



Year-End Evaluation Report

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 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 launched Help Me Grow in the spring of 2023 which 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

Early Child Development Specialist Home Visiting

- The Early Childhood Development Specialist, employed by First 5 Plumas, 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.

Systems Improvement

First 5 Plumas became a “Help Me Grow” county in 2023 and is building on the work of the Plumas County Family Strengthening Coalition, which was a collective of various service providers that support families throughout Plumas County. Help Me Grow is in its initial stages and is coordinating funds to support planning, 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	Support Services	Help Me Grow
<ul style="list-style-type: none"> ➤ 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? 	<ul style="list-style-type: none"> ➤ Who was provided with services? ➤ What kind of services were provided? ➤ What was the impact on families who received group supports and other services? 	<ul style="list-style-type: none"> ➤ Does the 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 5 population in Plumas County for the purposes of addressing racial and ethnic inequity 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:

- **Database Development:** There was a new database launched in 2021-22 and by the time the new director came on board all funds for the evaluator were expended without a database user manual and little understanding of how the data base would be sustained without funding to do further work. In 2021-22 a review of data deficiencies and data issues were identified but by the time the new executive director arrived at the end of 2022 the funding was exhausted and consultant work was discontinued before any changes were made to remedy the programmatic and data deficiencies.

Note: Home visiting data can only be compared to previous year, going back to 2021-22 (unless it is compared to previous year end reports but we do not have previous years' raw data for analysis). For example, we cannot look at data for individual families, for multiple years, and determine the impact of services over longer periods of time.

- **Database Management Contract:** First 5 Plumas has a contract with Plumas County Public Health Agency for Home Visiting programs data entry and management. As a result of staffing shortages and staff turnover at Public Health, the data for fiscal year 22-23 was not provided to First 5 Plumas until September 21, 2023, which limited the ability to do in-dept research on database issue.
- **Data Collection:**
Limited Term Services: An in-depth audit was conducted on all First 5 funded home visiting programs. Families who received more than 4 home visits were more likely to have complete data records but for many families receiving services, data records were incomplete. Restructuring data collection to account for limited-term or low-touch services, may remedy this issue.

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 unclear at this time if the database is producing the results anticipated based on data entry and this will be researched in the next fiscal year. The table on page 9 demonstrates the missing data associated with measuring impact for this reporting period. Quarterly 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 the end of the fiscal year.

Home Visiting Programs

Who was provided with home visiting services?

A total of **73** families were provided with home visiting services between July 1, 2022, and June 30, 2023 (compared to 64 families in fiscal year 2021-22). 16 families were served by two or more programs.



While 73 families participated in home visiting programs, **69** families provided active consent to have their information shared for evaluation purposes. The data provided throughout this report represents those 69 consented families (compared program totals above to fiscal year 2021-22: Family First – 34, First 5 Early Childhood Specialist - 13, Roundhouse – 12, Early Intervention – 11).

Profile of Households served by Home Visiting Programs with Consent



69

Family households received home visiting services



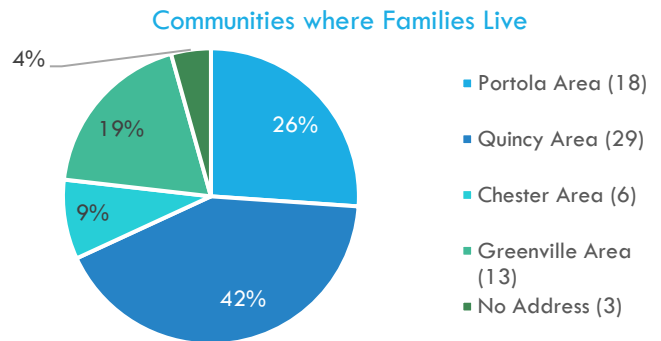
70

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



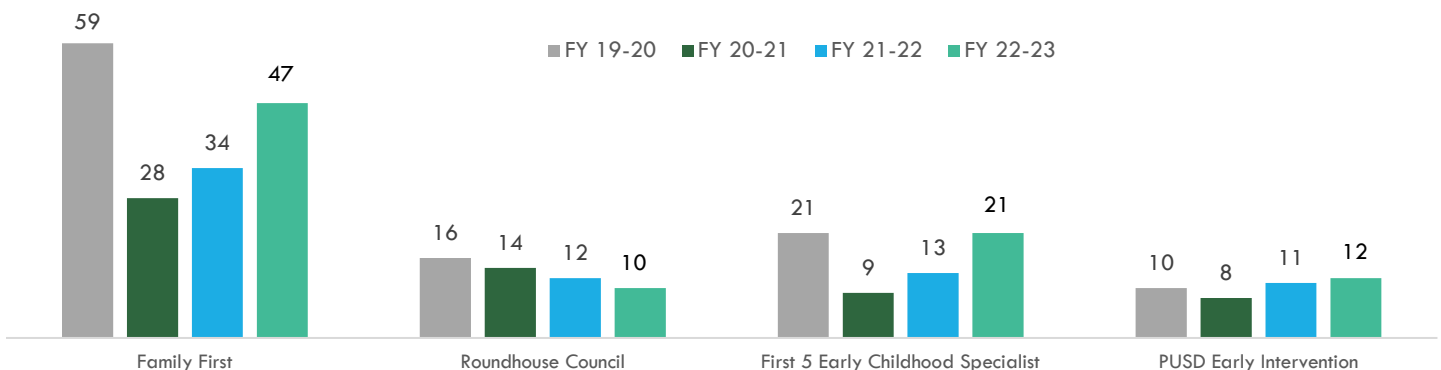
81

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



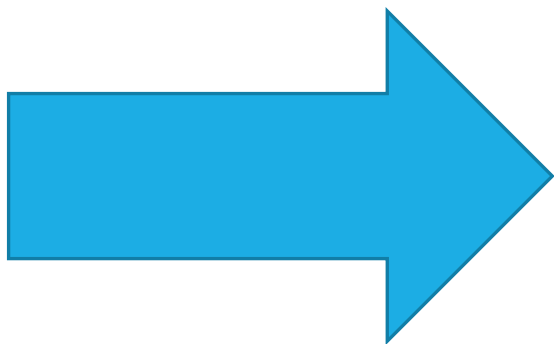
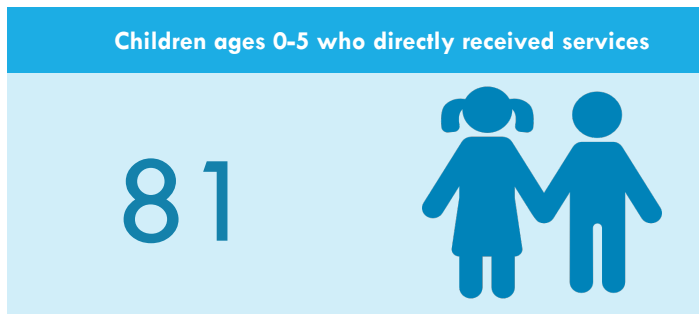
Most families accessing home visiting services live in either Quincy (29 or 42%), the Portola area (18 or 26%), the Greenville area (13 or 19%), and Chester (6 or 9%). This represents a deficiency of services being offered in Chester. In 2022-23 there was still COVID, very challenging weather, and lengthy road construction delays that impeded home visits.

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

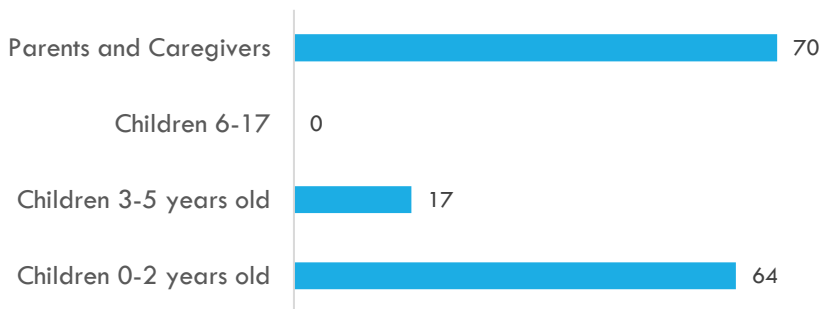


Who was provided with home visiting services?

The following data represents the profile of individual who were direct recipients of home visiting services.

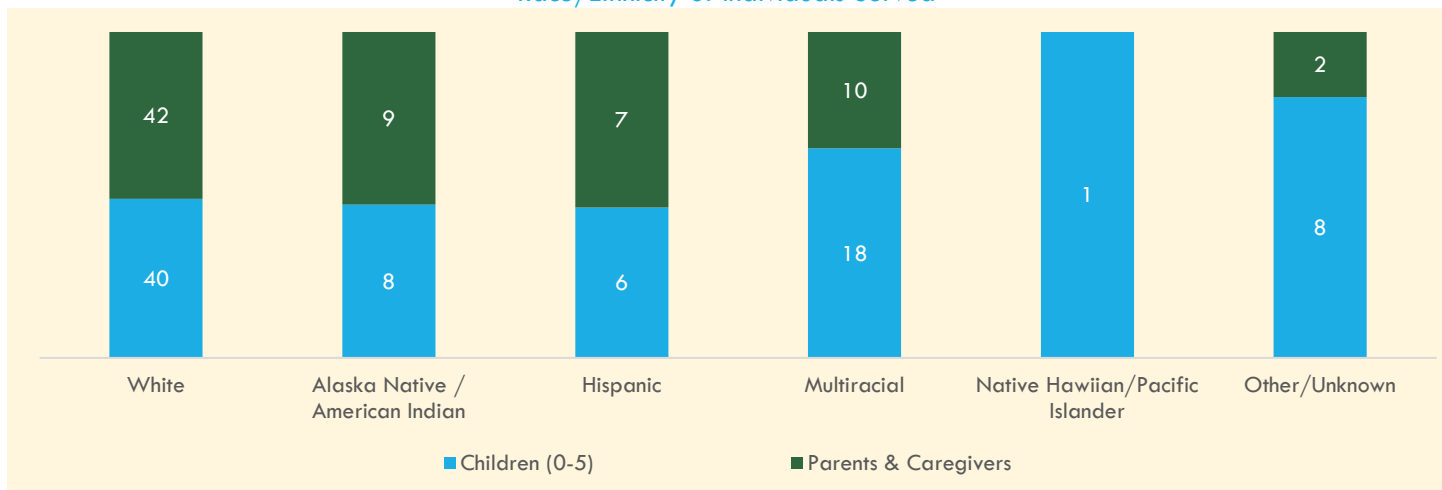


Age of Individuals Served



There were 21 infants born in fiscal year 2022-23 (21 or 26%), served by home visitors. Infants and toddlers between ages 0-2 years old represented the largest age group (64 or 79%) of individuals who were direct recipients of home visiting supports, with parents and caregivers representing almost the exact same percentage of individuals served.

Race/Ethnicity of Individuals Served



Most individuals served (for which demographic data is available) were white (81/151 or 54%). Many are multiracial (28/151 or 19%) followed by Alaska Native/American Indian (17 or 11%) and Hispanic (13/151 or 9%).

Home Visiting Programs

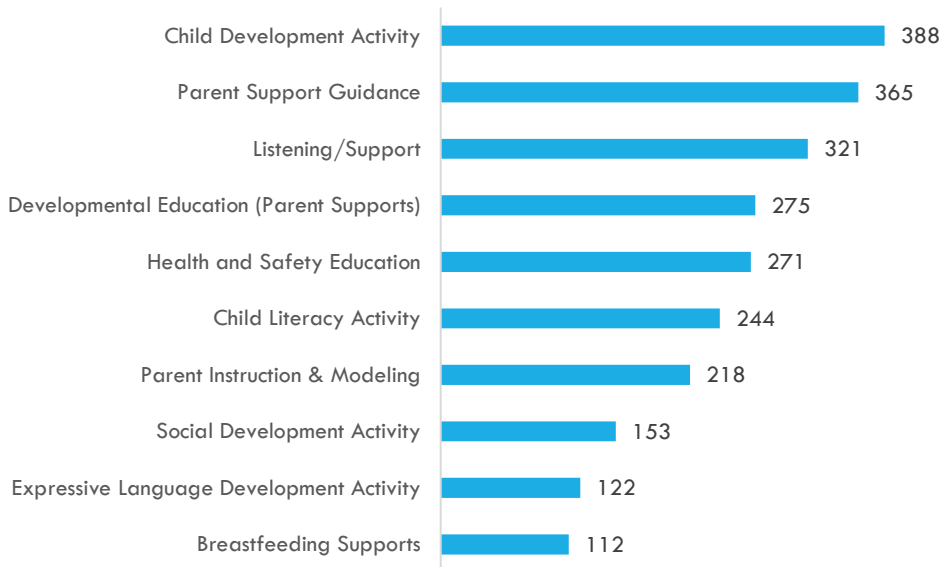
What services were provided?

Between July 1, 2022, and June 30, 2023, a total of **708 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). The data base does not provide a way to collect unknown types of visits.

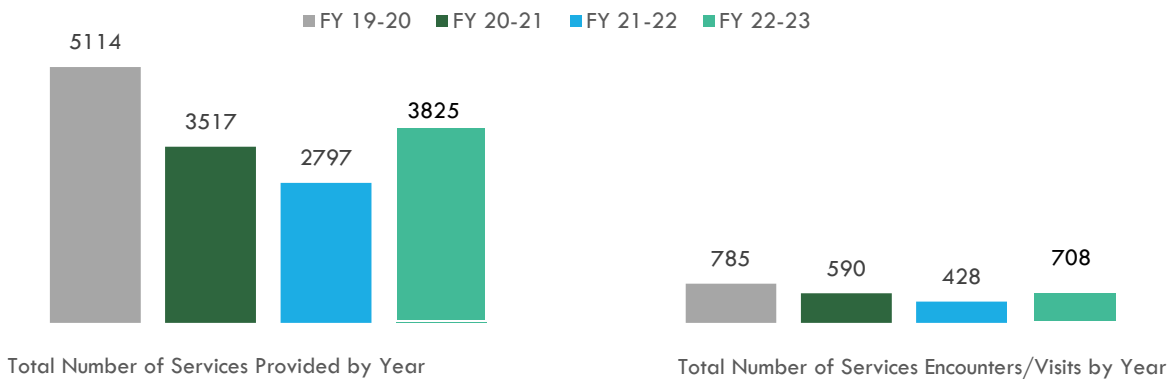
1251 service contacts were made with individuals. Because multiple services can be provided during a single visit, to multiple individuals, it is common that the number of services offered outnumber the number of service contacts and personal visits that occurred.

A total of **3,825** service types were documented between July 1, 2022, and June 30, 2023. 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



Number of Services Provided over Same Time Period (July 1 - June 30)



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, the following indicators are analyzed:

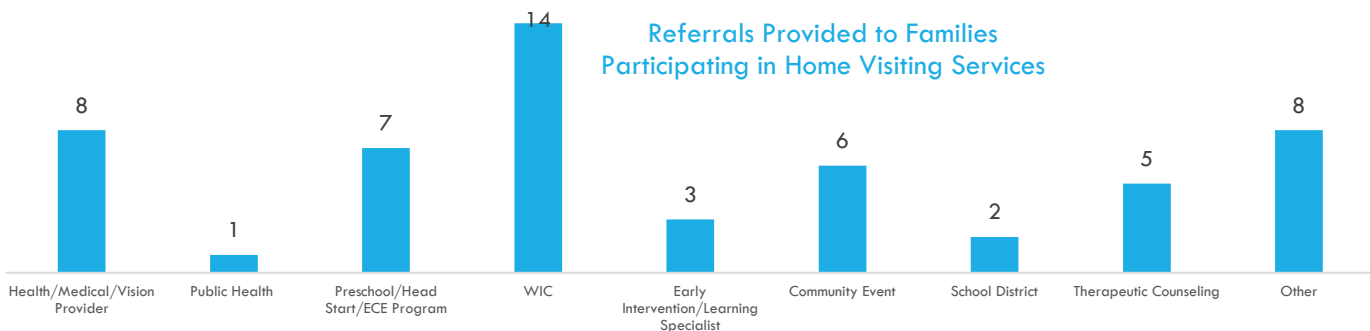
- **46** families are engaged as defined by having received at least four personal visits (67%)
- **23** families were provided limited-term services (three or less personal visits).

Most families receiving personal visiting services received at least four personal visiting services. Some families only want one to three visits and there is not currently a way to capture that the family’s goal has been met with less than 4 visits.

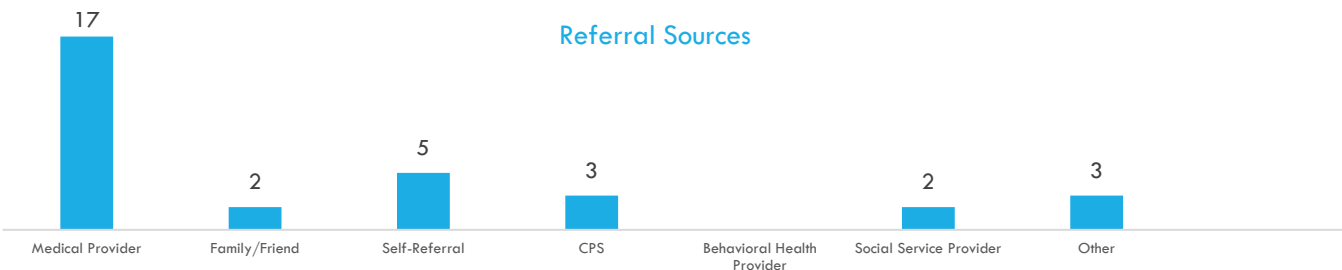
In addition to understanding the engagement of families and the number of children benefiting from service delivery, data is collected to identify who is referring families to home visiting programs and what additional resources are needed by families being served.

Referrals Provided to Families Participating in Home Visiting Services

Between July 1, 2022 and June 30, 2023, home visitors provided **54** referrals to other community services. As demonstrated in the chart below, the most common referrals were to health care providers (40 or 48%).



Who Referred Families to Home Visiting Services



The most common referral source for the home visiting programs came from medical providers (17 or 50%). 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.

9.3% of the 0-5 population in Plumas County was enrolled in Home Visiting, receiving at least 1 visit, and their parents were supported in improving knowledge, understanding, and engagement in their children’s development and physical and mental health.

71% 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). It is not clear what percentage of the children in Plumas County are receiving developmental screenings but this is an area that can be explored for next fiscal year.

Home Visiting Programs

How well did services meet the unique needs of families?

Varied Understanding of Home Visiting Framework and Expected Service Delivery Standards

Over the past year, there have been a number of meetings with Home Visiting Programs and seems to be some inconsistencies in home visiting service provision. For example:

- **Service Delivery Intervals:** There was not a shared understanding of how to address data collection for short-term versus long-term needs. Some home visitors were not collecting any data at a home visit, if they perceived that it would be a one-time visit. The table below provides the number of personal visits to families receiving more than 4 visits.
- **Program Differentiation:** There was no understanding about which program a families would be referred to, based on either the needs of the family or the services provided by the program.
- **Referrals:** There was not a clear understanding of when families should be referred to other services including referring to Early Intervention or Far Northern Regional Center, for example, when the disability was low-incidence or medical.

Note: Data for families with long-term visitations, over several years or with multiple children, may disproportionately effect service delivery number for a single year. For example, the data below is not multi-year, showing if a family was seen intensively in previous years but currently only needs less frequent visits.

Families Provided with Intensive Services in 2022-23

Family ID	Number of Visits	Family ID	Number of Visits	Family ID	Number of Visits	Family ID	Number of Visits		
Family #1	32	Family #15	15	Family #29	10	Family #43	5		
Family #2	32	Family #16	15	Family #30	9	Family #44	5		
Family #3	32	Family #17	14	Family #31	9	Family #45	4		
Family #4	31	Family #18	13	Family #32	8	Family #46	4		
Family #5	25	Family #19	13	Family #33	8				
Family #6	24	Family #20	12	Family #34	8				
Family #7	23	Family #21	11	Family #35	7				
Family #8	23	Family #22	11	Family #36	7				
Family #9	20	Family #23	11	Family #37	7				
Family #10	19	Family #24	11	Family #38	6				
Family #11	19	Family #25	11	Family #39	6				
Family #12	18	Family #26	10	Family #40	5				
Family #13	15	Family #27	10	Family #41	5				
Family #14	15	Family #28	10	Family #42	5				

Home Visiting Programs

How well did services meet the unique needs of families?

There were 52 families that should have had completed 6-month follow up surveys that includes Protective Factor Survey, Family Habits Survey, Health Survey and a Client Satisfaction Survey. The table below shows the number of families service with at least 6 home visits and the number of families which all 6-month follow up data is available.

- 7 families had complete follow up survey data
- 37 families had at least one follow up record complete but was missing data records
- 8 families had no follow up survey data

Home Visiting Program	Total Number of Families Served <i>(with consent to share data)</i>	Number of Families who Received at Least 6 Home Visits	Number of Families for which all 6-Month Follow-up Data was Available
Family First	47	25	5
Roundhouse Council	10	8	1
First 5 Early Childhood Specialist	21	10	1
Early Intervention Services	12	9	0

There were 17 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 purposed of this evaluation, families with one or more survey 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.)

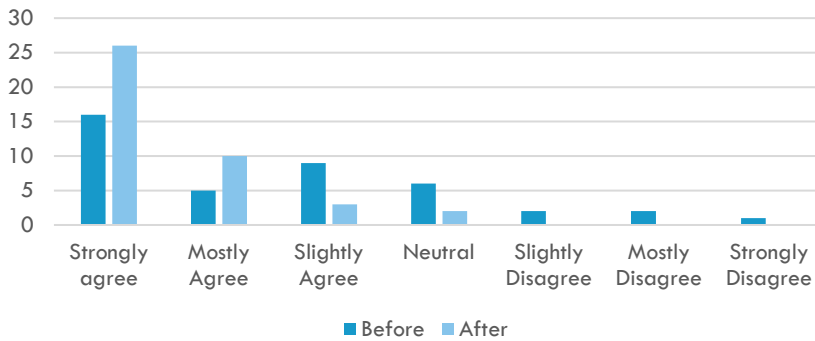
Strengthening Families Protective Factors

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 39 Protective Factor Surveys completed.

Survey questions included below:

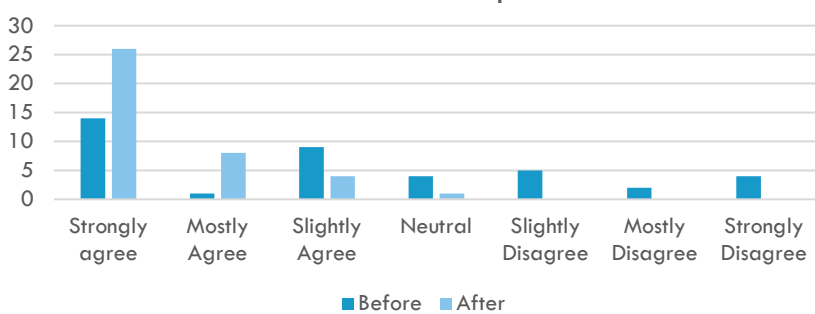
Concrete Support in Times of Need	Question 1: I have relationships with people who provide me with support when I need it. Question 2: I know who to contact in the community when I need help.
Knowledge of Parenting and Child Development	Question 3: I have confidence in my ability to parent and take care 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.

I have relationships with people who support me when I need it.



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.

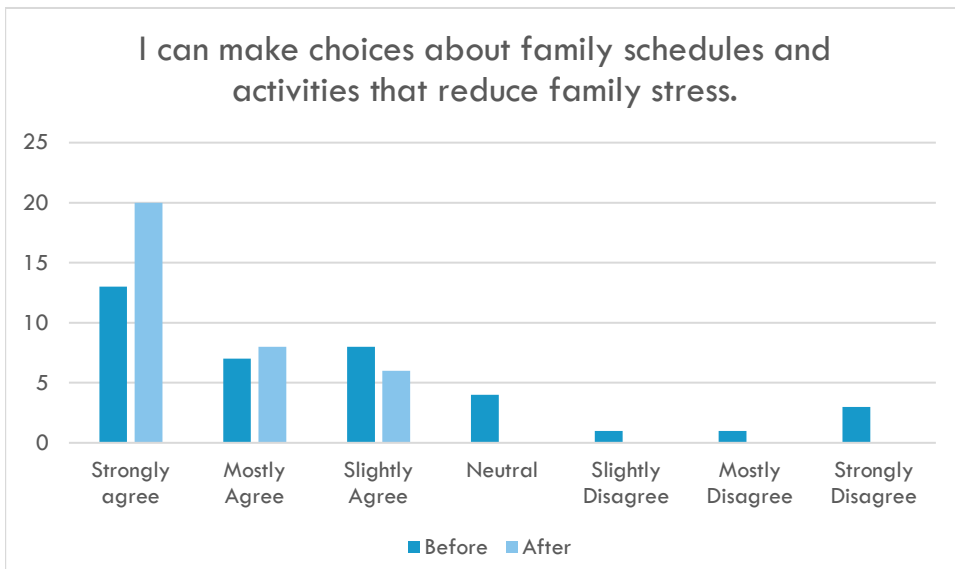
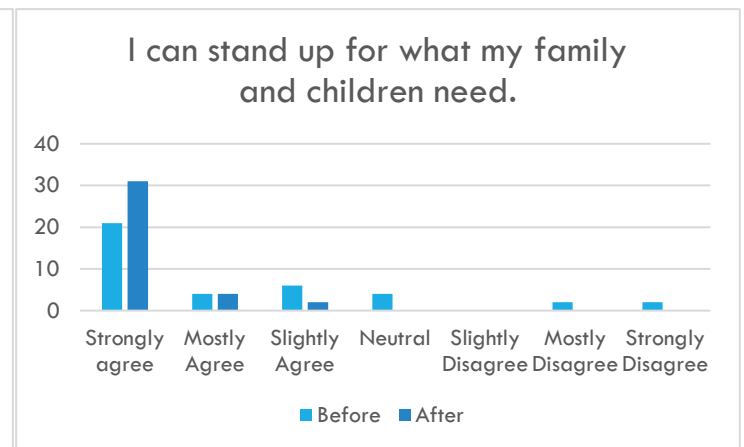
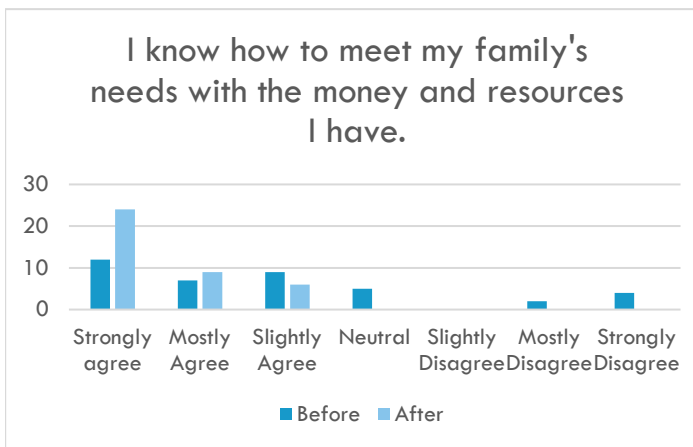
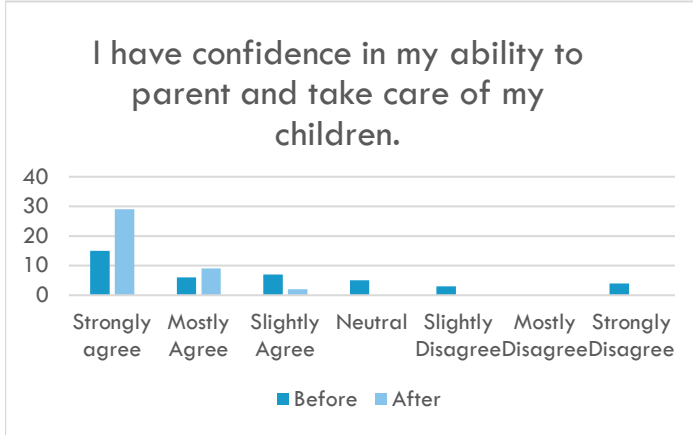
I know who to contact in the community when I need help.



Home Visiting Programs

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

Strengthening Families Protective Factors



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.

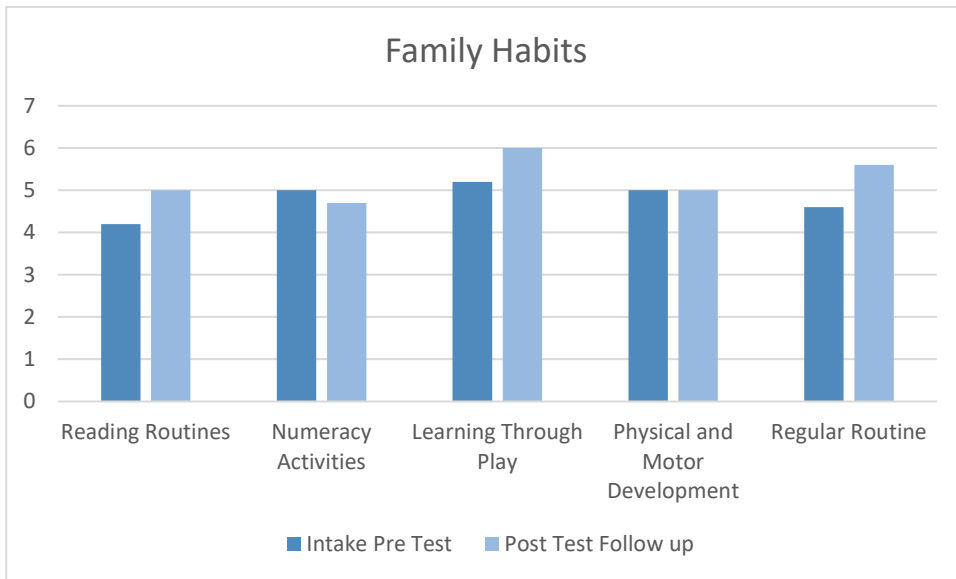
Numeracy Activities: Number/percent of parents who report that they or another family member practice counting or doing activities that involve numbers with their child(ren) each day.

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.



Only 7 families had pre and post data, which is not enough data to draw a conclusion, but it is noted that play, reading, and regular routines improved with these 7 families. In 2023-24 we may want to explore how to improve parent understanding of numeracy activities and physical and motor development.

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.

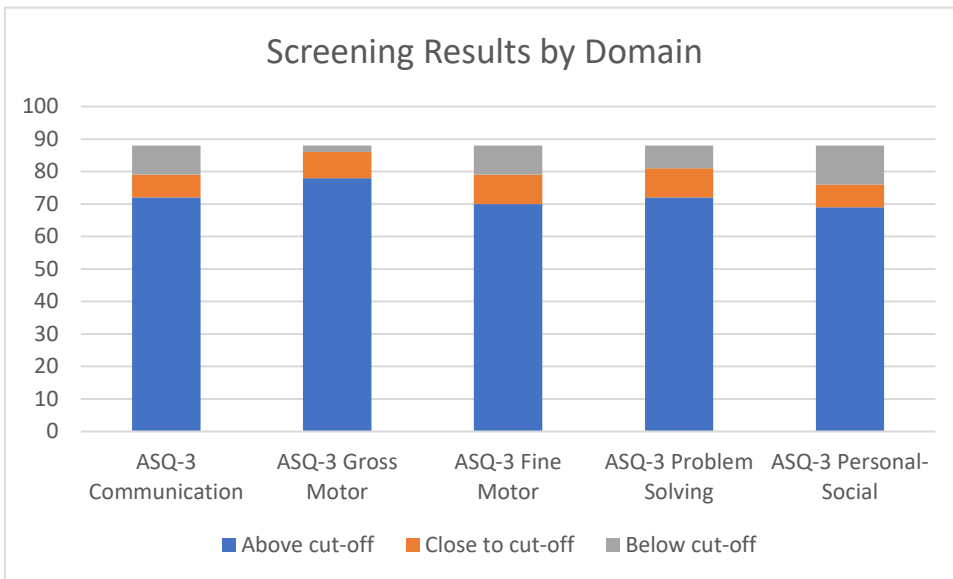
Objective: Children have access to medical and dental care. Children receive early screening and intervention for developmental delays and other special needs.

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.

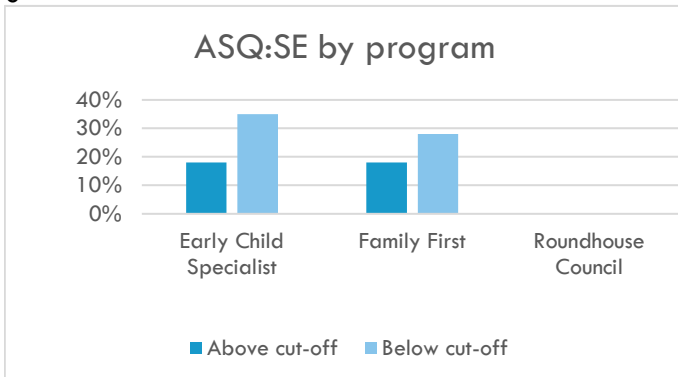
Strategy 2: Provision of developmental screenings through home visiting services. Increased number of children screened for a developmental delay prior to entering kindergarten.

88 ASQ-3 screenings were given to 54 children. 76% of screenings were administered by Family First, 11% were administered by the First 5 Plumas, Early Childhood Specialist, and 11% were administered by Roundhouse Council.



- 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

Number/Percent of children who received the Ages and Stages Questionnaire Social Emotional (ASQ:SE) screening by program (see chart below) indicates that ASQ:SE is used at much less frequency than ASQ-3, with only 18 screenings given to 16 children.



One of the key differences between ASQ-3 and ASQ:SE-2 is in the relationship of scores to the cutoff. This means results are interpreted differently.

Interpretation	ASQ-3	ASQ:SE-2
Concern: Further assessment with a professional may be needed.	Below Cutoff	Above Cutoff
Monitor: Review behaviors of concern and monitor.	Monitoring	Monitoring
No Concern: Child's development appears to be on schedule.	Above Cutoff	Below Cutoff

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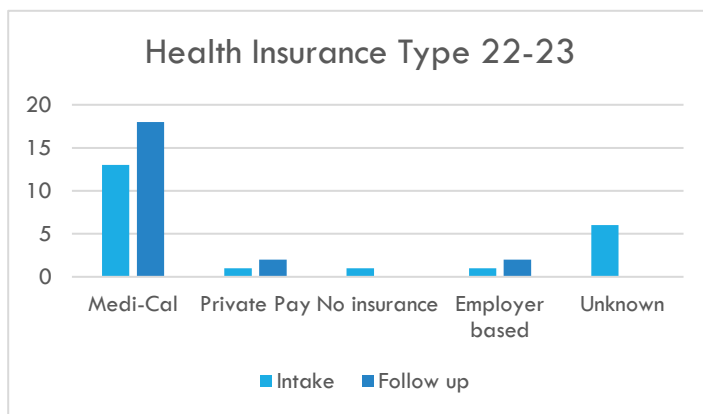
Home Visiting Programs

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

Intake data that was collected in FY 21-22 was compared to follow up data collected in FY 22-23 to provide a clearer picture of impact of programs services provided over multiple years.

There were 22 children who had intake and follow up health data and are included in the following results.

- **Health Insurance Type:** There was a **22% increase** in Medi-Cal insured children but most of this increase was from families who initially indicated they did not know what insurance they had. It is not clear if they did not have insurance or did not adequately understand the insurance system but this increase does indicate an increased understanding of their coverage. There was one family with no insurance that became insured and a small increase in employer-based insurance.



- **All families indicated their child had a medical home.**
- **Well-Child Checkup: 68% of children are up to data on well-child visits** (based on the AAP Schedule of Well-Child Care Visits). 18% of children have had annual visits but are currently behind at least one visit. 14% families either do not know or decline to state or had 0 visits within the last year.
- **Dental Insurance: 13% increase in the number of children with dental insurance based on intake and follow up data.**
- **Dental Home:** 9% of children who did not have a dental home upon intake, now have a dental home. 40% of children were less than 1 year old and may expect to not yet have a dental home. 45% of families said they either did not have a dental home or did not know if they had a dental home in the follow up data. This may reflect a need to do more outreach and education with parents about dental care for infants.
- **Dental Visits:** 23% of families with children over the age of 1 had a dental visit in the last year. 45% of families had a child less than 1 year old. 18% of families who indicated that their child has never gone to the dentist upon intake, only 5%, or one family, had a visit in the last year upon follow up. 14% of families said they did not know the last time their child went to the dentist upon follow up.

Note: There were 23 families who had intake data for FY 22-23, collected in the last 6 months of the year 22-23, and it would be expected that follow up data will be included in FY 23-24 evaluation, but not in the FY 22-23 evaluation.

Note: There were several instances where data collected from parents indicate the parents provided inconsistent responses. For example, a parent indicated upon intake, that a child had received several well-child check-ups but at the next visit the parent indicated 0 past visits.

Home Visiting Programs

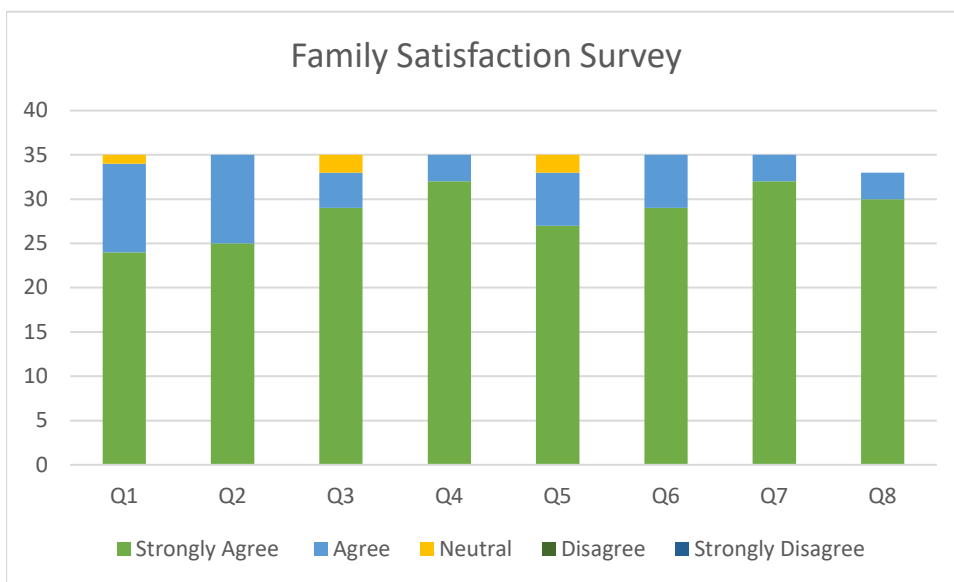
What was the impact on families who received home visiting services? (Cont.)

Family Satisfaction surveys were completed by 35 families during FY 22-23. 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.
2. This program has helped me reduce stress in my life.
3. My ideas and opinions are welcomed and included in the program.
4. I feel that the program staff respect me.
5. This program is helping me reach my goals for my family and for me.
6. I have received the assistance that I needed through the program.
7. My impressions and interactions with staff has been positive.
8. My overall satisfaction with services was good.

Everyone was nice and welcoming and took time to listening and made appropriate referrals to get the services we needed.

Parent Comment



Other family comments include:

“My home visitor was able to get my son referred to Far Northern and get him evaluated for autism and now he is doing well in special day preschool.”

“Marlene checks in and makes sure my son is current on all milestones, appointments, and well-being.”

“The nurses are so friendly and sweet to my daughter and me! They always have great activities!”

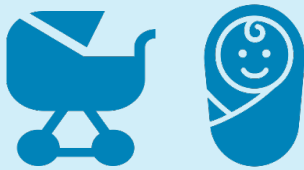
Suggestions for program improvement include more advertising, more Spanish language resources, and scheduling visits based on the child’s needs.

Family Support Services

Who was provided with family support services?

There were a total of 42 adults and 42 children (unduplicated) who participated in with a total of **370** service contacts. There were 6 father/male caretakers and 20 grandparents/kinship care providers.

42 Children ages 0-5



42 Parents & Caregivers



20 Grandparents /Kinship Care Providers



What services were provided?

Support Services included two playgroups (one in Quincy and one in Graeagle) offered for nine-week sessions, in May and June, both groups were parent initiated and this was a pilot project. 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 home visitor, who helps model and guide parents, ultimately building capacity for parent leaders.

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 (one in Quincy and one in Graeagle) 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 complete at both the Quincy and Graeagle locations. 13 parents filled out a survey with 97% of protective factors questions and satisfaction questions being answered with either 4 or 5 stars. The questions that received the lowest ratings were if parents know who to contact in the community when they need help and parents know how to meet their family's needs with the money and resources they have. Besides comments of appreciation and requests for continuation of the program, there was one comment asking for a Portola group, one asking for bilingual and music programming, a request to find a winter location, and a request for better outreach including flyers.

Systems Improvement

Does First 5 Plumas have a plan of action?

In 2022-23, First 5 Plumas launched Help Me Grow to build on the work done by the Strengthening Families Coalition and the Commission has funding for FY 23-24 for Home Visiting Coordination, Local Implementation Planning to address if programming is specifically culturally responsive to its small populations and utilizes coordination of services with a family services navigator. The home visiting system will be coordinated so that a focus on children zero to five is embedded in systems (e.g. 211) and equity is address. 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

There is not an existing 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 and a flow chart or matrix will be developed to ensure clarity around these criteria. Community education and outreach will be conducted in order to increase referrals from community-based organizations, health care professionals, and child care providers.

A parent leadership group 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. Fathers will be engaged and empowered to be actively involved in their parenting experience. Families will be aware of local services including programs funded by First 5, and will know how to access resources to meet their needs.

Systems Improvement

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



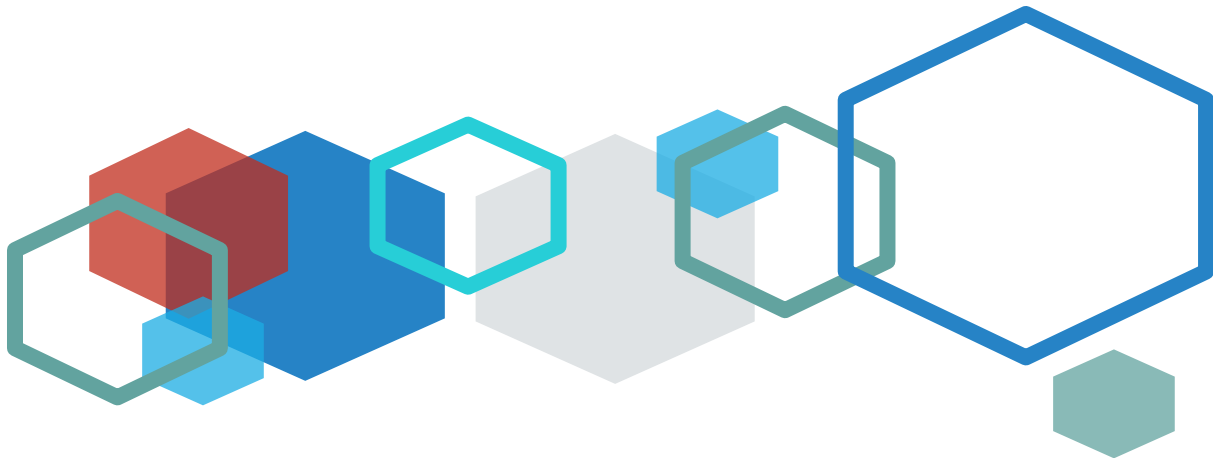
First 5 Plumas Website for Families and Service Providers: The Strengthening Families Coalition website was developed to offer tools and resources to families and providers in Plumas County but it was under-utilized and not mobile accessible. The website was rebranded for First 5 Plumas and hosts information about community resources and a community events calendar for families.



Development of Online Referral Mechanism: Embedded within the First 5 Plumas Website, is a referral mechanism so that families could directly refer themselves to services. It also offered providers the opportunity to refer families within their caseloads to other community partners.



Social Media Collateral Addressing Issues Impacting Families: Created social media messaging that addressed the issues impacting families in Plumas County.



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.

2022-2023:

Dixie Fire: The Dixie Fire disproportionately affected the Native American community, as community members became un-homed after Greenville burned. Roundhouse Council continues to struggle with internet connectivity and technology, lack of their own facility (they are rebuilding and are temporarily housed at the Greenville High School), and the lack of mail service while still serving the families that remain. First 5 Plumas remains committed to supporting Roundhouse as they rebuild.

COVID Recovery and Family Needs: Though First 5 Plumas has not done a needs assessment for the next Strategic Plan yet; we are responsive to family needs and have had many requests for parent groups in direct contacts and in survey data. In light of the known potential effects of COVID on the social-emotional on young children and their families, First 5 Plumas has begun to provide group support services in anticipation of a shift to Family First providing Parents As Teachers, a model home visiting program. Providing Group Support Services is a required part of Parents As Teachers and it is a way for First 5 Plumas to connect with more families across the county. We have Parent Leadership funding for 2023-24 and have harnessed parent leadership for the playgroup, hosting parent-initiated groups and sometimes, parent led activities.

Plumas County Public Health Agency, Community Health Improvement Plan: It is of great interest to First 5 Plumas that the Community Health Improvement Plan prioritize the following root causes as the foundation for the CHIP: 1) Adverse Childhood Experiences 2) Adverse Community Events 3) Failure to Link People with Services. Additionally, the top two priority gaps identified were: 1) Resources knowledge, coordination, and navigation and 2) Family Support.

Equity: This report demonstrates low levels of Hispanic and Black families' participation, low levels of services provided to the Chester area, and low-levels of services provided to fathers and male care providers in Home Visiting.

Fatherhood Engagement: Of the 66 Head of Households, one was male and of the caretakers listed as "Other," all 4 were male. A male care taker was documented in 13 % of homes. Data forms ask for one Head of Household - but do not ask for co-parent or information that would indicate equitable caretaking roles for two or more adults. A change in expectations of the Home Visitors to engage male caretakers, co-parents, and fathers not in the household may be needed. First 5 Plumas has funding in 2023-24 for Father Engagement and a Home Visitor training about father and male caretaker engagement.

Personal Visits: The nomenclature for home visits is changing as there is an acknowledgement of un-homed families and a need to be flexible with the location of visits. Parents As Teachers uses the term "personal visits" instead of home visits to describe the service contact. While this report uses the term "home visitors" for service providers, it uses "personal visits" to describe a visit with a family in any location (see page 5).

Siblings Ages 6 and Up: Home Visiting programs provide and document services for specified members of each family. That said, it is believed that every member of the family who live in the same household benefits from home visiting services whether they are a direct recipient of home visiting services. There is no clear way on the data forms to identify older sibling or children living in the household, but not at the personal visit. It is not clear what the impact of home visiting is on other people living in the household.