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Introduction

The purpose of this report is to assist First 5 Yuba in reviewing its current investment portfolio in the context of community need, other services available in the community, and service gaps, in order to help the commission determine funding priorities. It aims to inform decisions regarding First 5’s strategic role in the community in a climate of increasingly limited resources. The information presented here was gathered from federal, state, and local data sources, a survey of community members conducted in 2015, as well as interviews with Yuba County service providers and community leaders in the areas of health, mental health, early childhood education, child welfare, and other social services. This information was synthesized and organized around First 5 Yuba’s six goal areas and their related results (i.e., more specific outcomes indicating progress toward the goal):

- **All children are born healthy**
  - Increase access to prenatal care

- **All children are healthy and maintain optimal health**
  - Increase access to health/dental/vision services
  - Prevent obesity through improved nutrition and physical activities
  - Decrease dental disease
  - Increase the use of early intervention
  - Decrease childhood injuries and death

- **All children enter kindergarten ready to learn**
  - Increase children’s, families’, and schools’ early learning opportunities

- **All children are in an environment conducive to their development**
  - Increase availability of quality early care and education

- **Communities connect to all families**
  - Increase family connections to community resources

- **All families support children’s development**
  - Increase use of effective parenting
  - Increase the amount of reading that parents do with their children

For each of these goals and results, the report presents general strategies that First 5 has already been pursuing. To help the First 5 Yuba commission decide which goals and results are in most need of First 5’s support in the future, each section also provides relevant data on the status of children and families in the county; a description of the contributions that partners in the community are making to each goal and related results; and a listing of the remaining service gaps in the county, as reported by community providers and leaders. Each section concludes with recommendations from key informants regarding contributions First 5 might make to the goals and results in the community.

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Where possible, data trends over time and comparisons to nearby counties (Colusa, Butte, Glenn, and Nevada) are presented. In addition, the national Healthy People 2020 objectives for health-related indicators are provided. Community survey data come from a First 5-administered survey of county residents in 2015. The results include responses from the 293 residents eligible to take the survey because a) they lived in Yuba County and b) they had contact with children 0 to 5.
future. These key informants were asked to consider the most strategic ways in which First 5 could fill service gaps in the community.

Below is a brief summary of the status of children and service gaps in each goal area:

**All Children are Born Healthy**

- The percentage of babies born pre-term (7%) and low birthweight (9%) in Yuba is increasing, and these rates are higher than most comparison counties.
- Although the percentage of mothers accessing prenatal care within the first trimester has held steady at around 70%, it is a few percentage points lower than in most comparison counties.
- Key informants mentioned that accessing prenatal care is still a challenge, particularly in the foothills.

**All Children Are Healthy and Maintain Optimal Health**

- Over 90% of young children have health insurance, but this rate is still lower than most comparison counties.
- Based on responses to the community survey, lacking health care and transportation are the two biggest barriers to getting care. Likewise, a lack of transportation to services was named by most key informants as a problem.
- There are no reliable community-wide data for very young children on nutrition or physical activity, but key informants believed poor nutrition and a lack of activity are problematic in the county. They also said there are not enough safe recreational opportunities available for children.
- Similarly, there are no reliable community-wide data on dental care for young children, but dental screenings were among the most popular services community survey respondents said they would use (84% would use them if they were free or low-cost).
- A high percentage of young children have developmental and mental health needs in the county, compared to neighboring counties (over 9% of children enter kindergarten with a special need).
- There is currently no system of universal screening and referral to services in the county.
- There are a lack of mental health specialists in the county, which results in long waiting lists for care.
- Most parents do not get their children needed early intervention care.
- The rate of hospitalization for injuries among young children (308 per 100,000 children 0-4) is also relatively high compared to other counties. The death rate among young children (41 per 100,000 children 1-4) is not quite as high as in Glenn and Nevada (but higher than in Butte and Colusa), and is going down.

**All Children Enter Kindergarten Ready to Learn**

- About half (51%) of children under 6 whose parents work (or whose single parent works) do not have a licensed child care slot. This proportion is slightly better than it was in 2012 and is similar to the proportions in most neighboring counties, but much lower than in Colusa.
- According to the US Census, just 40% of children 3-4 years old in the county are enrolled in preschool, lower than in Butte and Nevada.
- Most children (70%) who qualify for subsidized care and need care because their parent(s) work were served in a subsidized care setting.
- Community survey respondents were most likely to cite the cost of care (44%) and lack of openings (28%) as primary barriers to child care. If it were free or low-cost, 82% of respondents said they would use preschool for their children.
• Key informants said there wasn’t necessarily a shortage of childcare, mainly because many families use informal care (i.e., friends, family, and neighbors), not licensed care, for their children. There would be a shortage, however, if everyone chose to use licensed care.

All Children Are in an Environment Conducive to Their Development

• There are about 138 teachers in the county that have a child development permit, which translates to about nine credentialed teachers per 1,000 children aged 0-12, a rate lower than in neighboring counties.

• Since many choose to put their children in informal care settings, there is a need to assess and improve the quality of this care.

Communities Connect to All Families

• Children in Yuba County are improving in most basic needs areas, but they still suffer from higher poverty (26% among children 0-4) and food-insecurity (31% among children 0-18). Adults in Yuba County have also have a higher unemployment rate (11%) relative to other counties.

• Relatively few public school children (2%) in the county are homeless compared to school children in comparison counties, when homelessness is self-reported by families and defined as living in a shelter or hotel, doubling or tripling up with family and friends, or living without shelter. On the other hand, when defined as living in a homeless shelter, transitional housing, or unsheltered (and based on observational counts), the child homelessness rate in Yuba and Sutter (3.9 per 1,000 children under 18) is higher than in Colusa, Butte, Glenn, and Nevada.

• Key informants said that there needs to be a more comprehensive, centralized method for getting families connected to care.

• As with healthcare, lacking transportation to services is a primary reason families do not get the care they need.

All Families Support Children’s Development

• The substantiated child maltreatment rate (19 per 1,000 children 0-5) has declined somewhat in the last year, but it is still higher in Yuba than in Colusa and Nevada (and is similar to rates in Butte and Glenn). Likewise, key informants said that many parents need parenting support, as they often have their own mental health and special needs issues. In fact, about three quarters of the community survey respondents wanted parent education on parent-child interaction. On the other hand, the substantiated maltreatment recurrence rate is low in the county (3%) and has improved in the last year.

• There are a lack of literacy and parenting services in the foothills.

• Parents need help with supporting literacy in their children; many have limited literacy or English abilities themselves.

Taken together, the data and information gathered for this report suggest four primary service needs that First 5 might prioritize in coming years:

• Family education and outreach about available resources. Many key informants indicated that the primary problem in the county is not lack of services, but knowledge about services. First 5 could help inform families about services through:
  ▶ Advertising (e.g., direct mailers, radio or newspaper ads, billboards)
  ▶ A comprehensive resource guide that is distributed widely in the community
  ▶ Direct outreach to families that come into contact with their programs
  ▶ A centralized information and referral system, such as Help Me Grow, which promotes early intervention for young children
• **Access to health, dental, and mental health services.** In addition to lack of knowledge about services, transportation is a barrier to connecting families with care, particularly in the foothills. As a result, key informants recommended First 5 help with providing:
  
  - Transportation to appointments
  - Mobile services, such as the dental van and a mobile health clinic
  - Home visiting services, including the work of the Yuba County Office of Education behavioral specialist and the implementation of an evidence-based model of home visiting

• **Reading among families.** Given the low literacy levels among parents in the county and the lack of books in families’ homes, key informants said it was essential that providers in the community help support reading among young children. First 5 might do this by:

  - Supporting library literacy programs
  - Supporting the development of a mobile bookmobile for families who can’t easily visit the library
  - Partnering with child welfare services to create a story time session during CWS visitation hour
  - Providing books to entering kindergartners

• **Quality early learning experiences.** Very few children in the county attend licensed child care or preschool. In order to improve the quality of early learning experiences for young children, First 5 might:

  - Help train friends, family, and neighbors who care for children who are not enrolled in licensed care settings, so that children in these settings are also exposed to quality learning experiences
  - Support other types of school readiness activities, such as school readiness camps, for children not exposed to licensed child care or preschool
  - Support the implementation of quality rating assessments and quality improvement activities of child care settings

In addition to the above direct service activities, key informants suggested that First 5 might further address community needs at the systems level, by **partnering with other agencies to align programs and pursue funding opportunities.** Given their limited resources, it is critical that First 5 strategically target their investments, such that they go where most needed and do not duplicate existing services. The information provided here is intended to help the commission achieve this critical objective.
All Children are Born Healthy

<table>
<thead>
<tr>
<th>Result</th>
<th>Current First 5 strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to prenatal care</td>
<td>Home visitation for newborns</td>
</tr>
</tbody>
</table>

Community Indicators

The percentage of babies born pre-term and low birthweight in Yuba is increasing, and is higher than most comparison counties. Although the percentage of mothers accessing prenatal care within the first trimester has remained steady in the last several years, it is also lower than in comparison counties.

About 52% of community survey respondents said they would use free or low-cost breastfeeding support and education, and 24% needed or knew someone who needed education to reduce teen pregnancy.

Percentage of Babies Born Low Birth Weight in Yuba

Source: CDC Wonder.

Percentage of Babies Born Low Birth Weight, 2013

Source: CDC Wonder.
Percentage of Babies Born Preterm in Yuba

<table>
<thead>
<tr>
<th>Year</th>
<th>Yuba</th>
<th>Colusa</th>
<th>Butte</th>
<th>Glenn</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>8.9%</td>
<td>7.4%</td>
<td>7.3%</td>
<td>7.5%</td>
<td>65.7%</td>
</tr>
<tr>
<td>2011</td>
<td>8.4%</td>
<td>7.7%</td>
<td>7.3%</td>
<td>7.5%</td>
<td>71.8%</td>
</tr>
<tr>
<td>2012</td>
<td>7.3%</td>
<td>7.3%</td>
<td>7.5%</td>
<td>7.5%</td>
<td>71.7%</td>
</tr>
<tr>
<td>2013</td>
<td>8.9%</td>
<td>7.7%</td>
<td>7.5%</td>
<td>7.5%</td>
<td>70.4%</td>
</tr>
</tbody>
</table>

Healthy People 2020 Goal: 11% Met

Percentage of Babies Born Preterm, 2013

Healthy People 2020 Goal: 11%

Percentage Receiving Timely Prenatal Care in Yuba

Healthy People 2020 Goal: 78%

Source: CDC Wonder.
Efforts in the Community

The public health department provides home visiting for approximately 100 families, many of whom are pregnant women or have children under three. They also send a public health nurse to Women, Infants, and Children (WIC) centers weekly to consult with and provide services to families. In addition, all Yuba County women giving birth are provided a new parent’s kit either at the hospital or in the mail. To encourage breastfeeding, the county health department currently has three lactation counselors. There is also a tri-county breastfeeding alliance serving Yuba, Colusa, and Sutter, which plans in the coming year to support women with information, resources, and support groups, and to train providers regarding new breastfeeding recommendations. The alliance hopes to build a peer support group like La Leche League in Yuba County.
Gaps in Services

- **Barriers to accessing early prenatal care remain.** There is only one prenatal clinic in the county and there are not enough obstetrics providers (none of the OBs serving Yuba are based in the county). There is also no birthing hospital in the county, though eventually a birthing unit will be established at Rideout Regional Medical Center in Marysville.

- **There are challenges in accessing healthcare in the foothills.** There are no prenatal providers in the foothills and transportation to and from this region is a challenge.

What Can First 5 Do?

Key informants suggested that First 5 support the implementation of evidence-based home visiting for prenatal women and a nurse midwife to provide prenatal care in the home. They also suggested that First 5 might facilitate the development of a breast-feeding support group, possibly identifying breast-feeding mothers to lead a La Leche League peer support group.
All Children Are Healthy and Maintain Optimal Health

<table>
<thead>
<tr>
<th>Result</th>
<th>Current First 5 strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to health/dental/vision services</td>
<td>Provide support for transportation to medical and dental appointments</td>
</tr>
<tr>
<td>Prevent obesity through improved nutrition and physical activities</td>
<td>Recreational scholarships for children</td>
</tr>
<tr>
<td></td>
<td>Construction and renovation of local parks</td>
</tr>
<tr>
<td>Decrease dental disease</td>
<td>Full service dental van for low income children</td>
</tr>
<tr>
<td>Increase the use of early intervention</td>
<td>Comprehensive developmental screenings and assessments</td>
</tr>
<tr>
<td></td>
<td>Targeted intensive intervention services (i.e. early intervention, family support, parent education, and intervention for children with special needs or at risk for special needs)</td>
</tr>
<tr>
<td></td>
<td>Grief counseling for children</td>
</tr>
<tr>
<td>Decrease childhood injuries and death</td>
<td>Safety education and injury prevention support for families (e.g., car seat safety workshops)</td>
</tr>
</tbody>
</table>

Community Indicators

**Access to health/dental/vision services**

The vast majority of young children in Yuba County have health insurance, but the rate in Yuba is still lower than in most comparison counties.

**Prevent obesity through improved nutrition and physical activities**

Reliable nutrition and physical activity data for young children are currently unavailable, but see “Communities Connect to All Families” section for food security, WIC, and food stamp enrollment data.

**Decrease dental disease**

Reliable oral health data for young children are currently unavailable.

**Increase the use of early intervention**

The percentage of children entering kindergarten with special needs has been increasing and is higher than in comparison counties.

**Decrease childhood injuries and death**

Childhood injury and death rates in Yuba have fluctuated over the last several years; in the most recent year, the injury rate increased while the death rate decreased. The injury rate in Yuba County is higher than in most comparison counties, and while the death rate in Yuba is lower than in the Glenn and Nevada, it is higher than in Butte and Colusa.
All results

Twenty-nine percent of survey respondents faced barriers to taking their child to the doctor and 26% faced barriers to taking their child to the dentist. Among these respondents, the most common barriers were lack of transportation (49% cited this as a barrier to visiting the doctor and 35% cited this as a barrier to visiting the dentist) and lack of health care (35% cited this as a barrier to visiting the doctor and 38% cited this as a barrier to visiting the dentist).

Over 8 in 10 survey respondents said they were interested in free or low-cost dental screenings for children 0-5, hearing/vision/speech screenings for young children, community farm stands with fresh produce, and a park for young children with play equipment. Fewer respondents (but still a majority) said they would be interested in counseling for children 0-5 or the family; parent education on child safety; parent education on oral health/dental needs; parent education on healthy eating; parent education on physical activity for children; help signing up for free/low-cost health care; and a physical activity program for children 0-5. Finally, about 29% needed or knew someone who needed alcohol or drug treatment for pregnant women, parents, or caregivers.

### Percentage of Children Aged 0-5 with Health Insurance in Yuba

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2010</td>
<td>95.8%</td>
</tr>
<tr>
<td>2009-2011</td>
<td>93.4%</td>
</tr>
<tr>
<td>2010-2012</td>
<td>91.2%</td>
</tr>
<tr>
<td>2011-2013</td>
<td>92.8%</td>
</tr>
</tbody>
</table>

Healthy People 2020 Goal: 100%

Not Met

Source: U.S. Census, American Community Survey.

### Percentage of Children Aged 0-5 with Health Insurance (5-year estimate)

<table>
<thead>
<tr>
<th>Year</th>
<th>Yuba</th>
<th>Colusa</th>
<th>Butte</th>
<th>Glenn</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2014</td>
<td>91.5%</td>
<td>96.0%</td>
<td>93.4%</td>
<td>90.8%</td>
<td>95.2%</td>
</tr>
</tbody>
</table>

Source: U.S. Census, American Community Survey.
Percentage of Children Entering Kindergarten with Special Needs in Yuba

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>7.3%</td>
</tr>
<tr>
<td>2011-12</td>
<td>8.0%</td>
</tr>
<tr>
<td>2012-13</td>
<td>6.6%</td>
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<tr>
<td>2013-14</td>
<td>7.1%</td>
</tr>
<tr>
<td>2014-15</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

Source: CA Department of Education.

Percentage of Children Entering Kindergarten with Special Needs, 2014-2015

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yuba</td>
<td>9.4%</td>
<td>8.4%</td>
<td>8.8%</td>
<td>4.8%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Colusa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Butte</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Glenn</td>
<td></td>
<td></td>
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<tr>
<td>Nevada</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: CA Department of Education.

Number of Children 0-3 Enrolled in Regional Center

<table>
<thead>
<tr>
<th>Year</th>
<th>Alta CA (incl. Yuba, Colusa, &amp; Nevada)</th>
<th>Far Northern (incl. Butte &amp; Glenn)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1681</td>
<td>607</td>
</tr>
<tr>
<td>2012</td>
<td>1722</td>
<td>581</td>
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<tr>
<td>2013</td>
<td>1791</td>
<td>508</td>
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<tr>
<td>2014</td>
<td>1760</td>
<td>556</td>
</tr>
<tr>
<td>2015</td>
<td>2024</td>
<td>644</td>
</tr>
</tbody>
</table>

Sources: CA Department of Developmental Services, CA Department of Finance Child Population Projections.
Hospitalizations for Injuries per 100,000 Children Aged 0-4 in Yuba

Healthy People 2020 Goal: 555.8 per 100K Met

Source: CA Department of Public Health.

Hospitalizations for Injuries per 100,000 Children Aged 0-4, 2013

Deaths per 100,000 Children Aged 1-4 in Yuba

Healthy People 2020 Goal: 26.5 per 100K Not Met

Source: CA Department of Public Health.
Deaths per 100,000 Children Aged 1-4, 2013

<table>
<thead>
<tr>
<th>County</th>
<th>Yuba</th>
<th>Colusa</th>
<th>Butte</th>
<th>Glenn</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yuba</td>
<td>40.5</td>
<td></td>
<td>20.7</td>
<td>62.1</td>
<td></td>
</tr>
<tr>
<td>Colusa</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Butte</td>
<td></td>
<td>20.7</td>
<td>62.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glenn</td>
<td></td>
<td></td>
<td></td>
<td>62.1</td>
<td></td>
</tr>
<tr>
<td>Nevada</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40.5</td>
</tr>
</tbody>
</table>

Source: CA Department of Public Health.

Percentage of community survey respondents who experienced the following barriers to care

- **Transportation**: 35% (Doctor), 49% (Dentist)
- **No or not enough health care**: 35% (Doctor), 38% (Dentist)
- **No childcare for other children**: 7% (Doctor), 20% (Dentist)
- **Not able to get time off work**: 6% (Doctor), 18% (Dentist)
- **Language/cultural barrier**: 7% (Doctor), 11% (Dentist)
- **Cost of care**: 9% (Doctor), 17% (Dentist)
- **Other barrier**: 6% (Doctor), 9% (Dentist)
Efforts in the Community

Access to health/dental/vision services

The Health and Human Services (HHS) Department administers Medi-Cal and Covered California (subsidized insurance through the Affordable Care Act), including a call center to assist families with applying for subsidized insurance. Public health nurses who visit families in the home also help with filling out insurance applications. Public health nurses and social workers in CalWORKs and child welfare services (CWS) also ensure their young clients get the immunizations they need for school. Case management is also provided to children enrolled in Child Health and Disability Prevention (CHDP, for low-income children) and California Children's Services (CCS, for children with certain diseases or health problems) to connect them to health care they need. Finally, the public health department has a hot line families can call to connect to services in the community.
Prevent obesity through improved nutrition and physical activities

One key informant mentioned that the Board of Supervisors has included nutrition and physical activity as part of their strategic plan. To help improve nutrition, HHS promotes My Plate, federal nutrition guidelines, in their offices. The public health department also offers Choices Create Chances, a CDC diabetes prevention program based in doctors’ offices. A public health nurse attends physicians’ offices to help implement this program and, when indicated, the physician can refer pediatric patients to the program.

Decrease dental disease

The county has a dental van, which provides full service dental care to families across the county. The health department is also starting an oral health program, which will provide fluoride varnish to young children. The varnish will be given during home visits or at preschools in coordination with the dental van. In addition to providing the varnish, public health nurses will give a presentation to the children on proper dental care, and follow-up with families if they find cavities.

Increase the use of early intervention

Efforts to increase developmental screenings of children 0-5 is underway. The health department is working to launch Help Me Grow in the county, to provide children in with screenings, referrals, and care coordination. In addition, the implementation of a child care quality improvement program called Quality Rating and Improvement System (QRIS) may encourage some child care providers to offer developmental screenings in their classrooms, as this can give the provider a higher quality rating.

When a child has an identified special need, there are support services available at the Alta California Regional Center and at special needs preschools, including physical therapy, occupational therapy, and speech therapy. There is also infant development program for children ages birth to three with special needs run by the Sutter County Office of Education, and the local community based organization Family Soup provides counseling, support groups, advice, transportation assistance, and other services to families of children with special needs.

In many cases where there is a developmental or behavioral concern, families, CWS, family resource centers, and pediatricians seek the help of the county’s behavioral specialist. Employed by the Yuba County Office of Education, this specialist visits families’ homes, supports the family in addressing the child’s behavior, provides parent education, meets with the child’s teachers if the child is in school, and refers the child to other specialists when needed. Key informants felt that her services often prevent the need for more intensive services down the road.

Children with mental health needs are referred to Yuba Sutter Mental Health for assessment and diagnosis. If they have a qualifying need, they can receive infant mental health services there such as therapy and family support.

Decrease childhood injuries and death

At home visits, public health nurses help families prevent injuries by baby proofing their homes. The public health department also offers safety workshops, including a bike helmet distribution and fitting program.

Gaps in Services

- **Lack of transportation to services.** A significant challenge expressed by all key informants was physically accessing services, particularly in rural areas. Many families need transportation to services both in and out of the county.
- **Lack of mental health specialists in the county.** Due to the lack of mental health care in the community, the wait for mental health services can be up to six weeks. One problem cited was the low reimbursement rates for subsidized insurance, namely manage care Medi-Cal. And yet, the need for
mental health services for children and parents is great. Mental illness and drug use (including among pregnant women) were cited as major concerns in the county.

- **Lack of universal screening and referral**, to provide early intervention services to young children.
- **Poor nutrition and physical activity**, which lead to high rates of childhood obesity and diabetes. There are few safe spaces for recreation and walking (e.g., the county lacks sidewalks in many neighborhoods). In addition, key informants mentioned that some families who are eligible for food stamps are not enrolled.
- **Lack of parental involvement in getting early intervention services**. Parents of children with special needs often delay getting care; this may be due to a lack of English proficiency, drug use, mental illness, or the parents’ own special needs.

**What Can First 5 Do?**

*Access to health/dental/vision services*

Several respondents stated that it was important for First 5 to continue to help families get to the health services they need or bring these services to the family. That is, First 5 could help with **providing transportation** to medical or dental appointments, continue to **support the dental van**, and consider supporting other **mobile health clinics**. One informant indicated that the dental van is in very high demand.

Similarly, nearly all key informants recommend First 5 **support home visiting** to help overcome transportation barriers to care. Key informants from public health, for example, desired help with implementing evidence-based models of home visiting, such as Nurse Family Partnership or Healthy Families America. Nearly all respondents also mentioned the value of the work done by the county’s **behavioral specialist** and that First 5 should continue to support her services. As the specialist’s services were in high demand, several key informants suggested there was a need for more specialists like her. Given how much time it takes to provide wraparound care for families in the home, the number of children the specialist can see is limited, so there are likely many unserved children who could benefit from similar services.

*Prevent obesity through improved nutrition and physical activities*

To improve nutrition and physical activity, key informants suggested First 5 help **connect families to food stamps**, help the HHS department **deliver grocery bags of food** to needy families, and **fund safe recreational opportunities**.

*Decrease dental disease*

To decrease dental disease, key informants recommended First 5 continue to **support the dental van and advertise its services** more widely.

*Increase the use of early intervention*

Again, key informants suggested First 5 continue to **support the work of the county’s behavioral specialist**. First 5 might also **support the implementation of a universal screening and referral system**, such as Help Me Grow. One informant also suggested they help with implementing the Ages and Stages Questionnaire (an evidence-based **developmental screening tool** online) in the county, which could help with expanding screenings and streamlining data collection and management.

*Decrease childhood injuries and death*

To improve child safety, First 5 might continue to **offer car seats** and car seat installation workshops to residents. They might also offer other safety workshops, such as baby proofing classes.
All Children Enter Kindergarten Ready to Learn

<table>
<thead>
<tr>
<th>Result</th>
<th>Current First 5 Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase children’s, families’, and schools’ early learning opportunities</td>
<td>Early education programs for children (other than preschool)</td>
</tr>
<tr>
<td></td>
<td>Preschool for 3- and 4-year olds</td>
</tr>
<tr>
<td></td>
<td>Kindergarten transition services</td>
</tr>
</tbody>
</table>

Community Indicators

About half of children under 6 whose parents work (or whose single parent works) do not have a licensed child care slot. This proportion is slightly better than it was in 2012, but worse than it was in 2010. It is similar to the proportions in most neighboring counties, but much lower than in Colusa. According to the US Census, just 40% of children 3-4 years old in Yuba are enrolled in preschool, lower than in comparison counties. In contrast, most children who qualify for subsidized care (i.e., their parents earn up to 70% of the state median income) and have working parents were enrolled in subsidized care.

About 36% of community survey respondents stated they faced barriers to accessing child care. Among community members who faced barriers to care, the most commonly cited challenge was the cost of care (44%), followed by a lack of openings (28%). If it were free or low-cost, 82% of respondents said they would use preschool, and 76% said they would use a parent orientation for kindergarten. In addition, over one-third stated that they or someone they knew needed quality child care for children with special needs.

Percentage of Children Aged 0-5 with Working Parents for Whom Licensed Care is Available in Yuba

Sources: Resource and Referral Network Child Care Portfolios; U.S. Census, American Community Survey.
Percentage of Aged Children 0-5 with Working Parents for Whom Licensed Care is Available, 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Yuba</th>
<th>Colusa</th>
<th>Butte</th>
<th>Glenn</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>51%</td>
<td>88%</td>
<td>54%</td>
<td>47%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Sources: Resource and Referral Network Child Care Portfolios; U.S. Census, American Community Survey.

Percentage of Children Aged 3-4 Enrolled in Preschool (5-year estimate)

<table>
<thead>
<tr>
<th>Region</th>
<th>Yuba</th>
<th>Colusa*</th>
<th>Butte</th>
<th>Glenn*</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2014</td>
<td>40%</td>
<td>44%</td>
<td>N/A</td>
<td>N/A</td>
<td>54%</td>
</tr>
</tbody>
</table>

Source: U.S. Census, American Community Survey. *Sample too small for stable estimates

Estimated Percentage of Qualifying Children Under 6 Who Need Care That Were Served in Subsidized Care in Yuba, 2014

<table>
<thead>
<tr>
<th>Served</th>
<th>Not Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Source: Yuba County Local Planning Council.

1,471 Children 3-4 not enrolled in preschool

2,004 Children under 6 qualify for a child care subsidy and need care, but were not served
Source: Yuba County Local Planning Council. *Does not include CalWORKS stage 1, which cannot be broken down by age (190 children 0-12 served).

**Percentage of community survey respondents who had the following issues in finding child care or preschool**

- Cost of care: 44%
- No openings for my child: 28%
- Transportation: 24%
- No care in needed location (close enough): 19%
- No program at which I felt comfortable leaving child: 17%
- Other barrier: 3%

**Percentage of community survey respondents who would use free/low cost...**

- Preschool to help prepare young children for kindergarten: 82%
- Parent orientation for kindergarten, introducing the classrooms and teachers: 76%
Efforts in the Community

The county’s resource and referral network (Children’s Home Society) helps connect families to child care that fits their needs. It is co-located with HHS, and social workers in HHS help ensure families on CalWorks and involved in CWS obtain child care slots. They also encourage families to use quality licensed care. More recently, CWS has also been partnering with the E Center, a nonprofit that administers Head Start and WIC, to get their families into quality subsidized child care.

The Local Child Care Planning Council also offers support to create early learning opportunities in the community. It offers resources and assistance to people who want to become providers or who want to expand their services, including technical assistance for funding applications so that providers can expand. It recently helped Yuba and Sutter County apply for and receive the Early Head Start-Community Care grant, which will create new EHS slots in child care centers and family child care homes. Finally, it surveys the child care needs of the county, identifies child care priorities, and advocates for early learning opportunities for Yuba children.

Gaps in Services

- **Lack of affordable licensed infant toddler care.** Key informants said there is not a shortage of child care, because many families choose to have their children cared for in informal settings for a variety of reasons (including convenience, availability of after-hours and full-day care, cost, and the fact that it provides income to friends and family). They indicated, however, that there would be a shortage if everyone who needed care chose to place their children in licensed care.

- **Lack of care that is full-day and after hours.** They also suggested there is a need for more full-day and after-hours care that would cover the needs of working parents.

- **Lack of family involvement in care.** Subsidized settings engage parents, but many other settings do not.

- **Lack of public-private partnerships in child care.** For example, the business community could do more to support child care opportunities in the community.

What Can First 5 Do?

First 5 could first help with **disseminating information and resources** to help connect families to quality child care. In addition to promoting existing services, First 5 could **support the quality rating assessments** of child care providers, connect providers (including friend, family, and neighbor providers) to resources and trainings, and pursue funding for quality child care. First 5 could also **support other types of school readiness activities** for children not exposed to licensed child care or preschool, such as school readiness camps. Key informants also suggested they **partner with other local agencies**, such as the Local Child Care Planning Council, in order to present a unified message to the community about the importance of quality care.
All Children Are in an Environment Conducive to Their Development

<table>
<thead>
<tr>
<th>Result</th>
<th>Current First 5 Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase availability of quality early care and education</td>
<td>Professional development of early childhood education providers in order to achieve quality improvement standards</td>
</tr>
</tbody>
</table>

Community Indicators

The number of child development permits issued in the county each year has been between 23 and 33 over the last five years. These permits are valid for five years. There are currently 138 active permits in the county, or 8.7 per 1000 children aged 0-12. This rate is lower than in all comparison counties.

Number of Child Development Permits Issued

Source: CA Commission on Teacher Credentialing.

Number of Active Child Development Permits per 1000 Children Aged 0-12, 2013-2014

Source: CA Commission on Teacher Credentialing.
Efforts in the Community

The Local Child Care Planning Council administers incentives for child care providers to attend training and early childhood education classes and obtain certification. For example, the CARES Plus and AB 212 programs offer stipends for education and professional development to family child care and center-based providers working in Yuba County. In addition, the Local Child Care Planning Council convenes providers, early childhood education students, and other stakeholders twice a year for conferences to share resources and ideas. It also identifies local child care priorities and advocates for the early educational needs of children in the county.

Additionally, Yuba is in the process of implementing QRIS and Impact, state and local efforts that aim to improve the quality of child care providers, measure the quality of child care settings, and engage families in the child’s care. For example, these efforts may include encouraging more providers to implement a developmental screening tool in their classrooms (which will be required to earn the highest quality rating), and improve the skills and knowledge of informal providers (i.e., friends, family, and neighbors).

Gaps in Services

- **Incentives to improve quality are low.** Training and higher education degrees typically do not translate into higher pay for child care providers. Consequently, many providers do not see the financial benefit of pursuing more education. In addition, key informants stated that coursework is not always offered at convenient times for students.

What Can First 5 Do?

Since many families choose a friend or family member to care for their children, key informants said it is important to improve the quality of this care. First 5 could **help with provider support and training**, including improving incentives for training. It could also **educate the community about child care quality** and how it contributes to healthy development. It further could partner with the Local Child Care Planning Council to **support quality rating assessments of child care providers**, **help connect providers to resources and trainings**, and **pursue funding for child care quality improvement**.
Communities Connect To All Families

<table>
<thead>
<tr>
<th>Result</th>
<th>Current First 5 Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase family connections to community resources</td>
<td>Community resource and referral services</td>
</tr>
<tr>
<td></td>
<td>Neighborhood-based Family Resource Centers that connect families to basic needs and other services and supports</td>
</tr>
</tbody>
</table>

**Community Indicators**

The proportion of children under 5 in poverty in Yuba County has been declining in recent years, but it is higher than in all comparison counties. The rate of food insecurity and enrollment in food stamps follows a similar pattern; that is, the rates are declining but remain higher than in comparison counties. Likewise, the number of people enrolled in the Women, Infants, and Children (WIC) program and the percentage of children enrolled in CalWORKs have been on the decline, but higher proportions of the population are enrolled in these programs compared to neighboring counties. The percentage of public school children who are homeless, as reported by their families and defined as being unsheltered or living in a shelter, motel, or doubling and tripling up with family or friends, is lower than in comparison counties, but observational counts of homelessness in shelters, transitional housing, and on the street indicate the child homelessness rate is actually higher in Yuba and Sutter Counties compared to other neighboring counties. The proportion of households living in unaffordable housing (i.e., those spending more than 30% of their income on housing) is similar to proportions in Butte and Nevada, but higher than the proportions in Colusa and Glenn. Finally, the county’s unemployment rate is declining; it is similar to the rate in Glenn and higher than the rates in Butte and Nevada, but lower than the rate in Colusa.

**Percentage of Children under 5 in Poverty in Yuba**

![Percentage of Children under 5 in Poverty in Yuba](image)

Source: U.S. Census, American Community Survey.
**Percentage of Children under 5 in Poverty (5-year estimate)**

[Bar chart showing percentages for Yuba, Colusa, Butte, Glenn, and Nevada from 2010-2014.]

Source: U.S. Census, American Community Survey.

**Percentage of Children in Food-Insecure Households in Yuba**

[Line chart showing percentages from 2010 to 2013.]

Source: Feeding America.

**Percentage of Children in Food-Insecure Households, 2013**

[Bar chart showing percentages for Yuba, Colusa, Butte, Glenn, and Nevada for 2013.]

Source: Feeding America.
Percentage of Households Enrolled in CalFresh in Yuba

Source: CA Department of Public Health.

Percentage of Households Enrolled in CalFresh, 2013

Source: CA Department of Public Health.

Number of Women and Children Enrolled in WIC in Yuba

Source: CA Department of Public Health.
Number of Women and Children Enrolled in WIC, 2014

Source: CA Department of Public Health.

Percentage of Children Enrolled in CalWORKs in Yuba

Source: CA Department of Social Services.

Percentage of Children Enrolled in CalWORKs, 2015

Source: CA Department of Social Services.
Students are designated by the Department of Education as homeless if their primary nighttime residence is: a shelter, hotel or motel; shared housing with others due to loss of housing, economic hardship, or similar reason; or no shelter.

Source: CA Department of Education Homeless Education Program.

Children are designated by the Department of Housing and Urban Development as homeless if their primary nighttime residence is: an emergency shelter, transitional housing, or no shelter.

Source: CA Department of Education Homeless Education Program.

Percentage of Public School Children (K-12) Who Are Homeless*, 2014

Yuba: 2.2%, 2.6%, 1.9%, 2.2%
Colusa: 4.3%, 3.3%, 2.7%
Butte: 9.6%
Glenn: 2.2%
Nevada: 4.3%

Rate of Homelessness** per 1,000 Children Under 18 in Yuba and Sutter Counties

Yuba: 4.3, 6.4, 3.9
Colusa: 2.2
Butte: 4.3
Glenn: 3.3
Nevada: 2.7

**Children are designated by the Department of Housing and Urban Development as homeless if their primary nighttime residence is: an emergency shelter, transitional housing, or no shelter.
Rate of Homelessness** per 1,000 Children under 18, 2015

Yuba & Sutter: 3.9
Colusa & Glenn: 2.3
Butte: 1.3
Nevada: 1.1


Percentage of Households Spending 30% or More of Income on Housing (5-year estimate)

Yuba: 42%
Colusa: 35%
Butte: 42%
Glenn: 37%
Nevada: 45%

2010-2014

Source: U.S. Census, American Community Survey.

Unemployment Rate in Yuba

2010: 17.8%
2011: 17.0%
2012: 15.4%
2013: 13.1%
2014: 11.2%

Source: CA Employment Development Department.
Efforts in the Community

Many public and private agencies in the county help connect families to resources they need, including United Way, public health, child welfare, CalWORKs, and the local Family Resource Centers. For example, the public health department runs a hot line that connects families who call to resources in the community. All respondents indicated they have a catalogue of resources and provide information and referrals to their clients, as well as to walk-ins and call-ins.

In addition, Family Resource Centers (FRCs) in the county provide supportive services to parents, connecting them to resources, including classes, counseling, and basic needs. These FRCs, which include GraceSource and Harmony Health, offer services at their centers, including community workshops, classes and activities, emergency basic needs, and resource education, as well as home-based services, including parent education, school readiness and child development support, connection to basic needs, and literacy education. Yuba County Office of Education also has an FRC that provides support to children at risk of developmental disabilities or who have established disabilities. While not an FRC, the Salvation Army Depot similarly links families in crisis to needed services.

Two informants also mentioned annual resource fairs that help raise awareness of and connection to community resources in the county: a fair sponsored by the United Way and a child-focused fair sponsored by the Local Child Care Planning Council.

Gaps in Services

- **County needs a centralized information and referral system.** Many providers offer referrals to families, but not in a coordinated manner.
- **Transportation to services is a challenge.** Many families lack access to services and resources due to transportation barriers.
- **Lack of information and services in the foothills.** Informants said families in the foothills have limited options; they need better access to basic needs, parenting, reading, and other community resources. Getting information to these families is also difficult.
- **Lack of affordable housing.** One of the biggest service gaps mentioned was the lack of affordable housing in the community and lack of funding for affordable housing. Consequently, the homeless population is relatively large and reaching this population is challenging.
- **Lack of outreach about available services.** Many families are simply unaware of the services that are available in the community.
What Can First 5 Do?

Many key informants suggested First 5 reach out to families to let them know about the services available in the community. For example, First 5 might use marketing campaigns, including PSA’s on the radio, direct mailers, email, social media, or other venues, to inform the community about the services available. Another key informant recommended helping craft a user-friendly resource booklet to share with families. In addition, the Local Child Care Planning Council and United Way recommended First 5 have a presence at their local resource fairs. Several also suggested build closer ties with community partners and having a presence on committees like the Child Care Planning Council.

A related theme that emerged from interviews was First 5’s potential supporting role in the creating a comprehensive, centralized information and referral system in the county. While one respondent indicated that 211, a phone and online referral resource, may be implemented in the coming year, and the Public Health Department has a hot line to help refer families to needed services, many still felt there was currently a need for a centralized system that would connect families and providers to education, health, and family support services. Several respondents suggested First 5 support the development of Help Me Grow, a national model of screening, referral, and care coordination for young children. This model includes follow-ups to help families navigate support systems and ensure they are connected to the services they need.

Finally some key informants suggested First 5 partner with local agencies to better align programs and pursue funding opportunities. They also recommended partnering in advocacy for young children and families at both the local and state levels.
### All Families Support Children’s Development

<table>
<thead>
<tr>
<th>Result</th>
<th>Current First 5 strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase use of effective parenting</td>
<td>Distribution of new parent kit</td>
</tr>
<tr>
<td></td>
<td>General parent education programs</td>
</tr>
<tr>
<td></td>
<td>Targeted intensive family support services (e.g., home visitation, counseling, family therapy, parent-child interaction approaches, and long-term classes or groups)</td>
</tr>
<tr>
<td>Increase the amount of reading that parents do with their children</td>
<td>Family literacy programs (e.g., Raising a Reader)</td>
</tr>
</tbody>
</table>

### Community Indicators

About 26% of child maltreatment allegations in Yuba County are substantiated, a proportion similar to that in Colusa, but higher than in Butte, Glenn, and Nevada. The substantiated maltreatment rate among young children in the county has fluctuated in recent years and is similar to the rates in Butte and Glenn, but much higher than the rates in Colusa and Nevada. By six months after the first substantiated maltreatment allegation, just 3% of children in Yuba experienced a recurrence of maltreatment. This rate of maltreatment recurrence is similar to the rate in Glenn, slightly lower than the rates in Butte, and slightly higher than in Colusa and Nevada.

Three-quarters of community survey respondents said they would use free or low-cost parent education on parenting/child interaction and 67% wanted opportunities for parents to meet other parents. About two-thirds said they would use free or low-cost literacy workshops for parents/caregivers and 57% said they would use ESL classes for parents/caregivers.

About one-third of respondents said that they or someone they knew needed domestic violence counseling and support, while 26% said they or someone they knew needed services and support to prevent children from entering the foster care system.

### Child Maltreatment Allegations Aged 0-5, by Disposition, 2014

<table>
<thead>
<tr>
<th></th>
<th>Substantiated</th>
<th>Inconclusive</th>
<th>Evaluated Out</th>
<th>Unfounded</th>
<th>Not Determined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yuba</td>
<td>26%</td>
<td>10%</td>
<td>12%</td>
<td>39%</td>
<td>13%</td>
</tr>
<tr>
<td>Colusa</td>
<td>26%</td>
<td>13%</td>
<td>23%</td>
<td>37%</td>
<td>1%</td>
</tr>
<tr>
<td>Butte</td>
<td>21%</td>
<td>16%</td>
<td>19%</td>
<td>36%</td>
<td>8%</td>
</tr>
<tr>
<td>Glenn</td>
<td>16%</td>
<td>28%</td>
<td>31%</td>
<td>25%</td>
<td>0%</td>
</tr>
<tr>
<td>Nevada</td>
<td>10%</td>
<td>29%</td>
<td>22%</td>
<td>36%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: California Child Welfare Indicators Project.
**Substantiated Maltreatment Rate per 1000 Children Aged 0-5 in Yuba**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>20.9</td>
</tr>
<tr>
<td>2011</td>
<td>22.7</td>
</tr>
<tr>
<td>2012</td>
<td>17.4</td>
</tr>
<tr>
<td>2013</td>
<td>19.9</td>
</tr>
<tr>
<td>2014</td>
<td>18.7</td>
</tr>
</tbody>
</table>

Healthy People 2020 Goal: 8.5%
Not Met

Source: California Child Welfare Indicators Project.

**Substantiated Maltreatment Rate per 1000 Children Aged 0-5, 2014**

- **Yuba**: 18.7
- **Colusa**: 8.0
- **Butte**: 18.9
- **Glenn**: 18.3
- **Nevada**: 7.5

Source: California Child Welfare Indicators Project.

**Percentage of Children Aged 0-5 without Recurrence of Substantiated Maltreatment in Yuba**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>94.9%</td>
</tr>
<tr>
<td>2011</td>
<td>96.1%</td>
</tr>
<tr>
<td>2012</td>
<td>88.3%</td>
</tr>
<tr>
<td>2013</td>
<td>88.4%</td>
</tr>
<tr>
<td>2014</td>
<td>96.8%</td>
</tr>
</tbody>
</table>

Source: California Child Welfare Indicators Project.
Efforts in the Community

The Yuba County Office of Education offer free parent education classes for the community. These classes are held at the offices of Marysville Joint Unified School District and County Office of Education, and are specific to the age of the child, including one class focused on parenting children 0-5. Family Resource Centers also provides parenting workshops and classes. Finally, parenting support and education is provided during home visits for families served by the FRCs, public health nurses, and human services social workers. Yuba County also has a Differential Response system that supports families who come into contact with the child welfare system and have demonstrated needs.
but do not have a substantiated abuse or neglect case. Differential Response social workers visit the homes of these families, make referrals to other community agencies and provide parenting support as needed.

The primary resource for literacy improvement in the county is the public library, which conducts free story times for young children and families.

**Gaps in Services**

- **Lack of services in the foothills.** Informants said families have limited options in the foothills and need better access to parenting and reading resources.
- **Literacy levels are low.** Families do not have books at home nor do many parents read to their children (often due to their own literacy or English abilities).
- **Libraries need more support.** One informant said the libraries provide essential literacy support services, but are struggling financially.

**What Can First 5 Do?**

Several key informants suggested First 5 reach out to families to let them know about free parenting classes offered by the County Office of Education. Likewise, others suggested First 5 outreach more to families about the library’s literacy programs. In addition, the child welfare services department indicated First 5 could partner with them to help offer story times in their visitation center, perhaps providing books that create learning opportunities for children and parents. Some informants also mentioned the importance of continuing to provide readiness backpacks with books for children entering kindergarten. Another informant suggested supporting the creation of a bookmobile to reach families that can’t make it to the library.
Conclusion

This report reveals that the needs in Yuba County are great. Many families with young children are in poverty and facing challenges ranging from low literacy levels to mental illness and drug abuse. Nevertheless, community leaders described many services available to support these families, including home visiting, parent education, and Family Resource Centers that connect families to needed services. Yet they also cited service gaps and ways in which First 5 might best fill these gaps.

Key informants offered many different suggestions for investments First 5 could make, but when asked to describe the most important or strategic ways First 5 could make a difference in the community, their recommendations coalesced around four primary areas. Considering the needs in the community and the existing services available, First 5 might make the best use of their limited resources by:

1) Helping educate families in the community about available services;

2) Supporting access to health services via transportation support, mobile services, and evidence-based home visiting services;

3) Increasing reading among families by supporting the library literacy programs, helping create a bookmobile, developing a story time program for CWS visitation hour, and providing books directly to young children and families; and

4) Improving the quality of early learning experiences by supporting the training of caregivers (including friends, family, and neighbors), funding school readiness activities for children not exposed to licensed care or preschool, and supporting quality rating assessments and improvement efforts of child care settings.

In addition, key informants suggested First 5 partner with other agencies to align programs and pursue funding opportunities. While the needs are great in the county, First 5 can make important contributions to meeting these needs by partnering with local agencies and targeting its limited resources toward the most critical service gaps.