

YUBA AND SUTTER COUNTIES HOME VISITING ENVIRONMENTAL SCAN

2021 REPORT



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Executive Summary

DATA SOURCES

- Between May and August, the Yuba-Sutter Bi-County Home Visiting Collaborative and Applied Survey Research (ASR) collected data from three sources: Parents living in Yuba or Sutter counties and receiving any services from counties providers; Managers or Supervisors of home visiting programs; and staff who provide home visiting services.
- Parent Survey:** We collected data using a survey that was sent to parents by the Home Visiting Collaborative partners. A total of 149 parents responded to the survey, 71 reside in Yuba County (48%) and 78 reside in Sutter County (52%). More than half of the respondents in each county (56%) were between 30 and 39 years old, and the majority had 1 or 2 children. About a half were white, a quarter Hispanic, and the rest from other ethnicities. Over a third of the respondents live in poverty according to federal criteria (<https://aspe.hhs.gov/poverty-guidelines>). Over a third obtained college degree (39%). 
- Partner Survey:** A total of 37 managers or supervisors of programs who participate in the Yuba-Sutter Bi-County Home Visiting Collaborative responded to the survey, including nine who serve Yuba County (24%), 11 serving Sutter County (30%), and 17 (46%) operating in both Yuba and Sutter counties. 
- Provider Interviews:** We conducted nine in-depth interviews with home visiting staff to add insight into the experiences of those who work directly with community members. Four of the interviewees represented Yuba County programs, four represented Sutter County programs, and one interviewee serve members in both counties. 

FAMILIES' NEEDS

- About half of Yuba County parents reported worrying about their child's development (54%) or managing their child's behavior (49%). However, less than half of those with these concerns reported receiving services to address them (46% and 42%, respectively). Yuba participants also worried a family member might get COVID-19 at their job (44%), with only 29% indicating they received support for this concern. Only 8% of parents reported not experiencing any of 12 listed issues
- Sutter County parents were slightly less likely than Yuba parents to worry about managing their child's behavior (38%), their child's development (32%), and reduced wages/income (24%). About half (48%) of those worried about their child's development received support services for this concern. Thirty percent (30%) of those worried about managing their child's behavior and 32% with reduced wages/income received support. Few parents (17%) reported experiencing no issues.

- On the other hand, partners mostly cited need for mental health services and loss of housing as the most pressing issues their parents have encountered within the past 3 months.
- Interviewed providers commonly mentioned that families' needs generally include **support for the parent-child interactions/relationship and support for basic needs**. Among a range of other needs, they also mentioned that caregivers often need **help to navigate the process for accessing support**. The range of needs providers expressed highlight the importance of having a robust network of care to provides support such that families can sustain and thrive.

KNOWLEDGE OF AND INTEREST IN HOME VISITING

- About half of the parent respondents have heard of home visiting programs in their county. Of those who heard about the services, but yet to receive them, **only a minority were very interested in getting services** (12% in Yuba, 12% in Sutter) and many were not interested at all (24% Yuba, 32% Sutter). **Many more were possibly interested but needed more information** (51% Yuba, 42% Sutter).
- **Those who were interested mostly wanted therapy services, parenting support and education and empowerment services**. Others mentioned interest in learning more about available resources and options for childcare or socialization for children.
- **Those who were not interested mentioned that they do not need services at that time** as their family was doing fine, they had a good job, or they had support from their extended family or friends.

HOME VISITING PARTICIPATION

- Among the 82 parents that had previously heard about home visiting (HV) services, about **41% participated in a HV program during the COVID-19 pandemic**, including 51% of Yuba County participants (n=22) and 31% of Sutter County participants (n=12). Half of them participated in the services from 6 months or less, about 44% participated between 7 months and 2 years. A small minority have been receiving services for more than 3 years (~6%).
- According to collaborative partners in the past 12 months **staff often conducted HV sessions over the phone (89% Yuba, 91% Sutter) or using video calls (67% Yuba, 82% Sutter)**, less than half (44%) held in-home visits, and about one-third in each county held in-person home visits while staying outside (33% Yuba, 36% Sutter).
- Interviewees relayed that **participation in home visiting programs services is voluntary and free for families**. Some mentioned providing participation incentives for families ranging from material support to gift cards, while none of the providers mentioned any cash incentives.



PARTICIPATION BARRIERS

- ⦿ Time constraint was a common barrier for HV participation, for parents who participate in HV programs as well as for those who are not interested in these services. Others mentioned being on the waitlist for receiving services or not having stable internet for virtual visits. A couple of parents reported language barriers with their home visitor.
- ⦿ Collaborative partners expressed barriers related to internet connectivity (22% Yuba, 9% Sutter), family eligibility (11% Yuba, 18% Sutter), geography (i.e., time needed to travel to homes) (11% Yuba, 9% Sutter), cancellations (11% Yuba, 18% Sutter), and lack of interest from families (11% Yuba, 18% Sutter). Sutter County partners also mentioned shortage of available slots or capacity to serve families (27%) and language barriers (9%).
- ⦿ The COVID-19 pandemic has impacted home visiting program delivery, accessibility, and referrals. Most interviewees reported that their connection with clients has not been as strong as they were before the COVID-19 pandemic when services were delivered in person.
- ⦿ In addition, substantial increases in waiting lists for daycare impacted families' ability to participate in home visiting and consequently disengaged them.


SERVICE GAPS

- ⦿ HV providers noted several key services that families need but are difficult to access or not available in their communities. Childcare was one major shortage, particularly the availability of preschools for infants/toddlers, reliable daycare, and quality childcare (including support for parents working non-traditional hours), and finding individuals experienced working with the 0-5 population.
- ⦿ Providers also mentioned additional barriers for caregivers whose income does not qualify for Head Start or State Preschool. A shortage of behavioral therapists was also mentioned by providers, specifically a shortage of professionals who can offer services in languages other than English. Finally, providers mentioned gaps in housing support such as services to help unhoused families or support to pay rent and utilities.
- ⦿ Other issues raised by HV providers include difficulty in helping parents with access to Medi-Cal services as they may be rejected from receiving services if their child's behavior is categorized as typical. Families may also face eligibility issues impacting their access to mental health services or occupational therapy. Providers also mentioned a shortage of opportunities for free child- and family-friendly activities as well as challenges when other service providers have long wait lists.
- ⦿ In addition, providers affirmed that they needed a quicker response and a quicker way to get a hold of partners and agencies within the network of care and to know what is being offered, what supports are available that are time sensitive, if these are within budget, to better advocate for parents and children and being more knowledgeable about supports to best address family needs in the community.

TARGET DOMAINS AND FAMILY POPULATIONS


- Partners reported that their programs mostly target families from low socioeconomic status, pregnant women, families with 0-24 months, and teen moms. On the other hand, incarcerated parents (22% Yuba, 27% Sutter) and school-age children (33% Yuba, 27% Sutter) were least targeted in HV programs.
- Programs center around child development and well-being, parent child interactions, and child safety. About 76% of all program participants (78% Yuba, 73% Sutter) also target family functioning and dynamics.
- All interviewees expressed shared desired outcomes of HV services: engaging families, improving parenting, supporting parent self-sufficiency, using natural supports, building successful parent-child relationships, and creating safe and healthy environments.
- Some distinct desired outcomes also emerged, such as a focus on shaping and re-directing child behaviors, helping navigate school readiness and developmental milestones, and creating environments conducive for youth to be successful in schools and remain in their home. Others focused on educating parents, such as providing knowledge about how trauma and adverse childhood experiences (ACEs) contribute to long-term outcomes, teaching coping mechanisms strategies, and preparing parents as their children's first teachers, helping them set and make progress on goals for their children.

INTAKE: ELIGIBILITY AND SCREENINGS

- Among the providers, 85% of Yuba County and 89% of Sutter County participants have a consent form to share information with other providers. Additionally, 77% of Yuba providers and 86% of Sutter providers had an intake form in place. 
- More than half of the provider participants in Yuba (58%) and Sutter (57%) counties provide child development assessments/screenings (e.g. ASQ, ASQ-SE). Other common screenings include substance abuse (50% Yuba, 39% Sutter), depression (42% Yuba, Sutter 39%), and domestic violence (35% Yuba, 39% Sutter). Less than one-quarter of partners used Adverse Childhood Experiences (ACEs) assessments (23% Yuba, 18% Sutter).
- Similarly, interviewees reported that they typically use intake forms/initial assessment tools to help identify the needs of families and eligibility. Eligibility criteria for families varied among the interviewed providers based on program scope and provider expertise. Eligibility examples range from families meeting income or county residency requirements, medical necessities within the provider's level of care, and parent's willingness to engage with intervention strategies.

OUTGOING REFERRALS

- The majority of Sutter parent respondents (92%) and a quarter of Yuba respondents (27%) were referred to other agencies for services by their home visitor. All but one participant agreed that **their home visitor helped them connect with these services. Few participants in each county had difficulty accessing any of these additional services.**


- Among partners who use different screening, the vast majority followed-up by providing education materials when identifying needs related to the assessment areas. Most or all also provide service referrals when identifying a need through assessments.
- Partners both counties often reported referring families to **Alta Regional Center, PIP, and Sutter Yuba Behavioral Health** following several screening/assessment types. They also often mentioned **Casa de Esperanza as their typical referral following a domestic violence screening.** Many of the providers also reported referring families to in-house or internal activities, or mentioned general county/community resources, therapy, or services depending on the individual need. There were no differences between Yuba and Sutter counties regarding where providers refer families.
- The majority of partners (78% Yuba, 73% Sutter) coordinate with (other) home visiting programs to some extent or as much as possible. Providers reported coordinating with CalWORKs, Youth for Change, Head Start/Early Head Start, Family Stabilization, Yuba County Child Development Behavioral Consultation Program, Sutter County Children & Families Commission, and other local programs and agencies.
- All providers interviewed mentioned that they assist with referral follow-up and follow-through to the best extent possible, including making warm referrals, providing bilingual resources/materials, and helping families navigate services more directly.
- Interviewed participants were also asked about procedures when they were not able to serve families (e.g., due to capacity or eligibility requirements). **None of the providers reported simply turning families away.** Typically, if programs could not serve a family due to capacity limits, providers would waitlist the family and connect them with other resources in the interim. When eligibility criteria prevent a program from serving a family, providers will refer the family to other agencies in the community.



PROGRAM IMPRESSIONS

- ⦿ The vast majority of those who receive home visiting services would recommend the program to others and report positive experiences with their home visitor. The majority agreed that:
 - their home visitor speaks to them clearly in a language they understand (73% Yuba, 75% Sutter)
 - their home visitor has taught them useful parenting skills (73% Yuba, 75% Sutter)
 - they like working with their home visitor (68% Yuba, 67% Sutter)
 - they received materials that represent their language, race, and ethnicity (68% Yuba, 75% Sutter)
 - they feel more confident in managing stress and challenges, because of their home visiting (68% Yuba, 75% Sutter)
 - their home visitor respects and understands their culture and beliefs (64% Yuba, 75% Sutter)
 - their home visitor spends enough time with them each visit (64% Yuba, 75% Sutter)



PERCEIVED BENEFITS FROM THE HOME VISITING PROGRAM

- ⦿ Overall, of the 34 parent respondents engaged in a home visiting program during the pandemic, 65% believed they benefitted a lot from HV (55% Yuba, 83% Sutter). Additionally, 71% believed their children benefitted a lot from the services (73% Yuba, 71% Sutter).
- ⦿ Yuba County parents were specifically grateful for the perspective and guidance from an expert in the field; for receiving helpful tips as well as learning new resources and tools; for the knowledge they gained about their children. Parents also mentioned general improvement in their child's behaviors (e.g., following directions) as well as positive impact on their child's emotions.
- ⦿ Sutter parents provided more general feedback regarding the benefits they receive. Some reported that they have learned a lot and received support, and others noted that home visiting helped them understand and process their feelings. Another parent mentioned that they have seen improvement and progression in their child's excitement about learning.
- ⦿ Similarly, interviewed providers expressed positive changes in the families they serve. Providers commonly mentioned observing increased parent-child interaction, increased family satisfaction and happiness, strengthened parent and sibling relationships, reduction of multiple stressors, and improved communication and coping skills.

- One interview participant also mentioned that through home visiting, **parents become invested and less anxious**. They see that their children are learning and willing to participate, and often **want to continue home visiting to see even more positive impacts on their child**. Another provider mentioned that they see **growth in the parents' confidence and positive changes away from old habits toward more effective strategies in parenting** their own personal/professional development (e.g., furthering their career or getting a better job.)



PROFESSIONAL DEVELOPMENT FOR HV STAFF

- Most partners who provide home visiting program offer professional development opportunities to their staff.
- Overall, the top five professional development opportunities provided to home visitors include **Trauma-Informed Care Basics** (88% Yuba, 75% Sutter), **Administering Screens/Assessments** (75% each county), **Cultural Responsiveness, Diversity, and Inclusion** (75% Yuba, 50% Sutter), **Motivational Interviewing** (63% Yuba, 50% Sutter), and **Early Life Adversity or ACEs** (63% Yuba, 50% Sutter).
- Most of interviewees expressed interest in professional development opportunities including **gaining more executive experience to inform program adjustments and community outreach**. Another provider mentioned a plan to return to a school for a Marriage and Family Therapist (MFT) degree after seeing difficulties to access therapists in the community.
- Providers also reported that they were interested in **receiving support in the form of trainings, best practices, recommendations, and latest research** to enable them to continue delivering quality services to clients.

Families' Perspective

Between May and August of 2021, ASR collected data from three sources: Parents living in **Yuba** or **Sutter** counties and receiving any services from counties providers; Managers or Supervisors of home visiting programs; And staff who provide home visiting services.

In this section we report on the data we collected from parents. A total of 149 parents responded to an online survey that was sent to parents by the Yuba-Sutter Bi-County Home Visiting Collaborative's partners. About half of the respondents reside in **Yuba County** (N=71, 48%) and half reside in **Sutter County** (N=78, 52%).

SAMPLE CHARACTERISTICS

As can be Seen in Figure 1, four respondents in **Sutter County** (5%) were under the age of 18, and three respondents in **Yuba County** were 50 or older (4%) but more than half of the respondents in each county (56%) were between 30 and 39 years old.

Figure 1: Parent Respondents' Age, Gender, and Education (N=149)

		Yuba		Sutter		Total	
		N	%	N	%	N	%
Parent's Age							
	Under 18	-	-	4	5%	4	3%
	18-29	20	28%	15	19%	35	23%
	30-39	40	56%	44	56%	84	56%
	40-49	8	11%	15	19%	23	15%
	50 or older	3	4%	0	0%	3	2%
Parent's Gender							
	Female	55	77%	76	97%	131	88%
	Male	16	23%	2	3%	18	12%
Parent's Highest Education							
	Less than High School Degree	7	10%	8	10%	15	10%
	High School Diploma/GED	15	21%	13	17%	28	19%
	Some College	19	27%	29	37%	48	32%
	Associate degree (AA/AS)	14	20%	8	10%	22	15%
	Bachelor's Degree (BA/BS)	14	20%	15	19%	29	19%
	Advanced Degree	2	3%	4	5%	6	8%
Total Parent Respondents		71	48%	78	52%	149	100%

Note: May not equal 100% due to missing data/non-response; may exceed 100% when multiple options selected

Most respondents in both counties identified as female, including 97% in **Sutter County** and 77% in **Yuba County**. Males represented 23% of Yuba and 3% of Sutter County parent respondents. (See Figure 1.)

About 10% of Yuba and Sutter parents had less than a high school degree, including those with some or no high school experience. More than half of **Sutter** respondents (54%) and 48% of **Yuba** respondents had obtained a high school diploma/GED or had some college experience. Another 40% of **Yuba** respondents had either an associate-level degree (20%) or a bachelor's degree (20%). In **Sutter County**, 10% of respondents had an associate degree, and 19% had a bachelor's degree.

Figure 2 is showing the distribution of race/ethnicity of the respondents and language spoken at home. About half (51%) of **Yuba County** parents were white, while 21% were Hispanic, and 14% were Black. Only 3% of **Yuba** respondents identified as Asian. In **Sutter County**, 46% were white, 26% were Hispanic, and 12% were Asian, while only 4% of **Sutter** parents were Black. About 7% of **Yuba County** and 8% of **Sutter County** respondents reported two or more race/ethnicities, and about 4% in each county identified as some other race/ethnicity.

Figure 2: Parent Respondents' Ethnicity/Race and Language Spoken at Home (N=149)

		Yuba		Sutter		Total	
		N	%	N	%	N	%
Parent Ethnicity							
	Asian	2	3%	9	12%	11	7%
	Bi- or Multi-Racial	10	14%	3	4%	13	9%
	Black	5	7%	6	8%	11	7%
	Hispanic/Latino	15	21%	20	26%	35	23%
	White	36	51%	36	46%	72	48%
	Other	3	4%	3	4%	6	4%
Primary Language in the Home							
	English	68	96%	69	88%	137	92%
	Spanish	3	4%	1	1%	4	3%
	Hindi, Punjabi, or other South Asian	0	0%	5	6%	5	3%
	Other (e.g., Russian, Hmong)	0	0%	3	4%	3	2%
Total Parent Respondents		71	48%	78	52%	149	100%

Note: May not equal 100% due to missing data/non-response; may exceed 100% when multiple options selected

English was the most common language spoken at home with primarily English-speaking parents representing 96% of **Yuba** and 88% of **Sutter** respondents. Four percent (4%) of **Yuba** parents and 1% of **Sutter** parents primarily spoke Spanish in the home. In **Sutter County**, 6% primarily spoke Hindi, Punjabi, or other South Asian Language. Another 1% primarily spoke Russian, 1% spoke Hmong, and 1% primarily spoke some other language in the home.

As seen in Figure 3, most respondents in Yuba County had either one (44%) or two (28%) children, while 14% had three children. In Sutter County, more than half of the respondents had either one (23%) or two (33%) children. Another 23% had three children. About 10% of Yuba and 13% of Sutter respondents had four or more children.

Figure 3: Family Composition and Income (N = 149)

	Yuba		Sutter		Total	
	N	%	N	%	N	%
Number of Children in Home						
No Children Yet (Expecting)	0	0%	1	1%	1	1%
1 Child	31	44%	18	23%	49	33%
2 Children	20	28%	26	33%	46	31%
3 Children	10	14%	18	23%	28	19%
4 or more Children	7	10%	10	13%	17	24%
Age(s) of Children in Home						
No Children Yet, Expecting	0	0%	1	1%	1	1%
0 to 2 years old	34	48%	43	55%	77	52%
3 to 5 years old	31	44%	42	54%	73	49%
6 to 9 years old	31	44%	27	35%	58	39%
10 to 14 years old	16	23%	18	23%	34	23%
15 to 17 years old	3	4%	8	10%	11	7%
Household Structure						
Single Parent household	19	27%	20	26%	39	26%
Two Parent household		83%		74%		74%
Family Income in 2020						
\$0 - \$14,999	14	20%	12	15%	26	17%
\$15,000 - \$34,999	10	14%	15	19%	25	17%
\$35,000 - \$49,999	13	18%	12	15%	25	17%
\$50,000 - \$74,999	15	21%	16	21%	31	21%
\$75,000 - \$99,999	8	11%	7	9%	15	10%
\$100,000 or more	7	10%	9	12%	16	10%
Total Parent Respondents	71	48%	78	52%	149	100%

Note: May not equal 100% due to missing data/non-response; may exceed 100% when multiple options selected

One participant in **Sutter County** was expecting their first child. Parents in both counties commonly reported having children between 0-2 years (48% Yuba, 55% Sutter), 3-5 years (44% Yuba, 54% Sutter), and 6-9 years (44% Yuba, 35% Sutter). Slightly less than a quarter (23%) of respondents in both counties had 10-14-year-old children. Slightly more than a quarter of **Yuba County** parents (27%) and Sutter County parents (26%) considered themselves to be a single parent.

About half of the families in **Yuba** (52%) and **Sutter** (50%) had an annual family income less than \$50,000, including 20% of **Yuba** and 15% of **Sutter** parents reporting less than \$15,000. About 21% in each county had a family income between \$50,000 and \$74,999, and 21% in each county earned \$75,000 or more.

FAMILIES' NEEDS AND EXPERIENCES IN THE PAST THREE MONTHS

Parent respondents were asked to select as many challenges/ needs they have experienced in the past three months, from a list of 17. Following that, they selected for which of the challenges/ needs they have received help. Figure 4 summarizes the responses on these two questions.

Figure 4: Families' Recent Challenges and Services Received

	Yuba (n = 65)			Sutter (n = 65)		
	Experienced		Received Services(n)	Experienced		Received Services(n)
	n	%		n	%	
Worries about managing child's behavior	35	49%	16	30	38%	9
Worries about child's development	38	54%	16	25	32%	12
Worries a family member might get COVID-19	31	44%	9	18	23%	3
Social isolation/loneliness	24	34%	6	18	23%	2
Reduced wages/income	20	28%	12	19	24%	6
Need for dental care	14	20%	4	15	19%	7
Need for medical care	18	25%	12	10	13%	6
Job loss	11	15%	4	16	21%	5
Need for mental health care	16	23%	9	11	14%	4
Loss of social support	12	17%	4	14	18%	3
Loss of Childcare	10	14%	3	7	9%	1
Lack of enough healthy food	10	14%	7	6	8%	3
Community violence	5	7%	0	3	4%	0
Loss of Health Insurance	6	8%	3	2	3%	0
Loss of life or illness due to COVID-19	6	8%	3	2	3%	7
Loss of housing	4	6%	1	1	1%	0
Personal/family violence	2	3%	0	2	3%	1
None of these (includes no response)	6	8%	25	13	17%	42

As can be seen in Figure 4, many parents living in **Yuba county** reported worrying about their child's development (54%) or managing their child's behavior (49%). However, less than half of those with these concerns reported receiving services to address them (46% and 42%, respectively). Yuba respondents also worried a family member might get COVID-19 at their job (44%). Among them, about 29% mentioned they received support for this concern.

Experiences like community violence (7%), loss of housing (6%), personal/family violence (3%) were the least commonly reported issues. None of the respondents experiencing community or personal violence received support services. Only 8% of parents reported not experiencing any of the listed issues in the past 3 months.

As seen in Figure 4, **Sutter County** respondents often experienced worries about managing their child's behavior (38%) worries about their child's development (32%), and reduced wages/income (24%). About half (48%) of those worried about their child's development received support services for this concern. Thirty percent (30%) of those worried about managing their child's behavior and 32% with reduced wages/income received support.

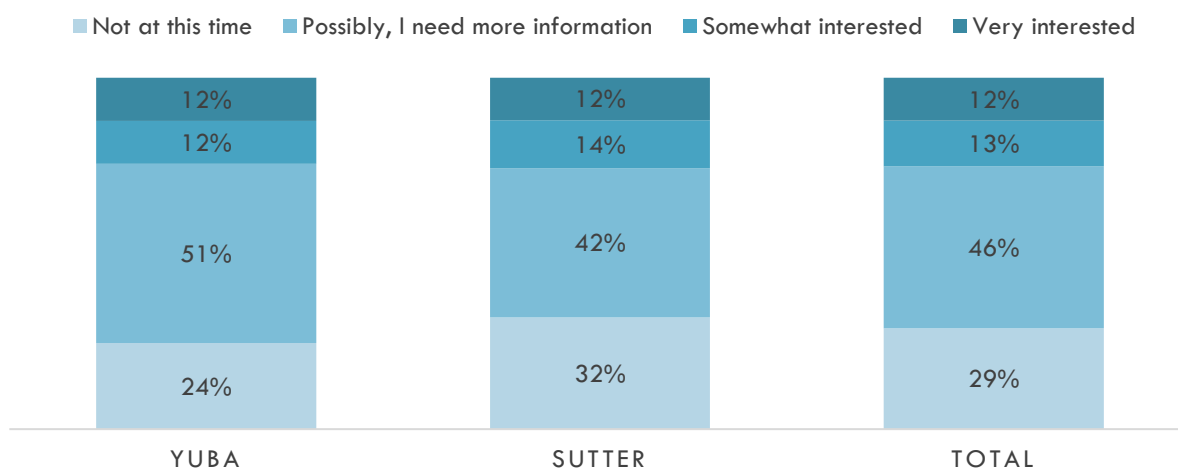
Loss of housing (1%), loss of health insurance (3%), loss of life or illness due to COVID-19 (3%), and personal/family violence (3%) were least commonly reported. Among them, one person reported receiving support services for personal/family violence. Few parents (17%) reported experiencing none of these issues in the past 3 months.

KNOWLEDGE OF AND INTEREST IN HOME VISITING

The majority of the respondents (77%) have not participated in home visiting services, including 69% of **Yuba** respondents, and 85% of **Sutter** respondents. Additionally, 55% of respondents have heard of home visiting programs in their county, including 61% of respondents in **Yuba County** and 50% of respondents in **Sutter County**.

Figure 5 shows the level of interest in home visiting services among those who have not heard about the services or have not participated in them.

Figure 5: Interest in Home Visiting Services (n=115)



As seen in Figure 5, in **Yuba County**, 12% of the respondents that had *not* heard of home visiting programs before participating in this survey were very interested, while 24% were not interested at this time. Respondents that were not interested in home visiting reported that they did not need, or were already receiving, services, or did not yet feel safe for home visits. More than half (51%) were possibly interested but needed more information.

Similarly, 12% of **Sutter County** parents that had not previously heard of home visiting were very interested. On the other hand, 32% were not interested at this time. In Sutter County, some parents that were not interested stated they did not need services at this time, mentioning their family was doing well, they had a great job and support, or “*now that COVID is slowing down we have been visiting with family and getting outside more.*” Others did not feel they had enough time to add home visitings to their plate. For instance, “*I am alone with 5 children while my husband works out of town for the next several months. I have no time....*” Similarly, another person mentioned that: “*I work full time and cannot add an additional component to my plate. My child currently receives therapy for her IEP 2x per week that I lose time at work for and cannot work additional time into my work schedule.* – **Sutter County Parent.**” About 42% were possibly interested but needed more information. One parent had questions about the qualifications of home visitors and privacy, “*as in, unmarked vehicle, sharing of information or photos.*”



Yuba County parents that were somewhat (12%) or very (12%) interested needed therapy services and parenting/behavioral support. For instance, one parent in Yuba county needed “*Help with our child who has mental illness and myself. We just lost a child and have had no mental health counseling [sic].*” Other services mentioned included in-home occupational therapy, resources and referrals. Yuba County parents also reported a need for education and empowerment services such as positive parenting support, food safety, “*learning about where to find resources*” and “*education on parenting a difficult teenager.*” One parent was interested in options for socialization for children.

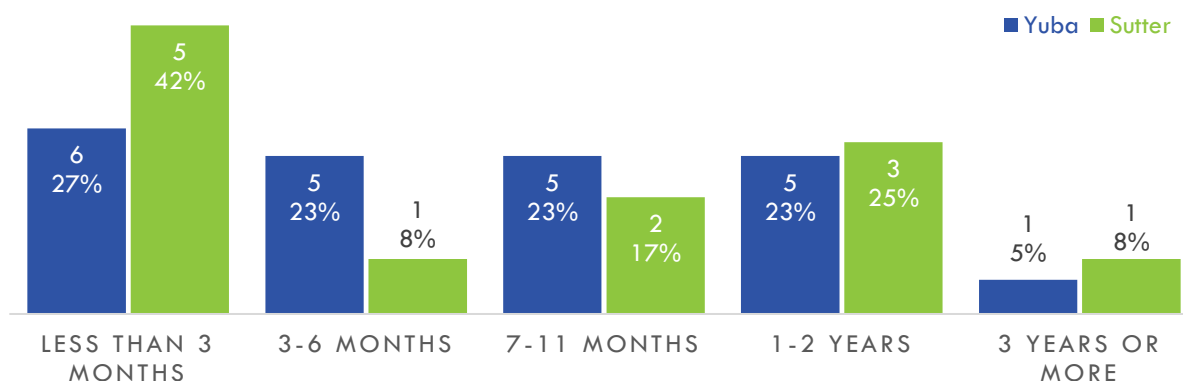
Among the **Sutter County** families that were somewhat (14%) or very (12%) interested in home visiting, therapy and in-home support services were commonly mentioned, as well as parenting/behavioral support. For instance, parents mentioned needing food and support for teenagers, speech therapy, information on parenting and mental health, assistance filling out forms, and support for learning positive parenting skills. Social interactions and family and community events were also mentioned, as well as childcare/daycare support.

PARTICIPATION IN HOME VISITING PROGRAMS

Among the 82 respondents that had previously heard about home visiting (HV) services, about 41% participated in a HV program during the COVID-19 pandemic, including 51% of Yuba County respondents (n=22) and 31% of Sutter County respondents (n=12).

Figure 6 shows how long participants have received home visiting services, among those who participated. Only one participant in each county have participated in HV for 3 or more years. In Yuba County, 27% have been participating for less than 3 months. Equal proportions have participated for 3-6 months, 7-11 months, or 1-2 years (23% each). In Sutter County, 42% have been in HV for less than 3 months, and 25% have been participating for 1-2 years.

Figure 6: Length of Home Visiting Services (n=34)



Twenty-seven percent (27%) of Yuba County and 92% of Sutter County HV parents were referred to other agencies for services by their home visitor. All but one participant agreed that their home visitor helped them connect with these services, and only two respondents in each county had difficulty accessing any of the other services.

WAYS FAMILIES FIND OUT ABOUT HV SERVICES

Yuba County parents that participated in HV programs during COVID-19 heard about HV through Family Resource Centers (32%), social media (27%), and/or public health nurses (23%). They commonly participated through Youth for Change (23%) or some other program (32%) (i.e., Alta, First 5, CDBC, or occupational/speech/physical therapist).

Social media (33%), flyers (33%) and/or public health nurses (17%) were the most common ways that Sutter County parents heard about home visiting. Sutter parents commonly participated through Alta, parenting classes or some other program (42%). About one-third of the parents participated through Sutter County CalWORKs & Employment Services (17%) or an Early Head Start program (17%).

SERVICES DELIVERY

Yuba County respondents' home visits are once per week (55%) or 2-3 times per month (27%), on average. During COVID-19, respondents have had their home visits through video calls (50%), in person at home (50%), phone (36%), and/or in person outside (18%).

Yuba parents worked on a range of activities with their home visitor. For instance, some parents were working on behavior and developmental milestones (e.g. speech and language development), while others were receiving counseling services, such as talking through stressors, family difficulties, and life goals. Some parents reported occupational and physical therapy, and some home visitors worked with parents on “lots of different things.”

Thirty-three percent (33%) of **Sutter County** parents had home visits more than once per week, on average. Other respondents had weekly (17%), monthly (17%), or less than once per month (17%) visits, on average. During COVID-19, respondents have had their home visits through phone calls (42%), video calls (42%), in person outside (17%), and/or in person at home (8%). **Sutter County** parents reported working on parenting skills, developmental milestones, schooling, or occupational/speech therapies.

DIFFICULTIES PARTICIPATING IN HOME VISITING

Yuba county respondents reported a range of difficulties participating in HV services. Four (18%) respondents had difficulties fitting it in their schedule, 14% were put on a waitlist, and 14% do not have stable internet for virtual visits. Fewer respondents reported language barriers with their home visitor (9%) and/or other barriers. Two **Sutter** respondents reported difficulties participating in HV services, including schedule conflicts (n=1) and difficulty understanding the purpose of home visiting (n=1).

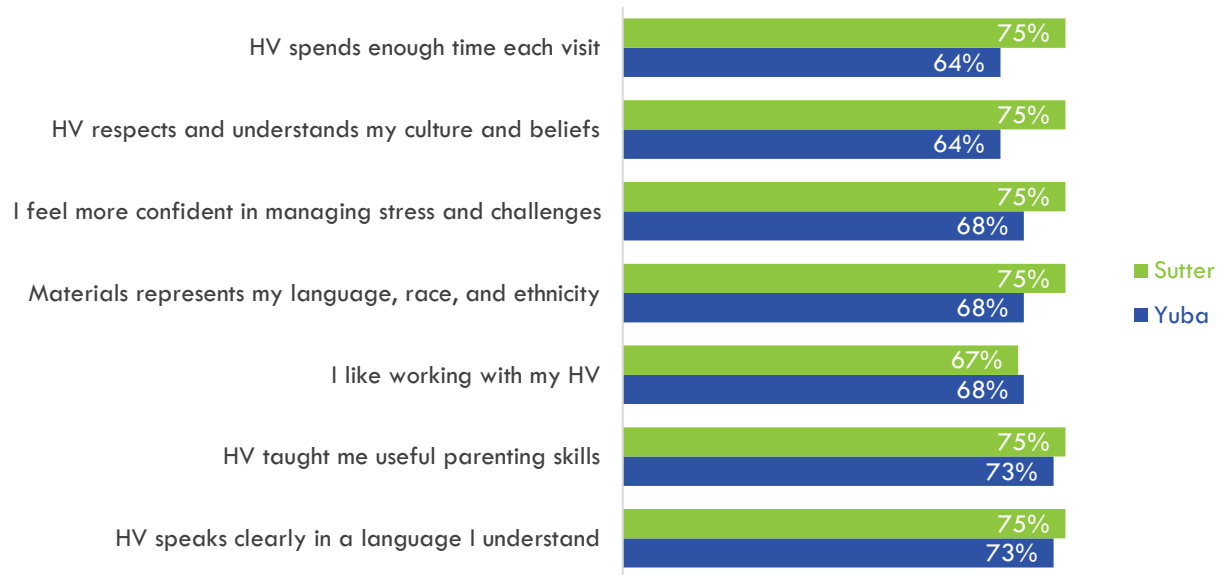


FAMILIES' ASSESSMENT OF HV SERVICES

Most of the parents in **Yuba county** that were engaged in HV programs during the COVID-19 pandemic reported positive experiences with their home visitor. Almost three-quarters (73%) strongly agreed that their home visitor speaks to them clearly in a language they understand and has taught them useful parenting skills. More than two-thirds (68%) strongly agreed that they like working with their home visitor, that they received materials that represent their language, race, and ethnicity, and that they feel more confident in managing stress and challenges, because of their home visiting. Additionally, 64% strongly agreed that their home visitor respects and understands their culture and beliefs and spends enough time with them each visit (see Figure 7).

Three-quarters (75%) of the **Sutter County** respondents engaged in HV during the COVID-19 pandemic strongly agreed that they feel more confident managing stress and challenges because of HV. Seventy-five percent (75%) also strongly agreed that their home visitor has taught them useful parenting skills, spends enough time with them each visit, respects and understands their culture and beliefs, provides materials that represent their language, race, and ethnicity, and speaks to them clearly in a language they understand. Two-thirds (67%) strongly agreed that they like working with their home visitor (see figure above).

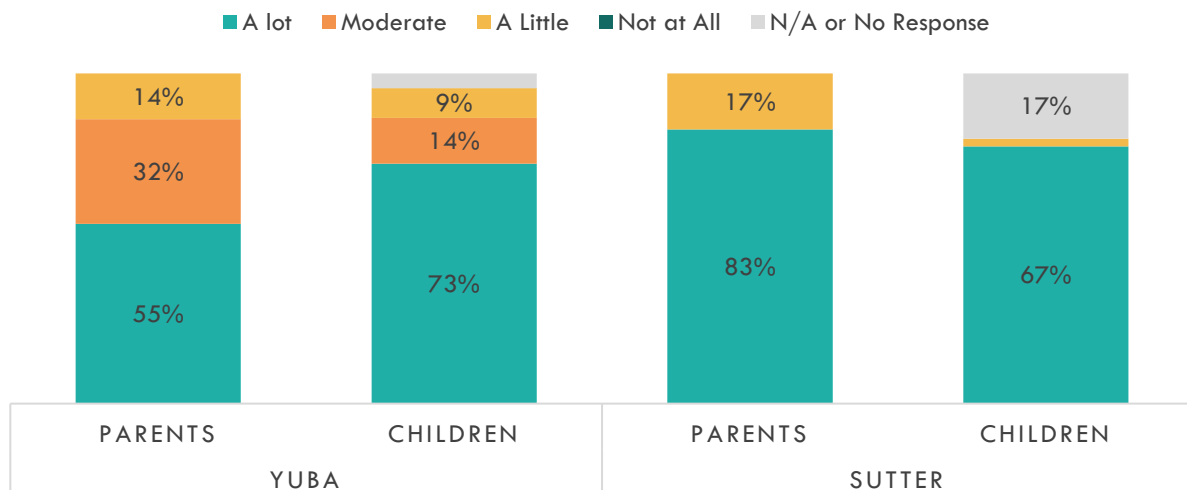
Figure 7: Families' Perception of Services (Percent "Strongly Agree," n=34)



PERCEIVED BENEFITS

Overall, the 34 respondents that were engaged in a home visiting program during the COVID-19 pandemic, 65% believed they benefitted a lot from HV, including 83% of Sutter County and 55% of Yuba County respondents. Another 32% of Yuba County respondents believed they benefitted a moderate degree. Additionally, 71% of the 34 respondents believed their children benefitted a lot from HV, including 73% of Yuba respondents and 71% of Sutter respondents believed their children benefitted a lot. Three parents did not provide a response, with one responding that their child was “not born yet” and another noting their children are not currently in their care (see Figure 8).

Figure 8: Perceived benefits of HV Programs (n=34)



BENEFITS TO PARENTS

In a response to an open-ended question about program benefits, parents from **Yuba County** reported a range of benefits from participation in a home visiting program. Some were grateful for the perspective and guidance from a professional or someone with more experience in parenting. Another parent mentioned they were glad to have had someone to help them through the process beginning during their pregnancy.

Others mentioned receiving helpful tips as well as learning new resources and tools that help them understand their child, facilitate healthy growth and development, and manage behaviors. As one parent described, “[W]hen I first met her to now. I feel like ive grown into a whole new person. I feel so confident as a parent now [sic].”

Yuba parents also felt the HV support taught them more about their children, especially those with developmental challenges. For instance, one parent stated that her home visitor showed her ways to deal with a child with ADHD without becoming stressed or frustrated.

“The program is helping me deal with my child’s behavior. I am learning more about my child and ways to help him navigate through the world. The program is helping me as a parent as I deal with a difficult child with a lot of great advice and tips.”

– Yuba County Parent

Sutter parents provided more general feedback in response to the open-ended question regarding the benefits they receive from their home visiting program. Two respondents reported that they have learned a lot and received support, and one parent noted that home visiting helped them understand and process their feelings.

“I have learned that my feelings are normal and that ... as long as I’m trying to educate myself I’m doing okay.”

– Sutter County Parent

On the other hand, one participant reported that they have not benefitted as much from the program but provided a reason unrelated to the program itself, stating that “[m]y life is still full of stress that can’t really change.” This participant is likely experiencing external challenges that may be beyond the scope of HV support.



BENEFITS TO CHILDREN

Yuba County respondents commonly mentioned that they have seen “good changes” in their children because of the home visiting program. Parents mentioned general improvements, as well as more specific changes. For instance, one child has learned “what to do when she is angry, frustrated, sad, mad...” adding that this child has been able to openly express emotions. Similarly, other parents noticed behavior management changes such as following directions and “learning better techniques to achieve positive results rather than negative behaviors to get what he wants.” Other parents mentioned receiving helpful tips to encourage their child’s growth and development, as well as the impact of HV on their child’s happiness and well-rounded personality.

““[Child’s Name] is a bright, happy, talented and well-rounded little girl and she had a big part of that because of the Youth For Change program”

– Yuba County Parent

One parent mentioned that their children are more of hands on, in-person learners, suggesting that the COVID-related virtual format of home visitings may be impacting how much they benefit from the program.

Sutter County respondents also believed their child benefitted a lot from home visiting but compared to Yuba respondents, they provided more general feedback about their experience. One parent noted that their child has benefitted from the program because HV has helped them become a better parent, which “helps my kids.” Another parent mentioned that their child has loved their experience in the HV program and has seen a range of improvement and progression in their excitement about learning.

““He smiles so much and his energy is all worked up eager to learn. He has loved his experience its visible how much he’s learned and progressed.”

– Sutter County Parent

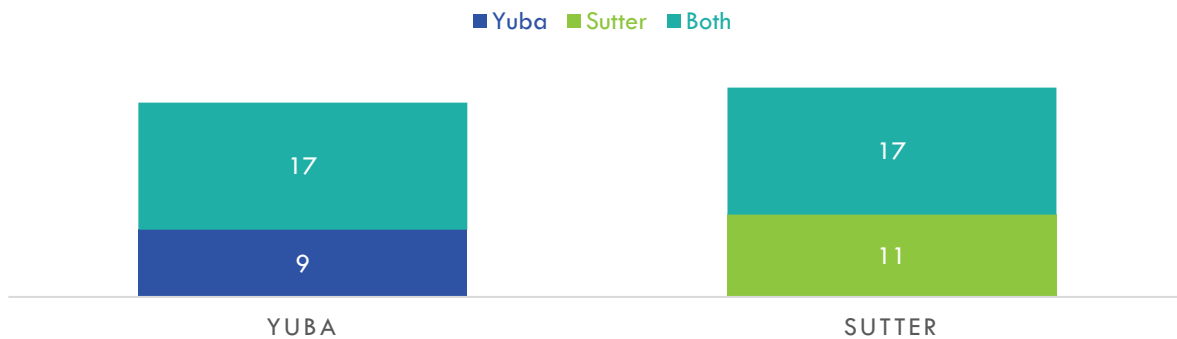


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Providers' Perspective

A total of 37 managers/supervisors participating in the Yuba-Sutter collaborative (providers) responded to an online survey, including nine which serve **Yuba County** (24%), 11 serving **Sutter County** (30%), and 17 (46%) operating in both Yuba and Sutter counties. As a result, the respondents represent 26 providers in Yuba County and 28 Sutter County providers (see Figure 9).

Figure 9: Number of Provider Respondents by County (n=37)



The following sections include duplicated counts for providers serving both counties – to highlight services available in each county, more comprehensively.

Additionally, the sections below include responses from nine Yuba and Sutter County home visiting staff. These providers participated in one-on-one in-depth interviews to add insight into the experiences of staff that work directly with community members. Among the nine survey respondents, four represented **Yuba County** programs, four represented **Sutter County** programs, and one represented both counties. Interview responses are not separated by county for confidentiality.

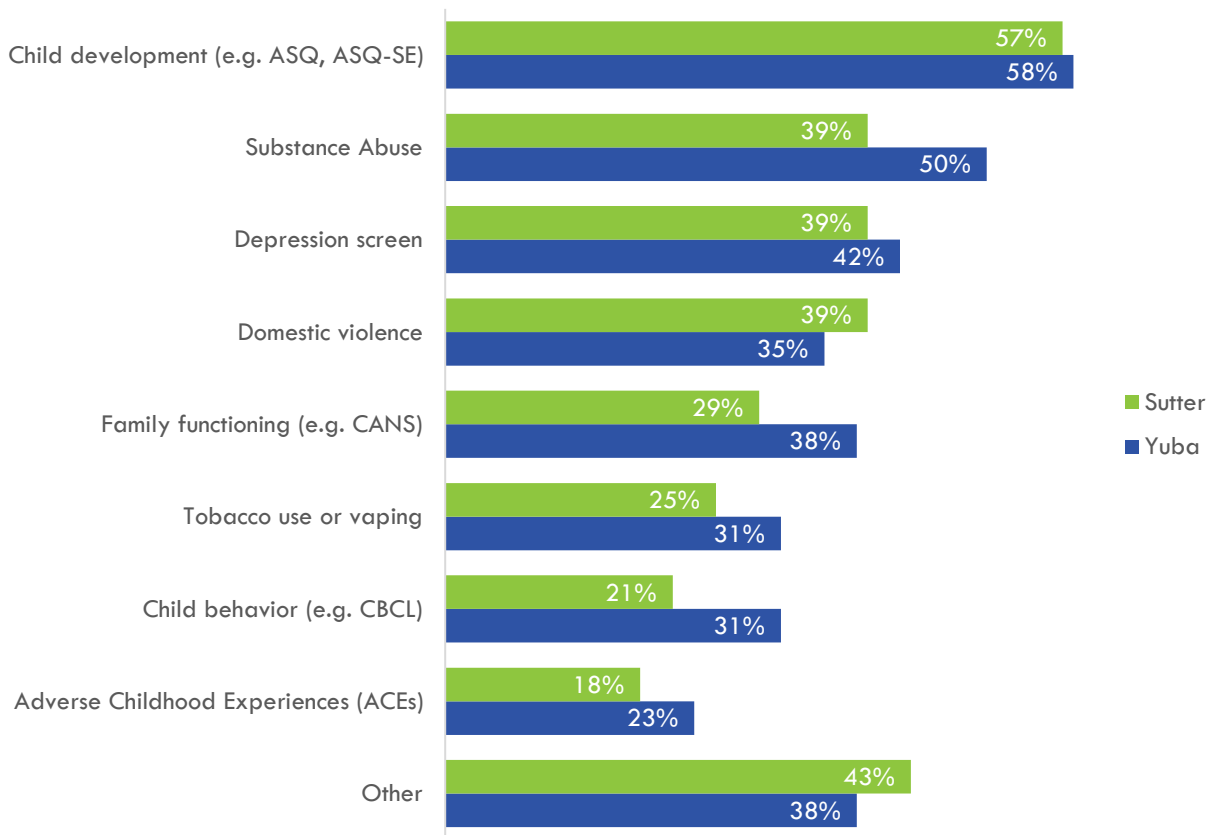
INTAKE: ELIGIBILITY AND SCREENINGS

Among the providers completing a survey, 85% of **Yuba County** and 89% of **Sutter County** respondents have a consent form to share information with other providers. Additionally, 77% of Yuba providers and 86% of Sutter providers had an intake form in place.

As seen in Figure 10, more than half of the provider respondents in Yuba (58%) and Sutter (57%) counties provide child development assessments/screenings (e.g. ASQ, ASQ-SE). In Sutter County, more than one-third provided substance abuse (39%), depression (39%), and domestic violence (39%) assessment/screenings for families. In Yuba County, 50% provided substance abuse screenings, 42% provided depression screening, 38% provided family functioning assessments (e.g., CANS), and 35% provided domestic violence screenings (see figure above). Less than one-quarter of Sutter (18%) and Yuba (23%) providers used Adverse Childhood Experiences (ACEs) assessments.



Figure 10: Assessments/ Screenings Provided (n=37)



Among the survey respondents that provided each assessment/screening, the vast majority followed-up by providing education materials when identifying needs related to the assessment areas. Similarly, most or all respondents provide service referrals when identifying a need through assessments (see Figure 11). Respondents least commonly provided education materials following family functioning assessments. Half (50%) of the Yuba respondents and 63% of the Sutter respondents that offered family functioning assessments followed up with education materials.

Similarly, interviewed providers reported that they typically use intake forms/initial assessment tools to help identify the needs of families and eligibility. Eligibility criteria for families varied among the interviewed providers based on program scope and provider expertise. Eligibility examples range from families meeting income or county residency requirements, medical necessities within the provider's level of care, and parent's willingness to engage with intervention strategies.

Interviewed respondents were also asked about procedures when they were not able to serve families (e.g., due to capacity or eligibility requirements). None of the providers reported simply turning families away. Typically, if programs could not serve a family due to capacity limits, providers would waitlist the family connect them with other resources in the interim. When eligibility criteria prevent a program from serving a family, providers will refer the family to other agencies in the community or other levels of service within the agency.

Figure 11: Assessments and Follow Up Services Provided

	Yuba			Sutter		
	Provides Education Materials	Provides Service Referrals	Total N	Provides Education Materials	Provides Service Referrals	Total N
Child development (e.g., ASQ, ASQ-SE)	93%	93%	15	88%	94%	16
Child behavior (e.g., CBCL)	88%	75%	8	83%	83%	6
Family functioning (e.g., CANS)	50%	90%	10	63%	88%	8
Adverse Childhood Experiences (ACEs)	100%	83%	6	100%	80%	5
Substance abuse	85%	100%	13	64%	100%	11
Tobacco use/vaping	100%	88%	8	86%	86%	7
Depression screen	91%	91%	11	73%	100%	11
Domestic violence	89%	100%	9	82%	100%	11
Other	80%	100%	10	58%	83%	12

Regarding intake assessments, some interview respondents reported that families could come in with initial concerns/needs flagged by referring agencies. Interview respondents that provided information about their intake and needs assessment process used standardized or agency-based assessment tools to identify barriers and needs. Staff then provide referrals based on the relevant flags and/or establish goals for the families within the scope of the program. Two-thirds of the interviewed respondents used at least the ASQ/ASQ-SE. One organization (among those interviewed) used the ASQ and ACEs screening tools and another was in the process of developing new instruments for ACEs and maternal depression. Other screening tools mentioned by the interviewed providers include Level of Care Utilization System (LOCUS), Milestones of Recovery Scale (MORS), Temperament and Atypical Behavior Scale (TABS), Keys to Interactive Parenting Scale (KIPS), CHEERS Check-In, and Child Behavior Checklist (CBCL).

TOBACCO SCREENING (YUBA COUNTY)

Yuba County interviewees were also asked specific questions about screening for tobacco use, vaping, and exposure to secondhand smoke. Two of the five Yuba providers interviewed reported that they screened clients for tobacco use, referred families for cessation services, provide information after the client confirms an interest in quitting, and follow up with clients depending on the client's comfort level and interest in cessation. When a client does not express interest in getting help, the providers listen to the client and do not push information onto them.

Specific referrals include public health, community resources, and providing education materials created by 1-800-NO-BUTTS. Providers support parents interested in quitting through moral support, facilitating connections with public health services, and making appointments. Even when providers do not offer tobacco screening, respondents reported attempting to connect families to resources if the parent voluntarily shares that they are a smoker.

OUTGOING REFERRALS

Providers completing the survey were also asked to describe where they typically refer families, following each assessment. While there were some variations in outgoing referrals based on the specific assessment or need, some common patterns emerged among survey respondents (program leadership) regarding partnering organizations. As seen in Figure 12, providers in both counties often reported referring families to Alta Regional Center (Alta), PIP, and Sutter-Yuba Behavioral Health (SYBH) following several screening/assessment types. Providers often mentioned Casa de Esperanza as their typical referral following a domestic violence screening. Many of the providers also reported referring families to in-house or internal activities, or mentioned general county/community resources, therapy, or services depending on the individual need.

Figure 12: Organizations to Which Providers Refer Families



Similarly, half (50%) of the provider respondents in Yuba and 43% of Sutter County respondents made referrals to other home visiting programs. Among them, referrals often involved transfers to other counties (e.g., if families transfer or live in another county). Respondents in both counties also referred families to CalWORKs home visiting, child behavioral services (e.g., SYBH), Head Start, public health departments, or Youth for Change. Respondents also mentioned various family resource centers, Family Stabilization, Healthy Families America, Children's System of Care (CSOC), or Transitional Age Youth Full-Service Program (TAY FSP). There were no differences between Yuba and Sutter counties regarding where providers refer families.

Half of the survey respondents in each county (50%) tracked completion of referrals made. About 15% of Yuba County and 18% of Sutter County respondents did not do track completion of referrals, and another 15% in Yuba and 11% in Sutter County did not know.

Interview respondents that work more directly with families also expressed that referrals vary based on each client's needs. However, referrals provided are typically for behavioral health, mental health, intellectual developmental disabilities, speech and language support, schooling/daycares, housing, and other basic needs. Interview respondents often mentioned referring to Sutter-Yuba Behavioral Health, Alta California Regional Center, Family SOUP, Playzeum, food banks, and diaper drives. Other services mentioned ranged from medical services (e.g., booster shots and screenings, primary care providers), and other needs for parents such as workforce development (County OneStop), unemployment or flexible schooling (e.g., GED) programs, and county victim witness and Casa.

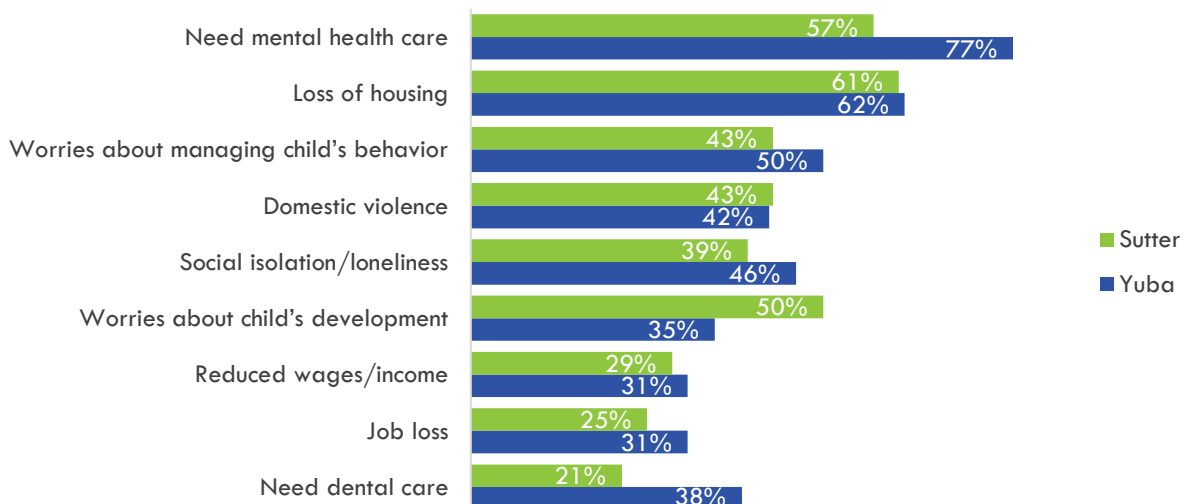
All providers interviewed mentioned that they assist with referral follow-up and follow-through to the best extent possible, including making warm referrals, providing bilingual resources/materials, and helping families navigate services more directly. For instance, some providers will dedicate time during home visiting sessions to work with the parent to complete paperwork for other services. If the parent has signed a release, providers continue to follow up with the agencies to which the families were referred. Two of the nine interviewed respondents mentioned that they continue to follow up until the referral is complete. Respondents also reported that the clients will provide them with updates on the outcome and/or whether they were able to get the support needed.



NEEDS OF FAMILIES

Provider also reported on the most pressing needs of families. Figure 13 shows the top pressing needs of families that providers selected from a list of 17 challenges/ needs. In **Yuba County**, 77% of providers reported that families' need for mental health care was most pressing, followed by loss of housing (62%), and worries about managing their child's behavior (50%). In **Sutter County**, 62% of providers considered a loss of housing families' most pressing need, followed by a need for mental health care (57%), and worries about child's development (50%).

Figure 13: Most pressing Needs of Families According to Providers (n=37)



Interviewees commonly mentioned that families' needs generally include support for the parent-child interactions/relationship and support for basic needs (e.g., food, health, housing). Interview respondents also mentioned that parents and caregivers need help to navigate the process for accessing support that they and/or their child(ren) need. Other specific needs included addressing child behavior, boosting parenting skills and coping mechanisms, mental health, substance abuse, legal services, recreational activities, financial support, unemployment, and education for parents. The range of needs expressed by home visiting staff highlight the importance of a robust network of care to help family meet their basic needs to sustain themselves and thrive.

As seen in Figure 14, providers typically refer families to Sutter-Yuba Behavioral Health (SYBH) for mental health needs, and when families worry about their child's development or behavior. Mental health needs are also supported in house when possible, or through referrals to Peach Tree, Youth for Change, or other community services. Child's development and behavior issues are also typically addressed by referring to Sutter County Children and Families Commission (SCCFC), Alta Regional, Peach Tree, therapists, pediatricians/primary care providers, parenting classes/peer support, or internal services. Families with housing needs were referred to the CalWORKs Housing Support Program, Section 8, Coordinated Entry, Regional Housing Authority, in-house services, or other local housing specialists/programs (e.g., Bringing Families Home, Hands of Hope, A Better Way, Habitat for Humanity).

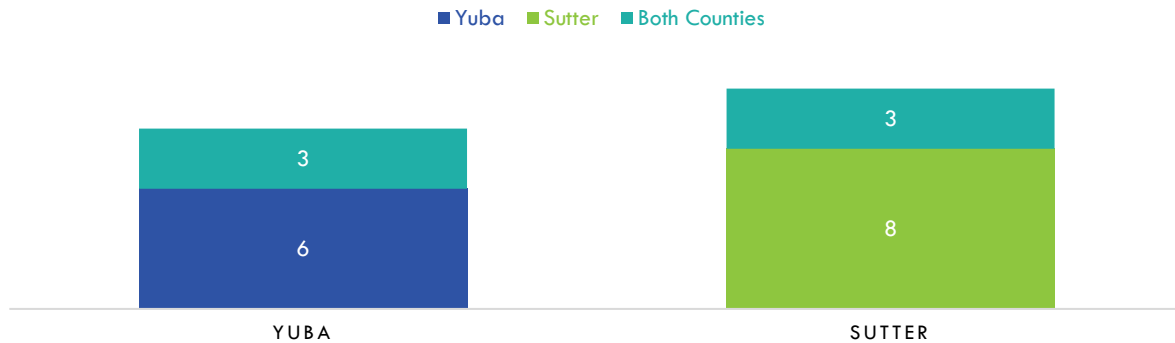
Figure 14: Places to which Providers Refer Families Following Identifying Needs



HOME VISITING PROGRAM CHARACTERISTICS

Among the providers responding to the survey, 35% in **Yuba County** and 39% in **Sutter County** reported that they provide home visiting services to families with children 0-5 or to expectant families (n=17); See Figure 15. Five providers skipped that question, and we assume that they do not provide such services.

Figure 15: HV Providers (For Children 0-5 or Expectant Mothers) (n=17)



Survey respondents reported a range of home visiting curricula or evidence-based models they use within their agency. In **Yuba County**, 75% (7 out of 9) used one HV model, including either Parents as Teachers, Public Health Nursing, or Early Head Start; One performed safety checks without using a curriculum or HV model. About 25% of **Yuba** respondents (2 out of 9) used a combination of two or more home visiting models within their agency, including other programs not listed (i.e., Promoting Maternal Mental Health During Pregnancy, Nurtured Heart Parenting, and PCIT). See Figure 16 for a detailed tally of models/curricula used.

Figure 16: Home Visiting Models/ Curricula (M/C) Used

	Yuba		Sutter		Total N Using M/C
	One M/C	Two+ M/C	One M/C	Two+ M/C	
Growing Great Kids		✓	✓✓	✓✓✓✓	7
Healthy Families of America		✓	✓	✓✓✓	4
Parents as Teachers	✓✓	✓		✓	3
Early Head Start	✓	✓	✓	✓	2
Nurturing Parenting Program		✓		✓✓	2
Public Health Nursing	✓			✓	2
Healthy Beginnings		✓		✓	1
Incredible Years		✓			1
Nurse Family Partnership		✓		✓	1
Strong Mom Strong Babies		✓		✓	1
Other	✓	✓✓	✓	✓	4

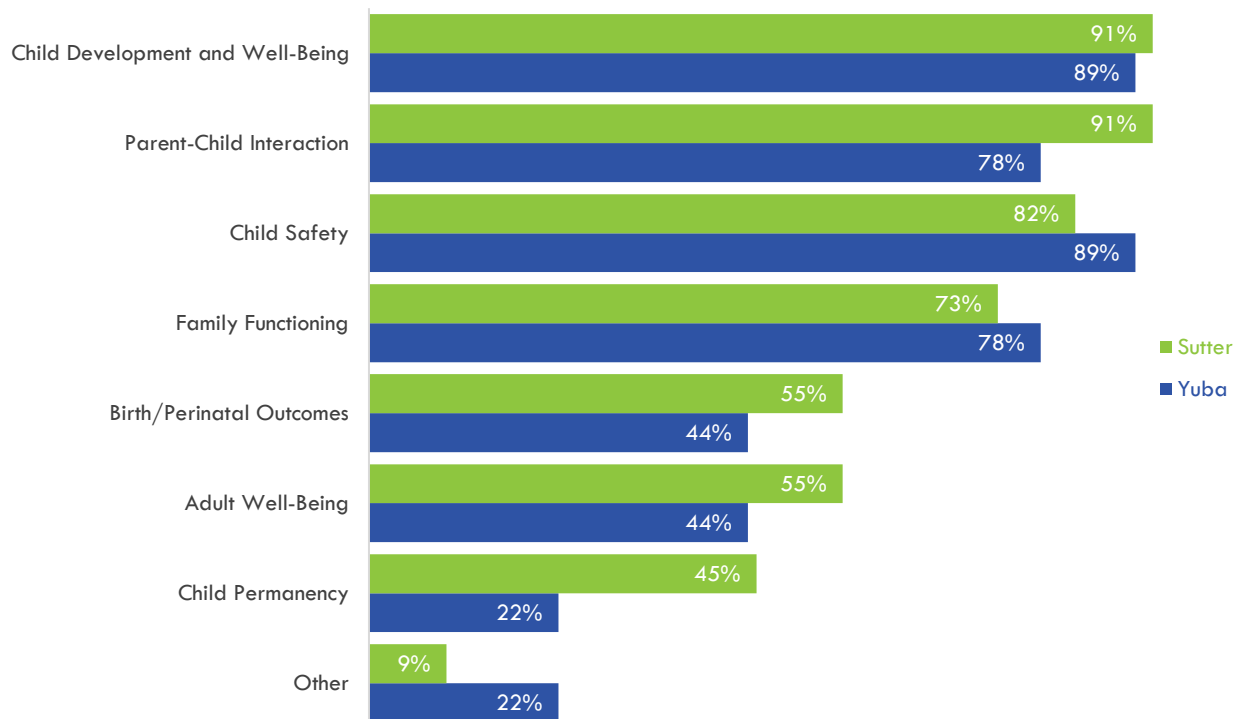
In **Sutter County**, slightly more than half (55%) of survey respondents used one HV model or curriculum, including either Growing Great Kids, Healthy Families of America, Early Head Start, or social workers visiting homes to discuss services and compliance (no model/curriculum). The remaining 45% of **Sutter** respondents used a combination of two or more models in their agency including other programs not listed (i.e. Nurtured Heart Parenting, and PCIT). See Figure 16.

Interviewed providers also commonly mentioned using a combination of multiple curricula/models, E Center providers mentioned utilizing Frog Street’s Love & Learn curriculum.

TARGET DOMAINS AND FAMILY POPULATIONS

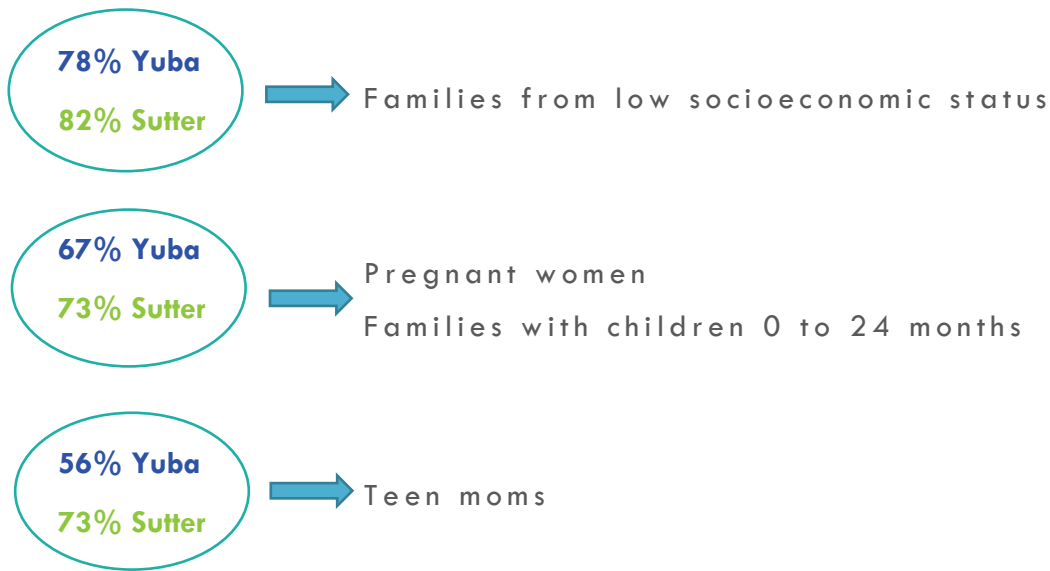
Provider survey respondents described the domains targeted by their home visiting program (see Figure 17). Almost all providers targeted child development and well-being, parent child interactions, and child safety. About 76% of all program respondents (78% Yuba, 73% Sutter) also targeted the family functioning domain. Child permanency was least frequently reported among managers/supervisors completing the survey, with 22% of Yuba County and 45% of Sutter County home visiting programs targeting this domain.

Figure 17: Domains Targeted by Home Visiting Programs (n=17)



Similarly, providers reported whether their HV program targets particular populations of interest. Families from low socioeconomic status, pregnant women, families with 0-24 months, and teen moms were the most targeted populations, according to survey respondents (See Figure 18). On the other hand, incarcerated parents (22% Yuba, 27% Sutter) and school-age children (33% Yuba, 27% Sutter) were least targeted in HV programs.

Figure 18: Top HV Program Target Populations (n=17)



DESIRED OUTCOMES

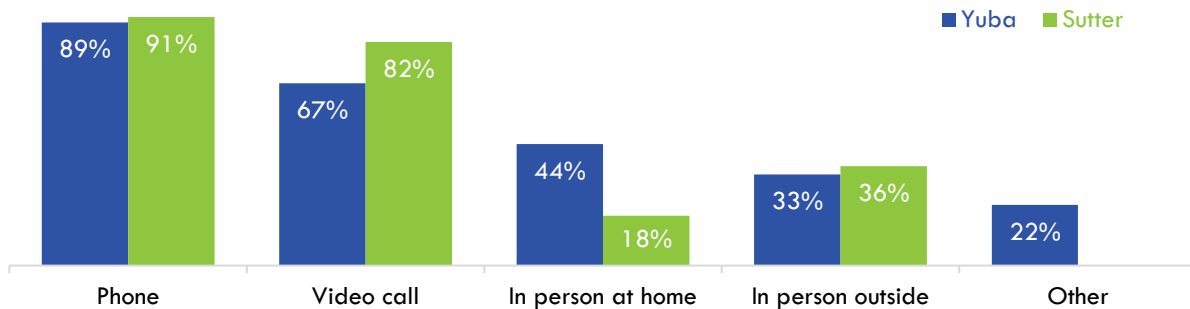
All providers that participated in one-on-one interviews expressed shared desired outcomes of HV services: engaging families, improving parenting, supporting parent self-sufficiency, using natural supports, building successful parent-child relationships, and creating safe and healthy environments.

Some distinct desired outcomes also emerged, such as a focus on shaping and re-directing child behaviors, helping navigate school readiness and developmental milestones, and creating environments conducive for youth to be successful in schools and remain in their home. Some programs focused on goals for parents, such as empowering their self-sufficiency or giving them tools to continue to better themselves with a goal of not needing service providers in the future. One program participant helped parents find gainful employment and reduce barriers impacting their ability to work. Others focused on educating parents, such as providing knowledge about how trauma and adverse childhood experiences (ACEs) contribute to long-term outcomes, teaching coping mechanisms/mental health strategies, and preparing parents as their children's first teachers, helping them set and make progress on goals for their children.

HOME VISITING SESSIONS

Providers were asked to report on the different modalities they used to conduct home visiting sessions during the 2020-2021 fiscal year (see Figure 19). Respondents often conducted HV sessions over the phone (89% **Yuba**, 91% **Sutter**). Most home visitors also used video calls (e.g., Zoom or Skype) (67% **Yuba**, 82% **Sutter**). According to survey respondents, less than half of **Yuba** providers (44%) held in-home visits in the past 12 months, and about one-third in each county held in-person home visits while staying outside (33% **Yuba**, 36% **Sutter**).

Figure 19: Home Visiting Modalities (n=17)



Participating HV programs offered between one and 96 sessions per family. About 22% of **Yuba** respondents offered between one and five sessions per family, and 33% offered more than 40 sessions. The remaining 45% of **Yuba** respondents did not provide a response. In **Sutter County**, 27% of survey respondents offered families between one and five sessions, 36% offered more than five but less than 25, and 27% offered 40 or more sessions.

Home visiting sessions were typically once per week (73% **Sutter**, 44% **Yuba**). Another 22% in **Yuba** and 18% in **Sutter County** typically had 2-3 HV sessions per month. In **Yuba County**, 33% of providers' HV sessions were once a month or less. A majority of respondents in **Sutter** (64%) and **Yuba** counties (56%) reported that their home visits typically last about 60 minutes. Another 33% in **Yuba County** and 27% in **Sutter County** typically visited with families for about 30 minutes. Only one participant in each county noted that their visits last 90 minutes.

Most home visiting providers coordinate with HV programs (or with other HV programs) to some extent or as much as possible (78% of HV providers in **Yuba County** and 73% in **Sutter County**). Providers reported coordinating with CalWORKs, Youth for Change, Head Start/Early Head Start, Family Stabilization, Yuba County Child Development Behavioral Consultation Program, Sutter County Children & Families Commission, and other local programs and agencies (e.g. welfare, probation, school staff).

HOW CLIENTS LEARN ABOUT HOME VISITING

In **Sutter County**, 64% of providers completing a survey reported their clients heard about HV programs through public health nurses and/or pediatricians. Families also learned about Sutter HV programs through preschool teachers, friends/families/neighbors, or something else (45% each). Flyers (27%) and newsletters (9%) were the least common ways families learned about the HV programs.

In **Yuba County**, most survey respondents' clients learned about their HV program through some other means (56%). About 44% of respondents reported clients learned about HV through public health nurses, preschool teachers, pediatricians, and/or family/friends/neighbors. Flyers (33%) and newsletters (11%) were the least common ways families learned about HV.

Home visitors that participated in the one-on-one interviews also described word of mouth and agency referrals (e.g., Help Me Grow Sutter County, Children's System of Care (CSOC), or CalWORKs) as the most common means of connecting with their home visiting programs. One provider also recruited families at community events, banners posted at stores, and by mailing post cards to families. Two providers also mentioned that some parents self-refer, noting that some parents realize they need help with their child, and most recognize and are invested in the importance of social and emotional learning.

PERCEPTIONS OF AND PROGRAM IMPACT ON FAMILIES

The interviewed providers expressed positive changes in families following receiving home visiting services. Providers commonly mentioned observing increased parent-child interaction, increased family satisfaction and happiness, strengthened parent and sibling relationships, reduction of multiple stressors, improved communication and coping skills, establishing routines and goal setting.

One interview participant also mentioned that through home visiting services, parents become invested and less anxious. They see that their children are learning and willing to participate, and often want to continue HV to see even more positive impacts on their child. Another provider mentioned that they see growth in the parents' confidence and positive changes away from old habits toward more effective strategies in parenting and their own personal/professional development (e.g., furthering their career or getting a better job.)

Almost all families generally have positive perceptions of HV services. Specifically, in [Yuba County](#), 78% of the providers reported that families generally have positive perceptions of home visiting, compared to 22% reporting that families generally view HV negatively. In [Sutter County](#), 91% of HV providers reported that their families generally have positive perceptions of HV, compared to 9% that are neutral about HV or are not aware of HV.

Providers reporting negative perceptions mentioned that families can be hesitant to allow people into their homes, especially due to the nature of some visits and/or “the questions that may be asked.” Some programs adapt their visits to the level of comfort a family may have. For instance, meeting virtually or at another location if the family is uncomfortable or lives with other people, or using language other than “home visiting” to describe the intention of their visit.

BARRIERS TO RECEIVING SERVICES

In [Yuba County](#), 22% of survey respondents reported internet connection issues as a barrier for providing HV services to families. One participant noted that these were not barriers in “non-COVID times.” [Yuba County](#) providers also faced barriers related to family eligibility (11%), geography (i.e., time needed to travel to homes) (11%), cancellations (11%), and families not interested (11%). Another participant mentioned that “[Yuba County needs HV slots for general referrals, not just for CalWORKs enrolled families.](#)”

One-quarter (27%) of [Sutter County](#) providers reported not enough available slots or capacity to serve families. Sutter respondents also reported barriers to providing HV services because of families not interested (18%), cancellations (18%), or families not eligible (18%). Internet connection (9%), geography barriers (9%), and language barriers (9%) were also reported in [Sutter County](#).

BARRIERS RELATED TO COVID-19 PANDEMIC

The COVID-19 pandemic has impacted home visiting program delivery, accessibility, and referrals. According to interviewees, the shift to telehealth and virtual service delivery has impacted caseloads and referrals for most providers. Although some clients easily adapted to virtual services and others did not stop receiving services, most home visitors reported that their connection with clients has not been as strong as they were before the COVID-19 pandemic when services were delivered in person. One provider reported that substantial increases in waiting lists for daycare impacted some families' ability

to participate in home visiting and may have disengaged with the program as a result of these challenges. On the other hand, despite challenges and transitions to virtual services, home visitors have adapted to new and innovative ways to keep families engaged. For instance, one provider used coaching via video/phone to facilitate *more* parent-child interactions as this provider intentionally disables their video and provides the parent with guided instructions through ear buds.

Interviewees mostly agreed that blended program delivery will continue for the foreseeable future, noting the importance of being adaptable and nimble for the needs of families due to changing social settings and environments. Providers also noted that they will likely need to continue adapting to new service delivery models and may not see outcomes for a long time. Most providers also noted that childcare and housing will continue to contribute to the lingering impacts of COVID-19.

Providers affirmed that they needed a quicker response and a quicker way to get a hold of partners and agencies within the networks of care and to know what is being offered, what supports are available that are time sensitive, if these are within budget, to better advocate for parents and children and being more knowledgeable about supports to best address family needs in the community.

SERVICE GAPS

The interviewees noted several key services that families need but are difficult to access or not available in their communities. **Childcare was one major shortage**, particularly the availability of preschools for



infants/toddlers, reliable daycare, and quality childcare (including support for parents working non-traditional hours), and finding individuals experienced working with the 0-5 population. Providers also mentioned **long wait times for quality childcare and additional barriers for caregivers whose income does not qualify for Head Start or State Preschool**. Interviewed providers also mentioned a **shortage of behavioral therapists**, including those who offer services in languages other than English, as well as a shortage of home visitors, and housing support (such as services to help unhoused families or support to pay rent and utilities).

Interviewed providers also expressed **difficulty helping parents with access to Medi-Cal services** as they may be rejected from receiving services if their child's behavior is categorized as typical. Families may also face eligibility issues impacting their access to mental health services or occupational therapy.

A provider also noted a **need for support for individuals on Supplemental Security Income regarding making appointments, completing paperwork, and follow-up for services**.

Providers also mentioned a shortage of opportunities for free child- and family-friendly activities as well as challenges when other service providers (e.g., Casa) have long wait lists.



HOME VISITING STAFF, TRAINING, AND ASSIGNMENTⁱ

HOME VISITOR REQUIREMENTS

Figure 20 describes the educational requirements and preferred expertise of home visitors. In **Yuba County**, about two-thirds (67%) of providers completing the survey required home visitors to have a bachelor's degree or higher. In **Sutter County**, 55% require a bachelor's degree.

In both counties, most providers prefer home visitors to have educational experience in social work or special education. In Sutter County, 50% of providers also preferred experience in nursing, and 44% in Yuba County prefer psychology. Similarly, 56% of Yuba and 64% of Sutter respondents require one to two years of experience. Another 44% in Yuba County require 3 or more years of experience, while 27% in Sutter do not require home visitors to have previous experience.

One provider in Sutter County required home visitors to have previous knowledge of child development.

Figure 20: Educational and Expertise Requirement from Staff (n=17)

		Yuba (n=9)		Sutter (n=11)	
		N	%	N	%
Education Requirements					
	Associate Degree	3	33%	4	36%
	Bachelor's Degree	5	56%	6	55%
	Graduate Level Degree	1	11%	0	0%
	No Education Requirements	0	0%	1	9%
Preferred Areas of Study					
	Social Work	6	67%	7	70%
	Special Education	3	33%	3	30%
	Nursing	1	11%	5	50%
	Psychology	4	44%	3	30%
	Early Childhood Education	5	56%	7	70%
	No preference	1	11%	0	0%
Years of Experience Required					
	1-2 years	5	56%	7	64%
	3-4 years	3	33%	1	9%
	5 or more years	1	11%	0	0%
	No experience required	0	0%	3	27%

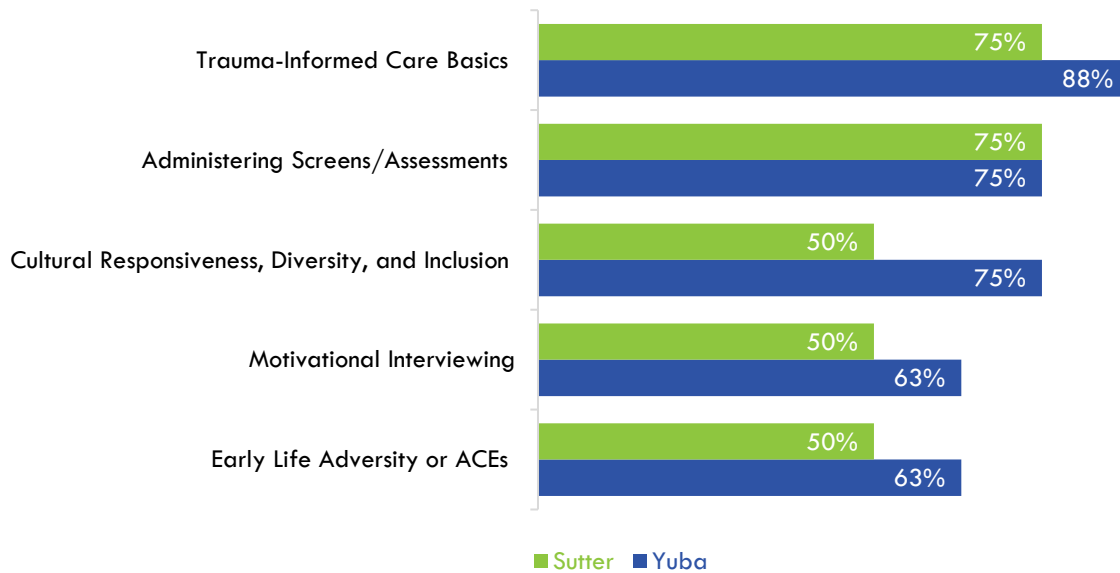
ⁱ Note that this section relies on self-reporting of the providers that responded to the survey, and some data points are missing/ not reported. Therefore, the information might not align with the commissions' internal records of the programs.

PROFESSIONAL DEVELOPMENT

Most providers who offer home visiting programs provide professional development opportunities to their staff. In **Yuba County**, eight out of nine (89%) HV providers responding to the survey offer PD opportunities. In **Sutter County**, eight out of 11 (73%) offer PD. One of the three **Sutter** providers that did not offer professional development was interested in being able to do so.

Overall, the top five professional development opportunities provided to home visitors include Trauma-Informed Care Basics; Administering Screens/Assessments; Cultural Responsiveness, Diversity, and Inclusion; Motivational Interviewing; and Early Life Adversity or ACEs. See Figure 21.

Figure 21: Top Professional Development Opportunities (n=17)



Interviewees reported that they were interested in receiving support in the form of trainings, best practices, recommendations, and latest research to enable them to continue delivering quality services to clients. They also expressed interest in other professional development opportunities including one home visitor who was interested in gaining more executive experience to inform program adjustments and community outreach. Another provider mentioned a plan to return to a school for a Marriage and Family Therapist (MFT) degree after seeing difficulties to access therapists in the community.

MATCHING RESPONDENTS TO HOME VISITORS

Most providers completing a survey reported considering several aspects when matching parents/families to home visitors (i.e., language spoken at home, staff availability). A small number of respondents primarily matched home visitors to families based only on staff availability. One provider noted that they were the only home visitor.

About 55% of **Yuba** providers try to match their home visitor ethnicity with that of the families served to some extent or as much as possible. In **Sutter County**, 36% of providers match their home visitors and families' ethnicities to some extent or as much as possible.

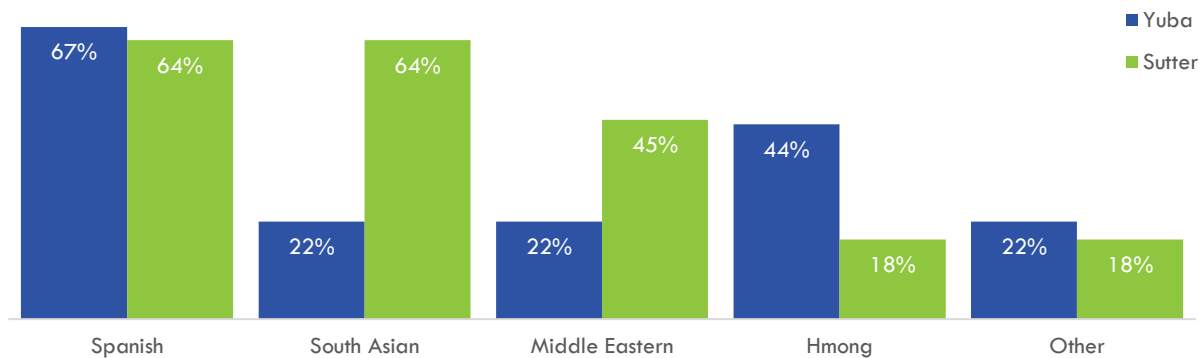
LANGUAGES SERVED

Figure 21 shows the distribution of languages in which services are offered, other than English. One survey participant in Yuba County (11%) and two respondents in Sutter County (18%) only offered home visiting services in English.

About two thirds (67%) in Yuba offer services in Spanish, and 44% offer services in Hmong. Two programs (22%) offered HV in Hindi, Punjabi, or other South Asian language, and/or Farsi, Dari, Arabic, or other Middle Eastern language.

In Sutter County, 64% offered HV in Spanish and 64% offered services in one or more South Asian language. Almost half (45%) of providers offered HV in one or more Middle Eastern language, while two programs (18%) offered services in Hmong.

Figure 22: Additional Languages in which Service is Offered (n=17)



Note: South Asian languages include Hindi, Punjabi, or other South Asian languages; Middle Eastern includes Farsi, Dari, Arabic, or other Middle Eastern languages

PROGRAM CAPACITY AND COSTⁱⁱ

STAFF CAPACITY AND RETENTION

Home visitor staff salary varied greatly between the programs in Yuba and Sutter counties. About one-third of providers completing a survey in Yuba (33%) and 18% in Sutter County reported home visitor salaries between \$30,000-\$44,999. Another 22% in Yuba County and 18% in Sutter County reported their home visitors earned \$75,000-\$99,999. Eighteen percent of Sutter providers reported a \$60,000-\$74,999 salary range for home visitors, while no Yuba providers reported this salary range. However, 25-33% of respondents did not provide a response to some staff and program capacity questions, thus insight about capacity issues are limited.

Providers reported that home visitors typically stay in the job for a minimum of three years. One Yuba County provider was the sole home visitor at their facility “and have been here 15 years.” Two Sutter

ⁱⁱ Note that this section relies on self-reporting of the providers that responded to the survey, and some providers chose not to respond on these data points. Therefore, the information outlined here might not represent all HV programs in the counties and might not align with the commissions’ internal records of the programs.

County respondents also added that home visitors' retention could not be calculated because their program was too new or because home visiting is only one of several job duties for their staff.

More than half (56%) of Yuba providers and 27% of Sutter providers had one or more vacancies for home visitor positions.

PROGRAM CAPACITY AND ENROLLMENT

According to providers who responded to these questions, programs were funded to serve between eight and 216 families. They also reported that programs in Yuba county were funded to serve between 35 and 200 or more families, while Sutter County providers reported more widely varied in size and capacity of their program.

In total, three programs were not currently able to serve all eligible families referred to them in a timely manner, including one in Yuba County (11%) and two in Sutter County (18%). In Yuba County, 22% of provider respondents completing a survey had a waiting list, while 18% of Sutter County respondents had a waiting list (note that half of the HV providers skipped this question). One program in each county were not currently serving any families. Among those with families enrolled, 22% of Yuba and 36% of Sutter respondents reported serving fewer than 20 families, one Yuba County provider was serving 27 families (11%), and two programs whose service expanded between both counties were serving more than 100 families.

COST OF PROGRAM

Five survey respondents in Sutter County reported their HV program's annual total cost. Responses ranged from \$48,000 to \$3 million per year. The average annual cost of a Sutter County HV program, based on these five responses, was about \$770,000. Two Yuba County respondents reported their total cost, with an average of about \$1.7 million. The participant reporting a \$3 million annual cost served both Yuba and Sutter counties.

Those who responded to these set of questions reported federal, national, state, and regional funding sources. They most commonly cited CalWORKs funding, including three Sutter respondents and one Yuba program. Two programs in Yuba and two in Sutter County received Medi-Cal funding, including one reporting Medi-Cal Administrative Activities (MAA) and Targeted Case Management (TCM) funding. Two programs serving both Yuba and Sutter counties received federal funding. Two programs in Sutter County were funded, in part, by Maternal, Child and Adolescent Health (MCAH) programs (i.e., Title V and Title XIX). One program in Yuba and one program in Sutter were partially funded by their county's First 5 organization. The Yuba County Office of Education (YCOE) General Fund partially funded one participant. Other funding sources mentioned included California's realignment funding and the Mental Health Services Act (MHSA).

Four programs serving Yuba County and two serving Sutter County reported matched or leveraged funding sources, including matched federal funding and "bill back" services for Medi-Cal families.

OTHER PROGRAM COSTS/FAMILY INCENTIVES

Interviewees explained that participation in home visiting services is voluntary and free for families. Some interviewees did mention providing participation incentives for families ranging from material support to gift cards, while none of them mentioned any cash incentives. One program offered respondents in their teen parent program a \$20 gift card. Another described their program as very “out of the box,” stating that they “provide incentives like gift cards ... to provide to their children.” This program also rewards their respondents by celebrating their successes, stating “we might take parents who graduate or complete curriculum out for a lunch celebration or give a certificate to award or incentivize their time.”

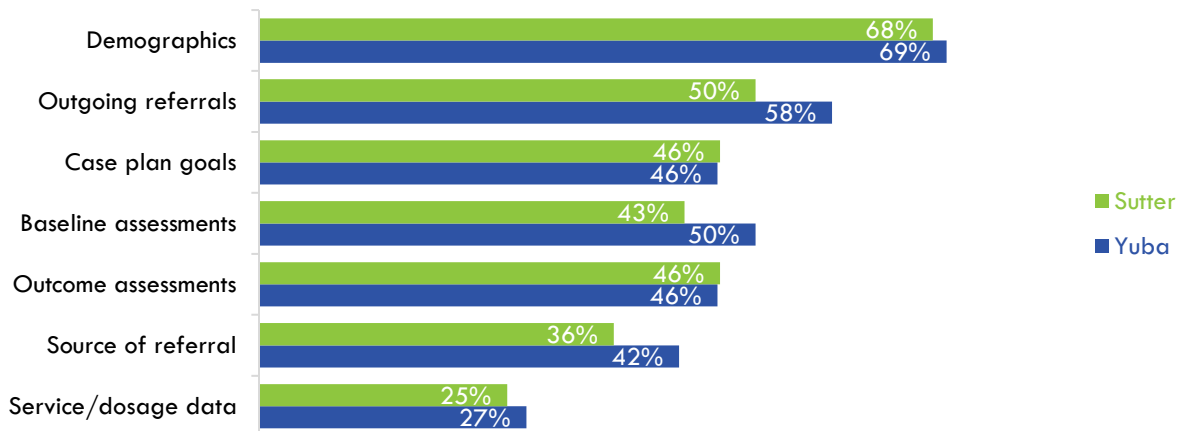
Other programs mentioned in-kind gifts or resources for children ranging from diapers, baby wipes, or cribs to arts and craft supplies, like crayons, paper, and paint. One provider mentioned their program works with community partners to support families with Christmas gifts and nutritious food. CalWORKs HV respondents can utilize items that their Home Visitor spends on for material goods (up to \$500 during program), and participation in home visiting can also count toward CalWORKs Welfare-to-Work program hours.

Overall, home visitors mentioned that the biggest incentive for participation are the positive outcomes, including progress and improvements in child behavior and development. However, several of the respondents find ways to make participation valuable and worthwhile through added connections and material incentives that are consistent with the aims of their programs. More research is needed to identify how incentivizing families may add costs incurred to the HV programs through added time, labor, or other monetary expenses.

DATA COLLECTION

All 37 survey respondents were asked about data collection, regardless of whether they offer home visiting services. Figure 23 shows that more than two-thirds of respondents collected demographic information. Half (50%) of the respondents in **Sutter County** and 58% in **Yuba County** collected information on outgoing referrals to community services. In **Yuba County**, 50% also collected data on baseline assessments. About one-quarter of respondents collected service/dosage data.

Figure 23: Types of Data Collected (n=37)



As seen in Figure 24, respondents that collected information on baseline assessments and served both Yuba and Sutter counties used Child and Adolescent Needs and Strengths (CANS), Pediatric Symptom Checklist (PSC-35), Milestones of Recovery Scale (MORS), Level of Care Utilization System (LOCUS), Desired Results Developmental Profile (DRDP), parent self-surveys, and staff assessment forms. Sutter County respondents also used Child Behavior Checklist (CBCL), Ages and Stages Questionnaires (ASQ, ASQ-SE), Temperament and Atypical Behavior Scale (TABS), WEB, Relationship Assessment Tool (RAT), CHEERS Check-In (CCI), various developmental screenings, depression screening, and the Healthy Families America (HFA) parent survey. Similarly, programs serving Yuba County also used TABS, CBCL, and ASQ/ASQ-SE. Yuba respondents reported various food insecurity, crisis assessment, comprehensive needs assessment, mental health, and child development tools, as well as the status of Individual Family Service Plans (IFSP), and an internal document based on the CANS assessment.

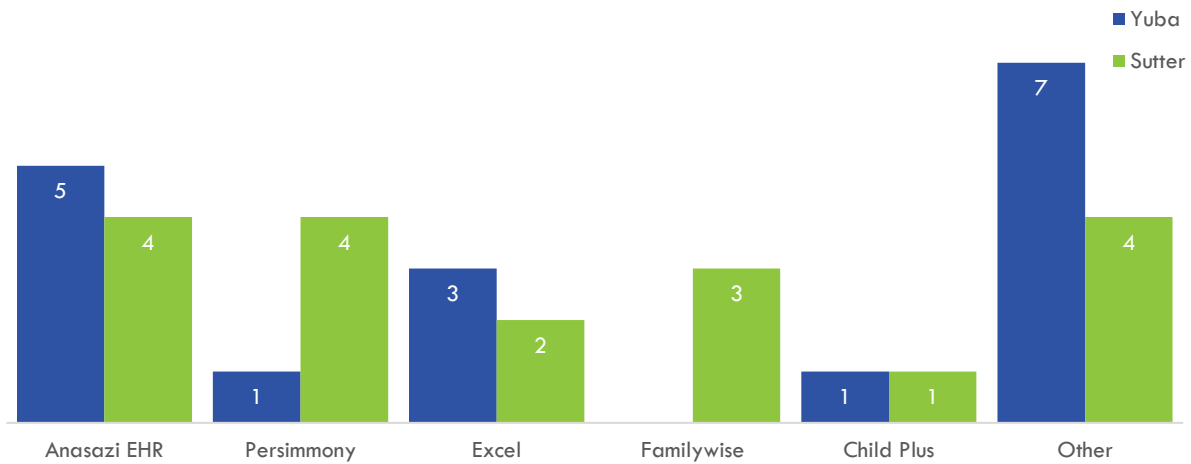
Respondents that collected outcomes data often reported using the same tools as the baseline measures. For instance, one Yuba County provider reported, “whenever possible we follow up with the tool that was initially used.” One provider in Sutter County also mentioned reporting outcomes using the CalWORKs Home Visiting Program (HVP) Monthly Status Report. All respondents reporting outcomes data tracked case goal completions (this excludes two programs that did not provide a response).

Figure 24: Baseline and Outcomes Assessments (n=25)

	Yuba		Sutter	
	Baseline	Outcomes	Baseline	Outcomes
ASQ/ASQ-SE	✓	✓	✓	
CalWORKs HVP Status Report				✓
CANS	✓✓	✓✓	✓	✓
CBCL	✓	✓	✓	
CHEERS			✓	✓
Depression/Mental Health	✓	✓	✓	✓
DRDP	✓	✓	✓	✓
LOCUS	✓		✓	
MORS	✓	✓	✓	✓
Parent Surveys (HFA or other)	✓	✓	✓✓✓	✓✓✓✓
PSC-35	✓	✓	✓	✓
RAT			✓	
TABS	✓	✓	✓	
WEB			✓	
Other	✓✓	✓✓	✓✓	✓✓✓
Total Collecting Data	13	12	12	13

As can be seen in Figure 25, providers in Sutter and Yuba counties stored client data using a variety of software programs. Four providers that served both counties, as well as one serving **Yuba County**, utilized Anasazi EHR Electronic Medical Record software. Four providers in **Sutter County** and one in **Yuba County** (Family Soup) stored client data in Persimmony. One program exclusively serving **Yuba** and two programs that each served **Yuba** and **Sutter** counties stored client data in Excel. Three **Sutter County** programs used Familywise, and a large proportion of programs used some other means of storing client data. Other options included Caseload Pro, TruCare, C-IV, CWS/CMS, Simple Practice, Nightingale Notes, Penelope, and individual client charts/paper folders.

Figure 25: Client Data Storage (n=25)



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