEXT FIVE YEARS. DURING THAT TIME THE COMMISSION WILL FACE SERIOUS CHALLENGES WITH ITS FUNDING. THIS DILEMMA EVOLVES FROM THREE DISTINCT TRENDS: FLUCTUATIONS IN BIRTH RATES, DECLINE IN TOBACCO SALES AND THE LOSS OF ITS RESERVE FUNDS.

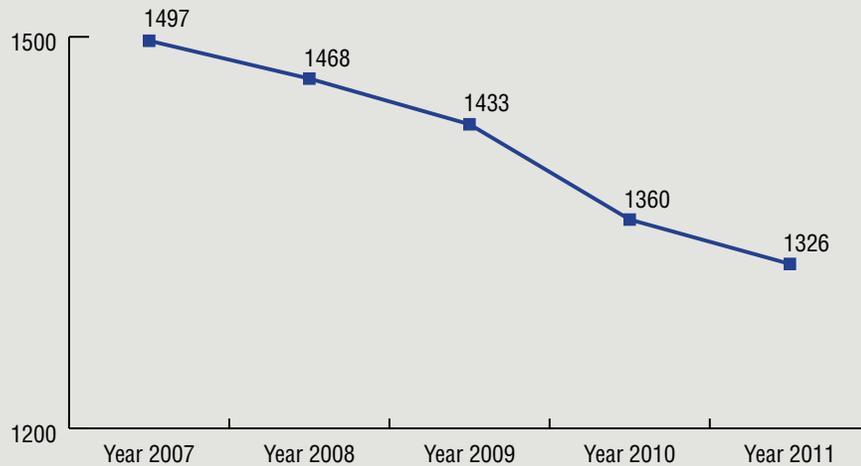
THE FOREMOST TREND IS THE GRADUAL DECLINE IN THE CIGARETTE TAX REVENUES OVER TIME. THE COMMISSION'S REVENUES ARE DEPENDENT UPON TWO FACTORS: ONE IS THE TAX RECEIVED FROM THE ANNUAL STATEWIDE SALES OF TOBACCO PRODUCTS, AND THE OTHER IS THE ANNUAL NUMBER OF BIRTHS TO SUTTER COUNTY RESIDENTS. THE STATE OF CALIFORNIA COLLECTS FIFTY CENTS FROM THE SALE OF EACH TOBACCO PRODUCT SOLD IN THE STATE. SUTTER COUNTY RECEIVES A PERCENTAGE OF THAT AMOUNT BASED UPON THE TOTAL NUMBER OF ANNUAL BIRTHS TO SUTTER COUNTY RESIDENTS.

FLUCTUATIONS IN BIRTHS

Over several recent years, Sutter County's birthrates declined throughout the period of the Great Recession. The good news is that Sutter County, unlike many other counties in California, is growing and, the annual numbers of births are projected to increase over the coming years. However, even though the births will grow, the overall

decline in tobacco revenues will continue even though Sutter County will see an increase in its share of the statewide funds. This means that it is likely that the Sutter County Children & Families Commission will face a gradual decrease in income of 2-3% each year for the foreseeable future.

Sutter County Births by Mothers Address



DIMINISHING TOBACCO REVENUES

In their annual budget, the California State Department of Finance estimates that the tobacco tax revenues will decline by 3% per year, based upon the decline in the use of tobacco products over time. This trend is highlighted in the table below, as the per capita consumption of cigarettes declined

steadily between 1989 and 2010, from 123 packs per person in 1989 to 41 packs per person in 2010. This is a two-thirds decline in overall sales. Given these projections, the Commission's revenues going forward have been adjusted to decline by 3% per year.

PER CAPITA CONSUMPTION	
Fiscal Year	Packs Per Person
FY 89-90	123
FY 97-98	84
FY 10-11	41
<i>This table shows the decrease in revenues from cigarette taxes over a recent three-year period.</i>	

PROP 10 REVENUE OUTLOOK	
FY 10-11	505 Million
FY 11-12	490 Million
FY 12-13	476 Million
<i>The table above shows the current breakdown of the 87 cents per pack tax on cigarettes.</i>	

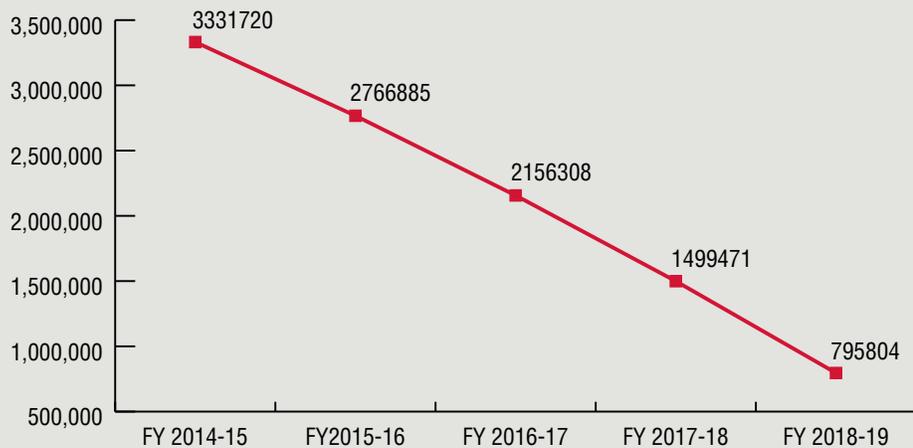
CIGARETTE TAX DISTRIBUTION	
General Fund	10 cents
Prop 10	50 cents
Prop 99	25 cents
Breast Cancer Fund	2 cents

CONTINUING DECLINE OF THE RESERVE FUNDS

The third trend of the dilemma is the continuing decline of the reserve funds. In 2008, the Commission decided to supplement the annual spending on programs from their reserve funds. This fiscal year (FY 2014-15), the Commission will supplement its annual spending with over \$495,000 dollars from its reserve fund. The continued withdrawals from the reserves will also reduce the Commission's funding because

there will be less interest income, further contributing to the decline. At the current rate, the reserves will be exhausted by FY 2020-21, a date that will shortly follow this strategic plan. This is critical juncture because without reserves, the Commission will not be able to plan for contingencies nor respond effectively to community needs and interests. The table below shows the projected decline in the reserve funds.

Reserve Balance

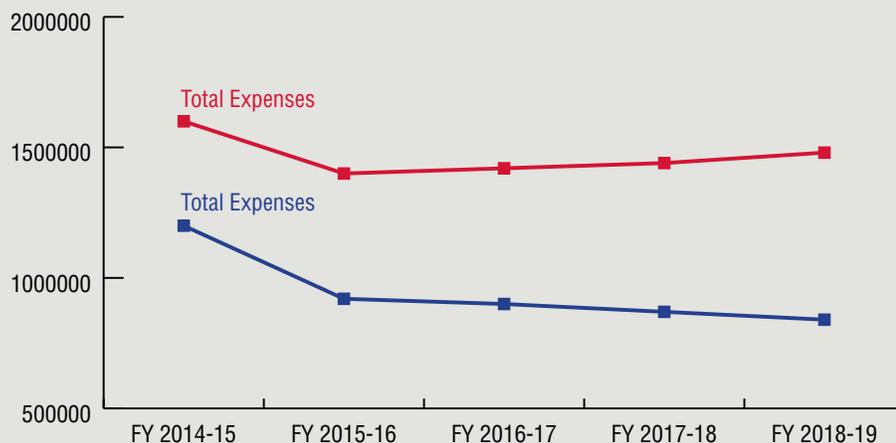


BALANCING INCOME WITH EXPENSES

The budget projection below shows the current rate of spending against the expected revenues. The expenses exceed the revenues by about 30%.

The Commission will have to make very difficult decisions to balance revenues with expenses over the next several years.

Expenses Exceed Revenue



EVALUATION DESIGN

THE SUTTER COUNTY CHILDREN & FAMILIES COMMISSION HAS EMPHASIZED OUTCOME EVALUATION SINCE ITS INCEPTION AND DEVELOPED CLEAR AND CONSISTENT EVALUATION METHODOLOGIES FOR ALL OF ITS FUNDED PROGRAMS. THE COMMISSION CONTRACTS WITH DUERR EVALUATION RESOURCES (DER) OF CHICO, CALIFORNIA TO PROVIDE COMPREHENSIVE EVALUATIONS ON ALL COMMISSION ACTIVITY. THE COMPLETE EVALUATION DESIGN CONSISTS OF THIRTY-THREE MEASURES, FOUR DATABASES AS WELL AS FOCUS GROUPS AND CASE STUDIES. LISTED BELOW ARE THE EVALUATION MEASURES THAT HAVE BEEN APPLIED FOR PREVIOUS CONTRACTED PROGRAMS AND COMMISSION ACTIVITIES.

BRIGHT FUTURES EVALUATION COMPONENTS

- Participant Information Form
- Participant Screening Form
- Parent Survey
- Referral Follow-Up Database

- Behavioral Specialist's Assessment of Parent Behavior
- Facilitated or Non-Facilitated Referrals Tracking
- Activity Report Online Data Base
- Case Studies

CHILD DEVELOPMENT INITIATIVE EVALUATION COMPONENTS (BEHAVIOR SPECIALIST)

- Temperament and Atypical Behavioral Scale Assessment (TABS) Screener (15 items)
- Temperament and Atypical Behavioral Scale Assessment (TABS) Assessment (55 items)
- Ages & Stages (Social Emotional) Assessment
- Parent (Satisfaction) Survey

INITIATIVE ON CHILD HEALTH EVALUATION COMPONENTS (AKA FREE IZ PROGRAM)

- Intake Forms
- Monthly Shot Tally

PROGRAM INTEGRATION EVALUATION COMPONENTS

- Program Integration Database

EARLY LEARNING AND DEVELOPMENT EVALUATION COMPONENTS

- Parent-Child Activity Form
- Ages and Stages Questionnaire (ASQ)
- Preschool Skills Assessment
- Letter Naming Fluency Assessment of Early Learning Program Children Entering Kindergarten
- Kindergarten Transition Survey for Parents
- Case Studies of Early Learning and Development Program Families
- Parent Satisfaction Survey for School Readiness Parents
- Referrals, Agency Collaboration, and Outreach Tracking
- Workshop Evaluations
- Case Studies

SMART START EVALUATION COMPONENTS

- Implementation Data
- Preschool Skills Assessment
- Walker Assessment Scale (WAS)
- Parent Workshop Survey
- Smart Start Staff Focus Groups

SPECIAL NEEDS EVALUATION COMPONENTS

- Family SOUP Assessment
- Retrospective Parent Survey
- Online Direct Services Tracking Database
- Case Studies of Family SOUP Families
- Workshop Evaluations

SUTTER SMILES DENTAL VAN EVALUATION COMPONENTS

- Database of Service Provision
- Intake Evaluation Questions
- Parent Satisfaction Survey (not annually)

CARES PLUS

- Focus Groups
- Online Participant Survey

LESSONS LEARNED

- Participant Evaluation Survey

COMMISSION WORKSHOPS

- Participant Evaluation Survey

REUNITING FAMILIES CLASS

- Attendance Information

ENDNOTES

- 1 These indicators were prepared for the Sutter County Children and Families Commission and chosen for this report by the author, Brad Morrison. September 16, 2013.
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