



**Mid Year
Evaluation Report
2024-2025**



FIRST 5
P L U M A S

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 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 three community home visiting programs and a family services coordinator, 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 and group supports to families with children ages 0-5. By developing a trusting relationship with the primary caregivers, the family services coordinator 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 **30** families were provided with home visiting services between July 1, 2024, and December 31, 2024. The number of families served by each home visiting program is depicted below.

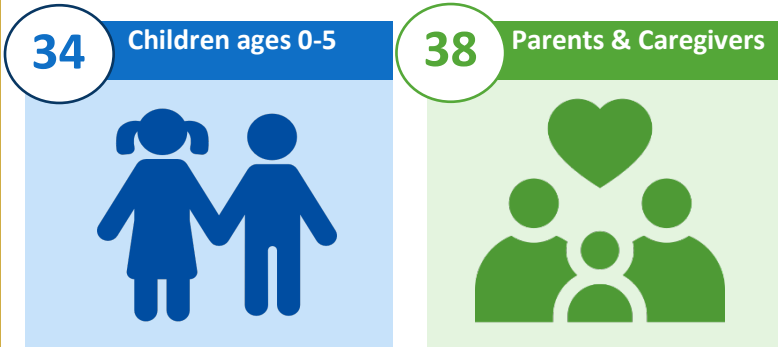


26 Plumas County Public Health Family First Home Visiting Program

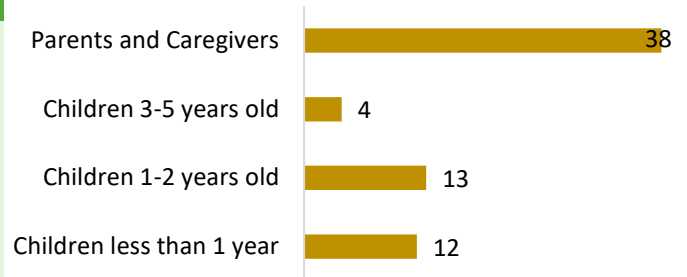
0 Roundhouse Council

4 Plumas Unified School District (PUSD) Early Intervention Program

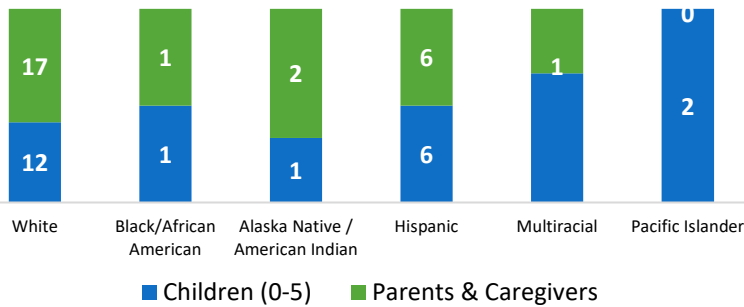
Program participants included children prenatal through age five as well as their family members.



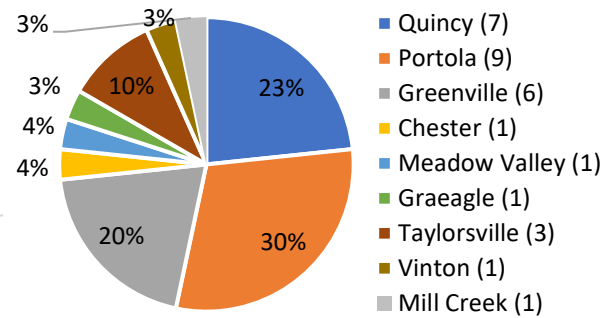
Age of Individuals Provided Serves



Race/Ethnicity of Individuals Served



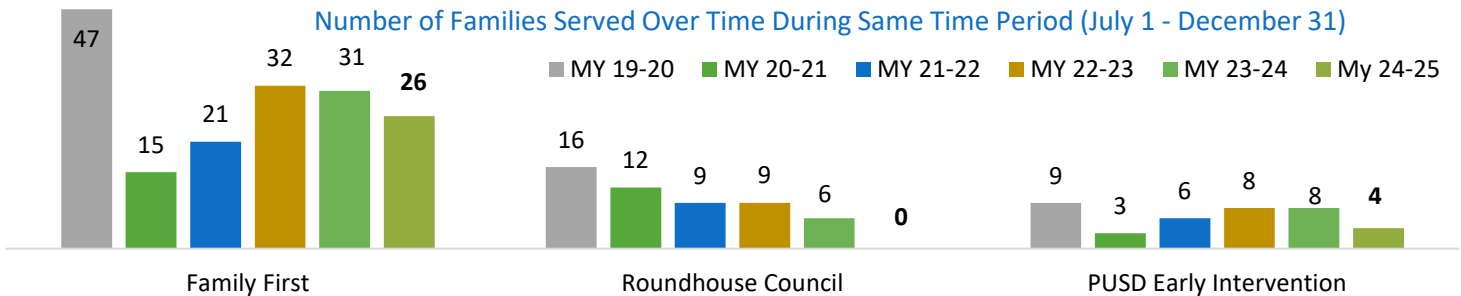
Communities Where Families Live



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

Most families accessing home visiting services live in either Quincy (7 or 23%), Portola (9 or 30%), or Greenville (6 or 20%). There is a deficiency in home visits in Chester.

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



What services were provided?

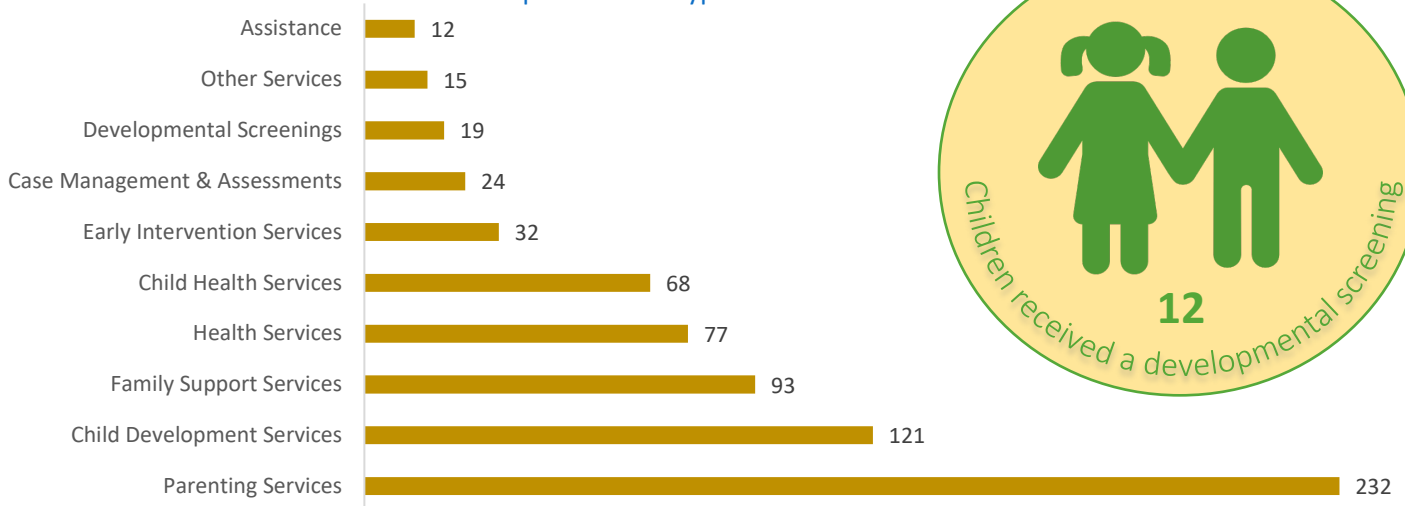
Between July 1, 2024, and December 31, 2024, a total of **110** service contacts were made with families. Service contacts include home visits, in-office consultation, and telephone or virtual conversations. The graphic below breaks down how many of each service contacts occurred. There were 3 contacts for which the modality was not specified.



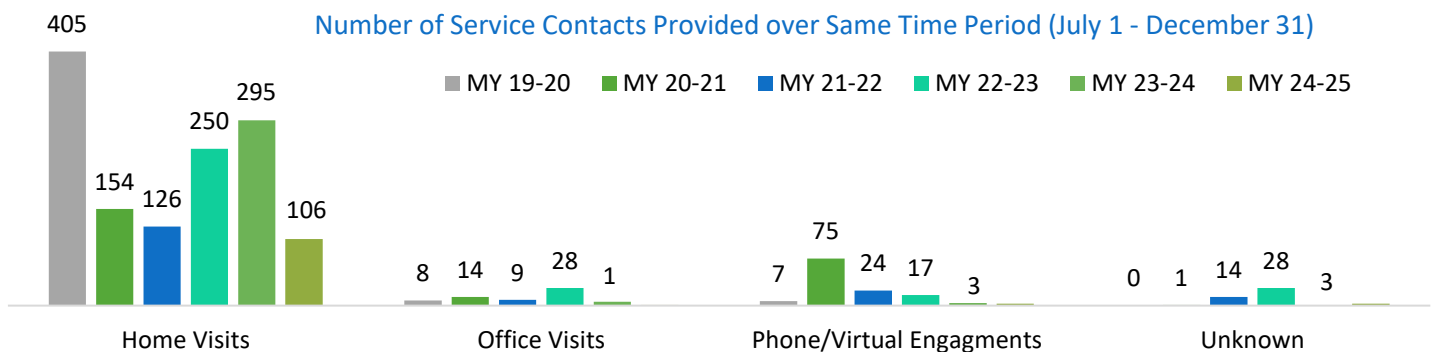
Home visitors record each service that occurs during a visit. Because multiple services can be provided during a single visit or service encounter, it is common that the number of services offered outnumber the number of visits that occurred. 19 of 30 eligible children were provided with developmental screenings.

A total of **693** services were provided between July 1, 2024, and December 31, 2024. The top 10 service types provided by home visitors are provided below.

Top 10 Service Types Provided to Families



Number of Service Contacts Provided over Same Time Period (July 1 - December 31)

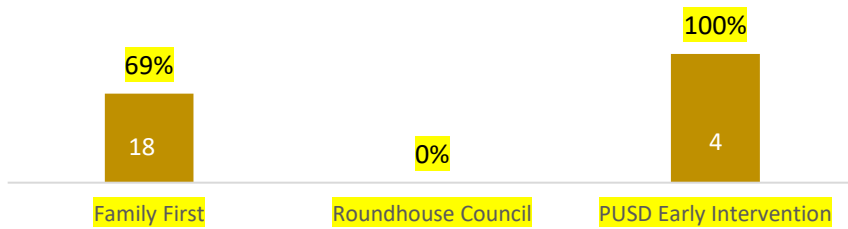


How well did services meet the unique needs of families?

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

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

Number of Families that are Engaged



Most families receiving home visiting services received at least four home visiting services within 18 months.

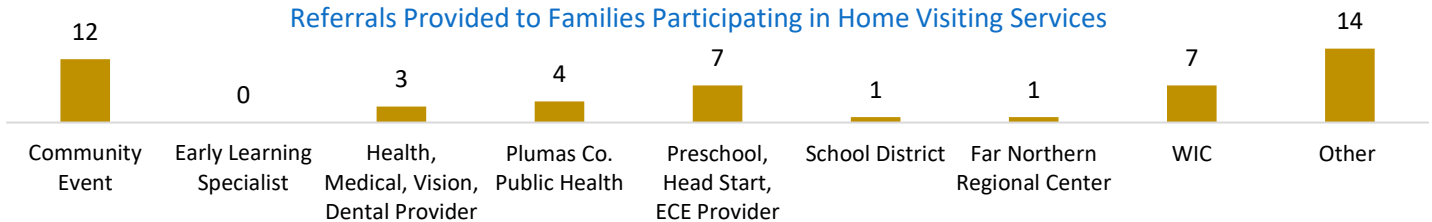
In addition to understanding the engagement of families and the number of children benefiting from integrated service delivery, data is collected to identify who is referring families to home visiting programs and what additional resources are needed by families being served.

Referrals Provided to Families Participating in Home Visiting Services

Between July 1 and December 31, 2024, home visitors provided **20** families with referrals to other community services.

The most common referrals made to families participating in home visiting services were to Other (14) (including library, parent conference, summer meals, pool), Community Events (12), early care and education services (7), and WIC (7).

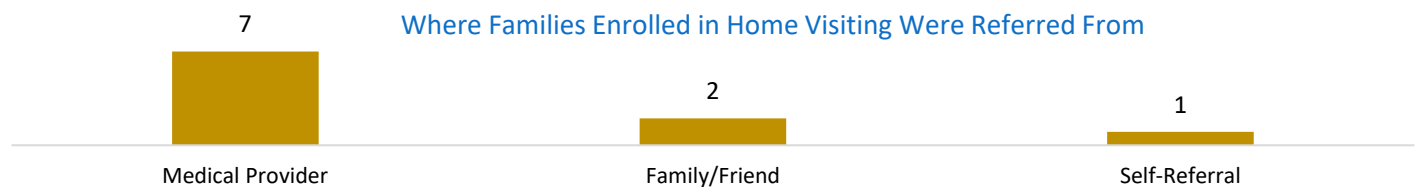
Referrals Provided to Families Participating in Home Visiting Services



Who Referred Families to Home Visiting Services

Medical providers were the most common referral source for families served in home visiting programs during this reporting period.

Where Families Enrolled in Home Visiting Were Referred From



What was the Impact on families?

To measure the impact that home visiting has on families, First 5 Plumas 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 **30** families who have been served by First 5 funded home visiting programs, **20** 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 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, 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.

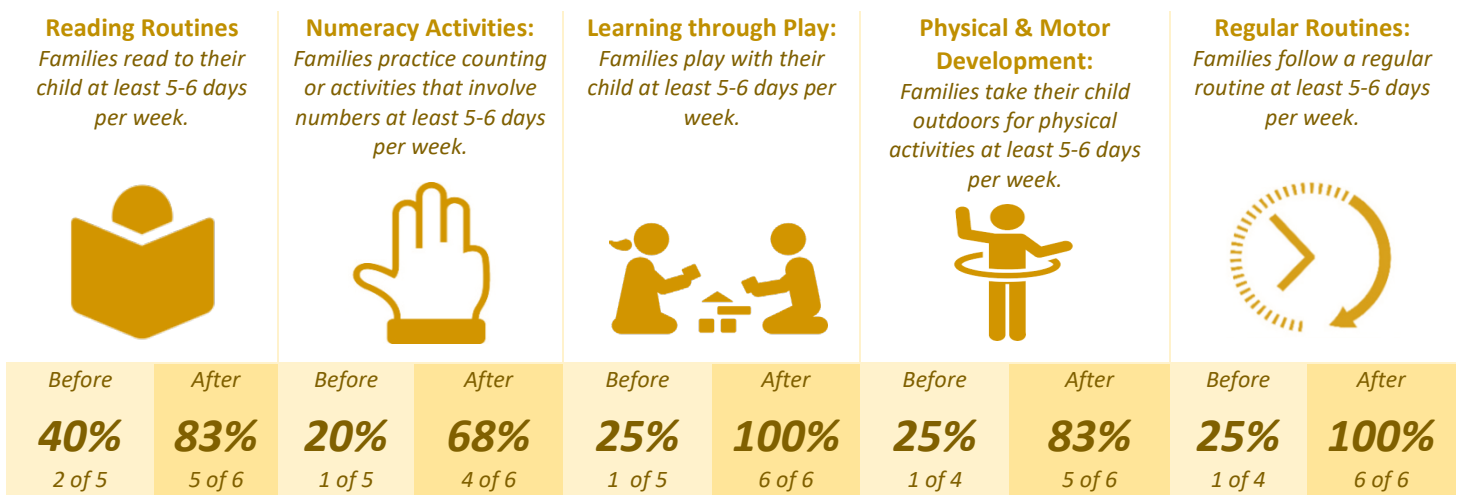
Only 6 out of 20 families, who were expected to have Strengthening Families Protective Factors data, were survived about their experiences. Only Family First collected any data but data shows improvements in protective factors for those families.

	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	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 #2	Mostly Agree	Strongly Agree ↑	Mostly Agree	Strongly Agree	Mostly Agree	Strongly Agree ↑	Mostly Agree	Mostly Agree ↑	Mostly Agree	Strongly Agree ↑	Mostly Agree	Strongly Agree ↑	Mostly Agree	Strongly Agree ↑
Family #3	Strongly Agree	Strongly Agree	Slightly Agree	Strongly Agree	Mostly Agree	Strongly Agree ↑	Mostly Agree	Strongly Agree ↑	Slightly Agree	Strongly Agree ↑	Mostly Agree	Strongly Agree ↑	Strongly Agree	Strongly Agree
Family #4	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Neutral	Strongly Agree ↑	Strongly Agree	Strongly Agree	Slightly Agree	Strongly Agree ↑	Strongly Agree	Strongly Agree	Slightly Agree	Slightly Agree
Family #5	Strongly Agree	Strongly Agree	Mostly Disagree	Strongly Agree	Slightly Disagree	Mostly Agree ↑	Mostly Agree	Mostly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
Family #6	Slightly Agree	Strongly Agree ↑	Neutral	Mostly Agree ↑	Mostly Agree	Strongly Agree ↑	Neutral	Strongly Agree ↑	Slightly Agree	Strongly Agree ↑	Neutral	Strongly Agree ↑	Slightly Agree	Strongly Agree ↑

How well did services meet the unique needs of families?

Family Habits that Support School Readiness

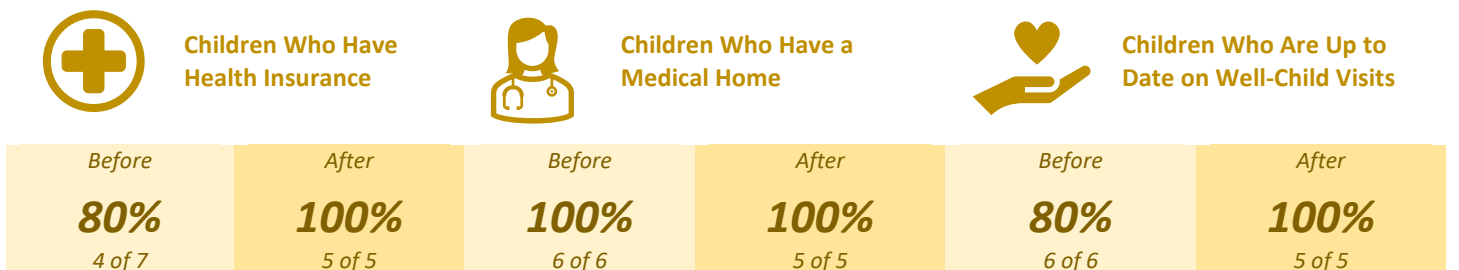
First 5 Home Visiting programs routinely provide coaching and modeling for parents in how they can support their child’s development. The programs collect information from families to assess the extent to which a family regularly enlist habits that support child development in areas such as early literacy 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.



Because intake and follow-up data were only available for five out of 20 families served (where follow-up data would expect to be collected), it is not appropriate to draw conclusions about program effectiveness related to supporting families in establishing habits that support school readiness. For the families who has data available, there were improvements in family habits.

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:

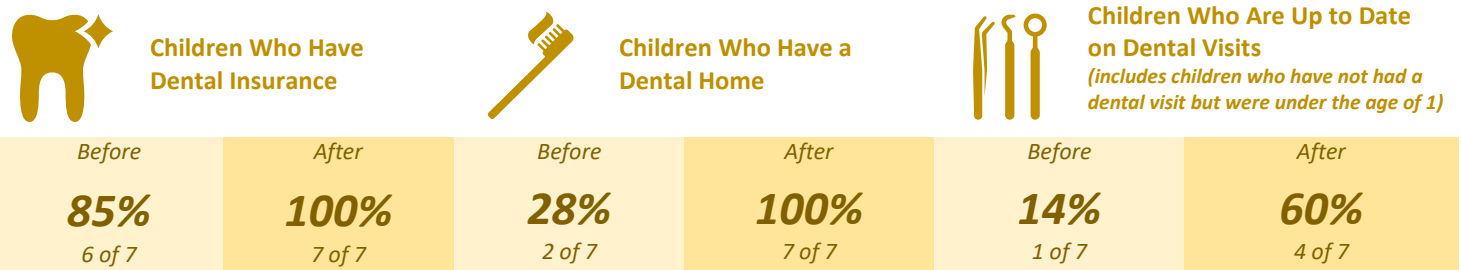


Because data were only available for a maximum of five out of 21 children served, it is not appropriate to draw conclusions about program effectiveness related to supporting families in accessing medical care for the young children in their home.

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:



Data were available for 7 out of 24 children served, it is difficult 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

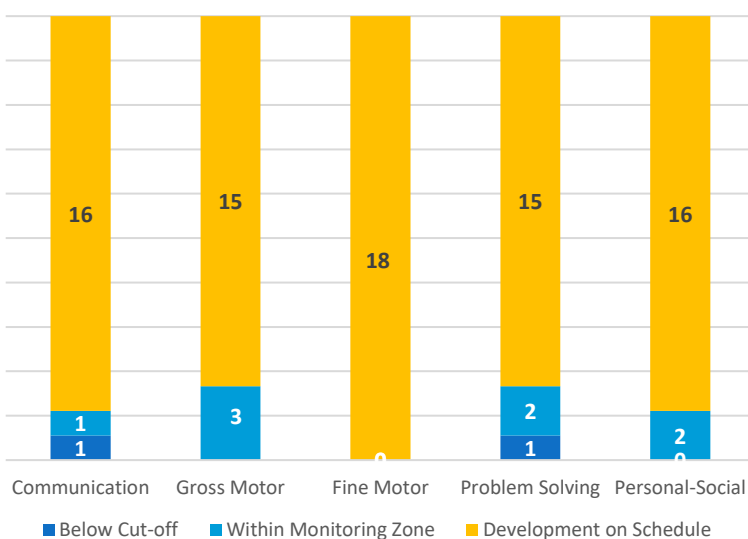
To ensure that children receive early screening and intervention for developmental delays and other special needs, home visiting programs utilize the Ages and Stages Questionnaire (ASQ) for developmental issues and the Ages and Stages Questionnaire Social-Emotional (ASQ:SE) for social emotional issues.

A total of **12** children were screened (**30 eligible** children)

20 screenings using the ASQ or ASQ:SE

4 children received multiple screenings

ASQ Results for Children Screened



A total of **2** children were screened using the ASQ:SE.

Group Supports and Playgroups

First 5 staff offered **25** playgroups with a total of **378** service contacts, with **19** children and **17** adults (unduplicated) participating in Strengthening Families Protective Factors activities. Parent trainings were also offered in August and November and a monthly breastfeeding group met August through December.

Help Me Grow Plumas

First 5 Plumas is currently bolstering the Help Me Grow Plumas system and family services coordinator served **28** Families with **671** Text messages, **18** phone calls, and **18** personal visits with **67** resources provided. **85** personal check-ins were provided, where families indicated they needed additional support, and **4** ASQ Online follow ups were provided with **2** referrals to Far Northern Regional Center.

How well did services meet the unique needs of families?

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.



100% (n=5) of parents agreed that they received the assistance they needed.

100% (n=5) of parents agreed that their impression and interaction with staff was positive.

100% (n=5) of parents agreed that their overall satisfaction with services was good.

Commission considerations

The primary considerations being offered are a continuation of ongoing issues facing home visiting programs, many of which have been identified in previous evaluation reports year over year. There continue to be data deficiency issues that are a result of improper or incomplete data collection efforts.

ISSUE: Data collection deficiencies continue to be problematic including a low percentage of families having follow-up data collected within a 6-month timeframe. It is reasonable that some intake data would not be included in the first home visit (e.g. during a pre-natal visit, Family Habits data is not yet relevant, but this data can be collected in a visit after a child's birth). It is assumed that Home Visitors will follow-up with families even when they indicate their goals have been met by past home visits.



Number of families who accessed home visiting services in MY 24-25	30
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Number of families that accessed home visiting services in MY 24-25 AND who were enrolled for at least six months as of 12/31/2022	20
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Number of families who accessed home visiting services in MY 24-25 AND who were enrolled for at least six months AND for whom PFS Data are available	5
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Number of children in families who accessed home visiting services in MY 24-25	34
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Number of children who accessed home visiting services in MY 24-25 AND who were enrolled for at least six months as of 12/31/2024	24
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Number of children who accessed home visiting services in MY 24-25 AND who were enrolled for at least six months AND for whom both pre and post health related data are available	Max of 7 varies by question
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Commission Considerations (Cont.)

ISSUE: Data Collection and data management efforts continue to need strengthening and adjustment. Home visiting programs are not collecting data in alignment with the Commission’s strategic plan evaluation framework. Issues that continue to occur include:

- Data is not being turned in to the data manager in a timely manner. Programs should be collecting basic demographic and family circumstances information from each family within 30 days of program enrollment and submitting within one week. If these data are not collected, it negates the ability to measure impact in the areas of family habits that support school readiness and access to medical and dental care for children in families being served for the duration of program participation.
- Data collected are often incomplete or completely missing. Data being collected by programs are not always complete for families being served but we will be adding a feature to the database to add a timestamp to closed cases to better track intervals. Incomplete data forms impact the ability to assess all areas of exploration for families being served and depending on the severity of the issue, limits the ability to draw conclusions about the effectiveness of home visiting programming on outcomes being sought. The Early intervention Program has a complete lack of intake and follow up data.
- Data are not always collected at the necessary intervals. Home visiting programs should be collecting follow-up data for families in six-month intervals following program enrollment. When programs collect data at different intervals, it sometimes limits the ability to assess results based on the Strengthening Families framework.
- Data are not always being collected on parents in families being served. The Early Intervention program has served families for which only services provided to children within those families has been reported. This was the case for four of the four families served by the program during this reporting period.

RECOMMENDATION: The First 5 Commission may want to consider that the First 5 Plumas Strategic Plan should address:

- **Focus Populations:** In small counties like Plumas County, home visiting programs’ focus populations should include the entire population, as Plumas is a critically underserved county with regard to maternal and family services.
- **Data Standards:** First 5 Plumas and Public Health have trained home visitors on data collection expectations and Public Health’s Parents As Teachers implementation may determine data standards in future years.
- **Minimum Dosage:** Home visiting program will provide short, mid, and/or long-term support based on family need, as families communicate their needs to home visitors.

RECOMMENDATION: Encourage and support funded partners in managing their data in a manner that ensures comprehensive, timely, and accurate data collection practices. First 5 Plumas in cooperation with Public Health has consistently led efforts to adjust data collection tools and practices to align with the services provided by funded programs including providing trainings, First 5 staff have accompanied home visitors to collect data, and providing quarterly reports on missing data for each program.

- There was no data submitted for Roundhouse Council for the 2024-25 Mid-Year Report.
- The Early Intervention program has not provided any data that can be included in program performance measures for the 2024-25 Mid-Year Report.