



Strategic Plan

2025-30

SUTTER COUNTY CHILDREN AND FAMILIES COMMISSION

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SCCFC would also like to thank Sutter County families, members of the provider community, and public at-large who gave their time, attention and insights by attending focus groups and completing the community survey.



A Message from the Executive Director



At the Sutter County Children & Families Commission (SCCFC), we believe every child deserves the opportunity to thrive. Our work is grounded in the understanding that the first five years of a child's life are a time of incredible growth and potential—years that shape their future and the future of our community.

Sutter County's youngest residents—our children ages 0-5—are the heartbeat of our mission. They inspire every decision we make, every program we fund, and every collaboration we pursue. This Strategic Plan for 2025-2030 reflects our unwavering commitment to ensuring these critical early years are filled with the support, care, and opportunities every child deserves.

This Plan would not have been possible without the invaluable participation of our community. Parents, caregivers, educators, service providers, and leaders shared their insights, experiences, and hopes for the future of Sutter County's children. Your voices have shaped this vision and ensured that our strategies reflect the real needs and dreams of the families we serve. We are deeply grateful for your engagement and willingness to speak up for the youngest members of our community.

As we look to the future, we remain steadfast in our commitment to equity, resilience, and collaboration. Through this Strategic Plan, SCCFC will continue to invest in programs and partnerships that prioritize all children's health, development, and wellbeing. We will also strive to ensure that no family feels isolated or unsupported as they navigate the joys and challenges of raising young children.

To everyone who contributed to this Plan: thank you for your voice, trust, and dedication to creating a brighter future for Sutter County's children. Together, we can ensure that every child has the foundation they need to thrive—not just today, but for a lifetime.

With gratitude and hope,

Dr. Michele E. Blake

Executive Director

Sutter County Children & Families Commission

Strategic Plan 2025-30 At a Glance

Sutter County Children and Families Commission (SCCFC) promotes the optimal development of children 0-5 by focusing investments in four goal areas: 1. Improved Family Functioning, 2. Healthy Children and Families, 3. Improved Child Development, and 4. Improved Systems of Care. The purpose of the 2025-30 Strategic Plan is to inform how SCCFC can make the best use of its investments across these goal areas, based on community trend data for the 2025-30 period and input from county leaders, community members, caregivers, and providers.

| | GOAL 1: | GOAL 2: | GOAL 3: | GOAL 4: |
|------------|---|---|--|--|
| GOAL | IMPROVED FAMILY FUNCTIONING Ensure that parents have knowledge and resources to meet their child's health and developmental needs, and that families have social networks and a sense of community. | IMPROVED CHILD DEVELOPMENT Ensure that children have access to high quality early care and education and enter school with skills needed to learn. Support parents in facilitating their child's learning and school readiness. | HEALTHY CHILDREN AND FAMILIES Identify and support children with health, oral health, behavioral, and special needs. Promote child health and safety, from pregnancy to age 5. | IMPROVED SYSTEMS OF CARE Strengthen local systems through collaboration, integration, legislation, and policy, to meet the needs of all children and families. Ensure families know how to access resources and supports. |
| OUTCOMES | <ul style="list-style-type: none"> Parents have parenting knowledge to build positive parent-child relationships and meet child developmental and social-emotional needs Families' social networks and sense of community are strengthened Families of children with behavioral and special needs are supported Families have access to basic necessities to improve family functioning and child wellbeing | <ul style="list-style-type: none"> Parents have the knowledge and resources to facilitate their child's learning and readiness for school Children have access to high quality early care and education Children enter school with the skills and resources to be developmentally ready to learn and succeed in school | <ul style="list-style-type: none"> Parents have the knowledge to meet their child's health and development needs Children have good physical and oral health and access to care Child developmental needs identified and addressed with early intervention Children have access to recreational activities Children grow up safe and free of injuries | <ul style="list-style-type: none"> Early childhood systems are strengthened, integrated, and sustained Early childhood resources, services, and supports are sustained with legislation / policy |
| STRATEGIES | <ul style="list-style-type: none"> Wide-Reach Family Literacy Activities and Parenting Resources (e.g., books, parenting texts, resource kits) Parenting Education Child Specialty Services (behavioral, emotional, and special needs) Parent-Child Activities Resource & Referral Parental Mental Health | <ul style="list-style-type: none"> School Readiness Education and Early Literacy Education ECE Provider Education and Support | <ul style="list-style-type: none"> Health and Developmental Assessments/Early Intervention Oral Health Services Safety and Injury Prevention and Education Health and Nutrition Education and Resources Home Visitation Recreation and Enrichment Activities | <ul style="list-style-type: none"> Community Responsive Strategies Community Education and Outreach Partnerships and Service Integration Tobacco Prevention and Reduction Medi-Cal Managed Care Policy and Advocacy Service Planning and Fund Development |

Introduction

PURPOSE OF THE STRATEGIC PLAN

The Sutter County Children and Families Commission (SCCFC) was formed following California's passage of Proposition 10 in 1999, imposing a 50 cent per-pack tax on cigarette sales to support programs that promote the health, development, and wellbeing of young children. Since approximately 90% of a child's brain is developed by age five, the SCCFC funds programs promoting early childhood development. A local county commission has been appointed by the County Board of Supervisors to ensure that the SCCFC is accountable to the needs of the community. The commission is comprised of the leaders from public agencies as well as representatives from nonprofits and the community at large.

Funded by the tobacco tax, First 5's revenue base is in continued steady decline across the state. County-based First 5s like the SCCFC must make prudent fiscal decisions that ensure investments are targeted to specific needs and integrated within larger-service delivery systems, guaranteeing leverage and sustainability. The 2025-2030 strategic plan update will guide the diminishing SCCFC investments to ensure that the Commission supports programs and services with the greatest impact. To this end, SCCFC's focus will continue to shift toward efforts that strengthen and sustain the early childhood service system, such as promoting increased collaboration and integration among early childhood service partners, as well as exploring new opportunities to add or enhance services through sustainable approaches to funding, including braided funding and new investment sources.

STRATEGIC PLANNING PROCESS

This strategic plan is the result of a six-month planning process with the SCCFC leadership and Applied Survey Research (ASR). The planning team held two kickoff meetings in August of 2024 to define the parameters, data sources, and the timeline for the planning process. The next two months were dedicated to collecting community data indicators, holding key informant interviews with the Commissioners, and sending out a community survey, in English and Spanish. These efforts were followed by conducting several focus groups with local transitional kindergarten teachers and families, including those caring for children with special needs. Results were analyzed, summarized, and reviewed with the SCCFC leadership.

The synthesis of information collected across a variety of sources described above was shared with the SCCFC Committee (see the SCCFC Strategic Plan 2025-30 Data Packet Slide Deck). The summary of efforts undertaken to understand the broader needs of Sutter County children 0-5 and their families, and the efficacy of the current approaches to meet those needs.



STRATEGIC PLANNING DATA SOURCES

The strategic planning process amassed a significant amount of data, most of which is presented in the respective goal sections later in this plan. Information was gathered from the following sources:

232

Community Survey Respondents

- 62% Parents / caregivers of children ages 0-5
- 38% Service providers (public, non-profit, education)
- 18% Licensed child care providers
- 11% Families, friends, or neighbors who provide child care
- 29% Community members

4

Planning Meetings

With SCCFC leadership

8

Key Informant Interviews

With SCCFC Commissioners

3

Focus Groups

- 15 TK teachers
- 6 Parents / caregivers in Stay and Play
- 2 Parents of children with special needs

19

Community Indicators

- | | | |
|--|-----------------------------------|-------------------------------|
| ▪ Poverty and housing | ▪ Kindergarten readiness | ▪ Child care / Early learning |
| ▪ Maternal mental health | ▪ Prenatal care / breastfeeding | ▪ Third grade achievement |
| ▪ Child maltreatment / family violence | ▪ Child health | ▪ School readiness |
| ▪ Developmental screenings | ▪ Health and oral health care use | ▪ Child special needs |

PRIORITIZATION OF STRATEGIC OPPORTUNITIES

Based on the synthesis of information gathered, clear themes emerged in terms of needs identified in the community, the ways in which the SCCFC's work has been effective, as well as tactical adjustments that can be made to address service gaps or needs, provide the greatest return on investment, and avoid duplication of existing services.

In this next section of the Strategic Plan, a summary of overarching needs and opportunities is presented, followed by a set of proposed strategies for each of the SCCFC's four funded areas. The strategies proposed meet the following selection criteria:

Selection Criteria for Strategies

- **Need:** The SCCFC will prioritize life-changing strategies that address significant community needs
- **Value:** The SCCFC will prioritize strategies that focus on delivery at the earliest point of intervention and do not duplicate existing services and programs
- **Capacity:** The SCCFC has the capacity to implement the strategy in an impactful way
- **Leverage:** The SCCFC can leverage other funds and partnerships to maximize reach and impact
- **Sustainability:** The strategy can be sustained through blended and leveraged resources with the outlook for the highest returns on investment

After the Strategic Plan 2025-30 is adopted by the Commission in Winter 2024-25, the SCCFC will conduct a procurement process to secure a combination of external partners and internal programming to deliver the selected strategies. Considerations for funding and implementation may be weighted on how well grantees and internal initiatives demonstrate the following:

Selection Criteria for Grantees

- **Evidence-based:** Uses or can use an evidence-based model or approach to implement the requested strategy
- **Quality staff:** Has qualified staff to carry out implementation of the strategy
- **Equity:** Is committed to using a service delivery approach that reduces disparities
- **Efficacy:** Has the capacity to collect and submit high quality, accurate data and provide summary reports
- **Collaboration:** Is committed to integrating service delivery with other partners and existing programs to create a holistic continuum of care for Sutter County children 0-5 and their families

Strategic Framework: Vision, Mission, Goals, and Outcomes

The work of the SCCFC is guided by its Vision and Mission statements. SCCFC’s vision statement describes the desired outcomes and conditions for young children in Sutter County. Its mission statement describes the way in which SCCFC promotes this vision.

VISION

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

MISSION

In partnership with the community, SCCFC coordinates services that support families to ensure that each child enters school healthy and ready to learn.

The SCCFC investments are organized around four broad community goals: Improved Family Functioning, Healthy Children and Families, Improved Child Development, and Improved Systems of Care, as follows:

| GOAL 1: | GOAL 2: | GOAL 3: | GOAL 4: |
|--|--|--|---|
| FAMILY FUNCTIONING Ensure that parents have knowledge and resources to meet their child’s health and developmental needs, and that families have social networks and a sense of community. | CHILD DEVELOPMENT Ensure that children have access to high quality early care and education and enter school with skills needed to learn. Support parents in facilitating their child’s learning and school readiness. | HEALTHY CHILDREN AND FAMILIES Identify and support children with health, oral health, behavioral, and special needs. Promote child health and safety, from pregnancy to age 5. | SYSTEMS OF CARE Strengthen local systems through collaboration, integration, legislation, and policy, to meet the needs of all children and families. Ensure communities are engaged, informed, and empowered to support wellbeing of children. |

On the next page, The SCCFC’s strategic framework graphically depicts the proposed strategies to achieve First 5’s desired program outcomes, which in turn contribute to community goals for children in Sutter County.

SCCFC STRATEGIC FRAMEWORK

STRATEGIES

- Family Literacy Activities and Parenting Resources (e.g., books, parenting texts, resource kits)
- Parent Education and Support
- Child Specialty Services (special needs and behavioral and emotional supports)
- Interactive Parent-Child Activities
- Resource, Referral, and Navigation
- Parental Mental Health and Support

- School Readiness Assessments
- School Readiness and Early Literacy Education
- ECE Provider Education and Support

- Health and Developmental Assessments / Early Intervention
- Oral Health Services
- Safety and Injury Prevention and Education
- Health and Nutrition Education and Resources
- Home Visitation
- Recreation and Enrichment Activities

- Community Responsive Strategies
- Community Education and Outreach
- Partnerships and Service Integration
- Tobacco Prevention and Reduction
- Medi-Cal Managed Care
- Service Planning and Fund Development



DESIRED OUTCOMES

- Parents have parenting knowledge to build positive parent-child relationships and meet their child's developmental and social-emotional needs
- Families' social networks of support and sense of community are strengthened
- Families of children with behavioral and other special needs are supported
- Families have access to basic necessities and resources to ensure optimal family functioning and child wellbeing

- Parents have knowledge and resources to facilitate their child's learning and readiness for school
- Children have **access** to high quality early care and education
- Children enter school with the skills and resources to be developmentally ready to learn and succeed in school

- Parents have knowledge and resources to meet their child's health and developmental needs
- Children have good physical and oral health and access to care
- Children have their developmental needs identified and addressed with early intervention
- Children and families have access to safe, healthy recreational activities
- Children grow up safe and free of injuries

- Communities are engaged, informed, and empowered to create environments that support the wellbeing of children and families
- Early childhood systems are strengthened, integrated, and sustained



GOALS

IMPROVED FAMILY FUNCTIONING

IMPROVED CHILD DEVELOPMENT

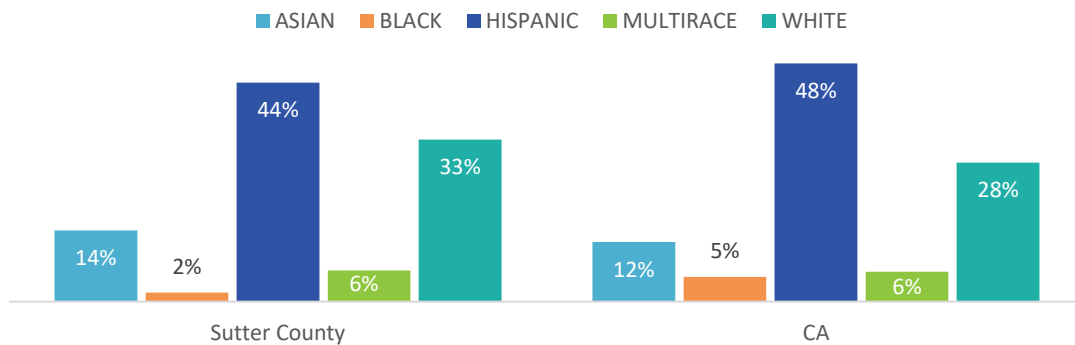
HEALTHY CHILDREN AND FAMILIES

IMPROVED SYSTEMS OF CARE

Sutter County Profile

In 2023, there were a projected 7,392 children ages 0-5 living in Sutter County. In terms of ethnicity, the two largest groups were Hispanic/ Latino (44%) and White (33%), followed by Asian (14%). The minority were multiracial (6%) and Black/African American (2%). This landscape nearly mirrors the California demographic profile, with slightly greater segments of the Hispanic/Latino (48%) and Black (5%) population and a slightly smaller proportion of White (28%) and Asian (12%) households.

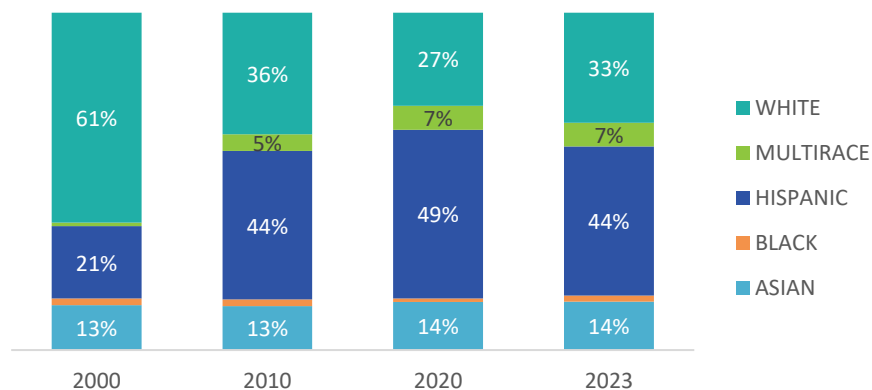
Figure 1. Demographic Profile, Sutter County vs. California, 2023



Source: California Department of Finance, 2023 Population Projections for Sutter County.

Moreover, over the past decade Sutter County population became progressively more diverse. As the next graph shows, in 2000 61% of the county population of children ages 0-5 years were White, compared to just half of that (33%) in 2023. In contrast, the population of children in Hispanic / Latino households was just 21% in 2020, increasing more than twofold and reaching 44% by 2023. Membership in other racial-ethnic groups also continued to grow, increasing by one percentage point for Asian and six percentage points for Multiracial households between 2000 and 2023.

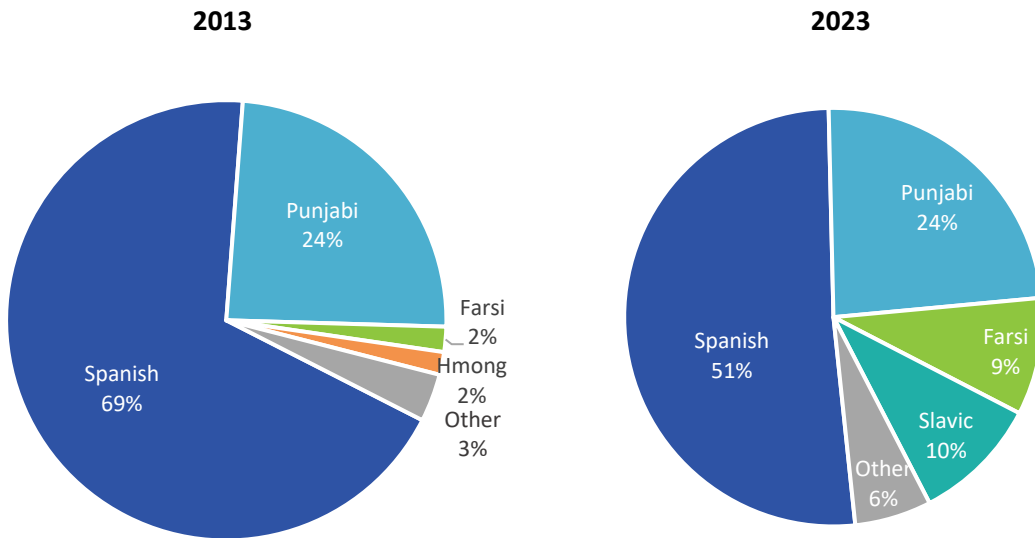
Figure 2. Change in County Demographics, 2000-2023



Source: California Department of Finance, 2023 Population Projections for Sutter County.

In terms of language, approximately 22% of TK/K students were English learners in FY 2023-24. Over half (51%) of these students spoke Spanish, followed by Punjabi (24%), Farsi and Russian (9% ea.) and Other languages (7%). In comparison, ten years ago more English Learners spoke Spanish (69%), and fewer spoke Farsi (2%), Russian (0%), or Other languages (3%). Additionally, 2% of students spoke Hmong, which was not represented in the most recent TK/K cohort.

Figure 3. Sutter County English Learners in Kindergarten Classrooms, by Language 2013, 2023



Source: Data Quest, English Learners in Sutter County. Children in TK and K classes, FY 2023-24.



Overarching Needs and Opportunities

NEEDS ASSESSMENT SUMMARY

As part of the strategic planning efforts, the SCCFC planning team reviewed data from a variety of sources, including select community indicators, key informant interviews with the Commissioners, a Community Survey, and focus groups with parents and teachers. The overarching results of the data collection are presented in the table below.

Figure 4. Top Needs / Priorities of Sutter County Families with Children 0-5, by Type of Source

| Theme | Secondary Data | Key Informant Interviews | Focus Groups | Community Survey |
|---|--|--|--------------|--|
| Parenting Efficacy | Child Abuse Alleg.: 24.8/1,000 Child Abuse Subst.: 4.9/1,000 | 6 of 7 (unprompted) 7 of 7 (prompted) | Yes | 69% |
| Child Emotional/ Behavioral Needs | Not available | 6 of 7 (unprompted) 7 of 7 (prompted) | Yes | 78% |
| Special Needs | Spec Ed Enrollm: 9% | 1 of 7 (unprompted) 5 of 7 (prompted) | Yes | 79% |
| Basic Needs: Food, Housing | Child Food Insecurity: 20.4% Child Poverty: 18% Housing burden: 36% | 4 of 7 (unprompted) | Yes | 78%: Food 68%: Housing/homelessness 67%: Basic necessities |
| Mental Health | Prenatal: 15% Postpartum: 14% Family violence: 570 calls/year | 2 of 7 (prompted) 1 of 7 (unprompted) | Yes | 77%: MH for parents 69%: Domestic violence |
| School Readiness Support | Kindergarten readiness: 41% 3rd grade: 38% | 3 of 7 (unprompted) 7 of 7 (prompted) | Yes | 68%: SR Programs 66%: Literacy 58%: Playgroups |
| Quality Early Learning / Preschool | Preschool enrollment: 41% | 3 of 7 (unprompted) 6 of 7 (prompted) | | 80% |
| Health/ Dev Screenings | Dev Screening: 38% | 1 of 7 (unprompted) 6 of 7 (prompted) | | 72% |
| Child Medical Care | 0-15 mo: 50% 15-30 mo: 68% | 1 of 7 (unprompted) | | 77% |
| Child Dental Care | Annual visits: 49% | 4 of 7 (prompted) | | 73% |
| Injury Prevention | Not available | 7 of 7 (prompted) | | 69% |
| Perinatal | Prenatal Care: 72% Low Birth Weight: 6.8% | 1 of 7 (unprompted) | | 76% |

NEEDS ASSESSMENT TOP THEMES

Throughout the discussions with the strategic planning ad hoc committee, advisory group, providers, and parents, overarching themes arose that are pertinent to SCCFC's approach for the 2025-30 term:

- **SCCFC's approach to high quality, integrated programming is effective.** Strategic partners were highly complimentary of the SCCFC's approach in the community and had no major suggestions for improvements. To the contrary, focus group participants wanted to see SCCFC continue with its approach, stating that it is:
 - *Effective in selecting and modifying the array of services that best match community needs and offer the "highest return on investment"*
 - *Demonstrates wisdom and passion for the community and commitment to children and families in the community*
 - *Has cultivated and nurtured partnerships with different organizations which has enabled SCCFC to diversify and expand its reach*
 - *Should sustain its most life-changing services, including child behavioral consultation, special needs advocacy and supports, developmental screenings and linkage to early intervention, safety and injury prevention programs (e.g., car seat safety, swim classes, life jackets, etc.), and early literacy education*

“ Our Commission is very trusted, capable, and passionate about serving parents and children in a meaningful way. The team has wisdom. They care and go above and beyond. I'm proud of our Commission and have a lot of appreciation for our Executive. ”

- **Service access should be more equitable for target populations.** Given racial-ethnic and cultural diversification, growing immigrant population; as well as poverty and housing instability, community members identified the following groups as being underserved:
 - Rural families or families with limited transport or access to internet
 - Low income or homeless families
 - Parents of children with special needs or behavioral issues
 - Higher income families that do not qualify for sliding-scale services
 - New, single, and stay-at-home parents
 - Fathers and teen parents
 - Foster/adoptive parents and families at risk of CWS
 - Families with addictions/mental health issues
 - Immigrant, Newcomer, migrant non-English speaking families (i.e., Hispanic, Punjabi, Farsi)
 - Asian and religious communities

- **Some services / programming continue to be in short supply.** Communities appreciated various parenting options available to them, but wished to have a greater variety of services. The following list includes services and programs that the community and partners wanted to see more of:

- Parenting classes on the topics of fatherhood, healthful nutrition, children and technology, supporting children with special needs, navigating parenting in foster care or adoptive families
- Less structured supports, such as targeted parent support groups (i.e., for fathers, single parents, stay-at-home parents, parenting youth, etc.), walking or fitness groups
- Behavioral and mental health services for families
- Safe and appealing outdoor places for families and extracurricular or enrichment activities for children
- Nutrition, health, and safety education
- Low-cost quality child care and local respite care
- Free early literacy or interactive parent-child activities
- Services for families of children with special needs
- Provider education, to strengthen assessments and linkage to services



- **Families continue to face barriers to services.** Many families did not know what services were already available to them or faced challenges trying to utilize local programs. The top barriers to services are listed below:

- | | |
|--|--|
| • Long waitlists and limited availability of free or low-cost services, esp. child care | • Uncertainty about quality of services |
| • Limited eligibility in terms of income, insurance, legal status, etc. | • Lack of programs with flexible or after-work / weekend hours of operation is prohibitive, esp. for working families |
| • Lack of transportation options, esp. in remote areas | • Lack of accommodations for parents with young children (e.g., child care, meals, transportation, incentives) |
| • Lack of knowledge about existing programs, esp. among those not using social media or electronic communication | • Stigma or fear of asking for help (esp. for families involved with Child Welfare Services, homeless, or otherwise disaffiliated) |
| • High cost of services | |

- **Families and community members offered some recommendations.** Families wished to see more services that offer a holistic Whole Child / Whole Family approach that would offer services ranging from substance use treatment and domestic violence services for parents to

mentorship programs and extracurriculars for older children, and hands-on parent-child activities for young children, as well as safe, clean, inviting, walkable outdoor areas for families across the county. Other recommendations included:

- Community-wide messaging, outreach, and programming about the importance of fatherhood and fathers' role in child wellbeing; healthy nutrition; limiting electronics/screen use by children (and families); and maternal and child/youth mental health awareness
- Increase awareness of FindHelp and/or offer service navigation for families to help meet basic needs, and to connect them to Women, Infants, and Children, CalFresh, Medi-Cal, housing, medical and dental offices, and developmental services
- Consider supporting families with finding child care and transportation programs and resources
- Increase messaging and services accessibility by shifting from US-focused culture to other cultures (by adapting parenting curricula, service models, and including materials, and conducting outreach in native languages)
- Expand communication and outreach efforts, to reach all families (including those who do not use social media or electronic services)
- Expand reach of family events, parenting classes, and child developmental screenings to rural areas
- Offer additional learning opportunities for parents and providers to identify developmental, behavioral, and mental health concerns (including through screenings) and know how to connect children to early intervention



Goal 1: Improved Family Functioning

| | |
|----------|---|
| GOAL | Ensure that parents have knowledge and resources to meet their child's health and developmental needs, and that families have social networks and a sense of community. |
| OUTCOMES | <ul style="list-style-type: none"> • Parents have parenting knowledge to build positive parent-child relationships and meet their child's developmental and social-emotional needs • Families' social networks of support and sense of community are strengthened • Families of children with behavioral and other special needs are supported • Families have access to necessities and resources to ensure optimal family functioning and child wellbeing |

This section highlights critical community needs and corresponding strategies to improve family functioning. The needs assessment draws upon a variety of data sources, including community indicators, a community survey, key informant interviews, and focus groups.

COMMUNITY NEEDS KEY TAKEAWAYS

- **Poverty, Housing Instability, and Basic Needs Challenges:** Although childhood poverty has declined in recent years, many families in Sutter County continue to struggle with basic needs. Hispanic/Latino households are disproportionately affected, with 21% living in poverty compared to 16% of White families. High housing costs burden 36% of families, and 1.7% of students experience homelessness, often in unstable housing situations. Community respondents emphasized the need for affordable housing, services for homeless families, and access to healthy, affordable food and necessities like diapers and formulas as top priorities.
- **Parental Mental Health, Family Stress, and Domestic Violence:** High levels of parental stress, isolation and limited social support, along with rising domestic violence rates continue to impact family functioning. Calls for domestic violence assistance have increased by 15% over two years, with cases becoming more severe. Focus group participants emphasized family stress and challenges with social isolation, while community survey respondents highlighted the need for mental health counseling, domestic violence support, and substance treatment.
- **Parenting Skills and Knowledge Gaps:** Families face challenges in parenting skills and understanding child development which impacts their ability to effectively discipline, engage, and support their children. Gaps in knowledge about age-appropriate expectations and child development, as well as over reliance on screen time, were key concerns raised by focus group participants. Community members emphasized the need for parenting education classes, home visits, and hands-on parent-child activities to build skills and strengthen family functioning. Interviewees highlighted the value of programs like the Child Development Behavioral Specialist and Family SOUP in helping families.
- **Linkages to Equitable Services and Supports:** Families in Sutter County face barriers to accessing resources they need to thrive, such as limited knowledge of available services. Respondents emphasized the importance of culturally responsive and accessible support, as well as the need for assistance connecting to critical services and resources (e.g., housing, mental health counseling, and basic needs). Families valued prompt service matching and outreach, i.e., community events and resource guides, to improve access and engagement.

COMMUNITY INDICATORS

- **Childhood poverty** has considerably declined in the past five years, from 24% in 2018 to 18% in 2022.ⁱ Nonetheless, it continues to affect Sutter County children 0-5, particularly in Hispanic/Latino households, where it reaches 21%, compared to just 16% among White families. Conversely, the proportion of households burdened by **high housing costs** remained steady, exceeding the Healthy People 2030 objective by 10%.ⁱⁱ In FY 2023-24, 36% of families paid at least 30% or more in rent or mortgage payments.
- **Food insecurity** affected one in five (20.4%) of Sutter County children in 2022, compared to 16.9% of California children under the age of 18 years.ⁱⁱⁱ These prevalence rates of food insecurity matched the high rates of 2018, following a brief decline in 2020 and a continuous increase for the past two years.
- **Housing instability** affected 304, or 1.7% of all Sutter County students last year^{iv}. Most (68%) lived doubled-up, or in hotels/motels (19%), and few stayed in temporary shelters (5%) or were unsheltered (8%). While this prevalence is below the state rate of 4.3% of students, it is concerning, as it largely affects populations of color, with just 33% of students being White.^v The intersectionality of homelessness means that these children face other risk factors as well: in FY 2021-22, nearly 15% of homeless students were enrolled in special education; nearly 10% were English Learners, and over 3% were migrant students.
- **Maternal depressive symptoms** across the greater Sacramento region were slightly lower prenatally, at 14.0%, but higher postpartum, at 15.0%, than the statewide rates of 14.7% and 13.5%, respectively.^{vi}
- **Child maltreatment allegations**, at 25 per 1,000 children 0-5 was just half of the statewide rate of 46 per 1,000 children, although for children younger than one the rate was triple, at 74 per 1,000.^{vii} The **substantiated child maltreatment** rate, at 5 per 1,000 children 0-5, continued to improve over the past two years, staying below the California rate of 8 per 1,000 children and the Healthy People 2030 target of 9 per 1,000 children.^{viii, ix} Maltreatment disproportionately affected Native American and Black children, costing the county upward of \$28,700,000 last year.^x
- **Domestic violence** prevalence rates continue to climb.^{xi} This year, 570 calls for assistance were received in connection with domestic abuse. This is a nearly 10% increase, compared to last year, and a 15% increase over the past two years. Moreover, intimate partner violence is becoming more severe, with more cases involving strangulation or suffocation, or the use of weapons.

COMMUNITY SURVEY

In total, 232 Sutter County residents responded to the following question on the Community Survey, *“Thinking of Family Support, how much of a priority are the following service needs for young children (ages 0-5) and families in Sutter County?”* Respondents felt that the highest priority for families with young children were affordable healthy food, followed by mental health counseling for caregivers, as well as domestic violence services and housing services, including services for homeless families.

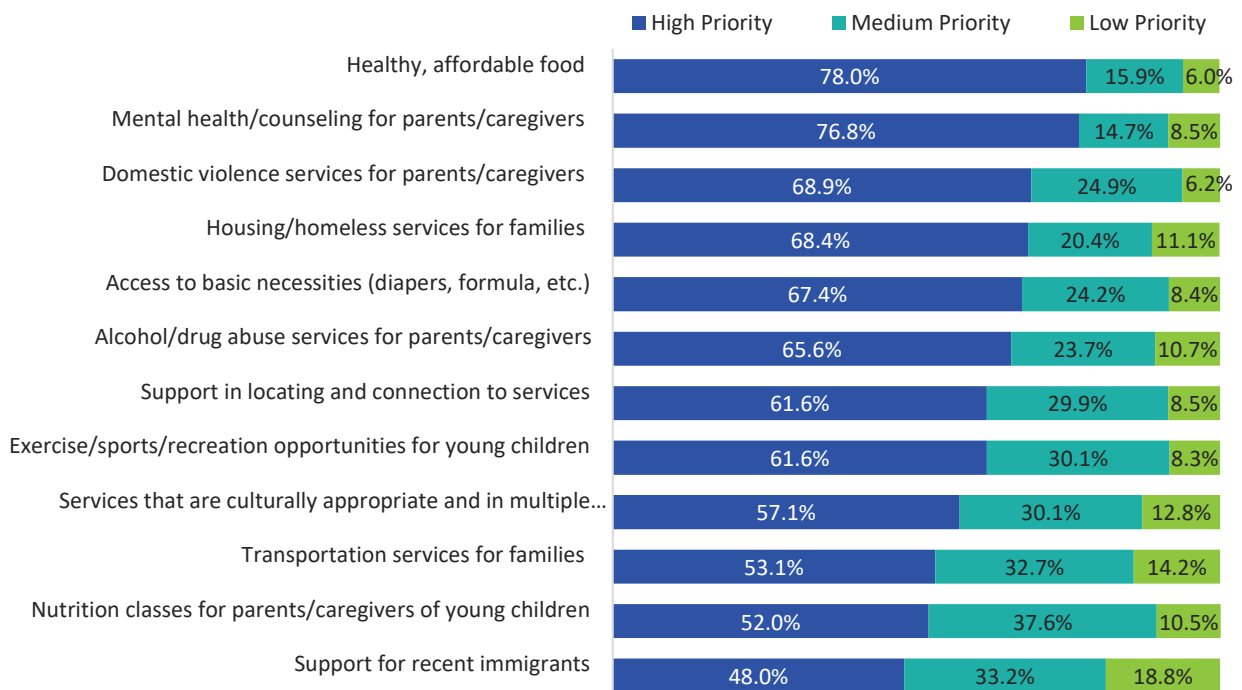
Across all responses, a critical focus was on meeting **basic needs**, with 78% of respondents indicating that greater access to healthy and affordable food was a top priority. Other essential needs included housing and homeless services, necessities such as diapers and formula, and transportation services.

Respondents further highlighted the need for **comprehensive parent/caregiver support**. Mental health and counseling services for parents were a top priority for 76.8% of respondents, in addition to domestic violence and alcohol/drug abuse services.

The importance of **accessible and inclusive services** emerged as another key need. This included increased support for families in locating and connecting to services, by helping families arrange transportation and tailoring services for diverse cultural and linguistic backgrounds, as well as ensuring services are supportive of recent immigrants.

An additional area of need was increased opportunities for **family engagement and education**, including exercise and recreational activities for young children and nutrition classes for parents.

Figure 5. Family Support Needs of Children 0-5 in Sutter County, 2024



Source: SCCFC Community Survey, 2024. N=409; Child Health and Development Needs: N=232.

KEY INFORMANT INTERVIEWS

Interview participants identified key programs and opportunities to support family functioning in the community. Services frequently highlighted as effective included **Child Development Specialist**, which supports families in community and school settings, and programs supporting **advocacy and services for families and children with special needs**.

Participants discussed opportunities to expand program reach and impact. Suggestions included **increasing outreach efforts** (e.g., engaging families through larger community events like soccer matches) and **enhancing wide-reaching programs**, such as Dolly Parton Imagination Library or ParentPowered with tip sheets and local resource guides.

Additionally, interviewees highlighted the importance of **ensuring families are promptly matched to services** and **exploring creative funding options**.

FOCUS GROUPS

Focus group participants identified several key themes impacting family functioning. Transitional kindergarten teachers discussed how **poverty and resource-limited home environments** hindered families' abilities to engage in meaningful, screens-free interactions with their children. Families similarly indicated a need for more knowledge about available resources, including activities that do not involve screen time, and suggested the potential helpfulness of programs such as Mothers Walking Group (e.g., Mommy and Me).

Another key issue highlighted by teachers was high levels of **family stress** in the home, echoed by parents, who expressed challenges surrounding social isolation and lack of social support.

Participants also discussed **gaps in knowledge** about child development and parenting skills to effectively discipline, interact with, and support children. As a solution, participants suggested more parenting education classes and home visits to strengthen family functioning.



POTENTIAL SCCFC STRATEGIES

The following strategies may help achieve outcomes in the *Improved Family Functioning* goal area. Specific programming may be selected based on past successes and/or exploration of new approaches.

■ Parent Education

- *Past Success:* **Parenting series and workshops** by Child Development Behavioral Specialists and Family SOUP.
- *Future Opportunities:* Improve **outreach** via mass e-listservs and prints (e.g., leaflets, brochures displayed in public, family-friendly spaces) to inform parents about programs.

■ Parenting Supports

- *Past Success:* Stay and Play **playgroups** and activities offered through Family SOUP and Public Health, and ParentPowered **text-based support**, addressing transportation barrier.
- *Future Opportunities:* Add **fatherhood** curricula; **support groups**, i.e. Mothers and Babies.

■ Child Specialty Services

- *Past Success:* Child social-emotional and **behavioral supports**, like Child Development Behavioral Specialist (CDBS), and programs advocating and providing **supports for children with special needs**, like Family SOUP.
- *Future Opportunities:* **Increase capacity** by hiring and training staff in new curricula. **Integrate case management** with Medi-Cal Managed Care.

■ Interactive Parent-Child and Family Literacy Activities

- *Past Success:* **Literacy programs**, like Dolly Parton Imagination Library; **developmental playgroups**, like Families Learning in Play, Stay and Play at the Sutter Public Library; and interactive exhibits through the Sutter County Museum.
- *Future Opportunities:* **Strengthen partnerships** with the Public Library, Sutter County Museum, and school districts, to expand outreach, esp. in rural areas. Partner with Parks & Rec to implement programs like Born Learning Trail for **outdoor, screen-free activities**.

■ Resource and Referral

- *Past Success:* **FindHelp**, to connect families to **necessities** like food, housing, and employment supports.
- *Future Opportunities:* **Build capacity** by training providers and families to use FindHelp; link families to Medi-Cal **transportation assistance**; expand gas card and ride-share programs.

■ Behavioral, Mental Health, and Family Supports

- *Past Success:* **FindHelp**, to link families to behavioral and **mental health resources** and family supports; provider mental health **conferences**; and training providers in administering mental health **screenings** and **referrals** for perinatal depression and anxiety.
- *Future Opportunities:* Expand FindHelp outreach, introduce volunteer-led **walking groups**, continue provider education, and strengthen **partnerships** with health entities.

Goal 2: Improved Child Development

| | |
|----------|---|
| GOAL | Ensure that children have access to high quality early care and education and enter school with skills needed to learn. Support parents in facilitating their child's learning and school readiness. |
| OUTCOMES | <ul style="list-style-type: none"> • Parents have the knowledge and resources to facilitate their child's learning and readiness for school • Children have access to high quality early care and education <p>Children enter school with the skills and resources to be developmentally ready to learn and succeed in school</p> |

This section summarizes key community needs and presents strategies aimed at improving child development, based on community indicators, a community survey, interviews, and focus groups.

COMMUNITY NEEDS KEY TAKEAWAYS

- **Limited Access to Child Care and Preschool Programs:** Limited child care availability remains a significant challenge in Sutter County with only 34.4% of children ages 0-5 having access to a licensed slot in 2021. Infant and toddler care is particularly scarce, with a shortage of 3,497 spaces across Yuba and Sutter Counties. Preschool enrollment is also low, with only 41% of 3-4 year-olds enrolled. In the community survey, 80% of respondents identified affordable, quality child care and preschool as top priorities to address these gaps.
- **Barriers to School Readiness:** In FY 2024-25, 41% of kindergarten students were fully school-ready, 36% were partially ready, and 23% were not ready. Transitional kindergarten teachers in focus groups reported delays in children's physical and language development, such as fine motor skills and vocabulary, and noted many children were not meeting milestones like dressing themselves or using the toilet. Additional challenges included self-regulation, social interactions and problem solving. In surveys, community members expressed a need for more school readiness programs. Interviewees noted the helpfulness of School Readiness Assessments, and programs such as Families Learning in Play (FLIP) and United Way Born Learning (UWBL) which prepare children to succeed in school.
- **Literacy Challenges and Educational Gaps:** Only 38% of Sutter County third graders met or exceeded English language arts (ELA) standards in 2022-23, falling below the statewide average of 43%, with students from lower socioeconomic backgrounds disproportionately affected. To address these gaps, community respondents emphasized the critical nature of more library and early literacy services, and training for childcare and preschool providers. Interviewees further stressed the importance of strengthening linkages to programs like Head Start to build a foundation for long-term educational success.
- **Awareness and Access to Parent-Child Activities:** Focus groups and survey respondents underscored limited awareness of available parent-child programs, receiving information primarily by word-of-mouth. Families also noted an overreliance on technology and screens, limiting engagement in meaningful parent-child activities, and emphasized the need for more outreach, to promote screen-free activities. Interviewees highlighted how much they valued play-based family activities like Stay and Play and Families Learning in Play (FLIP).

COMMUNITY INDICATORS

A scan of community needs in Sutter County revealed the following challenges:

- **Licensed child care space availability** continued to be a challenge for Sutter County children 0-5.^{xii} In 2021 (the latest publicly available data), there were 2,682 licensed child care slots, a 21% increase since 2019. And yet, despite a slight 0-5 population decrease of 4.4% over the same time frame, only 34.4% of the 7,791 county children had a licensed child care slot available to them in 2021. This context is corroborated by more recent data from the Child Care Planning Council of Yuba Sutter.^{xiii} Comparing last year's demand and supply for Yuba-Sutter families, there was a shortage of 3,497 infant and toddler spaces across the two counties.
- **Preschool enrollment** for Sutter County children ages 3-4 years was at the lowest point across the five-year span between 2018 and 2022.^{xiv} According to the US Census, 41% of children attended a preschool program in 2022, compared to California enrollment rates of 45%.
- Rates of **meeting or exceeding English language arts (ELA)/literacy standards** were also lower for Sutter County students, compared to statewide rates.^{xv} In 2022-23, 38% of county third graders scored at or above the ELA standards on the California Assessment of Student Performance and Progress assessment, compared to 43% of students across California. Achievement gap was particularly pronounced for students of lower socio-economic status, with only 32% meeting third grade ELA standards, compared to 48% of their better-off peers.
- **Formal child care experience** was noted for 76% of Kindergarten students, based on the FY 2024-25 School Readiness Assessments.^{xvi} Prior experience ranged between Transitional Kindergarten (33%), Head Start (24%), and Licensed Child Care Center (19%). In terms of **school readiness**, 41% were *fully ready*, 36% were *partially ready*, and 23% were *not ready*.^{xvii} Most children were ready in the *Social Expression* domain (65%), followed by the *Self-Regulation* domain (64%), whereas fewer were ready in *Kindergarten Academics* (55%).

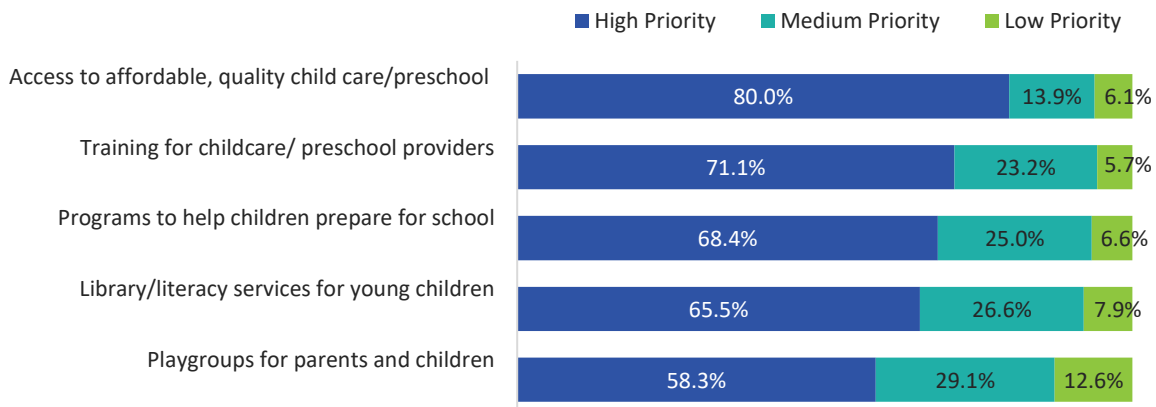


COMMUNITY SURVEY

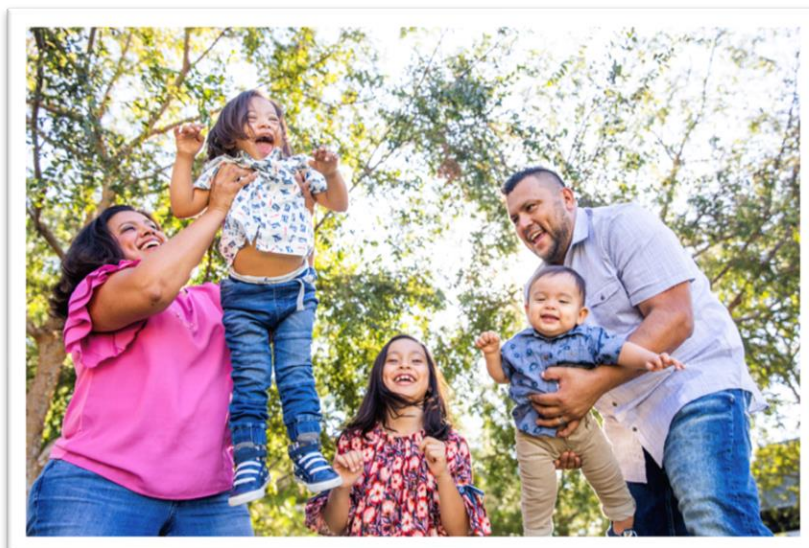
The community survey, among other questions, asked Sutter County residents, *“Thinking of Early Learning and Care, how much of a priority are the following service needs for young children (ages 0-5) and families in Sutter County?”* In total, 231 participants responded. Results showed that the highest priority needs for families with young children were *affordable quality child care*, followed by *training for childcare and preschool providers*, and *programs to help children prepare for school*.

Respondents identified several key priorities for improving early learning and care. Access to **affordable, quality childcare and preschool** emerged as the highest priority, as indicated by 80% of respondents. Families also expressed a need for more **school readiness programs** and **professional development** opportunities to equip childcare and preschool providers with skills and knowledge to deliver quality early education. Community members further highlighted the importance of more **playgroups** for parents and children to promote family interactions and socialization within the community.

Figure 6. Early Learning and Care Needs of Children 0-5 in Sutter County, 2024



Source: SCCFC Community Survey, 2024. Child Health and Development Needs: N=231.



KEY INFORMANT INTERVIEWS

Interview participants highlighted several key programs that effectively support early learning and development. Frequently mentioned impactful programs and services included: School Readiness Assessment, Stay and Play Groups, Local Child Care Planning Council (LCCPC), Families Learning in Play (FLIP), and United Way Born Learning (UWBL).

To improve the reach and impact of these programs, participants suggested **strengthening linkages to child care and early learning services**, such as Head Start and other subsidized quality early care settings. Interviewees also suggested the need for greater support for ECE providers, focusing on addressing the lack of infant/toddler care spaces, and promoting the mental health and wellbeing of providers. Finally, participants recommended **investing in continuous services** rather than one-time events, in order to offer on-going support for children, families, and providers.

FOCUS GROUPS

Focus group participants identified several challenges around children's early learning and development. Transitional kindergarten teachers reported **delays in children's physical and language development**, such as lacking fine motor skills and vocabulary. Many children were not meeting other developmental milestones, including learning how to dress themselves and use the toilet. Teachers further noted social-emotional challenges, such as **difficulties with self-regulation and social interactions**, as well gaps in school readiness skills (e.g., lack of problem-solving skills). Additionally, both children and parents were described as being **overly reliant on technology and screens**.

Parents highlighted **limited awareness of parent-child activities** offered in the community, with families learning about programs primarily through word-of-mouth. They also expressed appreciation for programs like Stay and Play that combine interactive activities with parenting education and support. Families also appreciated programs such as Family SOUP which helped them learn how to advocate for their children with special needs. Participants suggested that more outreach should be conducted to promote the uptake of early intervention services, and spread awareness about parent-child activities and events, especially ones that do not involve screen time.



POTENTIAL SCCFC STRATEGIES

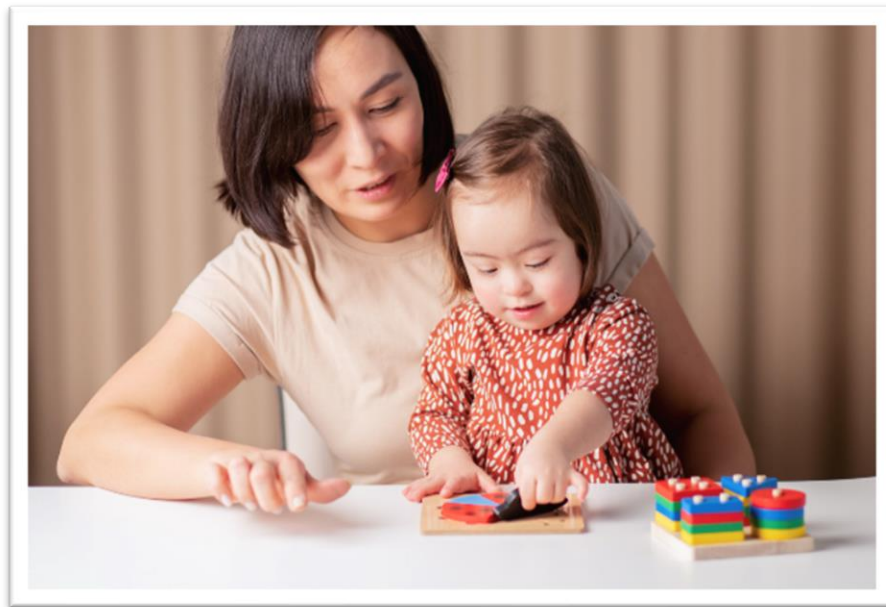
To achieve the desired outcomes in the **Improved Child Development** goal area, strategies may include:

■ School Readiness and Early Literacy Education

- *Past Success:* Partnerships like the Born Learning Academy that provide **inclusive, multilingual parenting education**, and reduce barriers by offering incentives, snacks, and childcare. Collaboration with the school district, supporting school readiness assessments, and creating opportunities to leverage in-kind resources for children 0–5.
- *Future Opportunities:* Partner with Parks & Rec to create **play-based early learning programs** for parents and children, like the San Jose Recreation Preschool.¹

■ ECE Provider Education and Support

- *Past Success:* Collaboration with the Local Child Care Planning Council (LCCPC) to provide **culturally inclusive professional development**, including trainings, coaching, materials, and incentives for licensed providers.
- *Future Opportunities:* Expand ECE provider education on ASQ Online, FindHelp, mental health, and specialty services for children. Offer **training on screening and identification of special needs** in ECE classrooms, strategies to address behaviors and linkage to services.



¹ <https://www.sanjoseca.gov/your-government/departments-offices/parks-recreation-neighborhood-services/programs-activities/sj-recreation-preschool>

Goal 3: Healthy Children and Families

| | |
|----------|---|
| GOAL | Identify and support children with health, oral health, behavioral and special needs. Promote child health and safety, from pregnancy to age 5. |
| OUTCOMES | <ul style="list-style-type: none"> • Parents have the knowledge and resources to meet their child’s health and developmental needs • Children have good physical and oral health and access to care • Children have their developmental needs identified and addressed with early intervention • Children and families have access to safe, healthy recreational activities • Children grow up safe and free of injuries |

This section summarizes gaps in services and presents strategies aimed at improving child development. The needs assessment draws upon a variety of data sources, including community indicators, a community survey, key informant interviews, and focus groups.

COMMUNITY NEEDS KEY TAKEAWAYS

- **Gaps and Improvements in Maternal and Child Health Services:** While preventative health services for children in Sutter County has improved in recent years, significant gaps persist. Only 50.1% of children 0-15 months received preventative health checks, falling below the California rate of 64.3%. Prenatal care also remains a concern, with the percentage of mothers accessing adequate care declining. Community respondents emphasized the need for prenatal care, developmental screenings, and medical / dental services for children.
- **Developmental Screening Needs:** The proportion of children receiving developmental screenings has increased over the past year from 33.5% to 37.8%, above the state average of 32.3%. Focus group participants emphasized the importance of ensuring families are aware of developmental screenings, and 71.9% of survey respondents identified health/developmental screenings as a top need. Interviewees noted the helpfulness of Help Me Grow (HMG) developmental screenings.
- **Specialized and Behavioral Support Needs:** Community surveys revealed a high demand for services supporting children with special needs and behavioral challenges. Respondents also asked for more parenting education.

COMMUNITY INDICATORS

Data gathered through the strategic planning process revealed the following needs:

- **Adequate and adequate plus prenatal care** utilization, accessed by the fourth month of pregnancy has decreased in the last few years, from 79.4% in 2016-18 to 72.1% in 2020-22, below the California rate of 73.4% and the 80.5% Healthy People 2030 objective.^{xviii}
- **Low birth weight** prevalence among the Sutter County babies stayed below statewide rates since 2018-20.^{xix} Despite some fluctuation over the past five years, it further decreased from 7.0% last year to the current 6.8%, compared to 7.2% statewide.
- **Exclusive breastfeeding** in-hospital rates stayed relatively high countywide, at 70%, and above the 69% rate for California.^{xx} There continued to be racial-ethnic disparities, with breastfeeding rates for Whites nearly 10% higher than for Hispanic / Latino.
- **Well-child visit rates** showed a slow decline, compared to previous years, with two-thirds (67.8%) of low-income children 15-30 months of age receiving a well-child check-up, compared to just 47.0% of California babies.^{xxi} In comparison, only half (50.1%) of Sutter County children 0-15 months of age accessed preventive health checks, which is below the California rate of 64.3%. However, the use of preventive health services among this group continues to increase.
- **Developmental screening** utilization for children 0-5 increased over the past year, from 33.5% to 37.8%, staying above the 32.3% statewide rates.^{xxii} The percentage of low-income children who had **dental check-ups** also increased, from 45% in 2021 to 49% in 2022, with some racial-ethnic differences in access to care.^{xxiii} In 2022, over half (55%) of Hispanic children 0-5 used preventive oral health services, compared to 43% of White children.
- **Special education enrollment counts** showed that there were 217 TK/K classroom students receiving special education services in FY 2023-24.^{xxiv} This is approximately 9.0% of all TK/K students, which is below the California rate of 11.2%, yet above last year's county rate of 8.4%.

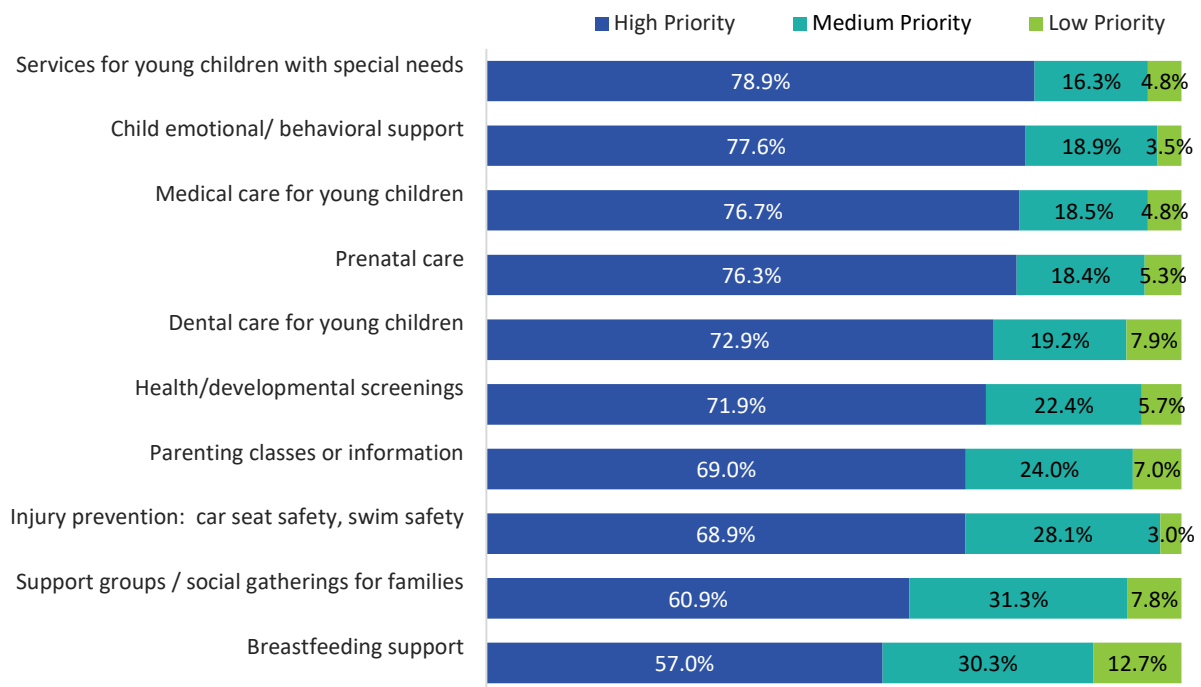


COMMUNITY SURVEY

One of the questions on the community survey was *“Thinking of Child Health and Development, how much of a priority are the following service needs for children ages 0-5 and families in Sutter County?”* Based on 232 responses, Sutter County residents felt that the highest priority need for families with young children was *services for children with special needs*, followed by *child emotional and behavioral support*, and *medical care for young children*, as well as *prenatal care for pregnant mothers*.

Community respondents identified multiple priorities to promote the health and wellbeing of children and families. The most pressing need was for **specialized services**, including support for young children with special needs and emotional / behavioral concerns, and access to health and developmental screenings to ensure early identification and intervention. Respondents also expressed a need for greater access to **healthcare**, including medical and dental care for young children, prenatal care, and breastfeeding support. Respondents further recognized the importance of educating and supporting parents through **injury prevention and safety education** programs (e.g., car seat and swim safety initiatives), parenting classes, and family support groups.

Figure 7. Child Health and Development Needs of Sutter County Children 0-5, 2024



Source: SCCFC Community Survey, 2024. N=409; Child Health and Development Needs: N=232.

KEY INFORMANT INTERVIEWS

Interview participants noted several programs that effectively support the health and wellbeing of children and families, including Help me Grow (HMG) and safety and injury prevention programs (e.g., initiatives focused on life jacket, car seat, and bicycle safety).

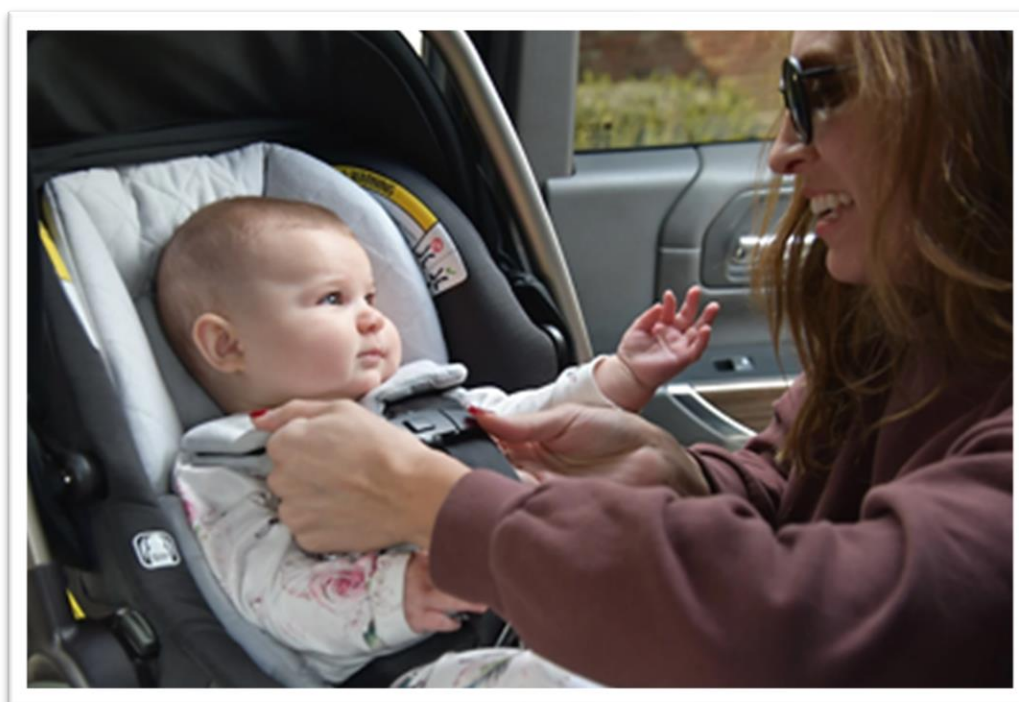
To improve the reach and impact of programs, interviewees suggested: **expanding outreach**; exploring whether oral health services could be co-located at FQHCs; and increasing awareness and accessibility of **home visiting programs**, to address low engagement rates.

Additional suggestions included investigating whether **parental mental health services** could be volunteer-led (e.g., peer-to-peer) in order to reduce costs, as well as methods to strengthen **linkages to WIC**.

FOCUS GROUPS

Focus group participants emphasized the importance of physical activity and developmental screening awareness. Transitional kindergarten teachers noted children's **lack of outdoor activity and engagement**, describing children as living in a bubble. Teachers suggested the value of a monthly newsletter / flyer with ideas for parent-child activities to encourage more meaningful interactions and time spent outdoors.

In parent focus groups, parents highlighted the importance of raising awareness about **developmental screenings** to ensure children receive timely access to early interventions.



POTENTIAL SCCFC STRATEGIES

To achieve outcomes in the Healthy Children and Families goal area, programming may be selected based on past successes and exploration of promising new or expanded partnerships:

■ Safety and Injury Prevention Education and Supports

- *Past Success:* **Injury prevention** programs like life jacket loans, water safety classes, OTS car passenger safety, and Safe Sleep, to reduce the risk of Sudden Infant Death Syndrome.
- *Future Opportunities:* Explore opportunities to **expand existing programs** with dedicated external funding streams, like OTS bike and pedestrian safety or tobacco harm reduction grants.

■ Assessments, Navigation, and Medical and Dental Care

- *Past Success:* **Universal ASQ** and **dental screenings** at HMG pop-up events. Training ECE providers in ASQ Online and FindHelp, to support families with ASQ-Online completion and early intervention navigation. **Outreach** through Help Me Grow, pediatric and healthcare partners. Kindergarten oral health assessments.
- *Future Opportunities:* Expand **partner capacity** for screenings and referrals, increase Help Me Grow support, and offer **multi-lingual services** under Medi-Cal Managed Care. Offer assistance with Medi-Cal enrollment and transportation. Support **tobacco harm prevention** and improve access to **prenatal** and **preventive care**.

■ Home Visitation

- *Past Success:* Partnerships with Public Health, Healthy Families America, and AmeriCorps for evidence-based **home visiting programs** like Parents as Teachers.
- *Future Opportunities:* **Build capacity** through partnerships and implement **multi-prong curricula** like Growing Great Kids that also incorporates nutrition education and activities.

■ Health and Nutrition Education and Resources

- *Past Success:* Partnerships with the Sutter Library and Museum for gardening programs.
- *Future Opportunities:* Collaborate with community partners to offer **health-oriented family activities** and events promoting nutrition, physical activity, oral health, and screen-free activities; support **policies to decrease food insecurity**, such as the Yuba-Sutter Food Policy; **connect families to food programs**, like WIC and CalFresh.

■ Recreation and Enrichment Activities

- *Past Success:* Programs supporting **whole family wellbeing**, such as Mindful Youth Adventures (MYA), Sutter County Library, and Sutter County Museum field trips and gardening activities.
- *Future Opportunities:* **Leverage resources** by integrating programs with similar goals and activities, such as MYA and Stay and Play; consider adding nutrition and gardening modules.

Goal 4: Improved Systems of Care

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|----------|--|
| GOAL | Strengthen local systems through collaboration, integration, legislation, and policy, to meet the needs of all children and families and empower communities. Ensure families know how to access resources and supports. |
| OUTCOMES | <ul style="list-style-type: none"> Communities are engaged, informed, and empowered to create environments that support the wellbeing of children and families Early childhood systems are strengthened, integrated, and sustained |

A scan of community needs in Sutter County revealed a range of challenges and opportunities to further strengthen communities.

COMMUNITY NEEDS KEY TAKEAWAYS

- Strengthening Awareness and Access to Community Services:** While Sutter County offers a range of programs and resources for families, a key challenge is the lack of awareness among residents about available services. Focus group participants noted that many families learn about programs through word-of-mouth rather than structured outreach efforts. Community members emphasized the need for improved marketing and outreach strategies, including flyers, infographics and electronic newsletters as well as physical presence at libraries, playgrounds, grocery stores and doctors' offices. Suggestions included organizing family-oriented events and pop-up activities to raise visibility and engagement.
- Strengthening Cultural and Linguistic Inclusivity:** Community respondents highlighted the importance of culturally and linguistically inclusive services to meet the needs of diverse populations. Recommendations included expanding materials beyond English and Spanish to include languages like Farsi and Punjabi, offering ESL and native language classes, and broadening cultural perspectives within programs. Strategic partners also suggested tailored outreach for marginalized groups, such as rural communities, Asian and religious groups, and fathers to ensure equitable access and representation.
- Targeted Outreach and Campaigns:** Partners stressed the importance of outreach campaigns to reduce stigma toward accessing services, particularly among families involved in Child Protective Services. They underscored the value of messaging that highlights the role of fathers in building resilient families and well-adjusted children.
- Improving Systems Coordination and Integration:** Interview participants identified opportunities to enhance system-level coordination and partnerships. Recommendations included leveraging the FindHelp Platform to link families to resources, expanding partnerships with schools and local organizations, and integrating services across sectors. Partners also suggested exploring new funding opportunities, such as tobacco and grant funding to sustain and expand programs.

COMMUNITY SURVEY

Community respondents shared priorities to improve systems of care for young children and their families. A key theme from qualitative survey responses was **timely linking families to resources that meet basic needs**. Suggestions included improving health care navigation, access to food programs (e.g., WIC, food banks), housing assistance, and essential resources such as diapers and formula.

Another major focus was on **expanding outreach and service accessibility**. Many respondents indicated that lack of services was not as much of a problem as the lack of community awareness of what services are available. Community members suggested that marketing of services needed to reach across the county, using diversified marketing outlets, and be made appropriate for various populations who may be marginalized due to income, lack of English proficiency, or racial/ cultural differences.

Participants emphasized the need for materials and outreach efforts to be **culturally and linguistically inclusive**, extending beyond English and Spanish to include other languages like Farsi and Punjabi.

Participants offered strategies to expand reach, such as pop-up events, **targeted outreach to underrepresented communities**, and distributing materials in varied formats and locations. One of the key suggestions was to target service outreach and marketing to hard-to-reach populations, including rural areas, as well as to communities that are traditionally under-involved in services, including Asian and religious communities, as well as fathers.

Families underscored the importance of marketing and outreach campaigns with the **messaging** on the importance of fathers to resilient families and well-adjusted children. Another suggestion related to campaigns and messaging to reduce bias of reaching out for help among families at risk of or involved with Child Protective Services.

Community members also highlighted the importance of **culturally responsive services**.

Recommendations included offering English as a Second Language (ESL) and native language classes, adapting services to diverse racial, ethnic, and linguistic backgrounds; broadening the cultural lens of programs beyond American norms; and increasing access to interpreter services.

KEY INFORMANT INTERVIEWS

Interview participants noted the importance of the FindHelp Platform, and its value in linking families to resources and services. Participants further identified opportunities to improve system-level coordination and reach. Suggestions included **prioritizing outreach efforts, building new partnerships, and developing stronger relationships** between schools and local organizations.

Further suggestions included **assessing the effectiveness** of Handle with Care once data becomes available, **considering additional funding sources** and avenues (e.g., Tobacco funding for HV, other grant-funding opportunities, funding the FindHelp Platform through MMC), and **investigating opportunities for further systems integration**, (e.g., such as tobacco education and home visiting; Help Me Grow and Medical Managed Care, etc.)

FOCUS GROUPS

Focus group participants expressed the importance of raising community awareness of activities and services for parents and children to engage in outdoors, as well as messaging related to parental and child **mental health**, the importance of **healthful nutrition**, and **activities that do not involve electronics or screen time**.

Additionally, participants expressed **high satisfaction with the SCCFC programs** they participated in but highlighted a lack of awareness about these programs within the community. Among the participants, most learned about SCCFC services by word-of-mouth. Few received information through electronic newsletters or listservs, and those who did, were not aware that the listservs were a part of the SCCFC-funded parent support services. Therefore, much of the community feedback related to **a need of better marketing and outreach** to inform Sutter County families of the SCCFC services and programs. These included not only electronic means of communication, but also community presence through flyers, leaflets, and infographics posted at playgrounds, libraries, doctors' offices, and grocery stores, as well as more family-oriented events and activities.



POTENTIAL FIRST 5 STRATEGIES

To achieve the desired outcomes in the **Improved Systems of Care** goal area, strategies may include:

■ Communications and Engagement

- Update SCCFC's Marketing and Communications Plan to **increase visibility** and awareness of resources for all families, including rural and non-English-speaking populations, using **diverse media platforms** and outlets, such as print, digital, social, and mass media outlets.
- Host community **events and celebrations** to engage families and promote SCCFC programs.
- **Promote messaging** on community-identified topics like father engagement, screen time, nutrition, outdoor activities, and cultural diversity.

■ Equitable Information and Service Delivery

- Continue to offer **multicultural, multilingual services** and materials; provide interpreters for less common languages like Farsi and Punjabi; connect families to English classes.
- Explore opportunities to increase **service accessibility** by offering after-work hours, hybrid/virtual options, childcare, and transportation, particularly for rural families.
- **Advocate for quality, low-cost childcare** and evidence-based early childhood programs at state and local levels.

■ Coordinated Service Delivery

- Continue to strengthen partnerships to **integrate cross-program referrals** and services, for example, through Help Me Grow and FindHelp.
- Continue to offer **training** and supports **to local agencies** and providers on topics of service navigation, cultural diversity, maternal mental health, fatherhood, and other community-identified priorities, to ensure accessibility, quality, and continuity of care.
- Explore opportunities to integrate **Medi-Cal Managed Care** services, i.e., navigation to public assistance/nutrition programs, housing, medical and dental care, and early intervention.
- Explore **integration of** Tobacco education, Help Me Grow, and Fatherhood **programming in home visitation** services, to increase reach and efficiency in service delivery.

■ Service Planning and Fund Development

- Continue to **maximize revenue** by investing in programs with the greatest reach and impact that do not duplicate already existing services in the community and require minimal investment and/or externally funded.
- If possible, consider **bringing services in-house**, to reduce costs and increase efficiency.
- Leverage existing and build new partnerships to **maximize shared/ in-kind resources** and expand services offerings through **cost-effective** innovative approaches, to help meet the dynamic needs of children and families.
- Develop **sustainable funding** strategies, including diversifying revenue sources, decreasing reliance on Proposition 10 revenues, and offering grant-writing resources to local partners.

Appendix 1 — Evaluation Plan

| Goal | Aspect to be Evaluated | Indicator | Data Source (TBD) |
|------------------------------------|---|--|-------------------|
| IMPROVED FAMILY FUNCTIONING | Community Indicators | <ul style="list-style-type: none"> Reduced child poverty Increased housing stability Reduced perinatal mood and anxiety disorders Reduced child maltreatment and domestic violence | |
| | Wide-Reach Family Literacy Activities and Parenting Resources | <ul style="list-style-type: none"> Increase reading in children Increased protective factors | |
| | Parent Education | <ul style="list-style-type: none"> Increased understanding of child development and approaches for positive parent-child interaction | |
| | Child Specialty Services: Behavioral Consultations and Special Needs Advocacy | <ul style="list-style-type: none"> Increased caregiver knowledge of how to meet child's needs and advocate for the child Decreased behavioral problems and increased achievement of developmental milestones Increased use of early intervention services | |
| | Interactive Parent-Child Activities | <ul style="list-style-type: none"> Increased engagement of children in positive and enriching activities Stronger parent-child bonds and social support networks | |
| | Resource & Referral | <ul style="list-style-type: none"> Increased protective factors and access to resources to meet basic needs | |
| | Parental Mental Health and Support | <ul style="list-style-type: none"> Increased protective factors Increased PMAD screening and referral to behavioral health services | |
| | Community Indicators | <ul style="list-style-type: none"> Increased enrollment in quality preschool Increased rate of academic achievement | |

| Goal | Aspect to be Evaluated | Indicator | Data Source (TBD) |
|--------------------------------------|---|---|-------------------------------|
| IMPROVED CHILD DEVELOPMENT | | <ul style="list-style-type: none"> Increased school readiness and early literacy | |
| | School Readiness and Early Literacy Education | <ul style="list-style-type: none"> Increased understanding of how to support early learning and school readiness at home | |
| | School Readiness Assessments | <ul style="list-style-type: none"> Increased kindergarten readiness | Kindergarten Observation Form |
| | ECE Provider Education and Support | <ul style="list-style-type: none"> Increased quality of early care and education Increased participation in Quality Improvement initiatives | |
| HEALTHY CHILDREN AND FAMILIES | Community Indicators | <ul style="list-style-type: none"> Increased prenatal care Reduced low birth weight deliveries Increased breastfeeding rates Increased use of medical and dental care (e.g., well-child check-ups, dental exams) Reduced dental caries Increased developmental screenings Reduced developmental delays/special needs | |
| | Health and Developmental Assessments and Early Intervention | <ul style="list-style-type: none"> Increased developmental screenings Increased referrals to Early Intervention | |
| | Oral Health Services | <ul style="list-style-type: none"> Increased use of dental care (e.g., dental examples) | |
| | Safety and Injury Prevention | <ul style="list-style-type: none"> Increased health, nutrition, and safety education Increased participation in safety practices and activities | |
| | Home visitation | <ul style="list-style-type: none"> Increased understanding of child development and approaches for positive parent-child interaction Increased protective factors and access to resources to meet basic needs Reduced tobacco use | |
| | | | |

| Goal | Aspect to be Evaluated | Indicator | Data Source (TBD) |
|-------------------------------------|---|--|-------------------|
| | Recreation and Enrichment | <ul style="list-style-type: none"> Increased physical fitness, enrichment, and socialization Stronger social support networks | |
| IMPROVED SYSTEMS OF CARE | Community Responsive Strategies | <ul style="list-style-type: none"> Increased protective factors and connection to services Increased provider knowledge on the topics of ACEs and trauma-informed care | |
| | Community Education and Engagement | <ul style="list-style-type: none"> Increased engagement and reach | |
| | Partnerships and Service Integration: <ul style="list-style-type: none"> Help Me Grow Medi-Cal Managed Care Tobacco Use Prevention and Reduction | <ul style="list-style-type: none"> Increased partnerships and integration Increased capacity to deliver quality services Increase community health and wellness | |
| | Service Planning and Fund Development | <ul style="list-style-type: none"> Maximized revenue and resources Increase funding sustainability | |

Appendix 2 — Long Term Funding Plan

Figure 8. Projected SCCFC’s Revenue, 2025-2030

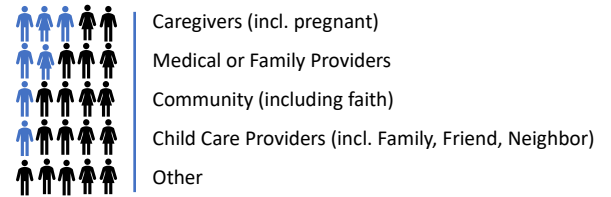
| Revenues | FY 25-26 | FY 26-27 | FY 27-28 | FY 28-29 | FY 29-30 |
|---------------------------------|------------------|------------------|------------------|------------------|----------------|
| Projected Prop 10 Revenue | \$729,252 | \$728,309 | \$734,246 | \$733,134 | Unknown |
| Grants | \$62,344 | \$65,126 | | | |
| Other (In Kind) | | | | | |
| Total Projected Revenues | \$791,596 | \$793,435 | \$734,246 | \$733,134 | Unknown |



Appendix 3 — Data Sources Summary

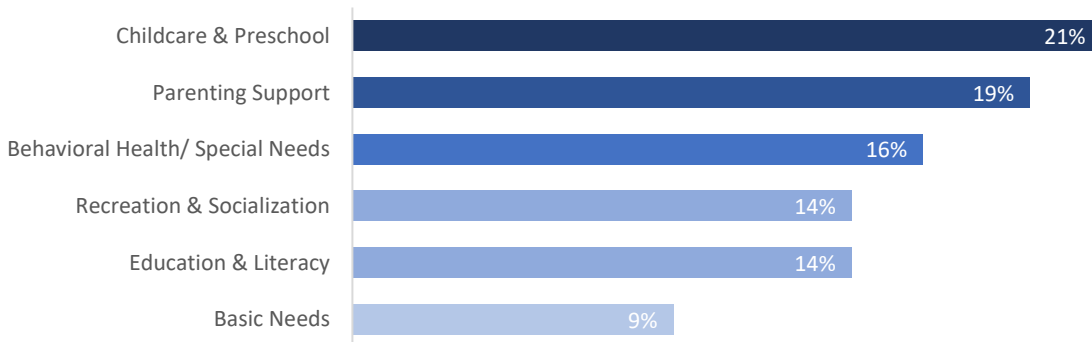
COMMUNITY SURVEY

In the fall of 2024, a community survey was distributed online and garnered 232 responses. Of these respondents, 62% were caregivers of children 0-5 years, including 3% expecting a child; 21% were community members, 18% were child care providers, including 11% family, friend, and neighbor providers; 17% were from governmental agencies, 10% were service providers, and 8% were non-profit employees. A few respondents (3%) were volunteers or advocates working with families, representatives of faith community (2%), private sector employees (1%), or other (5%). Please, note that this question allowed for multiple selection, therefore, the total percentage across all participant types exceeds 100%.



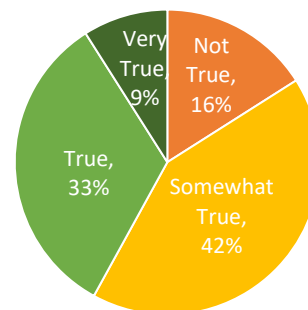
When asked about the **# 1 program or service needed** to help young children in Sutter County to develop to their full potential, the first choice was affordable, high quality childcare and preschools, followed by parenting supports, and programs to support behavioral health or address special needs.

Figure 9. Top Priorities in Program or Service Needs of Sutter County Children 0-5, 2024



Source: SCCFC Community Survey, 2024. Child Health and Development Needs: N=181.

When asked if there are **enough services** and programs in Sutter County to meet families' needs, one in six respondents felt that this was not at all true, and less than one in 10 felt that it was very true. Two in five participants believed that it was true to some extent, and one in three believed that it was moderately true.

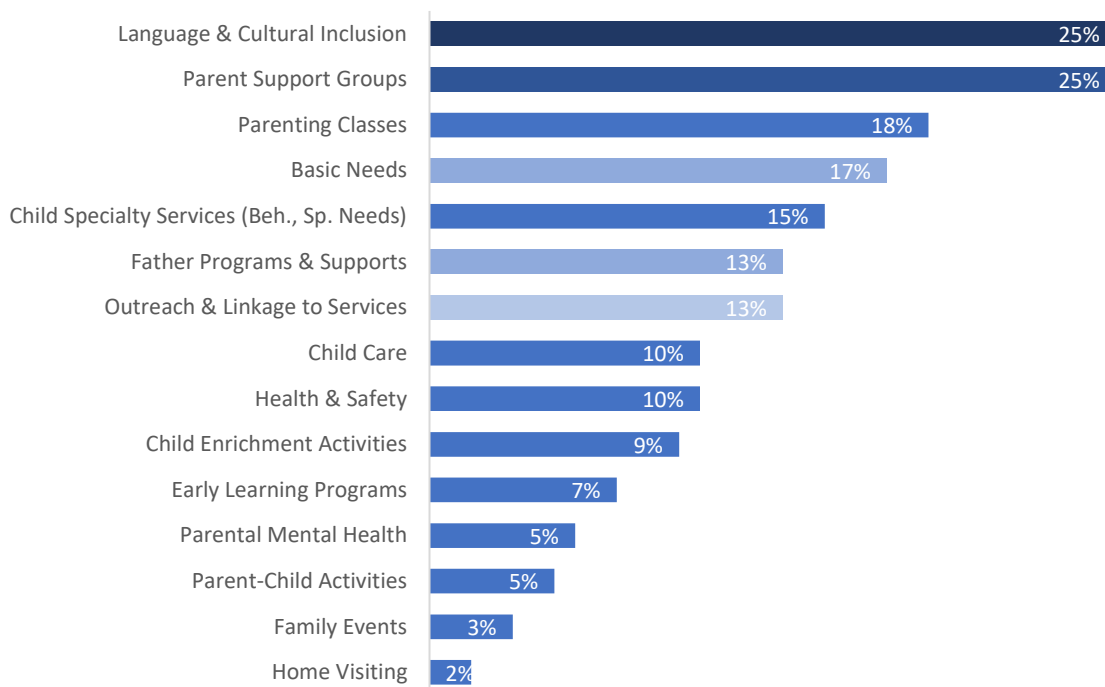


Source: SCCFC Community Survey, 2024. N=224.

Participants indicated that the county residents would benefit from **additional programs and services**, with the top three being *language and cultural supports (25%)*, *parenting support groups (25%)* and *education (18%)*, and *access to basic necessities (17%)*, followed by *access to specialized services for children* with behavioral concerns and special needs (15%).

Next, participants wished to see more father programming and supports (13%), and more effective outreach and linkage to services (13%), as well as access to child care (10%), health and safety education (10%), child enrichment activities (9%) and early learning programs (7%). About 5% of responses concerned the need for more parental mental health resources and parent-child activities, whereas 3% wished to have access to more family events, and 2% to home visiting services.

Figure 10. Additional Family Services and Programs Needed in Sutter County

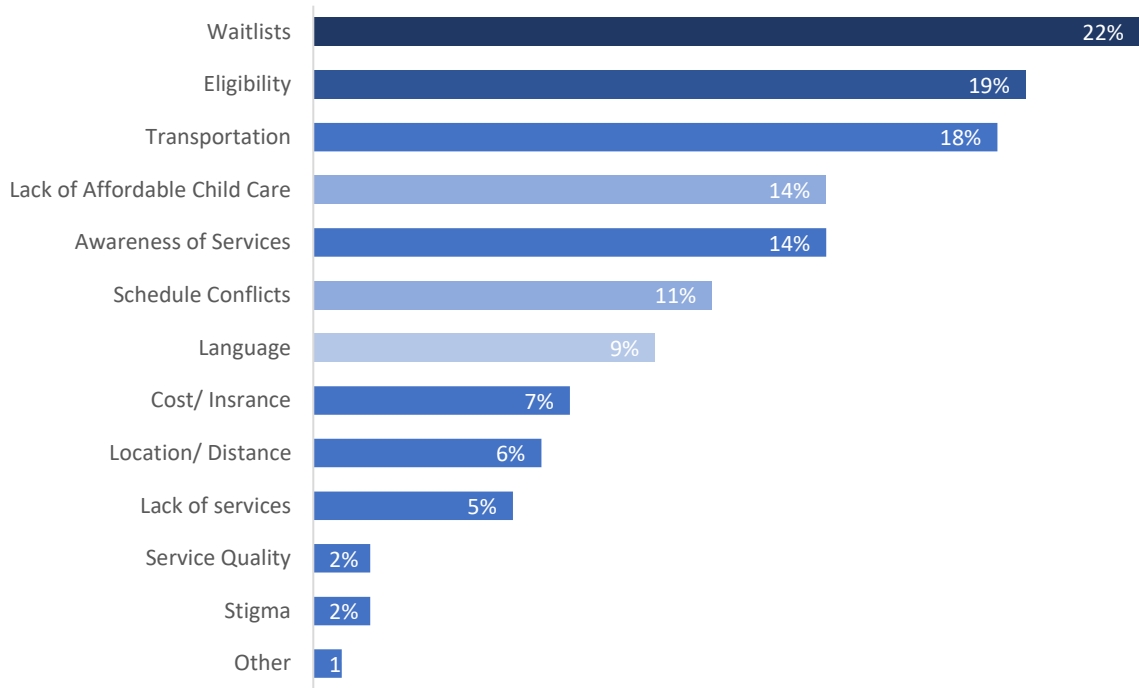


Source: SCCFC Community Survey, 2024. Child Health and Development Needs: N=131.

The top three barriers to services mentioned by participants were *low capacity and long waitlists*, *stringent eligibility restrictions*, and *lack of transportation*, affecting 18-22% of participants. About 14% of respondents did not know about available services or could not find child care; 11% could not find services available during off-work hours, and 7% could not afford services their family needed.

Other concerns (6% or less) included distance or location to services, lack of specific services, such as medical, in-home supportive services, and respite child care, concerns about service quality, stigma surrounding engagement in services, and lack of incentives and accommodations for families with children.

Figure 11. Barriers to Services Identified by Families in Sutter County



Source: SCCFC Community Survey, 2024. Child Health and Development Needs: N=131.

KEY INFORMANT INTERVIEWS

As part of the strategic planning process, ASR conducted eight key informant interviews (KIIs) with the SCCFC Commissioners, one of whom was also a Local Child Care Planning Council Board member, bridging multiple areas of expertise, from child care and schools to health care systems. Participants identified most pressing areas of need and shared insights on strengths and opportunities for change for each of the four goal areas. Results revealed five predominant needs for families with young children in the county, including specific target populations, such as refugee and recent immigrant families, and homeless families with children:

Families’ Basic Needs & Financial Stability. At least half of the interview participants emphasized the need to support families in meeting basic needs, such as housing, utilities, food, clothing, and transportation. Commissioners recognized these fundamental needs as essential for financial stability and overall wellbeing of Sutter County children and families.

While most of the gaps in essential family supports represent systemic barriers outside of the First 5 Commission’s scope, interviewees identified potential opportunities to address these challenges. Among the proposed strategies were 1) raising awareness of programs such as Cash Aid through outreach, and 2) strengthening linkage and referral processes to connect families to assistance programs, potentially by leveraging Medi-Cal Managed Care and other public dollars.

Parenting Supports. Another significant need identified in interviews concerned enhanced parenting supports. Participants highlighted the demand for services that help parents manage child behavior, access mental health services for their children, and receive comprehensive family support. These services are crucial for fostering healthy family environments and promoting positive child development.

Subsidized Quality Childcare and Early Learning. Access to affordable, high-quality childcare and early learning programs emerged as another critical need. Participants stressed the importance of subsidized childcare, kindergarten readiness programs, and early learning opportunities. Strengthening partnerships with local schools and early learning settings were seen as helpful in informing and linking families to local child care and early learning programs, vital for ensuring that children are prepared for school and have a strong foundation for future educational success.

Child Health and Development Screenings. Regular health and developmental screenings for children were also identified as a priority. Ensuring that children receive timely health care and developmental assessments is essential for early identification and intervention of potential issues, supporting overall child health and development. Given that the Commission already conducts health, oral health, and developmental screenings, suggestions leaned towards increasing outreach and capacity, to inform and benefit more families.

Funding Needs. All interview participants underscored the critical role played by the SCCFC leadership in funding relevant services with the greatest reach and/or impact, and continued success in acquiring braided funding to sustain these efforts. Consequently, there was a recurring theme, highlighting the continuous need for sustainable funding sources to support the most ‘life-changing’ services.

Partnerships and Provider Training. Additionally, several interviewees suggested further exploration of partnerships as a way to raise funding and/or leverage and amplify in-kind resources. Moreover, Commissioners mentioned provider and partner training in identifying the needs of children and families they serve and connecting them to local programs and services, to address these needs. In sum, adequate funding, partnerships, and well-trained providers were seen as fundamental to the continued success in serving Sutter County children and families.

FOCUS GROUPS

Focus groups were held with TK teachers, families of children 0-5, and families of children with special needs.

TK Teachers Focus Group

The first focus group was held with 15 Transitional Kindergarten (TK) and Kindergarten (K) Teachers at the Sutter County Superintendent’s Office. When asked about the most pressing needs observed for TK/K students, teachers had the greatest concerns about child development. Specifically, teachers shared that children in their care lacked skills across all developmental domains, including physical, speech, social-emotional, and cognitive, which undermined school readiness.

Among the main reasons teachers named overreliance of parents and children on technology/ screens, which diminished time spent outdoors or engaged in stimulating parent-child activities and child

socialization. Equally important were lack of parenting skills and knowledge of child development, as well as compromised home environments, such as parenting stress, poverty, and lack of resources.

Focus group participants suggested linking families to supports, such as home visiting programs, parent education classes, and increasing caregiver engagement in parent-child activities through incentivized challenges, activity calendars, and flyers.

Families with Children 0-5 (Stay and Play Participants)

ASR held a focus group with six Stay and Play participants. Families expressed their appreciation for a multi-faceted parent-child activity such as Stay and Play, which invites guest speakers to present to parents, while their children are engaged in story time, crafting, and play. Caregivers, which included parents, grandparents, and family, friend, and neighbor providers, liked that the program offered parenting education and support, while fostering child development through stimulating activities, as well as offering snacks and drinks.

However, parents wished that there would be more awareness of programs such as Stay and Play and other SCCFC programs in the community. All participants learned about this program through word of mouth. They suggested that more families can be reached through on-the-ground outreach efforts, such as distributing flyers in grocery stores, playgrounds, libraries, and other public places, or sending them home with school-age students. All in all, caregivers wished to continue to have access to Stay and Play, as well as other parent support activities, such as parent walking groups.

Families of Children with Special Needs (Family SOUP Participants)

Finally, ASR interviewed several Family SOUP participants. Interviews were held in English and Spanish. Family SOUP program participants underscored the importance of being able to access these services, which included linkage to services, help with evaluations, advocacy with schools, and parent education and parent-child activities.

Caregivers said it was very helpful for them to learn about what their children needed and how to best support them, as well as get advice on various therapeutic treatments and school supports. As a result of these services, families saw improvement in their children's skills at school and at home. They also appreciated having a welcoming space to gather and participate in various activities with their children and other parents.

Finally, caregivers expressed their gratitude for strong outreach efforts, stating that various flyers, newsletters, and emails from Family SOUP provide them with timely information about resources and activities through Family SOUP and in the community. In sum, families wished to continue to receive Family SOUP navigation, case management, advocacy, parent education services and participate in parent-child activities, which were well-advertised in the community.

Endnotes

- ⁱ US Census, American Community Survey, five-year estimates. 2019-2022.
- ⁱⁱ US Census, American Community Survey, five-year estimates. 2018-2022.
- ⁱⁱⁱ Map the Meal Gap by Feeding America, five year estimates. 2018-2022. County Health Rankings. 2024.
- ^{iv} Data Quest. Homeless Student Enrollment by Dwelling Type. 2019-20 to 2022-23.
- ^v SchoolHouse Connection. Race/Ethnicity of Students Experiencing Homelessness. FY. 2021-22.
- ^{vi} CA Dept. of Public Health Maternal and Infant Health Assessment (MIHA). 2019-2021.
- ^{vii} California Child Welfare Indicators Project (CCWI). Child Maltreatment Allegation Rates Dashboard. 2019-2023.
- ^{viii} U.S. Department of Health & Human Services. Secretary's Advisory Committee on National Health Promotion & Disease Prevention Objectives for 2030.
- ^{ix} California Child Welfare Indicators Project (CCWI). Child Maltreatment Substantiation Rates Dashboard. 2019-2023.
- ^x Sutter County Safe and Sound. 2023. Total Cost. <https://safeandsound.org/about-abuse/the-economics-of-abuse/your-county/>
- ^{xi} Open Justice. Domestic Violence-Related Calls for Assistance. Sutter County. 2019-2023.
- ^{xii} Resource & Referral Network. Sutter County. 2023.
- ^{xiii} Child Care Planning Council of Yuba and Sutter Counties. Strategic Plan 2025-2030.
- ^{xiv} US Census, American Community Survey, five-year estimates. 2018-2022
- ^{xv} California Dept of Education. DataQuest. CAASP English Language Arts/Literacy and Mathematics Dashboard, by Socioeconomic Status. 2019-2023.
- ^{xvi} Sutter County School Readiness Assessments. Family Information Form. N=177. FY 2024-25.
- ^{xvii} Sutter County School Readiness Assessments. Kindergarten Observation Form. N=239-248. FY 2024-25.
- ^{xviii} Maternal, Child and Adolescent Health Division, three-year averages. 2016-18 to 2020-22.
- ^{xix} California Dept. of Public Health, County Health Status Profiles. Low Birth Weight, three-year averages. 2016-18 to 2020-22.
- ^{xx} CA Dept. of Public Health, Maternal, Child, and Adolescent Health Division (MCAH), three-year averages. 2016-18 to 2020-22.
- ^{xxi} California Dept. of Public Health, Medi-Cal Managed Care Health Plan Performance Measure Comparison. 2020-2023.
- ^{xxii} California Dept. of Public Health, Medi-Cal Managed Care Health Plan Performance Measure Comparison. 2020-2023.
- ^{xxiii} California Health and Human Services (CHHS), Medi-Cal Dental Services Division. Dental Utilization Measures and Sealant Data by County and Age Report. Calendar Years 2018-2022.
- ^{xxiv} California Dept of Education. DataQuest. Homeless Student Enrollment by Age Group and Grade. FY 2019-20 to 2023-24.