

Children and Families Commission

Community Needs Assessment December 2008



TABLE OF CONTENTS

EXECUTIVE SUMMARY.....2

RESEARCH FINDINGS.....4

ACCESS TO QUALITY HEALTHCARE4

Medical Care4

Mental Health.....6

Oral Health7

Nutrition/Fitness/Food Security8

CHILDCARE AND EARLY CHILDHOOD EDUCATION9

Childcare.....9

Preschool.....12

Workforce Development13

Special Needs15

SCHOOL READINESS16

Universal Preschool16

School Capacity/School Readiness17

Literacy/English Language Competency18

PARENT AND FAMILY SUPPORT.....19

Child Abuse/Neglect.....20

Parental Substance Abuse.....23

STRONG COMMUNITIES.....25

Community Resources/Capacity25

CBO Capacity.....27

Collaboration/Streamlined Services28

FOSTER CHILDREN31

NEIGHBORHOOD SAFETY/CRIME PREVENTION34

CONCLUSIONS/THEMES35

APPENDIX.....39

KEY INFORMANT PARTICIPANTS39

EXECUTIVE SUMMARY

First 5 Yolo will assist our community to raise children who are healthy and ready to learn. We will assure that our resources are effectively used and all community voices heard.

- *First 5 Yolo Mission Statement*

Guiding Principles

First 5 Yolo's guiding principles were formed through a series of civic engagement meetings and refined by the Commissioners. Yolo parents, services providers and interested individuals took a part in a series of special dialogue sessions, which were designed to discuss the critical choices facing First 5 Yolo and to identify the beliefs, feelings and values to guide the Commission in its decision-making processes.

- *Our mission is to raise children that are healthy and ready to learn. The needs and concerns of children and families will remain our principal focus.*
- *Community and provider input will inform Commission planning, allocations and evaluation processes.*
- *Diversity is a strength we value, and we will facilitate respect and understanding of all cultures and promote access for all families.*
- *Strategies will respect existing community assets while recognizing and investing in creative and innovative solutions for addressing community needs.*
- *Commission actions will foster a system of care that sustains and links community resources and services.*
- *As community stewards, we will use our voices to leverage new resources for the community and advocate for new policies to support children and families.*
- *Evaluations will be developed and administered in partnership with local agencies to provide feedback, support and technical assistance for ongoing program development.*

With the mission and guiding principles in mind, First 5 Yolo conducted comprehensive research as part of a countywide community needs assessment. The purpose of the research was to identify the needs of the approximately 15,000 children ages 0-5 in Yolo County and their families and ascertain the existing gaps between needs and available services. The research included the following sources of information:

- A comprehensive literature and data review of key indicators of childhood health and wellbeing.
- A parent survey conducted on line and face-to-face (n= 476). Forty-two percent of the respondents were Latino/Hispanic; 42 percent were White; 3 percent were Russian; 6 percent were Asian/Pacific Islander; 2 percent Black/African American; 1 percent Eastern Indian; and 4 percent other. Surveys were conducted in English, Spanish and Russian.

- Key informant interviews with 26 professionals from child welfare organizations, mental health and medical providers, special needs providers, preschool and early education/childcare representatives, and maternal, child and adolescent health experts.
- A series of focus groups with new parents, teen parents, childcare providers and community partners. A total of 45 individuals participated in the focus groups.
- Facilitated discussion with small groups of foster parents, kinship care parents and monolingual, Spanish-speaking mothers (n=21).
- Intercept interviews with grandparents raising grandchildren and parents with special needs children (n=11).
- Universal Preschool 4 West Sacramento 2006–07 Aggregate DRDP Scores (Desired Results Developmental Profile).
- Summary of Yolo County Childcare Center Survey, November 2007 (n=41).

Based on the priority areas previously identified by First 5 Yolo, the needs assessment is divided into six umbrella areas of focus with two additional categories that represent critical concerns for those who participated in the research process that deserve their own separate discussions:

- Access to Quality Healthcare
- Childcare and Early Childhood Education
- School Readiness, including Universal Preschool
- Parent and Family Support
- Strong Communities
- Foster Children
- Neighborhood Safety/Crime Prevention

There were five general themes expressed throughout the primary research and supported by the literature review. They are:

- Yolo County does not have enough affordable and available childcare to meet the need. This is especially true for infant care.
- Although there is still concern about lack of insurance coverage and accessing acute care for children 0-5, the larger concern is the lack of available mental health and dental care for children under 6 years of age.
- Collaboration/coordination and sharing of information (within HIPAA guidelines) is strongly desired by both CBO/grantees/providers and parents of young children.
- Foster children are not getting the services they need, particularly as they relate to healthcare, including medical, mental health and dental care.
- Yolo County parents are very concerned about neighborhood violence, drug abuse and gangs.

The following is a summary of what was identified by the primary research and substantiated by the literature review. This summary, as well as the overall breadth of the research, will be taken into consideration by First 5 Commissioners when identifying the strategic focus for First 5 Yolo during the next five years.

RESEARCH FINDINGS

ACCESS TO QUALITY HEALTHCARE

Medical Care

Nearly 17 percent of the children in Yolo County live below the federal poverty level, and access to quality medical care is a primary concern to their parents and families. The 2007 research confirms a continuing concern and need for access to quality healthcare in Yolo County for children 0-5 years of age.

The 476 respondents to the parent survey listed health insurance as their third most prevalent concern after education of their children and having steady/secure work. Of those having access to dental care, 25 percent indicated they were not satisfied with their child's care.

The perception among parents is that there are not enough doctors willing to accept Medi-Cal or Denti-Cal patients. This is a problem regardless of ethnicity or geographic location. Members of the Hispanic immigrant population emphasized they have problems finding doctors who will take Dental-Cal/Medi-Cal, and that is affecting their access to dental and medical care. Hispanic immigrants especially find insurance difficult to deal with – too much red tape and bureaucracy. They also fear discrimination against undocumented residents and find themselves pushed from one provider to another. The Hispanic immigrant populations would like more dental, medical and eye care, and they need help paying for prescriptions. Although Hispanic immigrants find the overall quality of healthcare to be good, they are afraid of asking for healthcare when here illegally, and they want help for Mexican immigrant families with insurance problems.

Opinions expressed in the research concerning problems include:

- Cost – healthcare is not affordable.
- Lack of insurance for pregnant women and young children.
- Lack of preventative healthcare services
- Lack of access to specialty care for the uninsured or underinsured.
- Obesity in children, new parents and minorities.
- Parent anxiety.
- Lack of services directed at low-income, at-risk women.
- Lack of language-specific education about nutrition.
- Shortage of doctors willing to accept Medi-Cal (referring to Denti-Cal).
- Unaffordable prescriptions.
- Barriers to asking for healthcare when individuals are here illegally.
- Lack of medical transportation.
- Toddlers' anemia/overuse of bottles leading to dietary imbalance.
- Lack of knowledge about available resources for health insurance and/or healthcare services.
- Reactive attachment disorder.
- Teen pregnancies and low birth weights.
- Limited access to healthcare services in rural parts of the county.

- Children’s weight gain due to lack of summer programs to keep children active. (Public swimming pools, local park activities and museums are too expensive and transportation is a problem).

Representatives of various Yolo County agencies, health providers and early childhood education providers (key informants) believe overall there is good medical access in Yolo County with no barriers to getting healthcare services. They stated the community clinics and private health systems provide good access for children needing healthcare, with the possible exception of those living in rural areas such as the Capay Valley. This contrasts with the information received from some of the information collected from parents, which showed many parents are concerned about the availability and affordability of health insurance and expressed difficulty in finding physicians that will accept Medi-Cal. Part of the discrepancy could be that families are not aware of available resources and where providers are located.

Key informants also expressed concerns about pre-term births citing problems with intraconception care, stating there is a gap between excellent pre-natal care and intraconception care. They were especially worried about providing follow-up care to women who have had high-risk pregnancies due to chronic illnesses such as diabetes. Suggestions were to offer medical care to control the health problem; contraception; and planning for next birth, case management and providing universal folic acid to all women of child-bearing age.

In Yolo County, only 76.3 percent of women accessed prenatal care during the first trimester compared to 85 percent statewide. The number was even lower for women on Medi-Cal (63.7 percent) compared to women with private insurance (88 percent). Early prenatal care reduces the risk of low birth weight, birth defects, maternal mortality and infant mortality. These indicators are of concern, as early and adequate prenatal care can result in the identification and management of chronic health issues; identification and treatment of unhealthy behaviors such as poor nutrition, smoking, and abuse of alcohol and drugs; and present an opportunity to provide pregnant women with support services

Seventy-two percent of Yolo County mothers receive adequate prenatal care compared to 78 percent statewide. Both preterm births and low birth weight are below the statewide average. The teen birth rate is 21 births per thousand in Yolo County compared to 37 per thousand for California. However, the teen birthrate varies by city, with West Sacramento having a much higher proportion of births to teen mothers.

Key informants offered the following suggestions for improvement in providing quality healthcare services to Yolo County children ages 0-5:

- Create one universal application/gateway for all programs.
- Provide a gateway for all pediatric programs, including health, social services and dental care.
- Increase dental screening at primary care settings.
- Increase integration of mental health at point of medical care and on-site services.
- Systems changes needed:
 - ♦ Develop a “social IQ system.”

- ◆ Upgrade emergency care for pediatrics in the two hospitals, including pediatric training for emergency room physicians/staff.
- ◆ Improve newborn emergency care.
- ◆ Improve access to care for dental/mental health.
- Develop an anti-stigma campaign (for mental health).
- Increase access to services in rural areas such as Dunningan, Clarksburg and Knight's Landing.
- Develop parent-child programs that enable assessment of the parent as well as the child.
- Provide home-visit wellness checks for every mother and child in the county.
- Ensure parents have access to well-baby care.
- Increase utilization rates for Healthy Kids by improving education provided to families at enrollment on health education, utilization and access to care. Provide information/education about appropriate utilization, immunizations and prevention.
- Provide visits to pregnant women to assess for at-risk homes.
- Expand current work, e.g. YFSA/Head Start consultation model.
- Make PCIT/other programs available to all parents.
- Provide more support to all parents – stressed parents lead to stressed children.
- Increase availability of specialty care.
- Increase community knowledge and access to dental care.
- Offer presumptive eligibility (PE) for pregnant women.

Critical problems identified by the key informants include:

- Availability of pediatric emergency care.
- Delays in processing Medi-Cal applications result in delays or denials of needed care (concern for pregnant women).
- Childhood obesity.
- Level of people living in poverty.
- Increase in number of uninsured.
- Specialists not accepting Medi-Cal, uninsured or YCHIP limits access to specialty care.
- Teen pregnancy rate and low birth weight for babies born to teens.

Mental Health

Key informants believe mental health services in Yolo County are generally of high quality but not always culturally sensitive. The larger issue noted by both providers and users of mental health is the difficulty getting a mental health diagnosis for a young child in Yolo County due to a shortage of mental health professionals who are well versed in the treatment of small children and because of lack of insurance coverage.

Gaps in mental health services for children ages 0-5 and their families include:

- Difficulty in getting children diagnosed.
- Lack of insurance coverage.
- Lack of transportation (particularly to mandated visits).
- Need for ongoing and regular counseling.

- Need for early mental health assessments.
- Need for culturally sensitive mental health services.
- Need for parents to address their own needs.
- Strict Medi-Cal criteria limiting those who can receive mental health services.
- Need for more parenting classes with opportunities to specialize in specific behaviors.
- Need for more screening of young parents for post-partum depression or substance abuse for early intervention and child abuse prevention.
- Need for clinical therapy for children.
- Access to therapists with expertise in abuse, foster care and adoption issues.
- Access to mental health services during evenings and weekends.
- Early mental health resources for “special needs” children.
- Need for a bereavement program for children who have lost their parents to death, drug abuse, incarceration, etc.
- Need for on-site, mental health assessment programs, including home-based childcare.
- Lack of access to mental health services for foster children or children being raised by grandparents.
- Lack of respite for grandparents raising young children.
- Lack of evidence-based programs for mental health issues.
- Lack of a good support system for new parents to help with mental health issues.
- Not enough mental health services for young children and families.
- Not enough therapists/psychiatrists for young children.

Key informants noted the schools provide some assistance to children under 5 years of age but focus on children with physical and developmental disabilities rather than mental health problems.

The literature search supported the primary research conclusions by reinforcing that:

- Access is limited for children’s mental health services.
- Funding issues exist that negatively impact access to mental healthcare.

Oral Health

Dental caries is the most common chronic disease affecting children in the United States. It is five times more common than asthma. Between 2002 and 2007, First 5 Yolo directly funded oral health improvements in Yolo County by providing \$100,000 to West Sacramento for fluoridation. However, Yolo County, like the nation, still struggles with an oral-health decline that includes the lack of access to care (including lack of dental insurance and insufficient providers); inadequate availability of preventive measures such as water fluoridation and dental sealants; and lack of knowledge about the importance of oral health.

In Yolo County, according to 2003 CHIS statistics (which may be statistically unstable), 96 percent of residents have dental insurance compared to only 80 percent in California. However, 83 percent of the children ages 0-2 in Yolo County have never seen a dentist compared to 80 percent statewide. For Yolo County children 3-5 years of age, 30 percent have never seen a dentist compared to 23 percent statewide.

Medi-Cal 2004 data indicate dental expenditures for Yolo County children ages 0-5 mirror the statewide average of approximately 11 percent. However, the portion of children 0-5 years old in Yolo County who used dental services was substantially below the statewide average at 16 percent versus 22.5 percent. Only 10 percent of Medi-Cal beneficiaries under age 2 years received a dental visit in 2004, and 28 percent of children ages 2-5 years already had decay in their primary teeth. According to data from Healthy Kids, nearly five Yolo County children 2-5 years of age in the Healthy Kids program visit a dentist each month (approximately 60 visits a year). Even though the American Academy of Pediatric Dentistry recommends infants should have an initial oral evaluation no later than 1 year of age, Healthy Kids children under the age of 2 are not visiting dentists.

Concern about the availability and quality of dental care for children ages 0-5 in Yolo County was a recurring theme throughout all the research. Many participants of the 2007 research stated an inadequate number of dental providers are willing to accept Medi-Cal (Denti-Cal).

Foster parents specifically referenced dental concerns such as bottle rot and tooth decay. According to the foster parents, finding dental care is very difficult, and most dentists who take Medi-Cal (Denti-Cal) won't see children who are less than 6 years of age. The foster parents indicated it is time consuming to have to wait for hours at either CommuniCare or Peterson Clinic to get referrals for dental care.

The thematic issues identified throughout the primary research include:

- Lack of dentists who will accept Medi-Cal (Denti-Cal) insurance.
- Lack of dentists who specialize in pediatric dentistry.
- Lack of affordable dental care.

The quality assurance subcommittee of the Children's Health Initiative identified oral health as one of its three priority areas and will be allocating additional funds and staffing toward quality improvements over the next 3½ years. Supporting the primary research findings that there are insufficient providers of dental care in Yolo County who accept Denti-Cal, the literature review indicated the top reasons dentists do not accept Denti-Cal include:

- Low reimbursement rates that do not cover costs of providing care.
- Complicated billing methods that dentists do not want to deal with.
- High no-show rates.
- Some dentists prefer to either volunteer in a clinic or participate in other pro-bono activities (such as Give Kids a Smile Day).

Nutrition/Fitness/Food Security

Nearly 23 percent of Yolo County residents are "food insecure," meaning they have difficulty providing food on a regular basis. Approximately 16,000 people request food assistance each year in Yolo County.

The literature review shows 8 percent fewer children under 5 years old in Yolo County are eating five servings or more of daily fruits and vegetables than the state average. This seems to correlate to income levels since a higher percentage of young children at the Federal Poverty Level (FPL) or below eat fewer fruits and vegetables than the children from families at greater than 300 percent of the FPL.

Overweight children continue to be a significant problem in Yolo County similar to the rest of the state and nation. Lower socioeconomic groups are disproportionately affected by various risk factors such as lack of access to fresh fruits and vegetables and adequate physical activity. In addition, there are families struggling to provide sufficient food to their children and there are children who go hungry. However, the low rate of participation in food stamps implies families do not take full advantage of food programs for which they are eligible.

Parents of infants and young children expressed an interest in having access to more programs on nutrition with some conducted in Spanish. Approximately 14 percent of those responding to the parent survey indicated having “enough food or quality of food” was among their top three concerns.

First 5 Yolo has funded a number of programs that address nutrition and physical fitness:

- Moveable market that brings fresh fruits and vegetables to Head Start sites.
- Tot lots.
- GET READY!, a Yolo County Health Department project funded to operate mobile literacy, nutrition and health services outreach geared to children ages 0-5 and their families.
- The Access to Quality Healthcare initiative has selected childhood obesity as one of three priority areas on which to focus. First 5 Yolo was a collaborative partner in a childhood obesity forum for medical providers and supplied more than 50 medical providers with a toolkit for office management of overweight children developed by the California Medical Association.

CHILDCARE AND EARLY CHILDHOOD EDUCATION

Childcare

Childcare is a service that touches families regardless of income or area of residence. Family income, however, may be a significant factor when analyzing the accessibility and quality of childcare. California Child Care Portfolio (2005) reports, “Despite increased focus on the needs of young children, families continue to struggle to find and afford childcare because the supply, especially for infants, is severely limited in virtually every county in the state and because what is available is unaffordable for many working parents.”

Availability:

- ✓ Licensed childcare is available for 28 percent of children aged birth to age 13 countywide; however, these numbers vary drastically by community: Davis 37 percent, rural 30 percent, West Sacramento 21 percent and Woodland 26 percent.

- ✓ Nontraditional hour care (weekend/evening) is available in 2 percent of centers and 27 percent of family childcare homes.

Cost:

- ✓ On average, 30 percent of school-age children live in poverty in Yolo County; however, this varies drastically by community: Davis 12 percent, rural 21 percent, West Sacramento 54 percent and Woodland 34 percent (analysis of a year cohort in public schools / a year cohort free lunch).

2006-2007 Yolo County – Monthly Cost for Full-time Childcare

Infants	Toddlers	Preschool
\$760 - \$1,058	\$595- \$1,058	\$500- \$914

Yolo County Subsidy Statistics

Childcare subsidies are available to provide affordable childcare options for families with limited income who are working, in training or attending school. This program administers funds from the California Department of Education, Yolo County Department of Social Services (Cal Works) and the University of California, Davis for UCD student parents. The chart below shows the number of children enrolled in the subsidy program by community.

City	Children	Percent	Families
Woodland	243	4%	190
West Sacramento	229	6%	185
Davis	96	2%	81
Rural Yolo	41	3%	33
Total	609	4%	489

Additional data comparisons show the highest poverty area in the county (West Sacramento) has the least-subsidized childcare centers. Infant-toddler care is needed countywide and subsidized infant-toddler care is needed in low-income neighborhoods.

As a sign of the times, childcare providers expressed concerns that today’s parents are pushing their children to enter preschool a lot sooner than several decades ago. Parents are pushing children to be potty-trained, so they are eligible for preschool or childcare programs and are pressuring providers to emphasize academics rather than “play time.” According to several providers, parents want their children to be ready for kindergarten and push them to write their name and letters and develop other academic achievements that might not be age appropriate.

That said, high-quality and affordable childcare is a significant issue for Yolo County parents of children 0-5 years of age. Compounding the issue, childcare for infants is extremely scarce compared to the need. Participants in the new parents’ focus group were greatly concerned about the difficulty in finding and affording childcare for infants and toddlers. This is impacting their ability to work outside of the home and affecting their abilities to make healthy choices (such as exercise and healthy food) for themselves.

Teen parents also listed childcare as a primary concern. They especially need subsidized or free childcare to enable them to continue with high school or community college. Although many teens receive significant help from relatives with both childcare and transportation, they have a strong desire to be independent.

The primary research identified a number of problems associated with childcare with various individuals and groups having noted the following key concerns:

- Lack of available childcare, including a significant lack of available/affordable, quality infant childcare.
- Lack of available respite care for parents, foster parents and grandparents raising children.
- Lack of affordable day care (especially for low-income families or families in the child welfare system).
- Lack of childcare available at high schools (teen parents).
- Need for affordable preschools.
- Lack of licensed childcare in many areas within county.
- Lack of transportation to some childcare programs (i.e., Head Start).
- Not enough access to free programs such as Head Start (long waiting lists).
- Need for transportation to help get children to childcare (Hispanic mothers).
- Lack of childcare programs that serve special needs children.
- Lack of funds for family childcare homes to purchase larger items such as playground equipment.
- Need for Universal Preschool to be available in more than one area of Yolo County.
- Discipline problems resulting from shared custody arrangements with different sets of rules at each house (Mondays are particularly bad).

Elements negatively impacting capacity at childcare providers in Yolo County include:

- Most programs are full with no available capacity.
- Cost of hiring additional staff, including cost of orientation, fingerprinting and health and safety training.
- Lack of scholarships to help low-income families pay for childcare.

Regarding infants, childcare providers indicated the following reasons for not wanting to provide infant (under 24 months of age) care in their programs:

- Not having the facilities for infants.
- Ratios are different when providing care for infants.
- Need separate programs and play yards.
- No profit in caring for infants.
- Lack of space requirements.
- Complexities of caring for infants under 1 year of age.

In the Summary of Yolo County Childcare Center Survey, the respondents indicated three top priorities that were identified by owners, directors and teachers alike. They are:

- Reimbursement for substitute cost for teachers to attend training/classes.
- Assistance accommodating children with behavioral problems/mental health issues.
- On-site training in child development, environments, best practices, etc.

A significant number (83 percent) of the parents surveyed in the Survey of Parent Needs and Priorities indicated satisfaction with their childcare services. This compares with only 75 percent satisfaction with their child’s dental care services by the same group. In the same survey, the parents with children in preschool also indicated an 83 percent satisfaction level with their child’s preschool. However, 64 percent indicated increasing the quality and availability of preschool should be a funding priority.

Preschool

Faced with mounting evidence that California has fallen behind on many key indicators of educational performance, there is considerable interest among policymakers and the public to improve the outcomes of the state’s K-12 education system. One potential area of investment is expanding access to high-quality preschool education, so California’s children enter kindergarten ready to learn.

Access to affordable and high-quality preschool programs was a theme expressed by parents of young children. Parents of special needs children indicated they would like access to preschools that are staffed with teachers trained on caring for and educating special needs children.

The following chart indicates the number of preschool programs and spaces by each community within Yolo County.

Estimate Number Preschoolers Ages 2.5 – 5 yrs-old	Davis 1,852		Rural 845		West Sac 1,766		Woodland 2,794		County 8,597	
	Programs	Spaces	Programs	Spaces	Programs	Spaces	Programs	Spaces	Programs	Spaces
Nursery Schools	8	257	1	24	1	40	2	85	11	366
Universal Preschool					4	36				
Full Day Centers	14	722	2	62	3	72	11	627	30	1,483
Subsidized (Preschool and Full-day centers)	6	226	7	221	4	308	11	367	28	1,122
Total	28	1,205	10	307	12	456	24	1,079	69	2,971
% of Total Spaces to Population	1,205 / 1,852 65%		307 / 845 36%		456 / 1,766 25%		1,079 / 2,794 39%		2,971 / 8,597 35%	

City of Davis Child Care Services Directory of Childcare and Children’s Programs (2006-2007)

The average cost of part-day, five-day-a-week preschool in Yolo County is \$550 a month. For a single parent making minimum wage, this is 45 percent of their annual income and doesn't include the cost of childcare. When the research was used to see how many low-income families have access to subsidized preschool (free lunch statistics were used to determine a two-year cohort of low-income families in each elementary catchment area), it demonstrated there are many families that would qualify for Head Start and state preschool who do not have access.

Chart E – Unmet Need for Subsidized Preschool – CA Department of Education (2005-2006)

	Davis	Rural	West Sac	Woodland	County
Number of 3- and 4-yr-olds	1,215	626	1,176	2,244	5,261
Qualify for Head Start	73	118	315	272	778
Existing Head Start Spaces	0	20	60	260	340
Qualify for State	102	154	385	369	1,010
Existing State and other Subsidized Spaces	192	216	288	243	939
Un-met Need	+ 17	-36	-348	-138	-509
%	+ 1%	-5%	-29%	-6%	9%

Free and reduced lunch statistics for elementary schools (two year cohort from Chart B) within Yolo County were compared to the number of subsidized preschool program spaces as reported by *City of Davis Child Care Services Directory of Childcare and Children's Programs (2006-2007)*

The quality of the different programs and their components can vary based on multiple factors, including: organizational funding and structure, any outside funding/grant requirements, program objectives and evaluation. Having a multifaceted program with educational, support and follow-up services allows families the best outcomes. In addition, experts agree parent engagement has a large impact on the success of their children's school experience, and the three programs offering this in Yolo County echo that sentiment.

Workforce Development

Children ages 0-5 reach higher developmental gains when in the care of experienced, well-educated teachers and caregivers. However, many of today's teacher/caregivers have very little incentive to stay in the field or to continue their education because their wages are low. The persistence of high turnover in California's early childhood education workforce is of serious concern. With low salaries, the early childhood education teacher turnover rate is twice that of California's public school K-12 teachers. The earning's gap between kindergarten and early childhood education teachers, in particular, is likely to continue to fuel such turnover particularly among those who make the greatest investment in education and training.

Challenges to gaining the workforce development level desired include:

- Cost of the accreditation process.
- Cost of classes and workshops for continuing education.
- Lack of time to devote to continuing education.
- Difficulty in finding high-quality substitutes and the cost of hiring them.
- Low pay and no benefits.

Childcare programs are impacted by multiple work development factors and barriers that affect the overall quality of their programs. Childcare providers believe the quality of their programs is improved when:

- Staff has an early childhood education.
- Staff understands how a child’s brain works at an early age.
- Staff fully understands the stages of development.
- Staff understands what is age-appropriate and understands the cycles of equilibrium and disequilibrium.
- There is collaboration between agencies.
- They have NAEYC accreditation.
- There are funds earmarked for upgrading and renovating facilities.
- Regular/consistent site visits are conducted.
- By programs, such as those offered by the City of Davis and RISE, that provide toys and games to the children on a regular basis.

Barriers to quality include:

- Finances and recruiting/retaining quality staff.
- Salary expectations of potential new employees.
- Lack of ability to offer benefits.
- Lack of a workforce that is bilingual and has a comprehensive understanding of early childhood education.

Beginning in 2003-2004, First 5 CA provided 2/1 matching funds to First 5 Yolo to support the CARES (Comprehensive Approaches to Raising Educational Standards) Program aimed at improving retention rates and increased training and professional development among teachers and caregivers’ staff. The First 5 Yolo CARES program (administered by the City of Davis, Child Care Service) has had a budget of \$298,000 a year for the last four years.

Chart F- CARES Program Statistics (2005-2006)

Tracks	Participation Requirement	Stipend Amount	Awardees 2005 -2006
Track I Family, Friend and Neighbor Support	Complete 6-12 hours of enrichment such as workshops play day, conferences or review <i>A Place of Our Own</i> .	\$75- \$150.	12
Track II- Entry Family Friend and Neighbor, Family Childcare and Center-based Staff With Less than 6 Units	Complete at least 18 hours of child-development training or ESL classes and complete a development plan with the CARES advisor	\$200- \$500	48

Tracks	Participation Requirement	Stipend Amount	Awardees 2005 -2006
Track III –Permit Family Childcare and Center-based Staff with at least 6 Units of ECE	Complete at least 3 units of ECE, complete a Rating Scale self assessment and meet with a CARES advisor	\$600- \$1,400	75
Track IV – Degree Family Childcare Provider, Center-based Staff	Complete at least 6 units, meet with an academic advisor and complete an academic plan, complete a Rating Scale self assessment, and meet with the cares advisor to complete a professional development plan	\$1,600- \$1,700	23
Track V – Professional Family Childcare Provider, Center-based Staff	Master Teacher permit, 18 hours of professional development, advise participants, complete Rating Scale and Improvement Plan	\$1,500- \$2,100	16

Special Needs

Children ages 0-5 make up 28 percent of the Yolo County population ages 0-18. However, children ages 0-5 make up 8 percent of children ages 0-18 who are receiving special needs services in Yolo County. The low occurrence of children ages 0-5 receiving special needs services can be explained by lack of identification, either the inability to identify due to age or because families are not aware of the need or have chosen not to seek the guidance of a professional. For children ages 0-5, the most frequent diagnosis is for speech and language impairment.

Parents of special needs children expressed desires for additional preschools, increased awareness of programs, education for parents and a need to bridge the gap between special needs children and other children. Although the parents felt health services were generally accessible and affordable, they said there are too few resources for children with special needs, and there is a lack of awareness of existing services. They also expressed concern that there is a huge rise in children diagnosed with special needs but no perceived increase in services. Professionals in the workforce agree they are seeing an increase in autism in the community.

Although parents believe Yolo County's special education system is well organized and stays on schedule, additional support and resources desired by parents of special needs children ages 0-5 years include:

- More speech therapists and more frequent visits (this was expressed as a particularly strong need).
- Increased support for at-home services.
- Increased assistance with early intervention.
- Additional special education preschool programs.
- Daycare with specially trained caregivers and teachers for children with special needs.
- Increased early intervention.
- Increased teacher education about special needs children.
- More education/awareness for parents and children without special needs to increase understanding and remove negative connotations.

- More services in other areas of the county (most seem to be located in Woodland).
- More help for foster care parents in finding assistance for their children with ADD or ADHD.
- More training for staff to recognize the early signs of autism.

Some trends identified by the key informants include a shift in where the special needs children are coming from and a negative shift in continuity of identification and services to preschoolers with the school districts taking back the services to children 3-5 years of age. Key informants also are concerned about the transportation needs for special needs children and their families.

Key informants identified these opportunities for systems changes to improve services delivery and access for children with special needs:

- Offer a more developmental approach with a continuum of services for children ages birth to 5.
- Provide more infant-toddler, center-based care.
- Consult with teachers for classroom activities.
- Provide support for teachers after early screening.
- Increase community awareness of services available for children ages birth to 5.
- Establish umbrella coordination of all services available in Yolo County for children ages pre-birth to 5 (a group with authority to allocate resources rather than just refer).

Childcare providers identified these concerns regarding programs for special needs children:

- Lack of aides in the family daycare home to care for special needs child (unlike the centers where aides are provided and paid for by outside funds).
- Inability to mix special needs child with other children and fear of not being able to provide the individual attention they need.
- Providing the special and additional attention and care is a hardship on the provider.
- Special needs children take a lot more time.
- Childcare providers do not have enough time or staff to care for special needs children.
- Concern about the safety of the other children.

SCHOOL READINESS

Universal Preschool

There is general support for offering Universal Preschool to the children of Yolo County. It was considered to be especially important to offer it in areas that do not have preschool opportunities. Several participants in the research indicated that, although it is fine to have it in West Sacramento, they would like to see programs developed in other Yolo County communities.

The UP 4 WS program requires teachers to have a bachelor's degree, attend mandatory trainings, conduct regular assessments and screenings, have a high score on the environmental rating scale and additional components to support the high quality required of this program. Therefore, the

cost per student is substantially higher than a private childcare provider or even some state/federal programs, but provider reimbursement also is at a higher rate.

The UP 4 WS 2006 – 2007 Evaluation Findings show a projected student enrollment growth rate that will result in 474 preschoolers enrolled by the fifth year of the program. The program is proving successful as reflected by the Desired Results Developmental Profile Revised (DRDP-R), which measured changes ranging from 19 to 58 percent in 39 categories reflecting the preschoolers’ capabilities pre-enrollment to post-enrollment in the program.

School Capacity/School Readiness

Yolo County has several local, state and federal early education programs, both formal and informal, providing learning activities and support to families with children ages 0-5 (see Table 1). All the primary, identified communities in the county have more than one option available in their area, though some programs may be less accessible based on program guidelines and student/family eligibility criteria. Most school districts recognize pre-K needs and the importance of transition, though not all have formally addressed these issues with direct funding or programming. Community-based organizations (CBOs) often offer the family-support element either with or without the early-learning component.

Indicators of school capacity include:

- Availability of early care and education programs.
- Preschool/kindergarten curriculum articulation and planning.
- School-sponsored kindergarten transition plans and activities.

Table 1:

Identified programs for families with children ages 0-5

Location	Even Start	School Readiness	Head Start	Universal Preschool	Private Preschool/Care	State Preschool
Davis					X	X
West Sacramento		X (3 campuses)	X	X	X	X
Winters					X	
Woodland	X	X (1 campus)	X		X	X
Rural (Capay Valley)		X*	X		X	

*Not funded through First 5 Yolo School Readiness Initiative

Table 2:

Programs offering the following services/components to families with children ages 0-5

Service	Even Start	School Readiness	Head Start	Universal Preschool	Private Preschool/Care	State Preschool
Child/Adult Literacy	X (primary focus)	X	X (small component of program)			
Parent Education	X	X	X		X (some providers)	
Health Insurance Assistance	X (referrals)	X	X (referrals)	X (referrals)		X (referrals)
Home Visiting	X	X	X			
Kinder Transition Activities		X	X (small component of program)	X		
Summer Pre K→K Transition Program		X				
Referrals and Follow-up	X	X	X	X		X
Developmental Assessments		X	X	X		X
Income requirements	X		X			X
Waiting List		X (for home visiting)	X	X	X (some areas, ages)	X

First 5 Yolo has funded multiple agencies/organizations focusing on early learning, preschool and family support interventions. The First 5 Yolo School Readiness programs’ contracts for Woodland and West Sacramento totaled \$758,798 in Cycle 1. Since FY 01/02, nearly \$3 million has been distributed throughout the county for various projects supporting one or more components listed in table 2.

Literacy/English Language Competency

Excluding English, Spanish is the most commonly used language in Yolo County, six times more than the next common language, Russian. Last year in Yolo County, 627 out of 2,630 (23 percent) kindergarteners spoke Spanish as their first language. Many Hispanic parents in the age group likely to have children 0-5 years old are not literate in either Spanish or English.

Compounding the situation are immigration issues that result in some children entering kindergarten with one language and unaware of the basics learned by other children in preschool. This reticence to integrate their children earlier is due to either 1) parents being here illegally; 2) mothers staying undocumented while the men are going through the system; or 3) lack of awareness or financial resources necessary to access preschool or childcare programs.

Of the five major communities in Yolo County, Esparto has the highest percentage of kindergarteners who are learning English, followed by West Sacramento.

Chart H - Kindergarten English Language Learners (ELL) in Yolo County Communities

	Davis	Esparto	West Sac	Winters	Woodland	County	State
# Kinder ELL	70	39	216	58	373	760	
% Kinder ELL	8.8 %	20.7%	13.2%	10.1%	11.4%	11.7%	11.4%

To break the cycle of illiteracy, experts say the focus should be on educating parents. A salient finding from traditional research on both adult education and early childhood intervention programs is that the mother’s level of education is one of the most important factors influencing children's reading levels and other school achievements. Low-literate parents, particularly mothers, are more likely to exert a positive influence on their children’s academic achievement when they are able to enhance their own literacy skills (Fossen and Sticht, 1991). According to a recent study of the California Department of Education, Early Start program, the most effective family literacy programs incorporate four critical components:

1. Literacy instruction and language acquisition for adults.
2. Literacy instruction and language acquisition for children.
3. Parent time to teach parents how to advance their child's educational development.
4. “Parent and child together” time to facilitate parents' interaction with their children as their child's first teacher.

PARENT AND FAMILY SUPPORT

A desire for increased access to parent and family support was a recurring theme in the research. Many parents indicated they believe additional assistance with issues, such as post-partum depression and anger management, would have a positive impact in reducing child abuse and neglect. Many providers expressed the belief that home visits following births could lead to early intervention and prevention of problems related to substance abuse and child abuse.

In particular, key informants would like to see money spent on programs, such as breastfeeding support; a program like Welcome Baby, which had good outcomes; home-visiting teams after birth; an intensive, nurse home-visiting program for high-risk families and universal visiting for first-time moms; mentors for new moms; parenting-skills support; and parent and child programs that involve parent education in all activities.

The following issues were raised as concerns by a number of individuals in the primary research:

- Need to promote parenting skills in ways beyond parenting classes.

- Need for more parenting classes for people of all ages, incomes and education (especially since more extended families and grandparents are now involved in raising children).
- For some people, “parenting classes” have a negative connotation – concern they might be considered bad parents because they are going to the class (maybe they were forced to by CPS).
- Consider creating a social-marketing campaign on parenting and giving parents the right messages about how to raise their children.
- Make parenting a focus of every activity in which kids/parents are involved.
- Develop key messages about parenting and keep reinforcing them.
- Offer family education at home-based programs.
- Provide parenting education (PCIT) and life-skills education in the parents’ languages.
- Make available earlier interventions with parent education and discipline options, including importance of father’s role, importance of parental supervision and involvement in daily activities.
- Provide information to help parents decide what kinds of toys will help develop youngsters’ brains.
- Offer information regarding stages of development for children ages 0-5 years.
- Make available more information about breastfeeding.
- Provide help with transportation (particularly an issue for teen parents).

Key informants listed the following suggestions for improving parenting and maternal health:

- Provide breastfeeding support, including in-hospital support, early home visiting and in-home support with someone with breastfeeding training.
- Fund a program like Welcome Baby that had good outcomes.
- Fund programs to support new moms with babies (education, referrals, development).
- Fund home-visiting programs after birth (team that includes nursing and social work).
- Fund nurse home-visiting programs for high-risk families and universal visiting for first-time moms.
- Provide more support for parenting skills.
- Offer parent and child programs – more opportunity to screen for the needs of the parents and children.

Child Abuse/Neglect

Each state uniquely defines child abuse and neglect based on the minimum standards set in the Federal Child Abuse Prevention and Treatment Act (CAPTA). There are two major types of abuse (maltreatment):

- **Neglect** is a failure to provide for the child’s basic needs. Neglect may be physical, medical, educational or emotional.
- **Abuse** may be physical, sexual or emotional. Although any of these maltreatments may occur separately, they often occur in combination. The reporting rate of physical abuse is approximately two times higher than the reporting of sexual abuse.

Concerns about child abuse and neglect were recurring themes throughout the research. Much of the worry comes from concerns that substance-abusing parents are not properly caring for their children; however, it is acknowledged that child abuse can and does occur in many homes, regardless of income, education or other factors.

Child abuse and neglect trends affecting children ages 0-5 identified by key informants included:

- Drug and alcohol abuse (methamphetamines) are primary causes for child removal and family instability.
- Methamphetamines lead to neglect, which has the most profound effect on children.
- Woodland and West Sacramento have more families at risk (and with a need for services), but fewer services are available in those areas.
- Need to meet parents' needs in order for them to be able to meet their children's needs.
- High out-of-county placement of foster children.
- There are pockets of poverty, exacerbated by geographic separation, that prevent families from knowing about or being able to access available resources.
- West Sacramento has the highest percentage of child abuse, and the population is more transitory.

Key informants suggest the following to reduce incidences of child abuse/neglect:

- Design specialized, experienced support/intervention teams to assist families due to the multiple needs and risks to children with unresolved parent crises.
- Provide training on how to engage families at risk ("culture"); educate and empower families to be successful; and establish trust through home visits by meeting families at their personal, physical and emotional levels.
- Fund more programs with family 'buy-in' where parents are required to commit to personal goals and the associated actions to achieve those goals.
- Support better systems in courts to expedite either reunification or termination of parental rights.
- Provide early home-visiting programs for support, education and referrals for families without the risk of disclosing issues to someone in the "system;" PCIT can be used early on to offer "hands-on" education.
- Fund a crisis nursery in each community.
- Fund earlier identification of children (families) at risk (assessments, screenings and early referrals based on family issues).
- Continue the Unified Family Court model used in Yolo County for the last five years but whose funding has just been terminated. Provide a court staff member to check the connection between juvenile delinquency, domestic violence, CPS cases and criminal cases to inform the judges of any pending cases involving the family.
- Provide more safe playgrounds with equipment for children ages 0-5 and community activities such as evening story-time programs.

Indicators for child abuse and/or neglect include:

- Child maltreatment referrals.

- Substantiated referrals.
- Entries and re-entries into the system.

Local and State Data

Yolo County:

- Social services staff attributes the majority of calls to neglect/abuse as a result of parental drug use.
- For substantiated cases, Yolo County reflects the same trends as the rest of California with general neglect/caretaker absence as the primary allegation followed by physical abuse then sexual abuse. Many cases consist of more than one allegation.

Children with Child Maltreatment Referrals, Substantiations, and Entries FY 05/06									
<i>State/ County</i>	<i>Child Population</i>	<i>Referrals</i>		<i>Substantiations</i>			<i>Entries + Reentries</i>		
	<i>Ages 0-17</i>	<i>Total</i>	<i>Per 1,000</i>	<i>Total</i>	<i>Per 1,000</i>	<i>% of referrals</i>	<i>Total</i>	<i>Per 1,000</i>	<i>% of Substan- tiations</i>
CA	9,620,511	482,011	50.1	109,463	11.4	22.7	36,049	3.7	32.9
Yolo	47,763	2,410	50.5	599	12.5	24.9	244	5.1	40.7

Source: Center for Social Services Research, UC Berkeley, CCS Archive, CWS/CMS 2006 Quarter 2 extract

Child Abuse Indicator	Yolo	CA
Rate of Children Living in Foster Care per 1,000 Children 0-18 (2003)	9.8	8.9
Rate of Substantiated Cases of Child Maltreatment per 1,000 Children 0-17 (2002)	14.3	11.5
Rate of Domestic-Violence Related Calls for Assistance per 1,000 Females >18 (2002)	7.8	15.2

Source: YCHD Community Needs Assessment 2004; Child Welfare Research Center CWS Reports; California DOJ, Criminal Justice Statistics Center; California Department of Finance, Demographic Research Unit

Critical issues identified through the primary research:

- New parents are not equipped with information/skills on how to parent.
- Both parents often need to work, so they have less time and energy for positive parenting.
- Parental neglect due to improper discipline.
- Lack of parenting skills leads to child abuse.

Key informants made a number of suggestions concerning what they thought would impact the rate of child abuse in Yolo County, including the following:

- Family preservation – keeping families together for as long as possible by providing services to them before things fall apart.

- Need to identify potential problems and wrap arms around a family – get them into substance-abuse treatment, find family members to provide childcare and offer parenting and anger-management classes before abuse happens.
- Need for good communication with the courts and CPS (put protocols in place to institutionalize what steps are taken when).
- Provide parents with tools to help their children develop and engage in society such as tutoring programs like Kumon.
- Insist that schools complete EIPs on needy children and follow through (not enough real concern for children who fall through the cracks).
- Entry/re-entry – very few families are successful at reunification because parent can't complete the plan and get their lives together; already have life challenges and issues are often multi-generational.
- Hands-on, interactive parent education, i.e., PCIT.
- Home visiting.
- A stronger differential response program.
- Have social workers at law enforcement agencies to be at the front end of family crises to offer support and referrals.
- Need for more support services for parents – parent education classes and:
 - ♦ Follow-up services for families identified at risk of child abuse.
 - ♦ Wraparound services for borderline families who aren't yet in the system.
 - ♦ In-hospital support and education to new parents.

Yolo County statistics for referrals to CPS, substantiations and entries/re-entries into the system are consistently higher than the state as a whole. In the United States, federal and state policies and funding are structured in such a way that services to children and families are available only when maltreatment has occurred or is imminent; prevention and support services are **not** a focus or priority.

During First Round Funding, First 5 Yolo funded over \$2,290,000 for projects related to child-abuse assessment, prevention and/or intervention. Approximately \$450,000 of the funds was used to jointly fund substance-abuse prevention/treatment programs for dually diagnosed parents. This population was surveyed as part of the 2002 strategic plan focus groups.

Parental Substance Abuse

As demonstrated in the section above, the negative impact of parental substance abuse on children is huge according to many individuals interviewed during the research. Since young children are affected when their parent(s) are not treated for drug/mental health issues, parental substance abuse and lack of treatment are primary contributors to children entering the system.

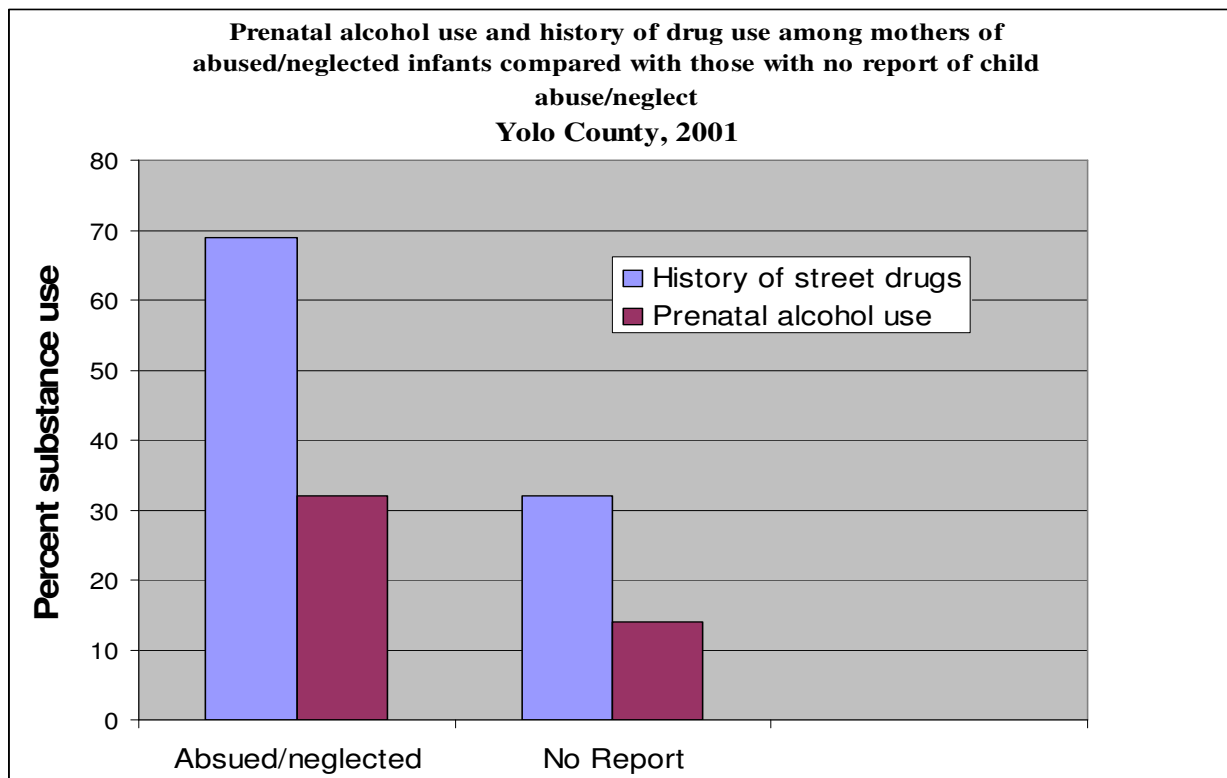
Research participants identified the following needs to help prevent parental substance abuse:

- Provide parents with substance-abuse education and support.
- Improve treatment programs for parents with substance-abuse issues.
- Increase addiction treatment and intervention for pregnant women (effects on the unborn child is a huge issue).

- Help parents with unresolved personal issues that lead to substance abuse, downfall of family structure and inability to be stable (learn how to be a good parent).
- Long-term family residential treatment appears most effective but is a challenging/expensive task.
- Increase awareness and understanding on the physical effects of mental health issues and vice versa.
- Provide treatment of post-traumatic stress syndrome in regard to substance abuse and mental health; parents and children exposed to high levels of stress, violence, lack of attachment, etc. (need to identify and treat to break the generational cycle).

Indicators for parental substance abuse include:

- Families referred for substance-abuse treatment.
- Prenatal alcohol use.



Source: Child Welfare System, Case Management System

Data indicate that abused or neglected children from substance-abusing families are more likely to be placed in foster care and are more likely to remain there longer than maltreated children from non-substance-abusing families.¹ But children whose families receive appropriate drug and alcohol treatment are less likely to remain in foster care². Unfortunately, maltreated children of substance-abusing parents are more likely to have poorer physical, intellectual, social and

¹ U.S. Department of Health and Human Services, 1999

² Child Welfare League of America (2001) Advocacy Fact Sheet

emotional outcomes and are at greater risk of developing substance-abuse problems themselves. In 2001, 62 percent of families involved with CPS for child abuse or neglect in Yolo County were referred for substance-abuse services³.

The number of babies that test positive in the hospital and are taken into protective custody appears to be increasing as trended over a three-year period from 2004-2006. The numbers could be considered deceptively low since hospitals rarely run toxicity screenings unless the mother meets highly defined criteria. In 2004, five babies in Yolo County tested positive; nine babies in 2005; and eight babies in the first six months of 2006.

During First Round Funding, First 5 Yolo allocated over \$837,751 to projects with a parental substance- abuse component. This population also was surveyed in the 2002 strategic plan.

Yolo County does have treatment options, though they are often challenging to access/complete for families with children, especially young children. Additional services from the community may be available, but they are not all easily accessible or user friendly. For adults with children, intensive, strong and ongoing family support and parent education is needed both during and after treatment for best success.

STRONG COMMUNITIES

Community Resources/Capacity

Community capacity defines a community's ability to identify and solve its own problems. Successful communities are able to understand issues, develop solutions and services and work together to build healthier and safer environments. Building community capacity is important, as it establishes the landscape of the communities served. Developing resources to support identified needs and solutions often is challenging, as funding can be a barrier and service overlaps can occur among community organizations and agencies.

Yolo County has a number of community-based organizations (CBOs) that are available to provide services and support to children ages 0-5 and their families.

The range of agencies based in and serving Yolo County families with young children, though not comprehensive, is extensive for a county of its size. Yolo County includes agencies both small in size and budget (less than \$1 million) and large (greater than \$10 million). Faith-based and private non-profits offer services ranging from awareness and education to direct support/services and intervention through referral as well as case management.

³ *The Impact of Alcohol and Drugs on Health and Safety*, YCHD 2002 report

Yolo County CBO/Agency Location

CBO/Agency	Davis	Woodland	Winters	Rural - (Capay, W. Yolo)	W. Sac	Knight's Landing
Yolo Family Service Agency	X	X		X	X	
Short Term Emergency Aid Committee	X					
Yolo Family Resource Center		X				
Food Bank of Yolo County		X				
CommuniCare Health Centers	X	X			X	X
Davis Community Meals/Emergency Shelter	X					
Yolo Wayfarer Center		X				
Broderick Christian Center					X	
Yolo Housing Authority		X				
Yolo County Children's Alliance	X		X			
Families First/Yolo Crisis Nursery	X					
Sexual Assault and Domestic Violence		X				
Rural Innovations in Social Economics, Inc				X		
Winters Healthcare Clinic			X			
American Red Cross		X				
Legal Services for No. CA/Legal Clinic of Yolo		X				
Planned Parenthood Mir Monte		X				
Knight's Landing Family Resource Center						X

Identified Primary Communities and Their Key Resources

Location	CBOs* (service specific)	County Social Services	Community Clinic	FRC	Library	Community /Teen Center	Emergency Needs**
Davis	X crisis nursery, meals/food		X		X	X	X food, shelter, crisis nursery
Woodland	X mental health, meals/food	X substance abuse treatment	X	X	X	X	X Food, shelter, violence/abuse
Winters			X		X		
Rural (Capay, W. Yolo, Knights Landing)	X mental health			X	X		
W. Sac	X mental health, meals/food	X substance abuse treatment	X		X	X	X food

CBO Capacity

In order to create sustainable communities, CBOs must incorporate capacity-building programs that promote diverse participation, local responsibility and skill development. Building local capacity is accomplished by educating individual beneficiaries and mentoring local organizations and institutions to increase their ability to effectively work within their communities. An ultimate goal is for residents to become independent, self-sufficient and equipped to solve their own family and community issues.

The primary strength of the CBO safety net identified by research participants was the ability to access expertise without having to develop that expertise in house

Yolo County has established a strong network of support and safety-net services for families. However, technology enhancement and resources, as well as sustainability and identification of new funding sources, are all areas that were recognized as lacking in our local agencies.

Obstacles that prevent CBOs and agencies from reaching their potentials include:

- Lack of resources.
- Lack of ongoing funding and financial stability.
- Inability to sustain an effort when personnel changes.
- Difficulties in finding well qualified, and often bi-lingual, staff.
- Concerns about liability prevent people from helping when they could.

When asked how funding from First 5 Yolo could best be used to increase the capacity of local agencies to serve young children and their families, respondents listed the following suggestions:

- Continue to fund quickly (once awarded) to help CBOs make changes in a timely way.
- Help foster families obtain childcare to bring more foster families into this county.
- Help with funding needs to enable providers to maintain capacity to serve young children.
- Help fund programs that serve individuals on probation since that population is at risk and, therefore, the children.
- Help agencies and CBOs move to universal applications.
- Fund home-visiting programs.
- Fund socialization groups for children 0-5 in age.
- Facilitate organizing a venue for CBOs and agencies to get together.

Many representatives of community organizations expressed concern that First 5 Yolo will discontinue funding for programs they are now helping. Participants were worried valuable programs will disappear because they are not sustainable without First 5 Yolo's funding.

First 5 Yolo has funded the following projects to build infrastructure among local, community-based organizations:

- **Knights Landing Family Resource Center: (\$35,000)** A Grafton Elementary Healthy Start program. Funded to complete construction of a Knights Landing Family Resource Center. *Funding Period: 8/2002 – 06/2003*
- **Children's Alliance of Yolo County: (\$25,000)** A Yolo County Children's Alliance program. Funded to supplement operating support for collaborative children's network, including county, city, police, school, non-profit and private representatives. The Children's Alliance serves as the Yolo County Child Abuse Prevention Council. *Funding Period: 09/2002 – 06/2003*
- **Integrated Case Management, ICM: (\$72,941)** A Yolo Family Resource Center project. Funded to support implementation of the ICM system, which is an online system for partner agency referrals and case management. *Funding Period: 6/2004 – 6/2005*

Collaboration/Streamlined Services

Communities now, much like great communities of the past, find and encourage greatness by uniting and encouraging the discovery, building, enhancing and expanding of existing strengths, assets and resources. The purpose of collaboration is to increase capacity, communication and efficiency while improving outcomes.

Indicators of collaboration of services include:

- Established memorandums of understanding/contracts between entities.
- Accountability among stakeholders.
- Ongoing development and strengthening of collaboration.

Several successful examples of Yolo collaborative entities exist such as:

- Children's Health Initiative (CHI)
- Universal Preschool for West Sacramento (UP 4 WS)
- YC Homeless Coalition
- Ecumenical Council
- YMART
- WJUSD Safe Schools/Healthy Kids grant

Myriad organizations were listed by key informants as addressing needs within the county; however, there seemed to be consistent comments on the need for increased countywide collaboration by all providers and organizations. The literature review concluded many agencies, organizations and CBOs consistently partner with one another successfully on various programs and projects, including:

- Yolo County Health Department
- Local health providers Kaiser and Woodland Healthcare (CHW)
- CommuniCare Health Centers
- RISE, Inc.
- Yolo Family Service Agency
- Yolo County Children's Alliance
- Childcare Services, Resource and Referral Agency

Both hospitals in the county are "baby friendly" and promote breastfeeding. Key informants believe the county has good collaboration between agencies and with CalWorks.

Focus group participants identified the following benefits of collaborative partnerships:

- Better coordination of services.
- Ability to deliver bigger and better programs.
- Avoids client confusion.
- Ability to serve more people.
- Eliminates duplication.
- Confidence clients are getting the services they need.
- Great ability to identify gaps in services.
- Improved communication and increased sharing of resources.
- Better understanding of other CBO/agency goals and missions.
- Allows outreach to each other's client base.
- Less frustration for client/customers.

The research also identified the following areas with opportunities for improvements in provider training, collaboration and coordination:

- Identify a centralized agency/entity/CBO (not related to government agencies) that would be the entry point to county-specialized teams, evaluate needs, offer resources and referrals and coordinate services.

- Broaden scope, so more agencies can know about the funding available.
- Identify one organization to take the lead in looking at all the community partners and assessing how they can all work together to benefit public health, exchange information, identify community needs and collaboratively solve problems (create a forum for getting together).
- Fund additional support to help with grant-writing.
- Create collaborations for a home-visiting program that focuses on early intervention and identification of children with special needs.
- Create collaboration between CSUS and county program to place speech and language students in internships in Yolo County.
- Fund training/education of healthcare clinicians to identify drug use.
- Fund training on early identification and intervention of developmental issues in children.
- Fund special training of all providers in early childhood education/early development issues.
- Fund collaborative piece – e.g., YMART.
- Offer training on the therapeutic intervention and specialized skills needed to work successfully with high-risk populations.
- Reduce the challenges to collaboration between agencies brought about by differing requirements and competition.
- Create and maintain a consolidated list of all service clubs.

Key informants mentioned the following areas of weakness in the delivery or provision of services countywide by any one organization:

- Need better collaboration and a stronger team approach to address all the family's needs.
- The CBOs are collaborating but no real collaboration with others.
- No agency, program or collaboration is working as a true taskforce looking countywide.
- Need a community-based program for women and need to promote breastfeeding.
- Very little is going on for the health of low-income women except for pregnant women.
- There is a shortage of adequate substance-abuse treatment programs for all people.
- There is treatment of methamphetamine and other substance use for adults, but efforts aren't specifically targeting assistance for the children of these people.
- YFRC is a "catch-all" referral agency for CASA. They send advocates to YFRC for information on all types of available programs in Woodland. However, there is no equivalent agency in West Sacramento and this is a gap.
- Need better training and integration between behavioral health and physical health providers to identify drug use in families.
- Seems to be a lack of families knowing what is available in the community regarding resources, especially around sensitive issues (substance abuse, parenting, etc.); parents fear retribution if they seek out help, issue/needs remain unsolved, children suffer.
- There is no specific agency, program or collaboration that is working to improve the problems for foster families.
- Don't know of anyone doing family substance-abuse prevention/education, on-site literacy.
- No-one is addressing transportation.
- Services are not coordinated to the extent they should be.

- Need more training for providers.
- Services for children are not coordinated, easily accessible or affordable.
- Services are offered by many providers, and service providers often don't collaborate or support one another.
- Lack of collaboration between community/social services is resulting in duplication of services.
- Too much paperwork in all the programs.
- Need more coordinated support, especially to low-income parents.

First 5 Yolo always has modeled and promoted the concept of collaboration for both internal projects as well as community grants. The current First 5 Yolo Special Projects application requires projects to be collaborative in nature as well as requiring funding from an additional source for the project application.

FOSTER CHILDREN

Foster care is a system by which adults care for minor children or young people who are unable to live with their parents. Responsibility for the young person is assumed by the relevant authority, and placement with another family is arranged. Not surprisingly, there is tremendous overlap in the areas of child abuse, parental substance abuse and foster care.

The biggest problem facing foster parents in Yolo County appears to be accessing medical care, dental care and mental health services. Difficulties with insurance coverage, inflexible requirements and lack of authority for foster parents to make decisions on behalf of the child hamper the ability of the child to access necessary care.

Foster parents participating in the research often appeared frustrated and angry at the lack of support and the obstacles they experience in Yolo County. Some of the concerns most likely are not unique to this county, but that does not make them any less of an issue for the foster parent. Participants in the research said services are not well coordinated in Yolo County, and if a child is placed outside the county, it is very difficult to receive services in another county; therefore, the foster parents are forced to return them to this county to care for their needs. Traveling to court-mandated visits with birth parents is often a hardship, and frustration was expressed that the children are not allowed to wait in the waiting room or lobby and must wait in the car for the birth parents to arrive. Also, there is no support at the site for children who are disappointed when the parents don't show up.

The most overwhelming problems for foster children are the lack of available mental health support and dental care. The foster parents often are told they are not eligible for most of the program support because they are not the "birth" parents. This has reduced access for foster children because many times they cannot get referrals to be evaluated for services even with full benefits under Medi-Cal.

Most of the serious, health-related problems are a result of in-utero drug/alcohol use, malnutrition and lack of dental care. Foster children tend to be physically ill more frequently and are sometimes in need of counseling or psychological help. Typical early-childhood health

issues, such as ear infections and asthma, also are problems. Foster parents expressed annoyance at not having adequate information on the children's backgrounds and felt this hindered them in caring for the children.

Research indicated at least half of the foster-home placement in Yolo County of children ages 0-18 are for children ages 0-5. Compounding that, children in foster care have the highest level of mental health needs, but a very low percentage of them receive mental health treatment (10 percent of children in group homes). One reason for this could be that foster parents don't have the authority to place a child in therapy and cannot make medical decisions for the child. Even when the parent/guardian is authorized to obtain mental health care, access appears to be a problem. One respondent stated there are only two therapists who will accept Medi-Cal, so she was forced to pay for mental health out of her own pocket.

Finding assistance for foster children with ADD or ADHD appears to be a large issue for Kinship Care parents. Mental health support was mentioned most often by Kinship Care parents when discussing healthcare needs. They also mentioned the challenges of dealing with the insurance companies when trying to access care.

One of the biggest obstacles to increasing the number of individuals willing to become foster parents is the lack of available and subsidized childcare. This would help the child adjust socially and give the parent(s) time for work and respite. The Yolo Crisis Nursery sometimes is used by parents who need a break.

Foster children in the Yolo County system are challenged with an overwhelming and difficult placement process that only exacerbates the original trauma of removal from the family. Areas that the commission could impact include childcare for foster families, cost for initial supplies to foster infant/toddler children and foster-family recruitment.

Some additional needs mentioned by foster parents/guardians included:

- Home visits providing education/tools for help with behavior and developmental issues.
- Daycare where the providers are sensitive to the needs of foster children, and the child can be with others who are like him or her.
- Legal counseling for foster parents.
- Expediting the process for foster parents to get WIC (emergency WIC for foster parents).
- Help dealing with the emotional toll when the foster child leaves.
- Providing more support to birth parents of "at-risk" children to make sure the parents follow up on the child's needs.
- Childcare stipends for foster parents who work.
- Assistance with transportation for children to see their birth parents.
- Counseling support at the site for children when the birth parents don't show up.
- Accessing mental health and dental services and dealing with insurance companies – this is a bigger problem than accessing quality pediatricians.
- Increasing available resources for foster children.
- Cannot cover the foster children under the foster parent's health insurance or take them to the foster parent's doctor.

- Cannot buy organic formula for a foster child.

Key informants talked about particular trends or Yolo County specific needs such as:

- Yolo foster parents are better educated and supported. As a result, the children placed with these families are much less likely to need a removal/new placement than in surrounding counties. (This has resulted in better outcomes for the kids.)
- Better support for CWS/foster families.
- Making it easier for custodial caregivers to navigate the courts.
- Providing more support for CASA.

The CBOs and agency representatives expressed a desire for assistance with offering childcare support for foster parents since the reimbursement does not cover childcare. Research participants stated this is a barrier to finding enough people willing to take foster children and keeping the families in Yolo County.

Key informants noted the following strengths of the Child Welfare System in Yolo County:

- Unified Family Court that puts all the cases involving one family before one judge.
- Good internal communications.
- Foster family taskforce is strong and well maintained.
- Committed to the foster program.
- Social workers really care about the children.
- Good referral system into ADMH.
- A lot of programs and resources are available in Yolo County for CASA children and advocates, but sometimes staff [members] don't know about all of them.
- SSAs have multiple skills, very flexible in duties.
- They try to collaborate with other agencies when possible.
- They are always looking for additional funding for early intervention.

The key informants said a weakness is the fact there is no central location for services – no “one-stop-shopping” place for all CWS/family court clients and CASA advocates.

At this time, the county has only 51 foster-family homes and, because of current placements, foster-home size limitations, foster/adopt placements and parent work status, there are only about five to seven families that can be accessed at any one time as children need placement. Unfortunately in Yolo County, this means the majority of children must be placed out of the county and, therefore, not only away from their families, but their schools, neighborhoods, friends and activities. Challenges to foster-family recruitment include low monthly stipends, no childcare supplement for families who work, transportation/time requirements for mandated visits and high initial family costs for infant/toddler placement. The cost to the county is high, as well, in travel expenses (especially to distant counties), overtime to make up for time out of the office and higher rate payments for outside placements.

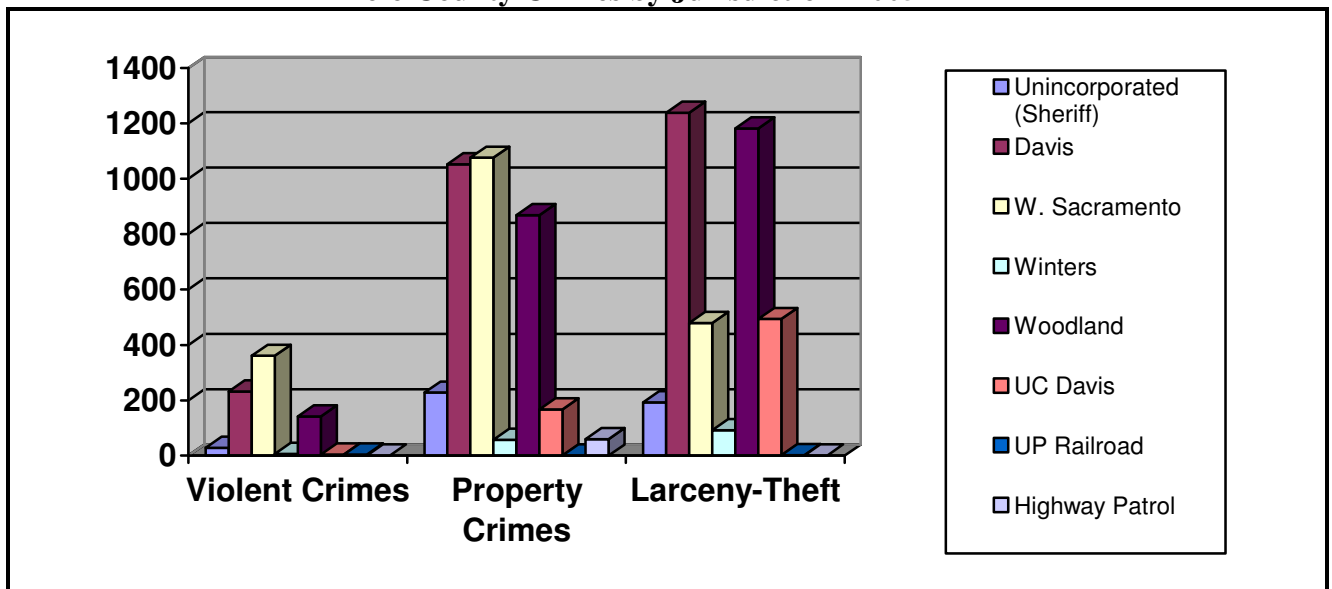
First 5 Yolo funded two special projects targeting foster family recruitment/support/retention and childcare stipends for foster families with Yolo Foster Kinship Care and Education (FKCE) and the Department of Social Services, Children’s Welfare Services for \$33,000 each.

Grandparents raising children 0-5 years of age experience similar issues to those faced by foster parents/guardians. Mental health support and dental care topped the concerns expressed by the grandparents. They indicated their greatest needs, in addition to mental health and dental care for the children, were subsidized childcare and education for themselves as caregivers. Grandparents also want less-expensive legal services.

NEIGHBORHOOD SAFETY/CRIME PREVENTION

Parents of young children in Yolo County have identified safe neighborhoods as one of their top priorities for their children. Issues, such as gang activity, drugs and violence in their immediate vicinity and city, lack of streetlights and the need for better security patrols in parks and neighborhoods, topped their lists of concerns. Parents stated they wanted more “community-watch” programs, as well as children and youth after-school activities, to keep their children “out of trouble.” They also want safe parks and playgrounds. When families are concerned about the safety of their children, it impacts many areas of their everyday lives. For example, when children are not allowed to play in their neighborhoods, and parks are not frequented, physical activities are limited. According to a national study, preschoolers whose mothers perceive their neighborhoods as unsafe, tend to watch more television.⁴ In communities with high rates of community violence, many families experience chronic stress and worry. Parents attribute their concerns to both local crimes, such as sexual assault, burglary, use of weapons, muggings and the sounds of bullet shots, as well as to social disorder issues such as the presence of graffiti, teen gangs, drugs and racial divisions.⁵

Yolo County Crimes by Jurisdiction -2005



Source: CA Department of Justice

⁴ Burdette, HL & Whitaker, RC *Pediatrics*, September 2005, vol. 116, 657-662

⁵ Orianna, L.O., *Community Violence: The Effects on Children*, published 1/01, NYU Child Study Center

Past research has documented that exposure to community violence may have enduring consequences on children's development beginning in the pre-school years and continuing through adolescence. The research has demonstrated that children who witness community violence are likely to develop a view of the world that is hostile and dangerous. In addition, children in inner-city neighborhoods with high violent crime rates also are likely to be exposed to domestic violence in their own homes. As a result of continued exposure to violence, children may distrust adults and fear neighbors in their community. Their feelings of safety and confidence in adults may erode or diminish. Reactions may take several forms. Some children may become anxious, fearful or withdrawn, symptoms that are referred to as internalizing problems or taking fears inward.

Fears expressed by parents in the research about their neighborhoods include:

- Drunks and dope-heads
- Sex abusers
- Gangs
- Drive-by shootings
- Fast cars (dangerous for little kids)
- Violence
- Houses that aren't safe (fires, etc.)

First 5 Yolo funded a mini-grant for a community-safety event in Woodland as well as coordinated a three-workshop series on safety, gang awareness and drug prevention in the catchment-schools area in West Sacramento.

CONCLUSIONS/THEMES

Access to Quality Healthcare

All respondents in the research pointed to the need for improved access to mental health services and dental care. Some expressed a desire for First 5 Yolo to fund evidence-based programs for dental and mental health issues. Lack of access is primarily a concern for low-income, immigrant and foster-care individuals.

With the shortage of physicians, dentists and mental health professionals willing to accept Medi-Cal/Denti-Cal payments for services, time delays and waiting lists for care are creating dissatisfaction by parents and untreated conditions for young children. Parents are concerned about both access and quality of dental care for young children.

Two additional, predominant healthcare concerns were seen in the research, including childhood obesity resulting from a lack of proper nutrition and exercise and pre-natal care for at-risk mothers.

Childcare and Early Childhood Education

Access to affordable and high-quality childcare is a huge issue for parents of young children. Negatively impacting this need are the relatively few spaces available for infants and the high cost of childcare and preschool, making childcare unaffordable for low-income parents without financial assistance. At the same time, the costs are out of reach for many parents. Those working in childcare environments find the low pay and negligible benefits problematic, and turnover of employees is high. Even though all agree quality is driven by attainment of early childhood education degrees and classes, many providers indicate it is very difficult to take the time and spend the money to achieve these educational goals.

Workforce Development

Degrees in early childhood education or a closely related field are critical to achieving appropriate pay and recruiting and retaining teachers and caregivers of children ages 0-5. Teachers with bachelor degrees in early childhood education are more likely to earn a professional wage and show increased job retention (Berkeley 2006). Although the state CARES program and AB 212 have encouraged ongoing participation in early childhood education workshops and college classes, professional wages are necessary for early childhood education workforce retention. This will be best accomplished through interventions that focus on helping teachers and caregivers overcome barriers toward reaching associate and bachelor degrees.

Special Needs

Yolo County is experiencing a rise in the number of special needs children requiring services and parents needing support, yet programs are not expanding to meet these needs. A specific gap in services for children ages 0-5 is adequate speech therapy. Also of concern are early diagnosis and intervention along with increased parental education.

Preschool and childcare program staff need training on resources and available support to increase their capacity to serve children with special needs, identify children who might not be typically developing and provide support to parents adjusting to living with a child with special needs. Children identified early and provided with appropriate interventions have an increased opportunity for success when they enter the public school system.

School Readiness

The demand persists for more comprehensive, high-quality, pre-kindergarten and early childhood education programming throughout the county than is currently available.

Preschool

Access to quality preschool can increase the educational outcomes for children in elementary school. Neighborhoods within West Sacramento and Woodland show the largest achievement gaps in the county and lack enough high-quality preschool to prepare all children for school success.

Literacy/English Language Competency

Many Yolo County children are entering kindergarten speaking a language other than English. In addition, a number of these same children have parents who are not literate in either English or the language primarily spoken at home. This combination can have a negative impact on the child's eventual reading abilities and academic achievements.

Parent and Family Support

Helping parents be good parents was a significant theme throughout the research. Issues varied from parents being young (teen parents) to substance abusers or simply novices in need of some guidance. Many parents expressed a desire for education about child development, nutrition, child abuse, anger management and overall parenting skills. Several mothers indicated help with postpartum depression would reduce the potential for child abuse/neglect. Although it was not a significant concern for new parents, others in the research identified breastfeeding support as a strong need.

Home visits and early intervention for potential problems also were mentioned frequently throughout the research across all research methodologies.

Child Abuse/Neglect

Research emphasized the correlation between substance abuse and child abuse/neglect leading to the child being placed in foster care. Needs expressed varied from focusing on the parent(s) to solve their problems resulting in beneficial impact on children, to funding more services for young children such as additional crisis nurseries, early interventions and additional activities for parents and children.

Parental Substance Abuse

Concerns about parental substance abuse focused on the negative impact on the child and the need to help the parents overcome their addictions. Exposure by young children to the unpredictable actions of parents under the influence creates stress and attachment issues. Lack of parental care also puts the children at risk for poor health, poor social skills, emotional and behavior problems and slower intellectual development.

Sadly, the number of babies testing positive for alcohol and drugs and being taken into protective custody is increasing in Yolo County.

Community Resources and Capacity

Overall, most Yolo County communities have access to many resources albeit not without some challenges. Access is an issue for social services needed by families in the rural areas. Although Woodland and West Sacramento have more services available within the city limits, there are still challenges with transportation, office hours and needing to go to multiple locations for

services. Many emergency services for food, shelter, transportation vouchers and mental health are only offered as referrals through a “gatekeeper” such as a healthcare clinic, social service agency or faith-based organization.

One that needs attention in Yolo County is substance-abuse prevention and education for parents and the impact on their children. There is no CBO in the county that has substance-abuse prevention targeting families with young children as its primary mission.

Collaboration/Streamlined Services

With high-quality, committed, collaborate efforts, entities can see costs for programs and services decrease, quality increase and objectives met more quickly. In this county, many agencies and organizations have been strong and effective collaborators and often partner for the benefit of the service recipients/community. The concern is that few agencies have expertise in *all* service areas and, in many, many instances, efforts and services are being duplicated, which often leads to community confusion, diluted/broad/ineffective interventions and poor outcomes.

CBOs and agency representatives indicated a very strong desire for increased collaboration, especially for a regularly scheduled forum for exchanging information and discussing solutions to problems.

Foster Children

Foster parents are frustrated, and foster children are not getting the care or services they need in a timely, coordinated manner. Of special concern are the obstacles to mental health and dental care.

Neighborhood Safety/Crime Prevention

Parents of young children want safer neighborhoods in which to raise their children. They are tired of drug abuse, speeding cars and violence. They fear gang activity and unsafe streets. Parents want safe parks to which they can take their children for play and exercise.

APPENDIX

KEY INFORMANT PARTICIPANTS

Robin Affrime, Executive Director, CommuniCare Health Centers
Jan Babb, MCAH Director, Yolo County Health Department
Lisa Baker, Executive Director, Yolo County Housing Authority
Rick Baker, M.D., Pediatrician, Kaiser Permanente
Joan Beesley, Manager, Mental Health Services Act, Department of Alcohol, Drugs and Mental Health
Kym Bird, Division Manager, Department of Employment and Social Services
Barb Boehler, Midwifery Services Director, CommuniCare Health Centers
Richard Deliberty, Interim Director, Department of Alcohol, Drugs and Mental Health
Joy Escalante, family childcare provider
Kandice Fowler, Executive Director, Court Appointed Special Advocates (CASA)
Laura Heinz, Executive Director, Families First
John Hillis, preschool owner and operator
Jack Jackson, volunteer, CASA
Tom March, M.D., Pediatrician, Woodland Healthcare
Camille Giomatti May, Coordinator, Special Education Local Planning Area (SELPA)
Don Meyer, Chief, Yolo County Probation Department
Gail Nadal, Coordinator, Local Childcare Planning Council
Donna Petre, Judge, Yolo County Superior Court
Jan Poole, Team Leader, YES
Debbie Presti, Social Worker Supervisor, Department of Employment and Social Services
Gloria Rodriguez, Early Childhood Education Coordinator, WJUSD
Wanda Roundtree, Director, Head Start/Early Head Start
Susana Russ, Clinical Director, Yolo Family Services Agency
Marco Sanchez, Clinician, Department of Alcohol, Drugs and Mental Health
Cherie Schroeder, Executive Director, Foster Kinship Care and Education Program
Marilyn West, Coordinator, Foster Kinship Care and Education Program
Kathy White, Judge, Yolo Superior Court