

Mid-Year Evaluation Brief

2022-2023



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 Early Childhood Development Specialist provides home visiting services 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.

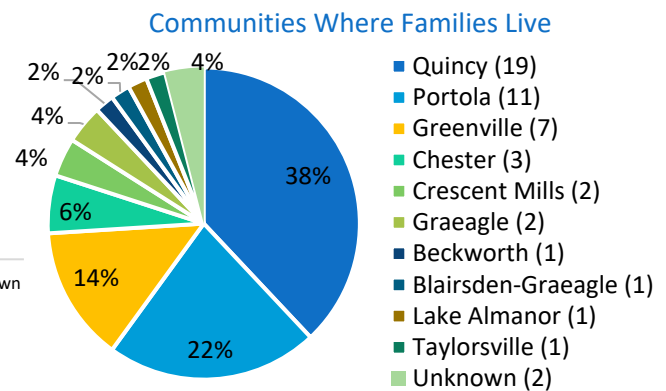
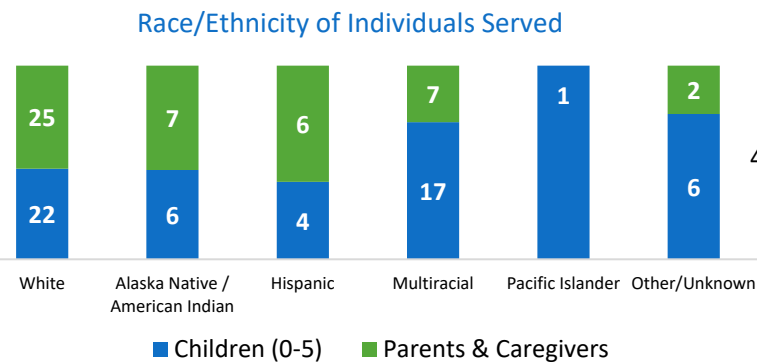
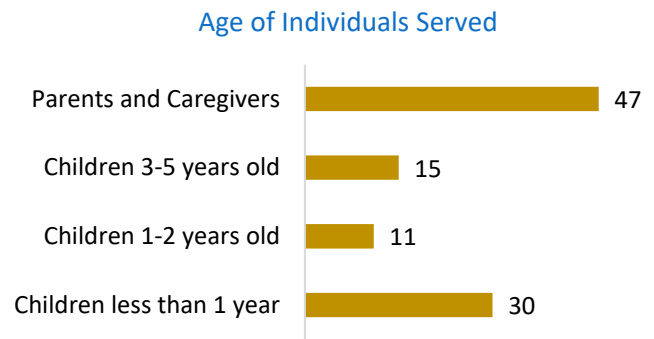
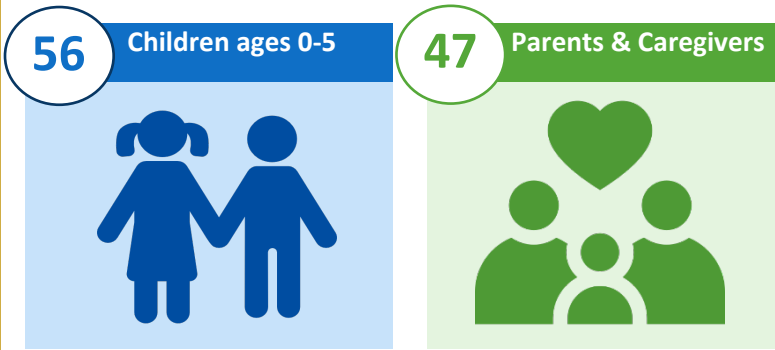
Who was provided with home visiting services?

A total of **50** families were provided with home visiting services between July 1, 2022, and December 31, 2022. 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 50 families served.



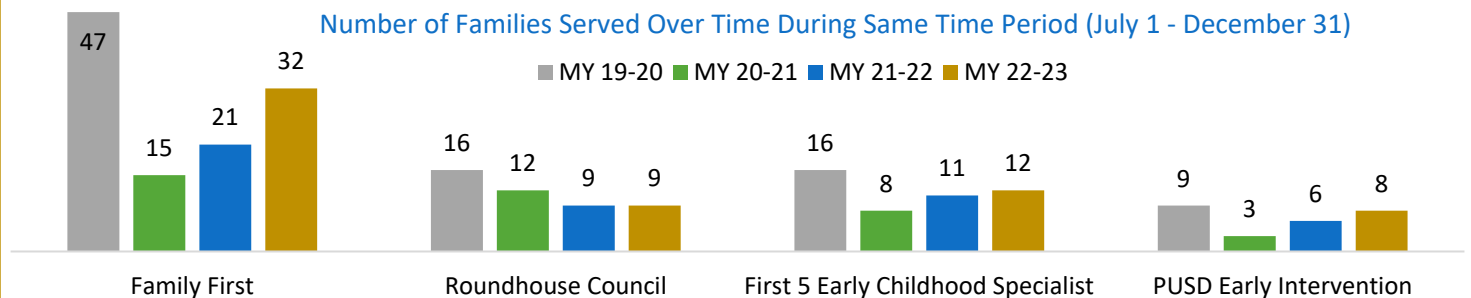
- 32** Plumas County Public Health Family First Home Visiting Program
- 12** First 5 Early Childhood Specialist
- 9** Roundhouse Council
- 8** Plumas Unified School District (PUSD) Early Intervention Program

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



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

Most families accessing home visiting services live in either Quincy (19 or 38%) or Portola (11 or 22%). Many families reside in Greenville (7 or 14%) and Chester (3 or 6%).



What services were provided?

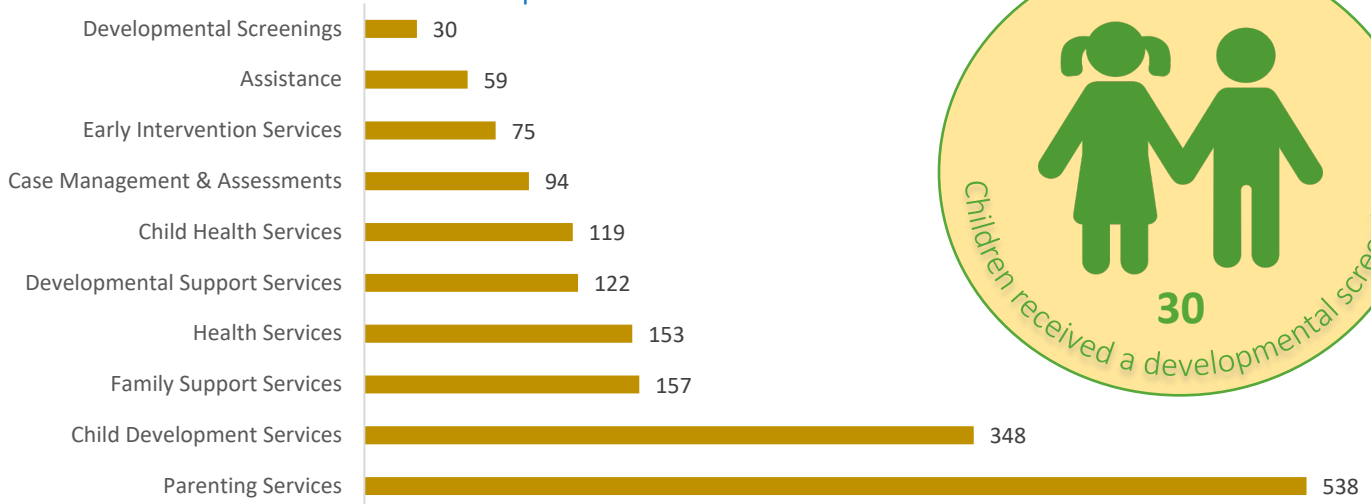
Between July 1, 2022, and December 31, 2022, a total of **323** service contacts were made with families. Service contacts include home visits, in-office consultation, and telephone or virtual conversations. The graphic below breaks down how many of each service contacts occurred. There were 28 contacts for which the modality was not specified.



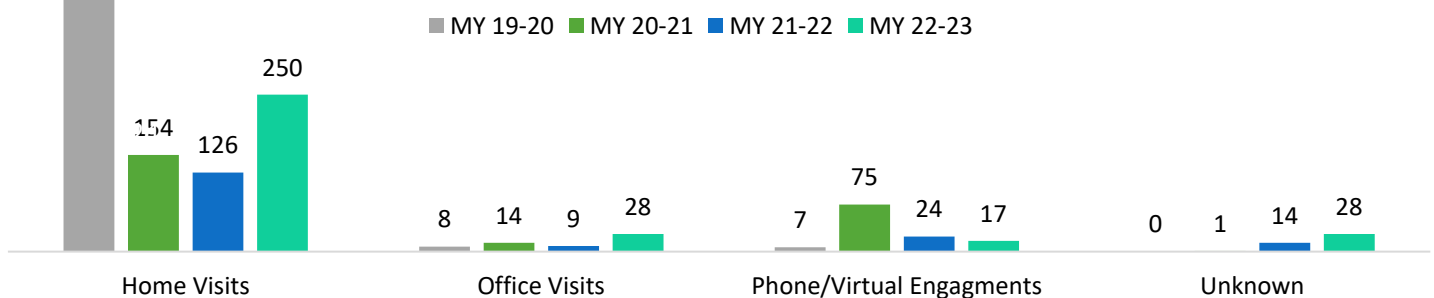
Home visitors record each service that occurs during a visit. Because multiple services can be provided during a single visit or service encounter, it is common that the number of services offered outnumber the number of visits that occurred.

A total of **1,723** services were provided between July 1, 2022, and December 31, 2022. The top 10 services provided by home visitors are provided below.

Top 10 Services Provided to Families



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

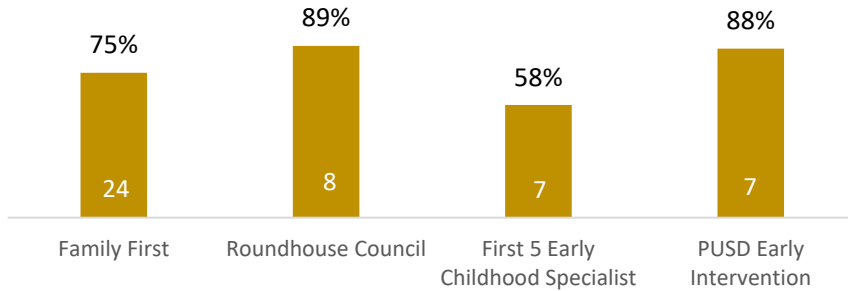


How well did services meet the unique needs of families?

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)
- Number of children receiving integrated service delivery (as defined by children receiving supports from more than one home visiting program)

Number of Families that are Engaged



Most families receiving home visiting services received at least four home visiting services.

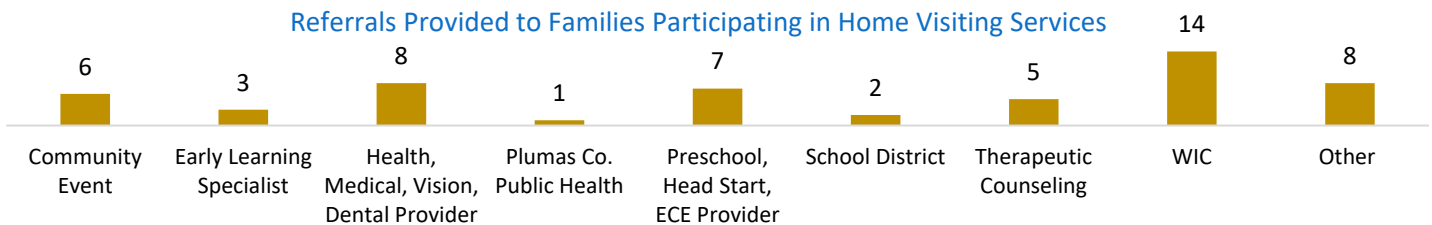
In addition to understanding the engagement of families and the number of children benefiting from integrated service delivery, data is collected to identify who is referring families to home visiting programs and what additional resources are needed by families being served.

Referrals Provided to Families Participating in Home Visiting Services

Between July 1 and December 31, 2022, home visitors provided **54** referrals to other community services.

The most common referrals made to families participating in home visiting services were to WIC (14), wellness providers (8), and early care and education services (7).

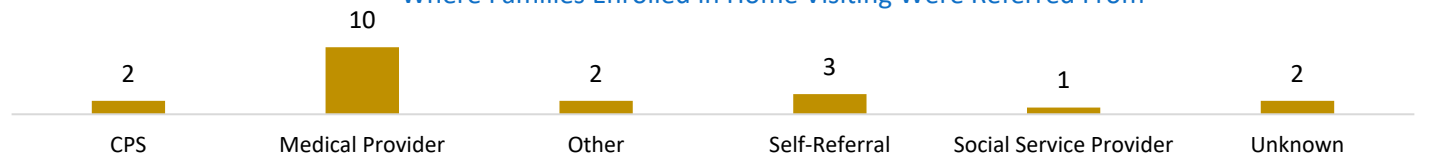
Referrals Provided to Families Participating in Home Visiting Services



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 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 **50** families who have been served by First 5 funded home visiting programs, **28** 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

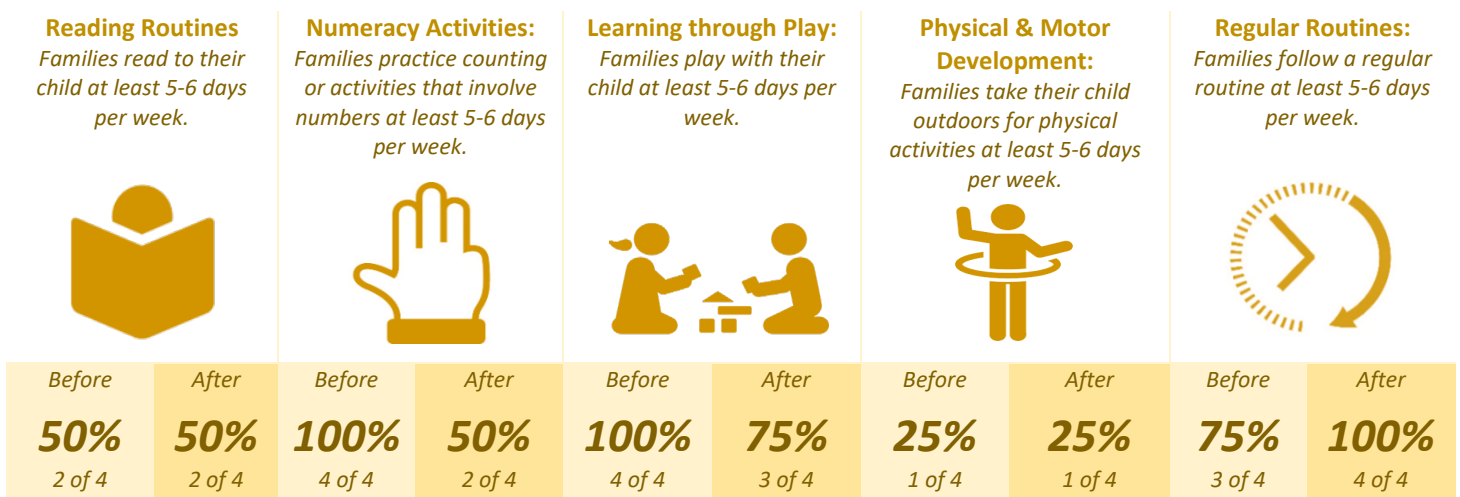
The Strengthening Families Protective Factors framework is a research-based approach to promoting family functioning, child-development, parent resilience, and social connections. Home visiting programs provide services within this framework, and as such, utilize a tool to identify changes in parents' 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	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	Slightly Disagree	Slightly Agree ↑	Strongly Disagree	Mostly Agree ↑	Strongly Agree	Strongly Agree	Neutral	Mostly Agree ↑	Neutral	Mostly Agree ↑	Strongly Agree	Strongly Agree	Slightly Agree	Slightly Agree
Family #3	Strongly Agree	Mostly 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	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Mostly Agree	Strongly Agree ↑	Mostly Agree	Strongly Agree ↑	Strongly Agree	Strongly Agree	Mostly Agree	Strongly Agree ↑	Mostly Agree	Mostly Agree
Family #5	Mostly Disagree	Mostly Agree ↑	Mostly Disagree	Strongly Agree ↑	Strongly Disagree	Strongly Agree ↑	Mostly Disagree	Strongly Agree ↑	Mostly Disagree	Strongly Agree ↑	Mostly Disagree	Strongly Agree ↑	Mostly Disagree	Strongly Agree ↑
Family #6	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Mostly Agree	Mostly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
Family #7	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Slightly Agree	Strongly Agree ↑	Mostly Agree	Strongly Agree ↑	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
Family #8	Mostly Agree	Strongly Agree ↑	Mostly Agree	Strongly Agree ↑	Strongly Agree	Strongly Agree	Mostly Agree	Strongly Agree ↑	Strongly Agree	Strongly Agree	Mostly Agree	Strongly Agree ↑	Strongly Agree	NA
Family #9	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 #10	Mostly Agree	Mostly Agree	Slightly Disagree	Mostly Agree ↑	Slightly Disagree	Mostly Agree ↑	Mostly Agree	Slightly Agree ↓	Slightly Agree	Slightly Agree	Slightly Agree	Slightly Agree	Slightly Agree	Slightly Agree

How well did services meet the unique needs of families?

Family Habits that Support School Readiness

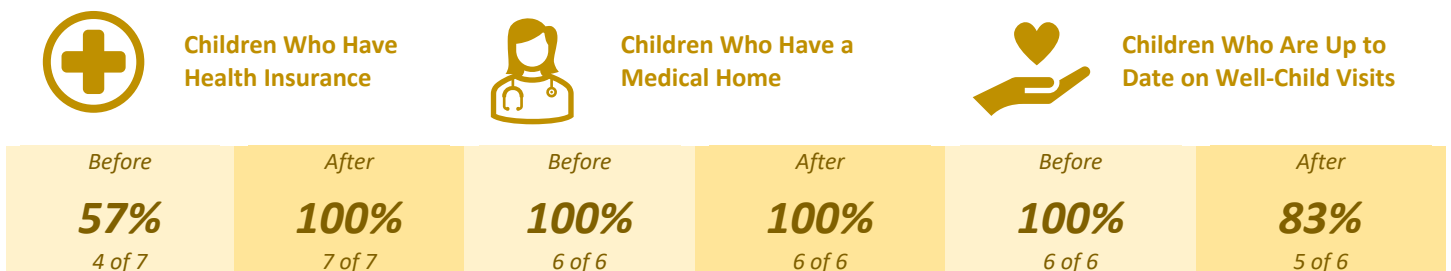
First 5 Home Visiting programs routinely provide coaching and modeling for parents in how they can support their child’s development. The programs collect information from families to assess the extent to which a family regularly enlist habits that support child development in areas such as early literacy 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 data were only available for four out of 50 families served, 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:



Because data were only available for a maximum of seven out of 56 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:



Children Who Have Dental Insurance



Children Who Have a Dental Home



Children Who Are Up to Date on Dental Visits
(includes children who have not had a dental visit but were under the age of 1)

Children Who Have Dental Insurance		Children Who Have a Dental Home		Children Who Are Up to Date on Dental Visits	
Before	After	Before	After	Before	After
67%	100%	67%	67%	75%	50%
4 of 6	6 of 6	2 of 3	2 of 3	3 of 4	2 of 4

Because data were only available for a maximum of six out of 56 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 30 children were screened either using the ASQ or ASQ:SE or both

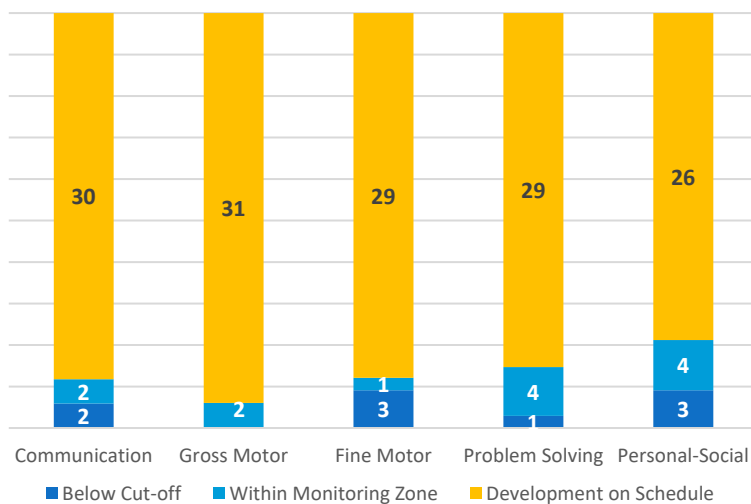
A total of **28 children** were screened using the ASQ.

A total of 34 screenings were conducted, with 6 children receiving multiple ASQ screenings. The results of most ASQs indicated that children’s development was on schedule.

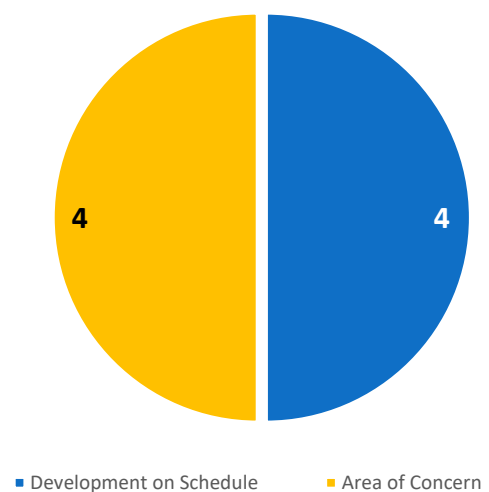
A total of **8 children** were screened using the ASQ:SE.

No children received multiple ASQ:SE screenings. The results of the ASQ:SEs indicated that approximately half of children screened were not on schedule for their social emotional development.

ASQ Results for Children Screened



ASQ:SE Results for Children Screened



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=10) of parents agreed that they received the assistance they needed.

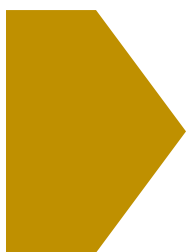
100% (n=9) of parents agreed that their impression and interaction with staff was positive.

100% (n=9) 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. This issue, which is compounded by the lack of clarity around the population of focus and standards for home visiting services, means the mid-year report offers little insight as to the impact or effectiveness of current Commission investments. Each of these issues and corresponding recommendations are expanded upon below.

ISSUE: Unclear expectations around the target population or intended outcome of First 5 funded home visiting programs. As stated in the 2021-2022 Evaluation Report, “each [First 5 Plumas Home Visiting] program operates in a different fashion, targeting different families and providing various approaches to service delivery.” While First 5 Plumas has traditionally funded home visiting programs using a Strengthening Families framework (intended to provide ongoing home visiting services to families on a regular basis, over an extended period, resulting in improved family functioning/resiliency), programs have evolved over time and do not always provide services within such framework. This reality was further exacerbated by the COVID 19 pandemic, resulting in families receiving more intermittent services delivered in a variety of formats (there was a shift from primarily home-based service delivery to virtual and alternative location supports). The result of this dynamic is that services should not be evaluated using the existing evaluation plan. The evaluation plan, as currently established, assumes families receive a minimum of six hours of service delivery (as that is what the Strengthening Families framework requires) for improvements to be reasonably expected. 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. To demonstrate how this relates specifically to the information contained in this report, refer to the table below as well as the one on the next page.



Number of families who accessed home visiting services in MY 22-23	50
Number of families that accessed home visiting services in MY 22-23 AND who were enrolled for at least six months as of 12/31/2022	28
Number of families who accessed home visiting services in MY 22-23 AND who were enrolled for at least six months AND for whom PFS Data are available	10

Commission Considerations (Cont.)

Number of children who accessed home visiting services in MY 22-23	56
Number of children who accessed home visiting services in MY 22-23 AND who were enrolled for at least six months as of 12/31/2022	32
Number of children who accessed home visiting services in MY 22-23 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

Compounding the issue, questions within pre and post data forms were left incomplete. For the seven children who met every level of threshold for inclusion in evaluation reporting, specific questions related to access to medical and dental care were left incomplete in five of the seven cases, as demonstrated in the table below.

Access to Medical and Dental Care												
	Medical Care: Child has Medical Insurance		Medical Care: Child has Medical Home		Medical Care: Child is Up to Date on Medical Care		Dental Care: Child has Dental Insurance		Dental Care: Child has Dental Home		Dental Care: Child is Up to Date on Dental Care	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Child #1	Medi-Cal	Yes, type unknown	Yes	Yes	Yes, 2 visits in prior year	Yes, 4 visits in prior year	Denti-Cal	Yes, type unknown	—	No	NA-child less than 1 year	Never
Child #2	No	Yes, type unknown	Yes	Yes	Yes 1 visit in prior year	Yes, 2 visits in prior year	No	Yes, type unknown	No	Yes	NA-child less than 1 year	Less than a year ago
Child #3	Medi-Cal	Yes, type unknown	—	Yes	Yes, 3 visits in prior year	No, 0 visits in prior year	No	Yes, type unknown	—	No	Never	Between 1-2 years ago
Child #4	No	Yes, type unknown	Yes	Yes	—	Yes, 1 visit in prior year	Yes, type unknown	Yes, type unknown	—	Yes	—	Between 1-2 years ago
Child #5	Medi-Cal	Yes, type unknown	Yes	Yes	Yes 1 visit in prior year	Yes, 2 visits in prior year	Denti-Cal	Yes, type unknown	Yes	No	—	Never
Child #6	No	Yes, type unknown	Yes	Yes	Yes, 4 visits in prior year	Yes, 1 visit in prior year	Private Dental	Yes, type unknown	Yes	Yes	NA-child less than 1 year	Less than a year ago
Child #7	Medi-Cal	Yes, type unknown	Yes	Yes	Yes, 2 visits in prior year	Yes, 3 visits in prior year	Yes, type unknown	—	—	I don't know/decline to answer	—	NA-child less than 1 year

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:

- Enrollment data are not always collected at program entry. Programs should be collecting basic demographic and family circumstances information from each family within 30 days of program enrollment. 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. As described earlier in the document, data being collected by programs are not always complete for families being served. 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.

Commission Considerations (Cont.)

- 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. For example, during this reporting period, there were two cases for which follow-up data were collected prior to six months of participation in the program. Additionally, there was one instance in which PFS data were collected twice within a two month period. Lastly, there was one instance in which enrollment data were collected AFTER the families were enrolled in the program, and in which follow-up data had already been reported by a collaborating First 5 home visiting program.
- Data collection efforts are not being coordinated between home visiting programs consistently. It is not atypical or inappropriate for families to be served by more than one home visiting program at the same time, as each home visiting program offers a specific specialty service. That said, it is important that when families are being served by multiple home visiting programs that data collection efforts be coordinated between the programs. This ensures that there is consistency in what data are being used to help drive programmatic support. It also supports clarity around what data should be used to compare pre and post service impacts. In this reporting period, there was at least one instance in which intake data were collected by two home visiting programs. Such a circumstance eliminates the ability to understand program impact for these families because it is unclear what data form to use for analysis purposes.
- 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 eight families served by the program during this reporting period.
- Data are not being consistently and universally managed to ensure that what is being collected and/or entered into the First 5 Plumas database is complete, without errors, and/or unduplicated. Programs and/or the individual(s) entering data into the First 5 Plumas database are not always reviewing data being collected for completeness or errors. Additionally, data are not being cleaned completely. In completing this report, SEI as the evaluation consultant, had to conduct data cleaning efforts after being notified that the database had been reviewed and cleared of all data entry errors. SEI also had to manually remove data from the analysis to accommodate for data that were collected at inappropriate intervals and entered into the database.

The following recommendations are taken verbatim from previous evaluation reports, as they continue to be relevant to address the issues detailed above.

RECOMMENDATION: Develop a shared understanding of home visiting programs' focus populations, service standards, and data collection expectations. It is recommended that First 5 Plumas, in conjunction with the funded programs, develop a shared understanding of the home visiting framework that is funded by the Commission. This framework should include a documented definition of each home visiting program's:

- 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.
- Service standards include expected service intervals as well as required service components.
- Data collection expectations for each program as well as establishing protocols for data collection efforts when a family is being served by more than one home visiting partner.

Commission Considerations (Cont.)

RECOMMENDATION: Ensure that the evaluation framework appropriately targets the most important outcomes for families being served and establish a data collection plan that will ensure results are being measured. Given the variety of programming approaches employed by the different home visiting programs, the Commission may want to consider whether a universal approach to evaluating home visiting programs continues to make sense or whether a custom evaluation plan for each unique home visiting program is warranted. Specifically, any updates to the evaluation framework should consider what outcomes are expected and reasonable given the variety of short-, mid-, and long-term service provisioning offered by programs, and determine how to measure and report on these outcomes only for families that meet established thresholds. Review and possible revision of the evaluation frameworks should take place following the establishment of a shared understanding of programming as described above.

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 has consistently led efforts to adjust data collection tools and practices to align with the services provided by funded programs. Additionally, it has funded a part-time position within the Plumas County Health Department to complete data entry for all home visiting programs to relieve the burden of data collection placed on programs. While well-intentioned, this level of support may have led to an over dependence of the programs upon the support provided by First 5 Plumas staff and contractors to ensure data was being collected and documented appropriately.

The Commission may want to consider either:

- Establishing clear and consistent expectations for programs to manage their own data, and/ or
- Funding a more extensive position to serve in the role of data manager.

Value of Transitioning to New Database

Over the past 18 months, SEI has been working with a contracted third-party developer to establish a new database to store First 5 Plumas Home Visiting participant, service, and outcomes data. As a component of this process, SEI took on the task of collecting data directly from home visiting programs and entering said data into both the new and the old database. As a result of having such direct contact with program data, many discoveries were made that otherwise would have been impossible to understand. Some of these discoveries included:

- Gaps in data submitted for data entry have left the individual entering data to make determinations about missing data without sufficient knowledge to do so. This discovery formed the basis for many of the data recommendations offered over the last two years.
- Disconnection between how the old database was pulling information into reports and SEI's interpretation of those results. These discoveries impacted how the developer was asked to establish the reporting functions of the new database and are the reason report definitions were added to the new database.

Despite the extended time frame and multiple challenges SEI encountered in establishment of the new database, the value to First 5 Plumas extends beyond a better system to collect and understand the depth and breadth of home visiting services. It is SEI's sincerest hope that the new database provides home visiting providers as well as the Commission real-time access to information that can be used to drive programmatic decisions.