

Mid-Year Evaluation Brief

2023-2024



What is First 5?

First 5 Plumas was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added a 50-cent-per-pack tax on cigarette sales to fund programs promoting early childhood development for children ages 0-5 and their families. First 5 Plumas operates on an annual budget of approximately \$350,000 made up primarily of Prop 10 funds. As a small county, First 5 Plumas is dependent on small county augmentation funds provided by First 5 California. It also draws down Medi-Cal Administrative Activities (MAA) funds. Combined, these funds are used to provide services and make system improvements supportive of young children and their families.

How Does First 5 Invest in Families?

First 5 Plumas supports home visiting programs in which home visitors provide regular, voluntary home visits to expectant and new parents and offer guidance, risk assessment, and referrals to other services offered in the community. First 5 supports four community home visiting programs, which include:

Plumas Public Health

The Plumas County Public Health Family First Home Visiting Program provides home visiting services to pregnant individuals and parents of young children. Nurses conduct home visits where topics include prenatal care, caring for an infant or toddler, and encouraging the emotional, physical, and cognitive development of young children.

Roundhouse Council

Roundhouse Council offers home visiting services to Native American families with children ages 0-5. Case management, literacy supports, and child development activities are provided to families.

Plumas Unified School District

The Early Intervention Specialist at Plumas Unified School District provides home visiting services to children ages 0-3 who have been identified with a developmental delay. Services are customized according to families' needs.

First 5 Early Childhood Specialist

The Family Service Coordinator provides developmental screening outreach, home visiting services and group supports to families with children ages 0-5. By developing a trusting relationship with the primary caregiver, the home visitor works to encourage healthy parenting practices and self-care habits.

Why Does First 5 Evaluate its Efforts?

Each First 5 Commission is accountable for measuring results of funded programs and adjusting investment priorities to best achieve results for children and families. Evaluation permits the First 5 Plumas Commission (referred to as “the Commission”) and the community to track progress toward goals and to continuously improve efforts to impact the community. The Commission has established the following areas of exploration for its home visiting programs.

- Who was provided with home visiting services?
- What kind of services were provided?
- How well did home visiting services meet the unique needs of families?
- What was the impact on families who received home visiting services?

This report is meant to provide a snapshot of home visiting programs at mid-year, offering the Commission and funded partner agencies information about strengths and adjustments necessary to achieve the Commission’s strategic plan goals and objectives.

Please note that this report only includes families who received services during this reporting period AND provided consent to participate in evaluation efforts.

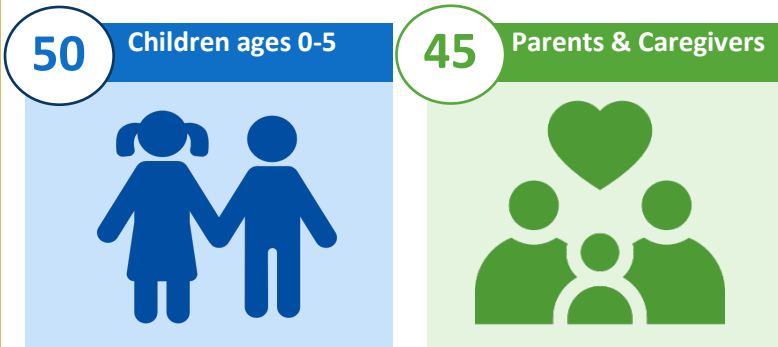
Who was provided with home visiting services?

A total of **45** families were provided with home visiting services between July 1, 2023, and December 31, 2023. The number of families served by each home visiting program is depicted below. Please note that some families participate in multiple home visiting programs, and thus the totals below exceed the total of 45 families served (in comparison to 2022-23 mid-year: Family First - 32, First 5 - 12, Roundhouse Council - 9, Early Intervention - 8, with 50 families total).

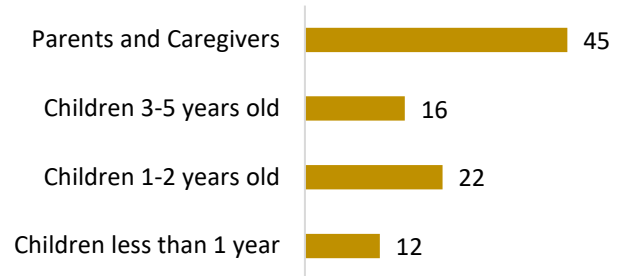


- 31** Plumas County Public Health Family First Home Visiting Program
- 6** First 5 Early Childhood Specialist
- 8** Roundhouse Council
- 6** Plumas Unified School District (PUSD) Early Intervention Program

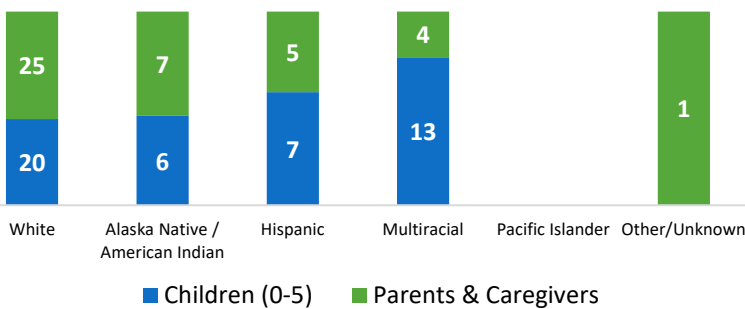
Program participants included children prenatal through age five as well as their family members.



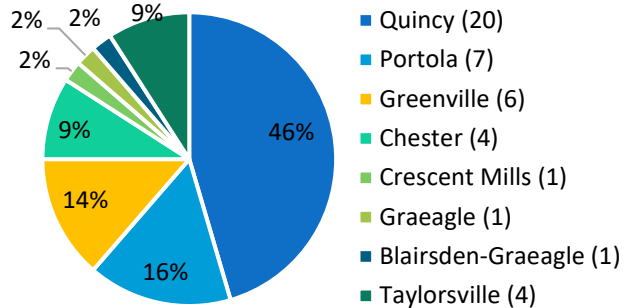
Age of Individuals Served



Race/Ethnicity of Individuals Served



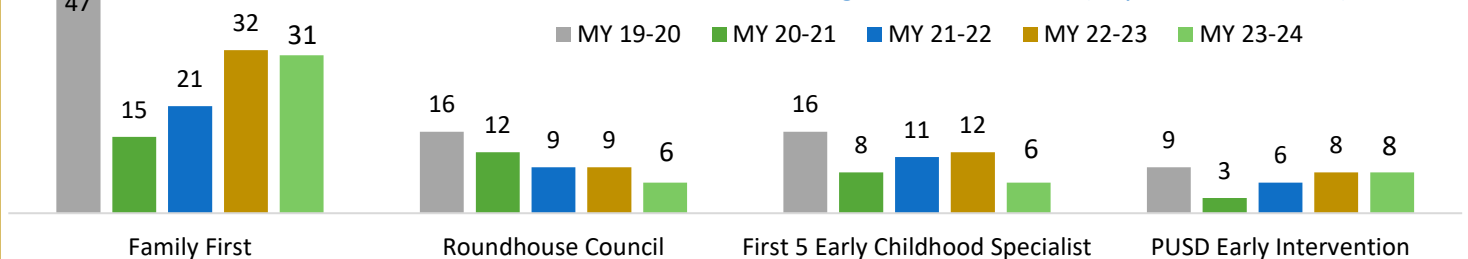
Communities Where Families Live



~50% individuals served (for which demographic data is available) were White (47 of 95).

Most families accessing home visiting services live in either Quincy (20 or 46%) or Portola (7 or 16%). Some families reside in Greenville (7 or 14%) and Chester (4 or 9%).

Number of Families Served Over Time During Same Time Period (July 1 - December 31)



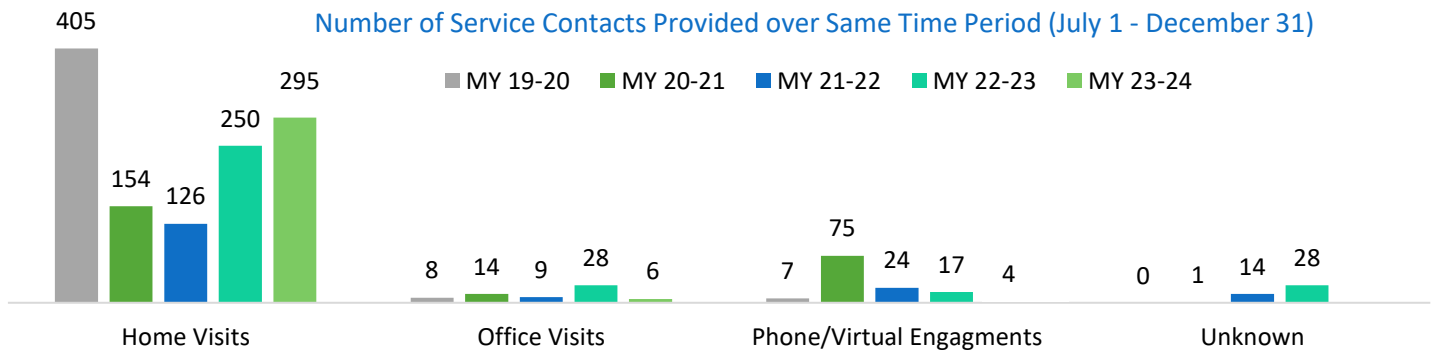
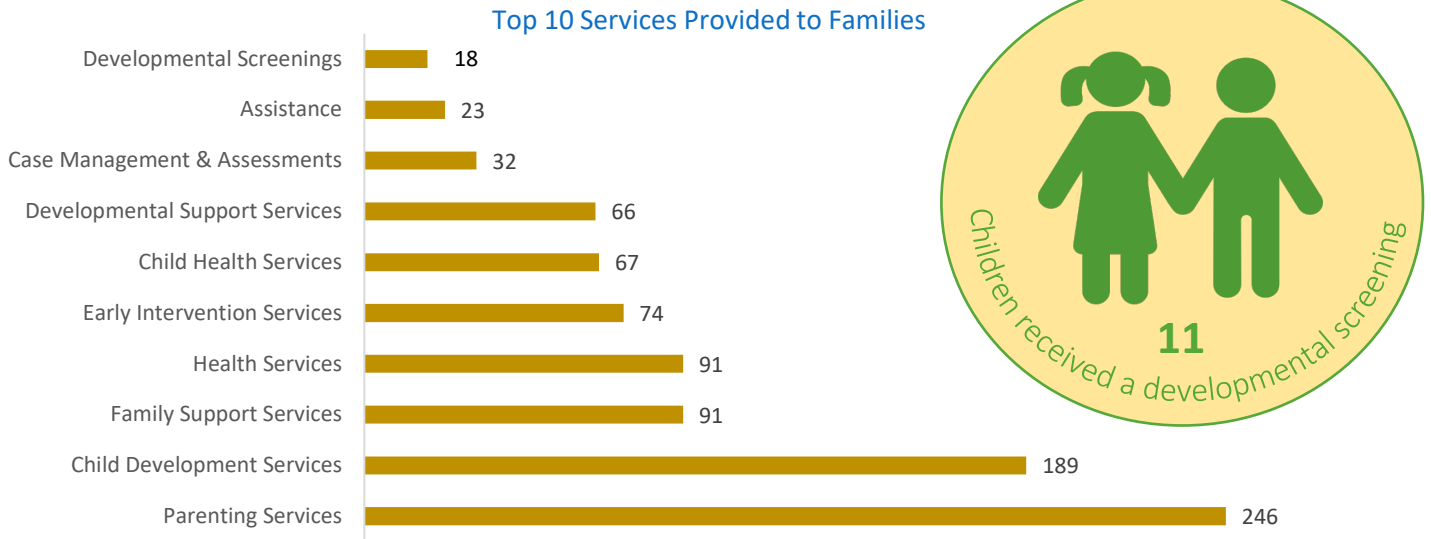
What services were provided?

Between July 1, 2023, and December 31, 2023, there were a total of **161** personal visits with families (there were 295 service contacts compared to 323 service contacts in 2022-23, mid-year). The graphic below breaks down how many personal visits for each service modality occurred and include home visits, in-office consultation, and telephone or virtual conversations.



Home visitors record each service that occurs during a visit. Because multiple services can be provided during a single personal visit, it is common that the number of services offered outnumber the number of visits that occurred.

A total of **895** services were provided between July 1, 2023, and December 31, 2023. The top 10 services provided by home visitors are provided below.



How well did services meet the unique needs of families?

In past evaluations, the measurements used to determine how well services were meeting the unique needs of families, included analyzes the indicators:

- Number/percent of families that are engaged (as defined by having received at least four home visits in the past 18 months by home visiting programs)
- Number of children receiving integrated service delivery (as defined by children receiving supports from more than one home visiting program).

86% of families receiving home visiting services received at least four home visiting services.

In addition to understanding the engagement of families, data is collected to identify who is referring families to home visiting programs and what additional resources are needed by families being served.

Referrals Provided to Families Participating in Home Visiting Services

Between July 1 and December 31, 2023, there was no data entered on Referrals by the Public Health staff. Referral data was entered as Service Data and is not available.

Who Referred Families to Home Visiting Services

Medical providers were the only referral source for families served in home visiting programs during this reporting period and there were only 7 reported referrals.

What was the Impact on families?

To measure the impact that home visiting has on families, First 5 tracks the following indicators:

- The number of families that have maintained high levels or increased protective factors within their family unit.
- The amount of time spent by families participating in activities with their children that support school readiness.
- The number of children that have health and dental insurance as well as a medical and dental home.
- The number of children who are up to date on their medical and dental care.
- The number of children who receive developmental and social-emotional screenings.
- The number of families that report satisfaction with the content, quality, and family- centeredness of services.

Data for most of these indicators are only collected once a family has received a minimum of six hours of service. It is assumed that a family will have received this minimum dosage after six months of enrollment in the home visiting program, and therefore, outcomes data are collected in six-month intervals. The only indicators that do not require this threshold of service delivery for measurement/reporting purposes are developmental and social-emotional screenings.

Of the **45** families who have been served by First 5 funded home visiting programs, **39** of them were enrolled in the program for at least six months based on the date of the head of households' intake forms. The results below represent data for the families who have been enrolled in the program for at least six months **and** for which all data elements necessary for evaluation purposes are available (such as a pre/post where data is collected in that fashion).

Protective Factors in Families Served

The Strengthening Families Protective Factors framework is a research-based approach to promoting family functioning, child-development, parent resilience, and social connections. Home visiting programs provide services within this framework, and as such, utilize a tool to identify changes in parents' perception within these categories. The results for families who have participated in the program for at least six months (n=10), and for whom data are available, are provided in the chart below. The chart demonstrates how each of these families agreed with each protective factor proxy question relative to before they participated in home visiting and after being in the program for at least six months.

	Question #1 <i>I have relationships with people who provide me support when I need it.</i>		Question #2 <i>I know who to contact in the community when I need help.</i>		Question #3 <i>I have confidence in my ability to parent and take care of my children.</i>		Question #4 <i>When I am worried about my child, I have someone to talk to.</i>		Question #5 <i>I know how to meet my family's needs with the money and resources I have.</i>		Question #6 <i>I can stand up for what my family and children need.</i>		Question #7 <i>I can make choices about my family schedule and activities that reduce family stress.</i>	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Family #1	Neutral	Mostly Agree ↑	Slightly Agree	Strongly Agree ↑	Mostly Agree	Strongly Agree ↑	Mostly Agree	Mostly Agree	Mostly Agree	Strongly Agree ↑	Mostly Agree	Strongly Agree ↑	Mostly Agree	Mostly Agree
Family #2	Strongly Agree	Strongly Agree	Mostly Agree	Strongly Agree ↑	Slightly Agree	Mostly Agree ↑	Mostly Agree	Mostly Agree	Strongly Agree	Strongly Agree	Mostly Agree	Strongly Agree ↑	Strongly Agree	Strongly Agree
Family #3	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
Family #4	Slightly Agree	Mostly Agree ↑	Mostly Agree	Mostly Agree	Slightly Agree	Strongly Agree ↑	Mostly Agree	Mostly Agree	Strongly Agree	Strongly Agree	Mostly Agree	Mostly Agree	Slightly Agree	Mostly Agree ↑
Family #5	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Mostly Agree ↓	Strongly Agree	Strongly Agree	Slightly Agree	Slightly Agree
Family #6	Strongly Disagree	Strongly Agree ↑	Slightly Disagree	Strongly Agree ↑	Strongly Agree	Strongly Agree	Mostly Disagree	Strongly Agree ↑	Mostly Disagree	Mostly Agree ↑	Slightly Disagree	Strongly Agree ↑	Mostly Disagree	Mostly Agree ↑
Family #7	Mostly Disagree	Strongly Agree ↑	Slightly Disagree	Strongly Agree ↑	Strongly Disagree	Strongly Agree ↑	Slightly Disagree	Mostly Agree ↑	Strongly Agree	Strongly Agree	Mostly Agree	Strongly Agree ↑	Strongly Agree	Strongly Agree

Family Habits that Support School Readiness

First 5 Home Visiting programs routinely provide coaching and modeling for parents in how they can support their child's development. The programs collect information from families to assess the extent to which a family regularly enlist habits that support child development in areas such as early literacy and numeracy, exploratory skills, physical exercise, and well-being. The following data demonstrates the extent to which families participate in habits that support their child's development at program entry as well as after having received at least six-months' worth of home visiting service.

How well did services meet the unique needs of families?

Reading Routines
Families read to their child at least 5-6 days per week.



Numeracy Activities:
Families practice counting or activities that involve numbers at least 5-6 days per week.



Learning through Play:
Families play with their child at least 5-6 days per week.



Physical & Motor Development:
Families take their child outdoors for physical activities at least 5-6 days per week.



Regular Routines:
Families follow a regular routine at least 5-6 days per week.



Reading Routines		Numeracy Activities:		Learning through Play:		Physical & Motor Development:		Regular Routines:	
Before	After	Before	After	Before	After	Before	After	Before	After
25%	67%	67%	83%	50%	71%	33%	33%	100%	83%
1 of 4	4 of 6	2 of 3	5 of 6	2 of 4	5 of 7	1 of 3	2 of 6	2 of 2	5 of 6

Because data were only available for seven out of 45 families served, and three families were missing all intake data and some follow up data is missing, it is not appropriate to draw conclusions about program effectiveness related to supporting families in establishing habits that support school readiness.

Access to Medical Services and Supports for Children

Home Visitors provide support for families in ensuring they can access medical care for the young children (ages zero through five) being cared for in their home. To assess whether children have access to medical care, the following indicators are tracked at program entry and every six months thereafter:



Children Who Have Health Insurance



Children Who Have a Medical Home



Children Who Are Up to Date on Well-Child Visits

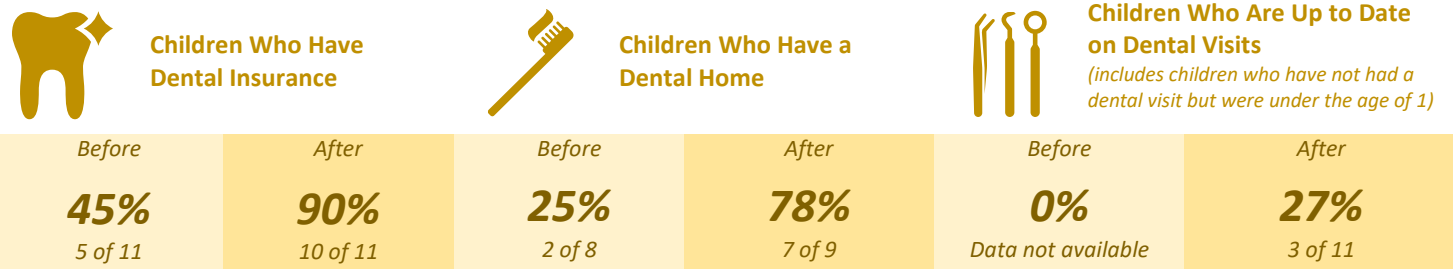
Children Who Have Health Insurance		Children Who Have a Medical Home		Children Who Are Up to Date on Well-Child Visits	
Before	After	Before	After	Before	After
91%	100%	66%	100%	45%	100%
10 of 11	11 of 11	6 of 9	9 of 9	5 of 11	11 of 11

Because data were only available for a maximum of eleven out of 50 children served, it is not appropriate to draw conclusions about program effectiveness related to supporting families in accessing medical care for the young children in their home.

How well did services meet the unique needs of families?

Access to Dental Services and Supports for Children

Families are also supported in accessing dental care for the young children in their families (ages one through five). To assess whether children have access to dental care, the following indicators are tracked at program entry and every six months thereafter:



Because data were only available for a maximum of eleven out of 50 children served, it is not appropriate to draw conclusions about program effectiveness related to supporting families in accessing dental care for the young children in their home.

Developmental and Social-Emotional Screenings for Children

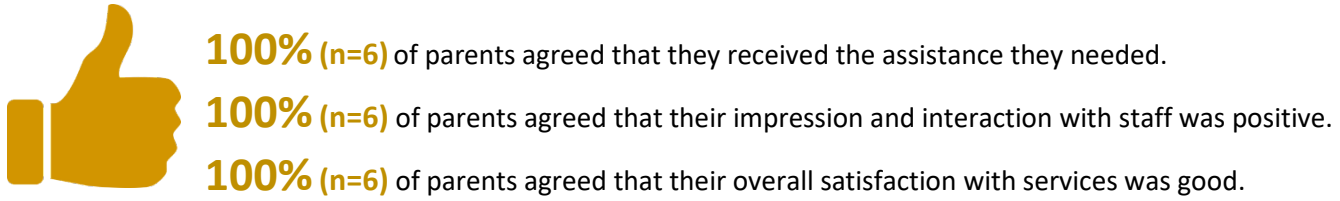
To ensure that children receive early screening and intervention for developmental delays and other special needs, home visiting programs utilize the Ages and Stages Questionnaire (ASQ) for developmental issues and the Ages and Stages Questionnaire Social-Emotional (ASQ-SE) for social emotional issues. A total of 11 children were screened either using the ASQ or ASQ:SE or both. Children in Early Intervention or children identified with a developmental delay should not be screened.

A total of **1** child was screened using the ASQ:SE. No children received multiple ASQ:SE screenings.

A total of **11** children were given a total **18** screenings using the ASQ. 4 children received multiple screenings, based on the recommended screening intervals.

Family Satisfaction with Home Visiting Services

Successful programs work closely with families to provide services that meet the unique needs of each family by integrating participant feedback into program planning. To solicit participant feedback, the programs collect client satisfaction information at every six-month interval. Satisfaction data collected during the reporting period from families who have participated in the program for at least six months and for which data are available, is demonstrated below.



Commission Considerations

The intent of the mid-year report is to measure outcomes and provide data that will be utilized by the Commission to make data-driven decisions. Data deficiency issues continue to hamper having clear outcomes so that the mid-year report can be used to make decisions. Outlined below are some of the deficiencies and examples of the impact of the deficiencies. There are also examples of how the Mid-Year Report can be used by the Commission to be proactive and responsive to the needs of the 0-5 population, and their families, despite data deficiencies.

ISSUE: There are data deficiencies in:

- Database Design – Database developers have been unavailable for contracted work to address issues that were unresolved at the completion of the contract. For example, easily being able to toggle between a family being Active and Inactive, when a family resumes home visits. Also, there are no reports in the database system past FY 24-25, so moving forward analysis will be compiled from the raw data.
- Data Collection - Many pre and post data forms were left incomplete. For example, one home visitor marked that an ASQ was completed as part of the services provided but there were no screening scores provided, so the ASQ screening could not be included in the Mid-Year Report. Home Visiting programs are being provided with quarterly reports that identify missing data. There was a low percentage of follow-up data from families in the program for 6 months or more.
- Data Entry and Data Management - Data is often not turned in by home visitors on a weekly basis, and due to staffing shortages, data is often not entered weekly, which is what is required in the MOU between Public Health and First 5 Plumas. The MOU needs to be updated as there are no deadlines for data entry in the MOU with Public Health and there have been long delays in being able to pull home visiting data.
- Data Analysis – All previous Mid-Year Reports and evaluations prior to the 22-23 Year-End Report, were conducted by a consultant. Evaluations are currently being done in-house because of budget constraints. Having different evaluators can mean inconsistencies in how analysis is completed.

ISSUES: Staffing shortages and staff turn-over will impact data totals in 23-24. The Early Childhood Specialist position was vacant for 2.5 months. Other programs have also had staffing shortages including Roundhouse Council. Public Health data entry was impacted by multiple staff entering data. Nursing shortages are known and Public Health has not billed for the total contract in the past two years.

ISSUE: The First 5 Plumas Strategic Plan outcome measures do not include measures driven by family needs. For example, there is no way for a home visiting program to document when a family's needs have been met and the family would like to be exited from the program. Program design is based on the Strengthening Families framework which is intended to provide ongoing home visiting services to families on a regular basis, over an extended period, resulting in improved family functioning/resiliency. Program design does not currently have a low-intensity option.

It is expected that Family First will be transitioning to Parents As Teachers as part of their home visiting expansion efforts and they may not be using the First 5 database in the future, though it is not clear when this transition will happen.

Commission Considerations

The 2020- 2025 Strategic Plan will need to be revised by 2025. There have been significant changes in Plumas County since COVID-19 and the Dixie Fire, and the Commission will be conducting a community needs assessment and compile parent input as part of strategic planning. The Commission may also want to review and possibly revise the evaluation frameworks, program designs, and funding structure as part of the planning process. It will be necessary to determine if declining funding from Proposition 10 will continue to fund home visiting programs, at current levels.

Throughout the First 5 Plumas Mid-Year Report, there are data deficiencies which make it inappropriate to draw conclusions about program effectiveness, but we have included the data we have so that we have some measures that can then be research to determine if there are unmet needs. For example:

- Only 27% of children are up to date on dental visits during the 6 month follow up (page 7). This would mean that for children whose families are fully engaged and have had follow-up data collected, and all of whom have indicated they have insurance, 73% are not going for dental visits. This aligns with data collected by Family First about use of dental treatment services for child ages 3 to 5 in Plumas County that shows that only 10% of children are using dental services (2016-2021).
- There is also evidence in the mid-year report that ASQ developmental screenings are not being done at a rate that we would expect. Only 11 of 44 children who should have the ASQ screenings, have had them (children identified with disabilities should not be given the ASQ).
- Home visits are being done at a higher rate than would be expected in Quincy.
- Family Habits data suggests that families are not taking their child outdoors for physical activities at a rate that is optimal for children.

The considerations should be given as to whether home visiting programs:

- Are efficient and effective in providing culturally responsive programming to the families being served.
- Have intake and referral processes that are streamlined; with services that are accessible to families.
- Have clear eligibility criteria established for intake and exiting of home visitation services, focus population and eligibility requirements, including whether or not the home visiting program will provide short, mid, and/or long-term support. Additional consideration should be given to what if any focus population will be prioritized for program enrollment.
- Have community education and outreach in order to increase referrals from community-based organizations, health care professionals, and child care providers.
- Ensure families feel comfortable accessing services and increase peer-to-peer referrals; where parents are engaged in opportunities to provide feedback on services in order to tailor home visiting programming to the specific needs of the population in our small, rural county.
- Offer opportunities for fathers/male care givers to be engaged and empowered to be actively involved in their parenting experience.
- Help families be aware of local services including programs funded by First 5, and know how to access resources to meet their needs.
- Support families to build on their protective factors including positive social connections and knowledge of child development.