Year-End Evaluation Report 2024-2025

FIRST 5 PLUMAS

Plumas County Children and Families Commission

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 population 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 works closely with county agencies and community-based partners, leveraging local resources to increase the value of its investments. Primary investments of the Commission include home visiting services, services that support home visiting, and support for a county-wide network of family service providers. First 5 Plumas conducted county-wide needs assessments in 2024 which has helped to identify service gaps. First 5 Plumas' Help Me Grow helps to promote and support effective early identification and intervention systems, with the goal of contributing to a locally developed resource and referral system that identifies a family's child development needs.

Home Visiting Programs

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 County Public Health Department — Family First Home Visiting Program

- Plumas County Public Health Family First Home Visiting Program provides home visiting services to pregnant women 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 — Home Visiting Program

- Roundhouse Council offers home visiting services to Native American families with children from birth to five years of age. Case management, literacy supports, and child development activities are provided to families.

Plumas Unified School District — Early Intervention Home Visiting

- 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 the family's needs.

First 5 Plumas County — Family Services Coordinator

- The Family Services Coordinator, employed by First 5 Plumas, provides home visiting support services to families with children ages 0 - 5. By developing a trusting relationship with the primary caregiver, the family services coordinator works to encourage healthy parenting practices and resource and referral.

Systems Improvement

First 5 Plumas convened the Inclusive Early Education Workgroup in August 2024 which has led to improvements in addressing barriers, leveraging resources, and fostering collaboration to support the inclusion of children with disabilities in early childhood education in Plumas County. The Inclusive Early Education Action Plan and implementation of the plan includes improvements made to Child Find, supports for successful inclusion, engages parents and advocates around children's educational rights, and improve community awareness and understanding around inclusion.

The Help Me Grow Plumas website was published this year with a menu of searchable local resources available, increasing the use of ASQ Developmental Screening Online, expanding literacy and kindergarten readiness activities, and planning for improved referral systems including integration with a county 211 system. Help Me Grow Plumas activities are consistent with the Commission's identified areas for systems improvement which included: 1) improved access to services, 2) improved coordination of care, and 3) improved service sufficiency. The intent is for Help Me Grow and group support services to enhance Home Visiting in Plumas County.

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 Commission and the community to track progress toward goals and to continuously improve efforts to impact the community.

Areas of Exploration

Home Visiting

- 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?

Support Services

- Who was provided with services?
- What kind of services were provided?
- What was the impact on families who received group supports and other services?

Help Me Grow

- Does Help Me Grow have a plan to address the most pressing issues facing families?
- What actions did the First 5 Plumas take to improve family serving systems?

This Annual Evaluation report is meant to provide an evaluation of commission investment strategies at year-end, offering the Commission and funded partner agencies information about strengths and adjustments necessary to achieve the Commission's strategic plan goals and objectives. This report also seeks to clearly illuminate issues of equity affecting the birth to age 5 population in Plumas County for the purposes of addressing racial and ethnic inequity, disability and inclusion, and underrepresentation of populations in Plumas County.

Contextual Information for Evaluation Report

It is important to note a number of contextual conditions that influenced this report. These conditions include the following:

- **Staffing Shortages and Staff Turn-Over:**
  Staffing shortages including employees on leave and staff turnover have impacted the overall service numbers provided in this report. 68% of all visits were conducted in the first 6 months of the year, indicating that perhaps, weather or staffing impacted visits. Family First was also increasing its capacity by implementing Parents As Teachers and invested time in training staff.

- **Data Collection:**
  Limited Term Services: All Plumas County families with children prenatal to age 5 are eligible to receive home visiting services. Not all of these families have the availability or desire to receive the dosage of visits prescribed by model programs. If a families' goals have been met with less than 4 visits or if they do not continue with home visits, they are considered to have received limited term services and may not be included in the evaluation data.

- **Missing Data Collection/Data Collection Forms:** Every family participating in home visiting services should be issued a 6-month follow-up assessment, retrospective protective factors survey, and satisfaction survey every six months in which they are participating in services. There was missing data necessary for measuring outcomes during this reporting year. It is not always possible, at any particular home visit to collect the necessary data, based on the family's needs and available time. Quarterly home visitor meetings were held to address any concerns and to collaborate about data collection for families that were participating in more than one home visiting program. Home visiting programs were provided data sheets identifying the missing data and they were provided additional time to submit any missing forms after each quarter.

Home Visiting Programs

Who was provided with home visiting services?

A total of **42** families were provided with home visiting services between July 1, 2024, and June 30, 2025 (compared to 71 families in fiscal year 2023-24) with 2 families receiving services from more than one program. This is a 40% decrease in home visits from 2023-24 but other factors may be impacting participation. Early Intervention data was not entered for evaluation, but they served 22 families, with 14 families receiving at least 6 visits, with 186 visits.

- **34** Family First
- **6** Roundhouse Council
- **4** Early Intervention Program

42 families who received home visits, provided active consent to have their information shared for evaluation purposes. The data provided throughout this report represents those 42 consented families, though not all of those families had intake data and not all 6 month follow up data was collected.

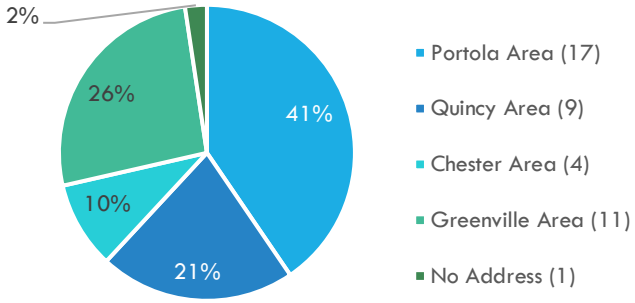
Profile of Households served by Home Visiting Programs with Consent

42 Family households received home visiting services

55 Parents, caregivers and other ***adult members in households that received home visiting services***

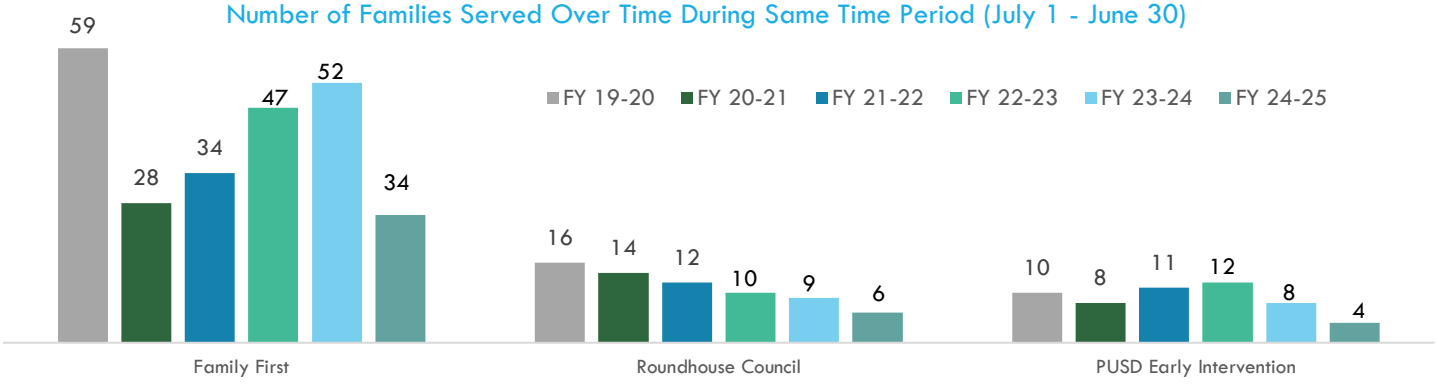
46 Children ages 0 through *5* ***lived in households that received home visiting services***

Communities where Families Live



Most families accessing home visiting services live in either Portola area (17 or 41%) or the Greenville area (11 or 26%), with Quincy (9 or 21%) and Chester (4 or 10%). This represents a deficiency of services being offered in Chester and a reduction of services in Quincy, from 28 families last year to 9 this year.

Number of Families Served Over Time During Same Time Period (July 1 - June 30)



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Plumas County Children and Families Commission

Who was provided with home visiting services?

The following data represents the profile of individuals who were direct recipients of home visiting services. It is assumed that everyone in the household will benefit from services. There were 13 males care providers who did not receive direct services and a total of 5 children in home that did not receive direct services.

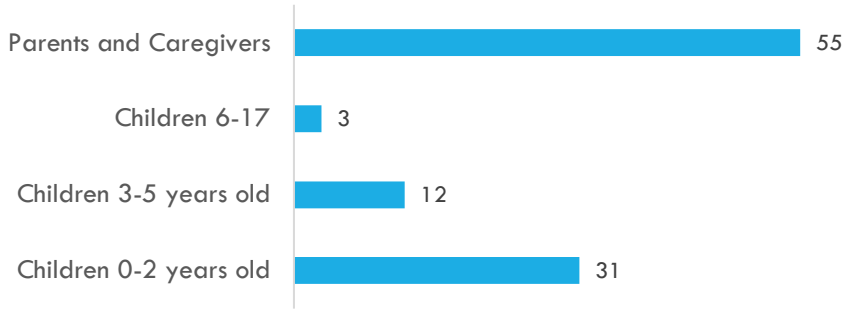
Children ages 0-5 who directly received services

43

Parents & Caregivers and Family Members who directly received services

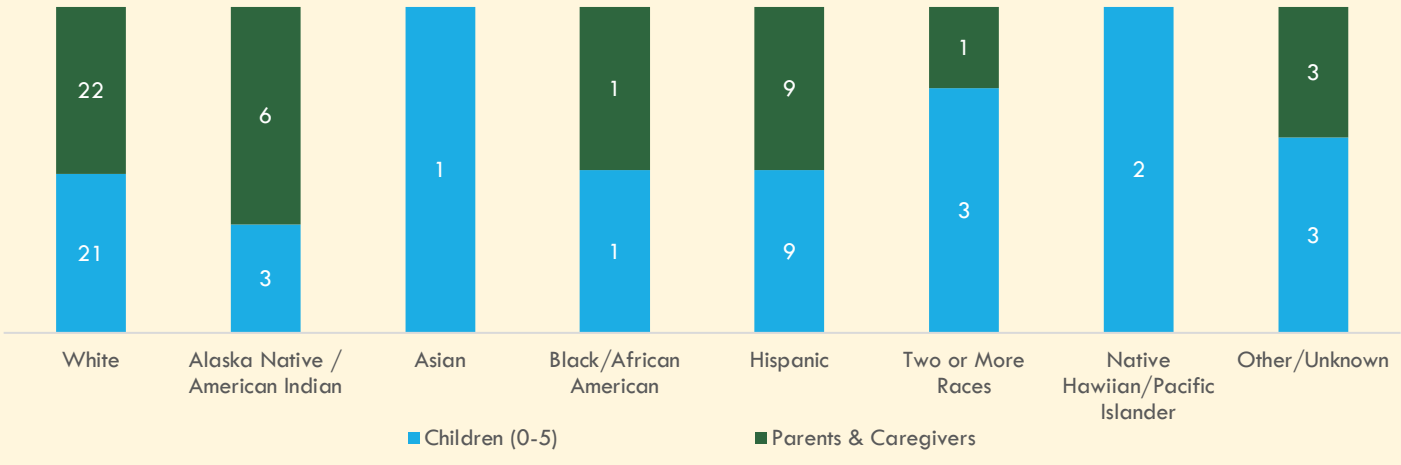
42

Age of Children in the Homes that had Services



There were 12 infants born in fiscal year 2024-25 (28%), served by home visitors. Infants and toddlers between ages 0-2 years old represented the largest age group (31 or 72%) of children, ages 0 to 5, who were direct recipients of home visiting services. There was intake data collected on 42 parents and an additional 13 parents were named as caretakers.

Race/Ethnicity of Individuals Served



Most individuals served (for which demographic data is available) were white (41 of 84, 49%). Many are Hispanic (18 or 84, 21%) followed by Alaska Native/American Indian (9 of 81, 11%).

Home Visiting Programs

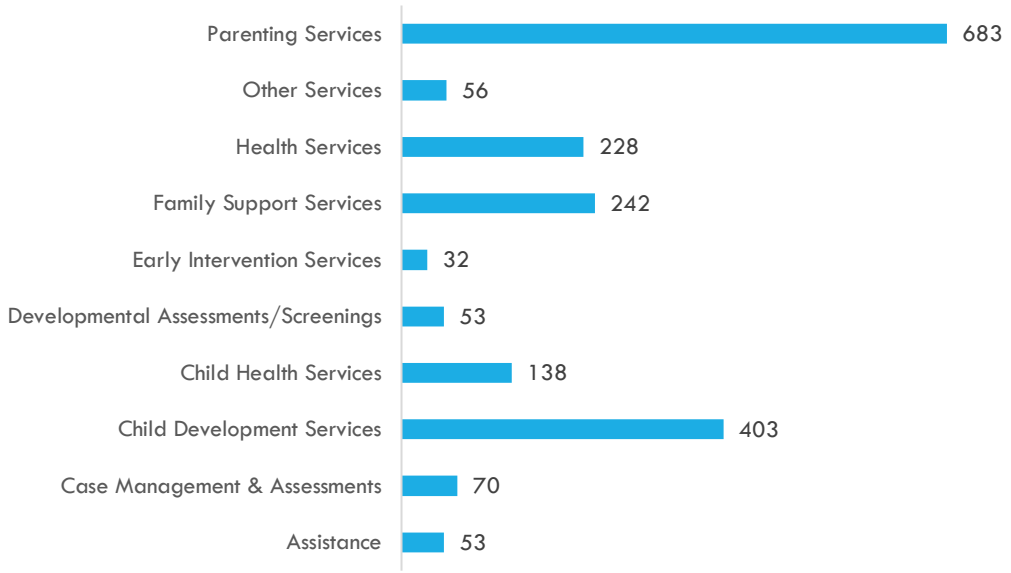
What services were provided?

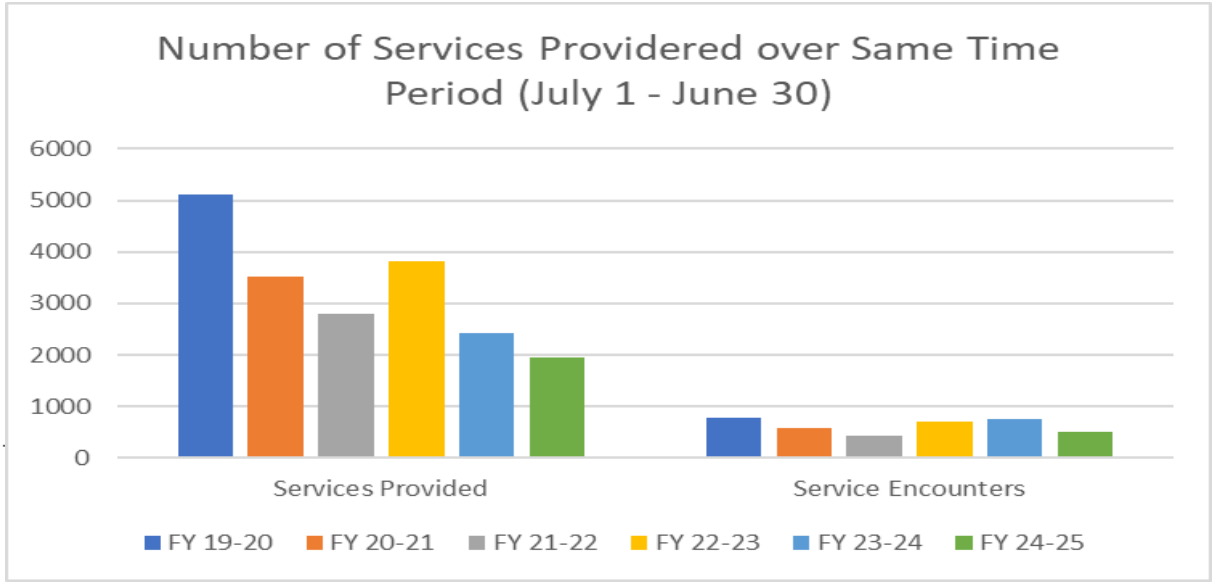
Between July 1, 2024, and June 30, 2025, a total of **263 personal visits** were made with families, which includes home visits, office visits, virtual/phone, and unknown (which can include visiting families at a local park, shelter, or other location that is not a home).

506 service contacts were made with individuals. Because services to multiple individuals can be provided during a single visit, it is common that the number of service contacts offered to outnumber the number of personal visits that occurred.

A total of **1,958** service types were documented between July 1, 2024, and June 30, 2025. The top services provided by home visitors is provided below but there are no definitions for service types and the selection of the service type is based on every service type that could be selected, despite overlap.

Top 10 Services Provided to Families





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Home Visiting Programs

How well did services meet the unique needs of families?

To measure how well services are meeting the unique needs of families, **over 2 years**, the following indicators are analyzed:

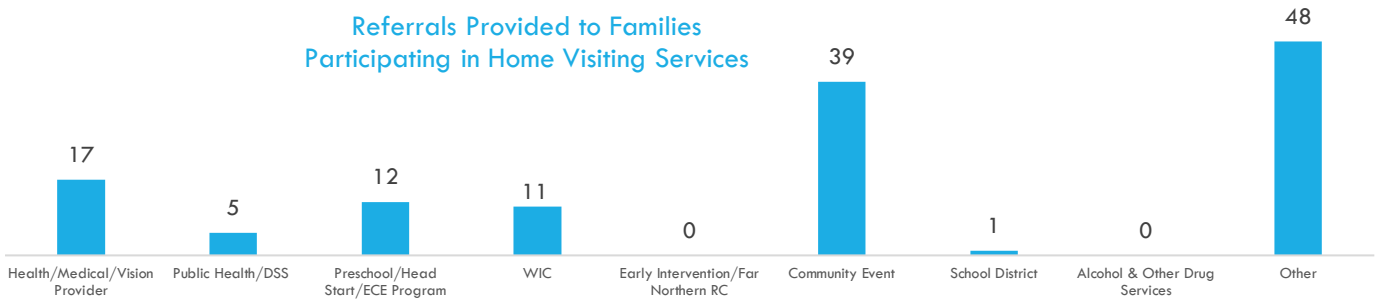
- **32** families are engaged as defined by having received at least four personal visits (90%)
- **10** families were provided limited-term services (three or less personal visits).

Most families receiving personal visiting services *received at least* ***four personal visiting services over 24 months*** and the total number of visits combines all programs. For the families who received less than 4 visits, 1 family had intake date in June 2025, so there would not have been time to complete the recommended number of visits.

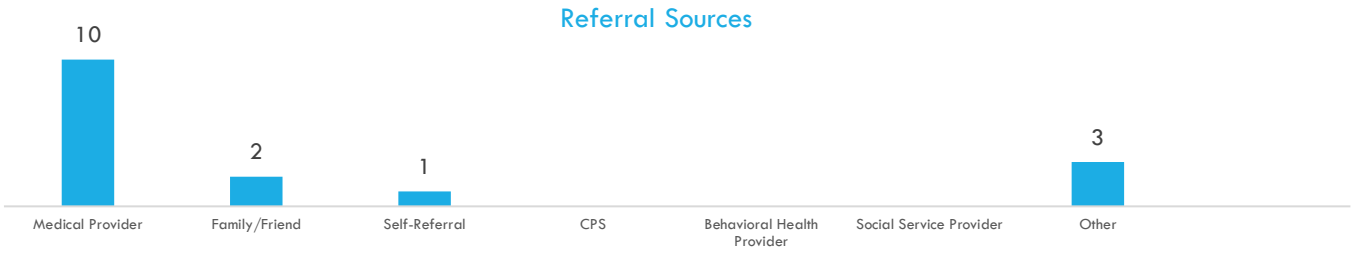
In addition to understanding the engagement of families and the number of children benefiting from service delivery, data is collected to identify who is referring families to home visiting programs and what additional resources are needed by families being served.

Referrals Provided to Families Participating in Home Visiting Services

Between July 1, 2024 and June 30, 2025, home visitors provided **151** referrals to other community services. As demonstrated in the chart below, the most common referrals were to "Other Services" which include First 5 Plumas home visiting supports (e.g. playgroups, fatherhood group, parent conference), library programs, the local pools, and summer programs.



Who Referred Families to Home Visiting Services



The most common referral source for the home visiting programs came from medical providers. There were less referrals this year compared to 23-24 (19 referrals from medical providers). Referral data is collected upon intake and on service data entry forms but there is no documentation to follow up about if a referral leads to additional services. First 5 Plumas is working to improve referral systems.

Home Visiting Programs

How well did services meet the unique needs of families?

Home Visiting Framework and Service Delivery

- **25** families are engaged as defined by having received at least four personal visits within the fiscal year.
- **17** families were provided three or less personal visits within the fiscal year but 10 of those families received more than 4 visits over 2 years.

The following data shows visits within the fiscal year for 26 families who received 4 or more home visits. It is expected that the frequency of visits may decrease as a family reduces its need for services. There were significantly fewer personal visits this year (263 compared to 437 last year and last year there were 3 families who received 24 to 58 visits). No families received 24 visits within the fiscal year.

Families Provided with Intensive Services in 2024-25			
Family #1	17	Family #14	9
Family #2	16	Family #15	8
Family #3	15	Family #16	8
Family #4	14	Family #17	7
Family #5	13	Family #18	7
Family #6	13	Family #19	7
Family #7	12	Family #20	5
Family #8	12	Family #21	4
Family #9	12	Family #22	4
Family #10	12	Family #23	4
Family #11	11	Family #24	4
Family #12	11	Family #25	4
Family #13	11	Family #26	4

The Parents as Teachers (PAT) model recommends the following number of home visits for families:

12 visits for families with one or no high-needs characteristics

OR

24 visits for families with two or more high-needs characteristics within one year.

First 5 Plumas Home Visits are at least 60 minutes.

Home Visiting Programs

How well did services meet the unique needs of families?

Home visiting programs collect intake data and follow-up data at 6-month intervals, which include the Protective Factor Survey, Family Habits Survey, Health Survey and a Client Satisfaction Survey. The minimum number of visits is 6 for optimal dose, with Parents As Teachers recommending 24 visits for high need families. There were 39 families that had at least one visit in the first half of the fiscal year and should have had completed 6-month follow up surveys, but 15 of those families had less than 4 visits. 10 families had complete follow up survey data.

- 6 families had at least one follow up record complete but was missing data records, with Family Habits as the most common piece of missing data.
- 12 families had no follow up survey data and received 4 or more visits in 2024-2025 and were participating in home visits for more than 6 months.
- 13 families received less than 4 visits and had incomplete data in 2024-2025

The table below shows the number of families serviced with at least 6 home visits within the year. There were 8 families with all 6-month follow up data is available.

Home Visiting Program	Total Number of Families Served	Number of Families who Received at Least 6 Home Visits	Number of Families for which all 6-Month Follow-up Data was Available	Total Number of Service Contacts	Total Number of Personal /Home Visits
Family First	34	16	8	416	215
Roundhouse Council	6	2	0	73	33
Early Intervention Services	4	1	0	17	17

There were 13 families that have intake dates less than 6 months from the end of the fiscal year, meaning that we would not expect the 6 month follow up to have been completed yet. For the purpose of this evaluation, families with one or more surveys will be included in the survey results, even if all the surveys were not complete.

What was the impact on families who received home visiting services?

The indicators used to report impact on families receiving home visiting services included the following:

Increased **Protective Factors** in Families served by Home Visiting Programs

- Number/Percent of families with improved scores in each of the protective factor domains

Increased **Family Habits that Support School Readiness** in Families served by Home Visiting Programs

- Number/Percent of families that increased the frequency of habits that support school readiness

Increased **Access to Health Services** for Families Served in Home Visiting Programs

- Number/Percent of parents and children with health and dental insurance
- Number/Percent of parents and children with health and dental homes
- Number/Percent of children who are up to date on well-child check-ups and dental visits

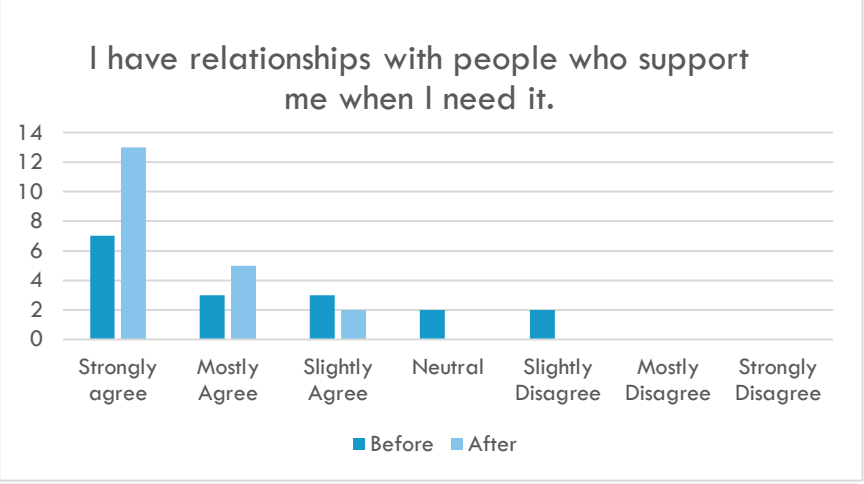
Home Visiting Programs

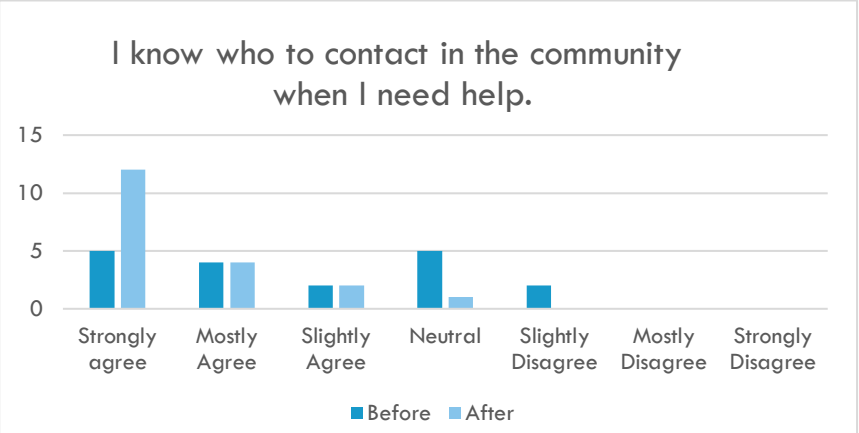
What was the impact on families who received home visiting services? (Cont.)

Strengthening Families Protective Factors

To measure the outcomes of home visiting program, all "Before" data is from the Initial Protective Factors Retrospective Survey and "Today" data is from the 6 month follow up survey. If a family had two 6-month follow-up surveys completed in one year, they are both included to get a more through indication of program impact. There were 20 Protective Factor Surveys completed by 17 families. The areas that had the most impact include where families moved from slightly agree, neutral, and slightly disagree to strongly agree and include improved relationships, confidence in parenting and knowing where to seek help. Survey questions included below:

Concrete Support in Times of Need	Question 1: I have relationships with people who provide me with support when I need it. Question 2: I know who to contact in the community when I need help.
Knowledge of Parenting and Child Development	Question 3: I have confidence in my ability to parent and take care of my children.
Social Connections	Question 4: When I am worried about my child, I have someone to talk to.
Parental Resilience	Question 5: I know how to meet my family's needs with the money and resources I have. Question 7: I can make choices about family schedules and activities that reduce family stress.
Children's Social and Emotional Security	Question 6: I can stand up for what my family and children need.



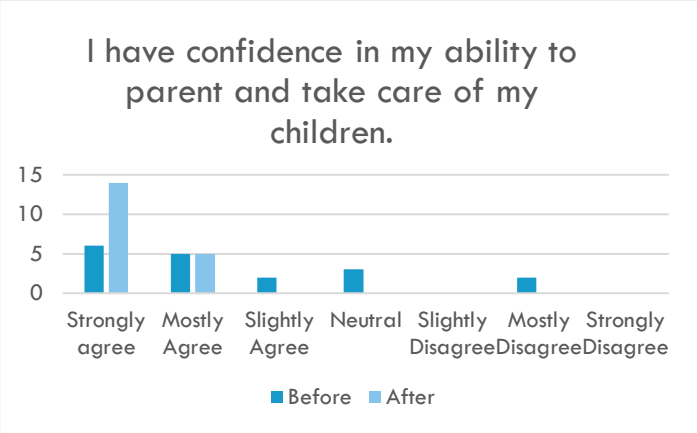


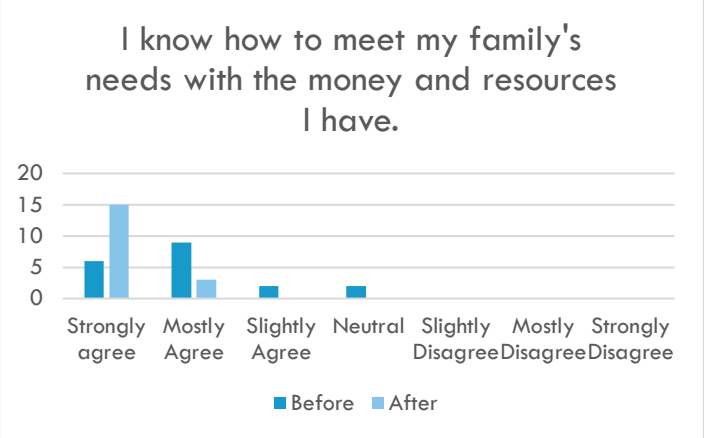
High-quality home visiting programs can improve outcomes for children and families, particularly those that face added challenges such as teen or single parenthood, maternal depression and lack of social and financial supports. First 5 Plumas Home Visiting services have yielded increases in protective factors in all areas, which leads to positive outcomes for children and families.

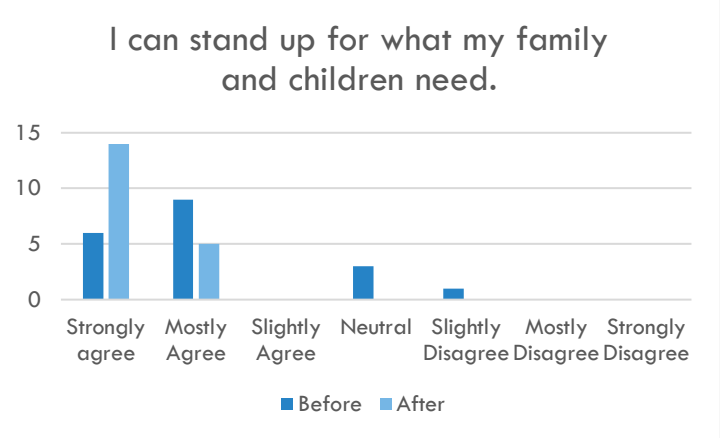
Home Visiting Programs

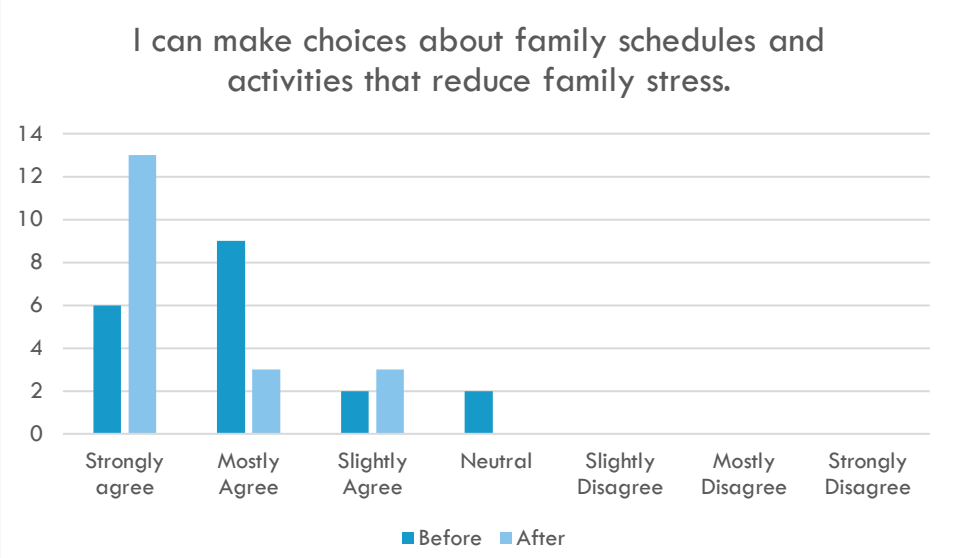
What was the impact on families who received home visiting services? (Cont.)

Strengthening Families Protective Factors









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Home Visiting Programs

What was the impact on families who received home visiting services? (Cont.)

Family Habits that Support School Readiness

Goal: All children birth through age 5 have high-quality, nurturing environments that ensure their learning readiness.

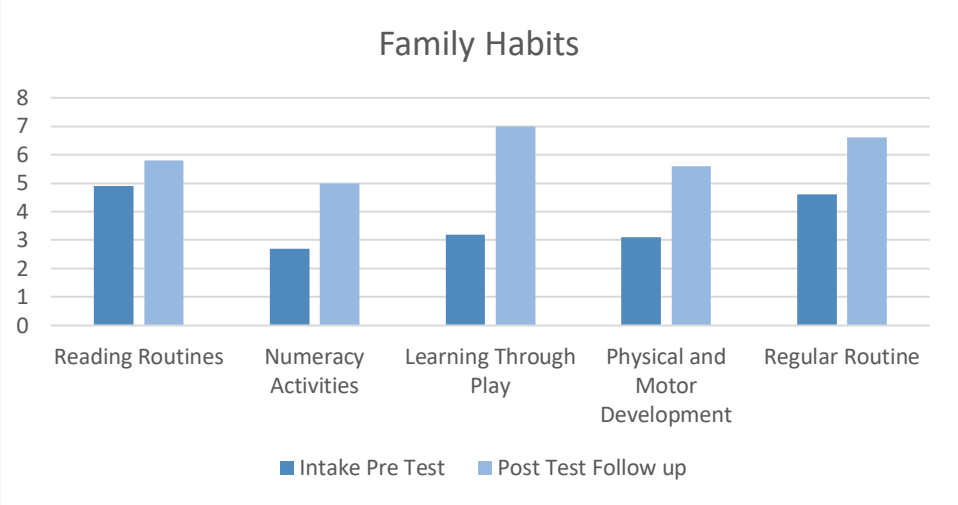
Objective: Children enter kindergarten ready to learn.

Strategy: Provision of child development activities, coaching, and supports through home visiting services.

Performance Indicators: Number/Percent of parents participating in home visiting services that maintain habits that support their child's development.

Reading Routines: Number/percent of parents who report that they or another family member reads with their child(ren) each day.
Numeracy Activities: Number/percent of parents who report that they or another family member practice counting or doing activities that involve numbers with their child(ren) each day.
Learning Through Play: Number/percent of parents who report that they or another family member plays with their child(ren) each day.
Physical and Motor Development: Number/percent of parents report that they or another family member provides their child(ren) with opportunities for physical activities each day.
Regular Routines: Number/percent of parents who report that they or another family member follow regular routines with their child(ren) each day.

Outcome Indicators: Increased school readiness of children prenatal through age five.



9 families had pre and post data, and it is noted that all areas improved, with the greatest impact in learning through play and physical and motor development. Of the 14 families with post data (9 families had intake and post data, but 5 families did not have intake data): 81% are reading 5 of more days per week, 64% are doing numeracy activities, 100% are learning through play, 86% are doing physical and motor development, and 92% have regular routines 5 or more days per week.

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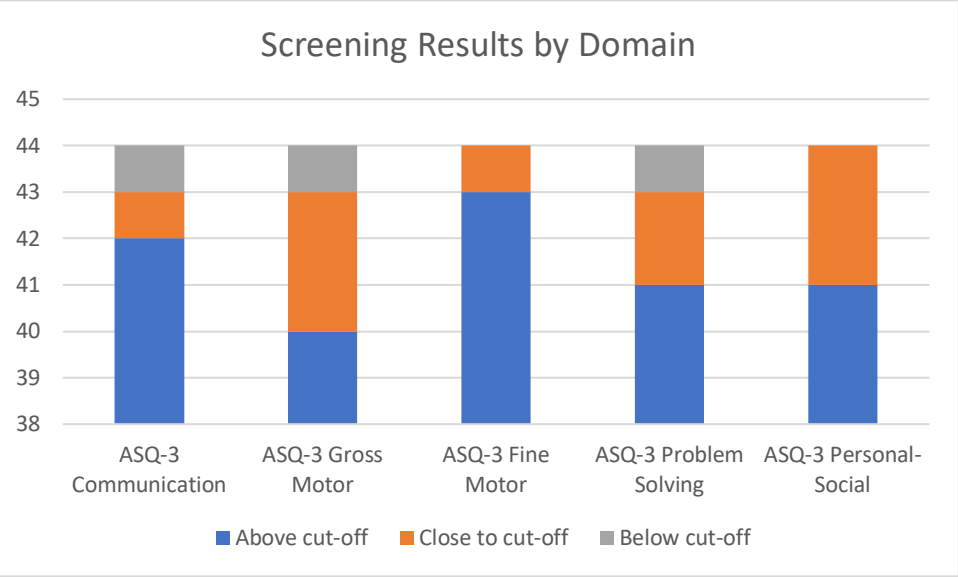
Home Visiting Programs

What was the impact on families who received home visiting services? (Cont.)

Access to Health Services

Goal: All children thrive by achieving optimal health prenatal through age 5.
Objective: Children have access to medical and dental care. Children receive early screening and intervention for developmental delays and other special needs.
Outcome Indicators: Increased access to medical care. Increased access to dental care. Number of children who received developmental screenings.
Strategy 1: Provision of health care and dental care information, application assistance, support, and advocacy through home visiting services.
Strategy 2: Provision of developmental screenings through home visiting services. Increased number of children screened for a developmental delay prior to entering kindergarten.

48 ASQ screenings were given to 24 children. 44 ASQ-3 were provided and there were 3 children who were below the cutoff in at least one area and an additional 5 children who were close to the cutoff in at least one area. Most screenings were administered by Family First. An additional 14 screenings were completed by parents or childcare providers.



- If the score is in the blue area, it is above the cutoff and the child's development appears to be on schedule.
- If the score is in the orange-shaded area, it is close to the cutoff and the child is in the monitoring zone.
- If the score is in the gray-shaded area, it is below the cutoff. Further assessment with a professional may be needed.

Number/Percent of children who received the Ages and Stages Questionnaire Social Emotional (ASQ:SE) screenings is used at much less frequency than ASQ-3, with only 4 screenings given to 3 children.

61% of qualifying children participating in home visiting programs received developmental screenings. Children diagnosed with a disability should not be given the ASQ developmental screening including children participating in Early Intervention.

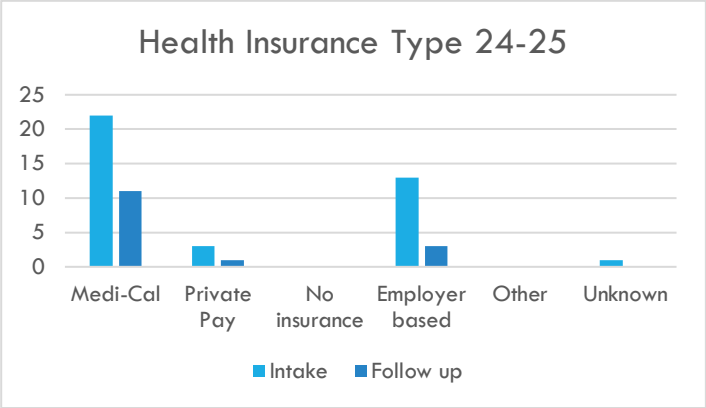
Home Visiting Programs

What was the impact on families who received home visiting services? (Cont.)

Data set includes most recent follow up data collected in FY 2024-25 compared to intake data, to provide a clearer picture of impact of programs services provided over the duration of when services were provided.

There were 8 children who had some of all intake and follow up health data and are included in the following results. There were many instances of missing follow up data for families receiving home visits. Only fields that included data for intake and follow up are included in order to compare the fields.

- Health Insurance Type: **53% of families were on Medi-Cal upon intake but 75% of families who had follow up data were Medi-Cal insured.**



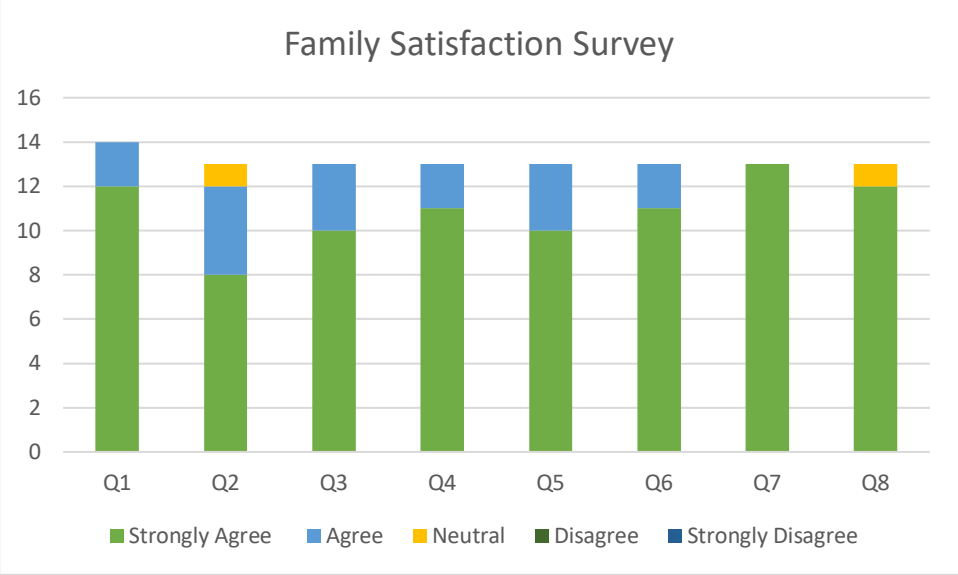
- Families indicated their child had a medical home. **Follow-up data indicates that 100% of families have a medical home.** Upon intake, two families did not answer whether they had a medical home, but it is unclear if they did not know or chose not to answer. Intake data (for all active families) shows 89% of all families indicate they have a medical home.
- Well-Child Checkup: Upon intake, 50% of children had 0 visits or there was no answer. In follow up data, **100% of children had at least two well-child visits in the last year.** 25% of children have had annual visits but are currently behind at least two visit (based on the AAP Schedule of Well-Child Care Visits). Intake data (for all active families) shows 76% of children having less than 4 well-child visits.
- Dental Insurance: **50% of children had dental insurance based on intake** (4 families did not answer), but **100% of parents indicated that they have insurance for their child** on the follow up data. For intake data only, 88% of families indicate they have dental insurance.
- Dental Home: **88% of children did not** have a dental home upon intake, or parents answered that they did not know if they had a dental home, but **100% have a dental home in the follow-up data.** 62% of children were less than 1 year old and may expect to not yet have a dental home.
- Dental Visits:
  100% of families with children over the age of 1 had a dental visit in the last year.
  Only 7% of families indicated upon intake, that their child had gone to the dentist at least once and 62% of children were under one year of age. 38% of families had no intake data about the last time their child went to the dentist.

Home Visiting Programs

What was the impact on families who received home visiting services? (Cont.)

Family Satisfaction surveys were completed by 13 families during FY 24-25. The majority of all answers indicate that families either strongly agreed or agreed that they were satisfied with their home visiting programs and that they benefited from the services provided.

1. This program has helped me improve my parenting skills. 4.8/5
2. This program has helped me reduce stress in my life. 4.5/5
3. My ideas and opinions are welcomed and included in the program. 4.7/5
4. I feel that the program staff respect me. 4.5/5
5. This program is helping me reach my goals for my family and for me. 4.7/5
6. I have received the assistance that I needed through the program. 4.8/5
7. My impressions and interactions with staff has been positive. 5/5
8. My overall satisfaction with services was good. 4.8/5



"Prenatal classes helped because I was very nervous, they helped me understand and be ready. I learned about baby behavior and breastfeedina."

"Jana is very supportive"

"I had nurses come to my home after I had my daughter, they checked on my and my daughter's health after medical issues. The nurses also provided me with a lot of educational materials and activities for my kids.

What do you like most about the program? Other comments:

- Helpful tips and resources provided.
- Super friendly staff, very helpful! Staff does not judge.
- Always willing to step in and answer questions.
- Friendly comes to my home so I don't have to be out provides education and supplies. support and education.
- Polite staff helpful information, Jana is great.
- Very helpful, friendly offers resources, gas, groceries.
- Jana, she's the best.
- I had nurses come to my home after I had my daughter, they checked on my and my daughter's health after medical issues. The nurses also provided me with a lot of educational materials and activities for my kids.
- The staff is really nice. The car seat class was helpful, as were the weight checks, knowing where he is with development, and the toys.
- The adversity in my life to program my necessities and they are very good people. Because the adversity in my life I receive support for my needs, and you are very good person.

Suggestions for the program include advertising more and having more visits available.

Family Support Services

Who was provided with family support services?

There were a total of **27** adults and **48** children (unduplicated) who participated in with a total of **336** service contacts. There were 27 father/male caretakers service contacts (duplicated) and there were 3 kinship care providers (unduplicated), with 38 grandparents/kinship care provider service contacts (duplicated).

48 Children age 0-5

27 Parents & Caregivers

3 Grandparents /Kinship Care Providers

What services were provided?

First 5 Plumas Home Visiting Support Services included county-wide playgroups and breastfeeding groups, with 23 Quincy playgroup meetings, 6 breastfeeding groups, 8 Chester summer playgroup meetings, 3 Portola summer playgroup meetings. The Graeagle playgroup was started by First 5 Plumas but is now run by Lost Sierra Kids. Roundhouse Council also provides playgroups several times a week in Greenville with 163 service contacts, serving 6 native children and their families. The Roundhouse Council home visitor is also supporting transitional kindergarten and kindergarten students with tutoring.

Parent/child playgroups are offered to provide parents an opportunity to enhance their child's social and emotional development through play. Just as importantly, social opportunities for parents are provided. When parents have an opportunity to talk with each other on a regular basis it can help them feel more connected, supported, and better able to cope with the challenges of parenting. Typical activities include free play, singing, arts and crafts, and include facilitation guided by the First 5 Plumas family services provider, who helps model and guide parents, ultimately building capacity for parent leaders. Playgroups are also the primary way that parents are referred to Help Me Grow Plumas.

What was the impact on families who received support services?

To measure the impact of services for families being served by First 5 Plumas playgroups the evaluation considered two indicators:

- ✓ Family Satisfaction for playgroups.
- ✓ Increased protective factors related to supports, knowledge, resiliency, and social connections.

Parent Surveys were distributed after the initial session (after nine weeks) was completed at all locations. 18 parents filled out surveys with 99% of protective factors questions were rated 4 or 5 and 100 % of satisfaction questions being answered with either 4 or 5 stars.

Parent Comments include that the playgroups create a good community for parents, providing support and resources for parents, and meetings have a good variety of child development activities which also provide socialization in a fun and safe environment.

Systems Improvement

Does First 5 Plumas have a plan of action?

First 5 Plumas has developed a searchable Help Me Grow website with funding through Home Visiting - Regional Technical Assistance, and coordination of services is provided by the family services coordinator. The home visiting system will be coordinated so that a focus on children age zero to five is embedded in systems (e.g. 211) and equity is addressed. Goal: Families will be able to access services with the assistance of trusted community agencies, non-profits, and clinics even when the services are not provided locally.

Improved Access to Services

Families and providers are often unaware of what services and resources are available in Plumas County and how to access these support services.

Increased Coordination of Care

Develop mechanism for providers to collaborate, coordinate care, share information, and leverage resources.

Expanded Service Sufficiency

Families have a complex set of needs, and there are not enough services or providers to meet these needs in Plumas County.

Strategies	Goals		
	Improved Access	Increased Coordination	Expanded Services
Coordinated screening, referral, intake Develop a shared approach to helping get people connected to the care needed. (Referral and service navigation)	●	●	●
Establishing or strengthening a core group of parents in regularly providing feedback about screening tools, collection and sharing of data.	●	●	
Conducting an analysis of existing infrastructure, staffing, policies, and practices, and developing a plan to address one or more root causes of inequities.	●	●	●
Effective strategies to engage fathers	●	●	

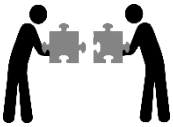
Families will be supported to build on their protective factors including positive social connections and knowledge of child development. Plumas County will have a home visitation program that is efficient and effective; eligibility criteria will be established for intake and exiting of home visitation services. Community education and outreach will be conducted in order to increase referrals from community-based organizations, health care professionals, and child care providers.

A Welcome Baby Program will be established to ensure families feel comfortable accessing services and increase peer-to-peer referrals; parents will be 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. Families will be aware of local services including programs funded by First 5, and will know how to access resources to meet their needs.

First 5 Plumas upgraded the database to include being able to capture father engagement activities.

Systems Improvement

What actions did the Commission take to improve family serving systems?



Inclusive Early Education: First 5 Plumas conducted a needs assessment and a parent survey in 2023-24 to determine gaps in services and programs and there were significant deficiencies found in the Early Intervention referral and intake system and a lack of Early Inclusion coordination.

This year, the Inclusive Early Education Workgroup met monthly, collaborated with **14** organizations and **29** participants, to develop the **Inclusive Early Education Action Plan**.

Accomplishments include improvements to Far Northern Regional Center intake and referral including increasing referrals to the Family Empowerment Center (from 3 referrals in 2023-24 to 23 referrals in 2024-25), Child Find assessments, collaboration on **advocacy documents**, and updates to PUSD, Family Empowerment Center, and First 5 Plumas website content.

Help Me Grow: The **Help Me Grow Plumas** webpage is now a searchable webpage with local, up to date resources.

Help Me Grow Referrals: Family Service Coordinator provided parent coaching and resources to **28 families** with **416 text messages** and **158 personal check-ins, 4 close-looped referrals**, and provided **129 resources**. There were **18 low incident home visits** provided to **4** families serving 4 children and 6 adults.

Imagination Library: In 2024-25 there were **3453 books** provided to **360 children in Plumas County**. There are currently 310 active enrollments with 187 children graduated from the program.

Plumas STARS: First 5 Plumas is the lead agency for IMPACT and QCC funding that supports Plumas STARs (Plumas Rural Services) which serves **22 quality improvement sites** (including 4 library sites, 2 family resource centers, 1 home visiting site) and **5 state preschool sites.** Plumas Stars sites serve **154 preschoolers**, **70 toddlers**, and **32 infants** and **668 children** at alternative sites. **93 children were screened** and there were **30 referrals to services**.

High Sierra Parent Conference: First 5 Plumas partnered with the Children's Council, Plumas Rural Services, Sierra Cascade Family Opportunities, Feather River College ECE, Plumas Crisis Intervention & Resource Center, and Plumas Early Learning and Childcare Council (LPC) to offer the parent conference. There were **17 participants** with **30 children ages 0 to 5** benefiting from parents being educated in positive parenting strategies.

Mountain Interagency Lactation Coalition: First 5 Plumas began to offer monthly Breastfeeding groups at the request of the MILC members. We are planning trainings and coordination of breastfeeding services in 2025-26.

Oral Health Coalition: First 5 Plumas works closely with Plumas County Oral Health to help distribute oral health kits through Plumas STARs.

Child Abuse Prevention: First 5 Plumas ED collaborated with PRS's Connect the Dots, Mental Health training series for Child Abuse Prevention month and is taking a lead role in coordinating Plumas County child abuse prevention planning.

Findings and Considerations

Home Visiting Programs

The following considerations are being offered to propel both First 5 and its funded partners towards a system that can better support the Commission's vision that children will thrive in supportive, safe, nurturing, and loving environments.

2024-2025:

Declining Home Visiting Numbers: There have been steadily declining First 5 Plumas funded partners' home visiting numbers, with a slight recovery in 2022-23, since 2019. First 5 Plumas will have a new strategic plan in 2025-26 and are reoriented to support home visiting programs and to fill gaps that have been identified in community needs assessments by Plumas County parents and service providers. First 5 Plumas will work with partners to provide collaboration and needed supports. There was a 40% decrease in home visiting numbers from 23-24 to 24-25 but there were new programs in the county and the Early Intervention Program data was under reported.

Staffing: Family First has increased staff in FY 2024-25 but have they continued to have staffing issues which included staff on leave and retirements. Plumas County Public Health Agency has California Home Visiting Expansion funding and First 5 Plumas will be continuing as a partner but, will not continue to fund the Family First Home Visiting Program into 2025-26, as they did not apply for First 5 Plumas funding.

Dixie Fire: The Dixie Fire disproportionately affected the Native American community, as community members became un-housed after Greenville burned. Roundhouse Council has moved into a new, rebuilt facility but many families left the area, and Roundhouse Council has lost some of their key funding. First 5 Plumas remains committed to supporting Roundhouse as they reestablish their capacity.