



# SCHOOL READINESS HOME VISITATION PROGRAMS EVALUATION REPORT

March 2006

Submitted by:

minicucci | associates

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# First 5 Plumas

## Evaluation of Home Visitation Programs

This is a report on home visitation programs funded by First 5 Plumas County Children and Families Commission prepared by Minicucci Associates of Sacramento. The programs include: Healthy Touch Infant Massage Program (Sierra Cascade Family Opportunities, Inc), New Born House Calls (Plumas County Public Health Agency), Early Intervention/Infant Stimulation Program (Plumas Unified School District), Indian Valley Family Advocate (Plumas Unified School District), Roundhouse Council Family Advocate and Portola Bilingual Family Advocate (Plumas Unified School District). All of the programs are designed to address the goals of the First 5 Plumas Strategic Plan and receive county commission and state commission School Readiness matching funds. The report is organized into three sections:

- Background on the study, including the purpose and sources of information;
- Findings on program design, children and families served and services provided; program implementation and outcomes for children and families and;
- Recommendations.

## BACKGROUND

### Purpose of Evaluation

First 5 Plumas retained Minicucci Associates in order to evaluate the home visitation programs. The goal of the study was threefold: to prepare an overview of the programs and desired outcomes, to gather and analyze available information on the programs, and to draw concise conclusions about the impact of the programs on children and families. The study consultant was asked to review the available information and suggest where more data were needed and where redundant or overlapping data collection efforts could be simplified.

- Develop a draft set of outcomes that would be common to the home visitation/school readiness grants relating to Strong Families, Healthy Children, Children Learning and Ready for School and Comprehensive Integrated Services.
- Review existing information, mapping it against the desired outcomes and noting where information exists and where there are gaps or discrepancies in approach. If feasible, collect information to fill in critical gaps with the assistance of project and Commission staff.
- Summarize the findings on the programs and prepare options for the Commission to gather needed information integrating state evaluation tools and outcomes to the extent feasible.

A PowerPoint presentation was prepared for the Commission's February 8, 2006 strategic planning session.

### **Sources of Information**

The information for this report came from five sources:

- Quarterly reports submitted by grantees to First 5
- PEDS data on clients and services
- PEDS intake and follow up surveys on core participants
- Local surveys (Healthy Touch customer satisfaction survey, Raising a Reader survey - fall 2005, Assessments for New Born House Calls)
- Interviews with project directors conducted by Human Services Consultant, Carol Casaday

Grantees for First 5 Plumas submit quarterly progress reports to the Commission on their activities during the quarter, services provided and families served, any issues encountered and how they were resolved, and a financial report. Grantees also enter information directly into the state Commission's web based data system PEDS (Proposition 10 Evaluation Data System) on services provided and clients served. Clients are divided into two groups: those served intensively (Core Participants) and those served in groups (aggregate data). For Core Participants, grantees also survey families at intake and at six month intervals on key outcomes in the area of child health, child development and family functioning. PEDS includes reports that can be generated by the Commission staff, external evaluator and programs concerning services, clients and outcomes from the intake and follow up surveys.

In addition to quarterly progress reports and information entered directly into PEDS, First 5 Plumas grantees and the Commission's Evaluation Consultant, Susan Kocher gathered supplemental evaluation data. For Healthy Touch, customers filled out a satisfaction survey reporting what they learned, how they applied what they learned from classes and home visits, and how they felt it affected their parenting of their infant. In the fall of 2005, Commission staff administered a survey across the home visiting and school readiness programs on Raising a Reader. The survey was administered in a pre and post test format before services were undertaken and then after parents/families had participated in the program. The surveys were analyzed by Susan Kocher, evaluation consultant to the Commission. The survey inquired about family literacy practices and use of the library. Finally, the New Born House Calls program gathered assessments on families receiving home visits. These assessments provided additional evaluation information on health care access, breast feeding, who conducted the home visit, and other valuable information.

Carol Casaday conducted interviews with the project directors for each program to learn about their goals, referral processes, and services, how they relate to other home visitation programs in the county, and suggestions for strengthening the programs. An in-depth study of the effectiveness of the Early Intervention program was completed by Susan Kocher in January of 2006. Her findings are summarized later in this report.

Minicucci Associates of Sacramento gathered information from these diverse data sources, created supplemental databases for the Healthy Touch survey and the Assessments from New Born House Calls. Findings from the analysis of the Raising a Reader survey by Susan Kocher were also incorporated into this report. Minicucci Associates worked with staff and Commission consultants to map information against the outcomes in the Strategic Plan and other Commission documents in order to draw conclusions about the impact of the home visitation programs.

Staff and consultants met to distill a set of outcomes in three major strategic result areas, gleaning from a number of Commission documents and sources. The summary table below shows the short list of outcomes for the home visitation programs in the major categories of health, family functioning and child development. The columns portray the results for each program. A checkmark in the matrix means that information was available for the program on an outcome. For example, in the first row outcome in health “Babies are born healthy,” New Born House Calls has a check which represents the information from the assessment forms gathered by home visitors.

**HEALTHY CHILDREN:** The program with the most information was the Early Intervention program which was the subject of an in-depth examination by Susan Kocher. New Born House Calls had some information from the Assessments gathered by home visitors; Healthy Touch had a few core participants in PEDS with surveys and follow up surveys that provided health outcome information. Information on progress in attaining health outcomes was absent for the family advocates programs except for Indian Valley which gathered intake and follow up surveys and entered them into PEDS

**STRONG FAMILIES:** The Healthy Touch customer satisfaction self report survey included information on parents learning parenting skills and about child development. The in-depth study of the Early Intervention Program provided outcomes for family functioning for that program. Family advocates inform parents of resources in the community and PEDS service information is a source of information on home visits and materials distributed to families participating in home visitation programs.

**CHILDREN LEARNING AND READY FOR SCHOOL:** The main supplemental source of information was the pre and post surveys of family literacy practices conducted for Raising a Reader programs in the fall of 2005 by Commission staff. Four of the programs participated in this survey, which provided valuable information on parent literacy practices and use of the library. Results on these outcomes are reported for each program below.

Table 1 First 5 Plumas Home Visitation Programs: Children and Family Outcomes ✓ = outcome information available						
Outcome	Healthy Touch	New Born House Calls	Early Intervention Program	Family Advocate Indian Valley	Roundhouse Council Advocate	Portola Family Advocate
<b>Healthy Children<sup>1</sup></b>						
Babies are born healthy		✓				
Mothers breast feed their infants for one year		✓				
Children have access to regular preventive health care	✓	✓	✓	✓		
Children are screened for developmental delay			✓			
Children receive referral and appropriate services		✓	✓			
<b>Strong Families<sup>2</sup></b>						
Parents have knowledge of child development milestones			✓			
Parents learn parenting skills	✓		✓	✓	✓	✓
Parents know of and access community resources	✓	✓	✓	✓	✓	✓
<b>Children Learning and Ready for School<sup>3</sup></b>						
Families read to their children and establish a reading routine			✓	✓	✓	✓
Families use community resources to promote children's literacy		✓	✓	✓	✓	✓
Children receive early childhood education services			✓			

<sup>1</sup> Source Intake and follow up surveys in PEDS; Assessments (NBHC) and Evaluation of Effectiveness of Early Intervention Program by Susan Kocher January 2006.

<sup>2</sup> Raising a Reader Survey November 2005 Susan Kocher; New Born House Calls Assessments

<sup>3</sup> Raising a Reader Survey

# FINDINGS

## Healthy Touch Infant Massage Program

The Healthy Touch Infant Massage program is administered by Sierra Cascade Family Opportunities. The program is delivered by an infant massage therapist in the form of classes and home visits to parents of infants. The curriculum covers infant massage and includes a demonstration of how to massage infants, the benefits of massage and how it promotes bonding and attachment between parents and children. The program also includes breastfeeding support to mothers through home visitation. The table below summarizes program features.

Table 2 Program Profile First 5 Plumas School Readiness Projects	
Name of project	Healthy Touch Infant Massage
Funded organization	Sierra Cascade Family Opportunities
Goal	To provide in home infant massage and breastfeeding support to low income and other high need parents to promote positive bonding and attachment.
Geographic area served	County wide
Services provided	Home visits by qualified Infant Massage Therapist to infants, including those with potential special needs; providing parenting education and instruction in infant massage, including breastfeeding support
Infants/families served July 1, 2003 to January 1, 2006	165 parents (aggregate) 128 children (aggregate)
Total number of home visits since July 1, 2003	361
Total number of follow up services since July 1, 2003	51
Outcomes reported	PEDS intake and follow up surveys; Customer satisfaction survey

Between July 1, 2003 and January 1, 2006, the program served 165 parents who had 128 children under 5. The program also provided intensive home visits to 12 core families with 11 children under 5. A total of 361 home visits were provided with 51 follow up services.

The table below shows the information that was entered into PEDS for this program including the numbers served by time period, the services provided and the intake and follow up surveys. Seven core participant intakes and six follow up surveys were completed by January 5, 2006.

Table 3 Program Profile Detailed PEDS Data: Healthy Touch Infant Massage				
	2003/04	2004/05	2005/06 (to January 2006)	Total
<b>1. Children and Families Served</b>				
Core participants—Served Intensively				
Children	0	8	3	11
Parents	0	9	3	12
Aggregate				
Children	51	36	41	128
Parents	47	45	73	165
Other family members	8	4	21	33
Total	106	85	135	326
<b>2. Services Provided</b>				
Home Visits	123	193	45	361
Follow up services	38	3	10	51
<b>3. Core participant Intake and 6 Month Follow up Surveys*</b>				
Number of intakes	3	4	0	7
Number of follow ups				6

\*As of January 5, 2006

### Program Outcomes:

Outcomes for Healthy Touch come from two main sources: results of customer satisfaction surveys completed by parents after the home visits and the intake and follow up surveys for children served intensively as core participants.

Parents participating in Healthy Touch were given a satisfaction self report survey to complete in the 2003/2004 program year. Eighteen surveys were returned and entered into a database for analysis. The results showed that:

- All would recommend the program to other parents
- 66% strongly agreed that they felt more competent as parents
- 66% felt greater emotional closeness with their infant
- 55% reported that infant massage reduced stress for the infant
- 55% reported that they improved their ability to comfort their infant

Health outcome results were gathered for six core participants at intake and six month follow up. (The number is too small to report results.)

## New Born House Calls

New Born House Calls is county wide home visitation program administered by the Plumas County Public Health Agency. The home visits are designed to provide information for new parents and referrals to any services needed to promote the health of mother and infant and optimal child development through the distribution of the Kit for New Parents. The program is intended to reach out to parents and inform them about available services as needed rather than continue to visit families on an ongoing basis. As a result, the program does not report information on services for intensively served core participants into PEDS. The table below summarizes program features.

*Table 4 Program Profile First 5 Plumas School Readiness Projects	
Name of project	New Born House Calls
Funded organization	Plumas County Public Health Agency
Goal	To reach all parents with newborns with information and referral to services; to distribute Kits for New Parents and Early Learning Kits.
Geographic area served	County wide
Services provided	Home visits to families who are pregnant and parents with newborns providing resource and referral and distribution of New Parent Kits; follow up visit after child is 1 year old.
Infants/families served since 2003	453 parents/guardians
Total number of home visits since July 1, 2003	439
Follow Up services since July 1, 2003	838
Outcomes reported	Assessments

The table below shows the information on New Born House Calls that was entered into PEDS for the period July 1, 2003 through January 1, 2006.

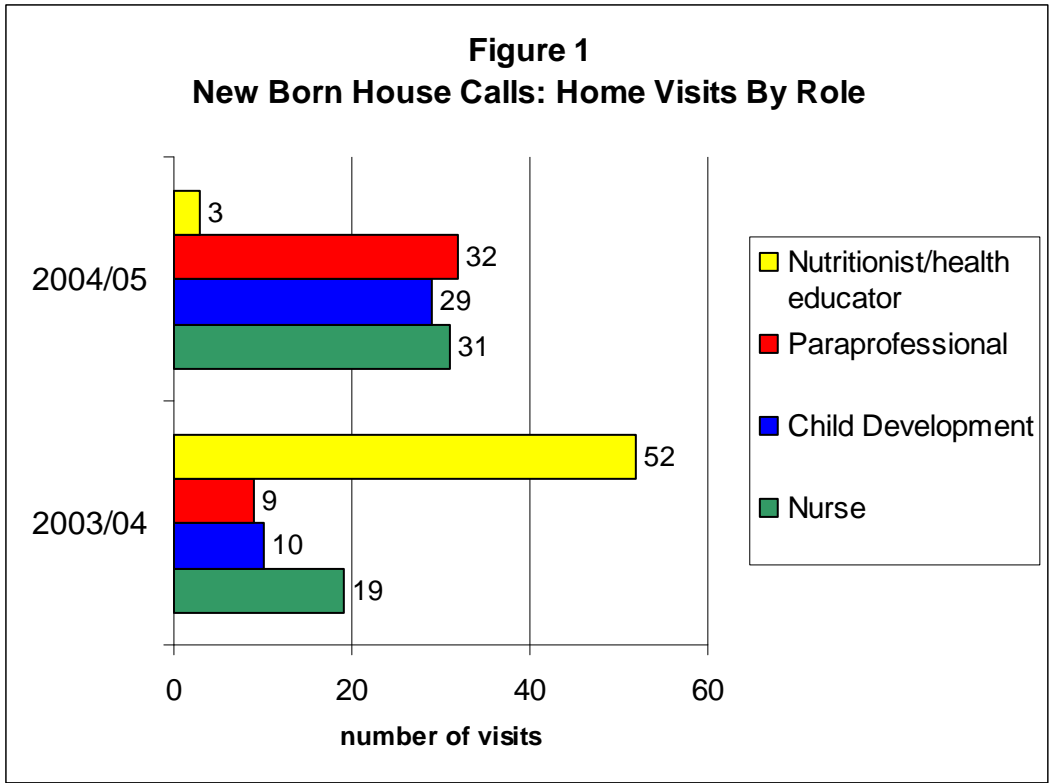
Table 5 Program Profile Detailed PEDS Data: New Born House Calls				
	2003/04	2004/05	2005/06 (to January 2006)	Total
<b>1. Children and Families Served</b>				
Core participants—Served Intensively				
Children	0	1	1	2
Parents	0	1	1	2
Aggregate				
Children	77	187	59	323
Parents	123	261	69	453
Other family members	12	120	16	148
Total	212	568	144	924
<b>2. Services Provided</b>				
Home Visits	117	243	79	439
Follow up services	0	673	165	838
<b>3. Core participant Intake and 6 Month Follow up Surveys*</b>				
Number of intakes				1
Number of follow ups				1

\*As of January 5, 2006

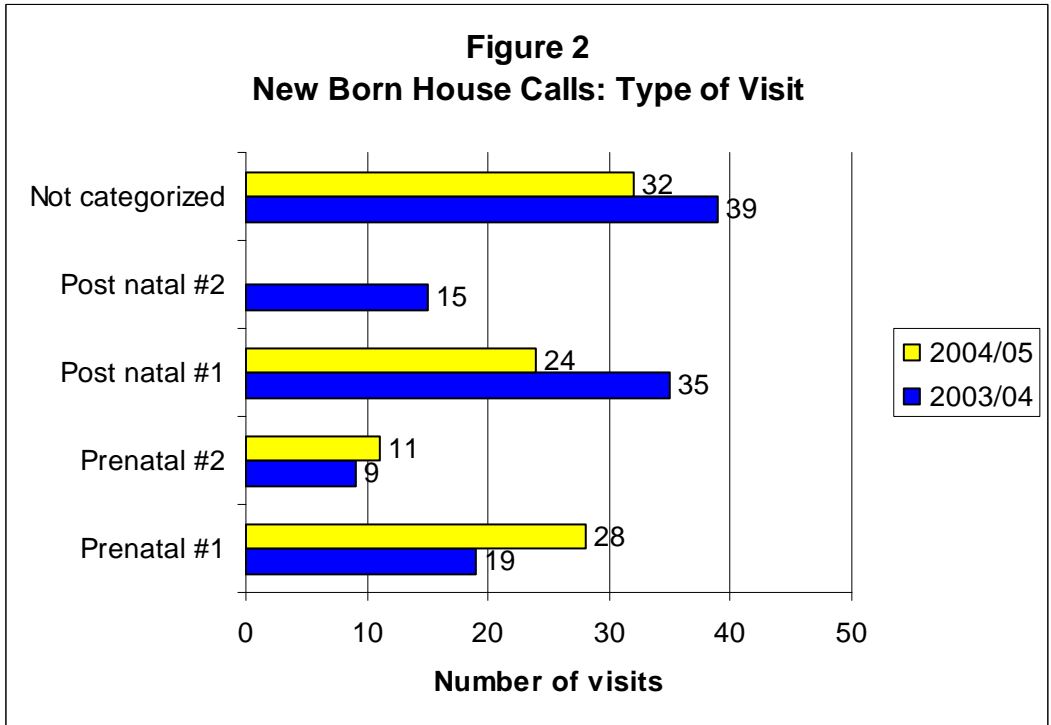
Home visitors completed assessments on families receiving a home visit through New Born House Calls. There were 90 assessments for 117 home visits (about 77%) for the 2003/04 program year and 95 assessments out of 254 (39%) for the 2004/2005 program year. The assessments contained information on:

- Role of the home visitor
- Type of visit—whether before or after the baby's birth
- Health information

Home visits conducted by New Born House Calls were performed by nurses, nutritionist/health educators, a child development specialist, and/or a paraprofessional home visitor. The figure below shows the number of home visits by role of visitor for 2003/2004 and 2004/2005. This information came from the assessments completed by staff on the families.



The type of visit is shown in the figure below.



Health information from the assessments included information on health insurance. Mothers had health insurance in 81% of the families served, and in 85% the mother had

a medical home or source of regular medical care. While, 83% of mothers reported they initiated breast feeding, there was information on duration for only a small portion of the mothers (19%).

### Early Intervention/Infant Stimulation Program

The Early Intervention/Infant Stimulation program administered by the Plumas Unified School District serves infants from birth to age three who have disabilities or are at risk of developmental delay. The table below summarizes program features.

Table 6 Program Profile First 5 Plumas School Readiness Projects	
Name of project	Early Intervention Infant Stimulation Program
Funded organization	Plumas Unified School District
Goal	To find and serve infants from birth to age three at risk of developmental delay; to provide appropriate services to advance their healthy development, and provide supportive services to their parents/guardians.
Geographic area served	County wide
Services provided	Home visits (weekly to monthly), infant stimulation home visits, speech and language instruction, occupational and physical therapy, infant massage, respite care, and reimbursement for travel costs to obtain medical care.
Infants/families served July 1, 2003 to January 1, 2006	21 core participant children, 20 parents/guardians
Total number of home visits since July 1, 2003	533
Total number of follow up services since July 1, 2003	19
Outcomes reported	Evaluation of Effectiveness January 2006 by Susan Kocher; PEDS intake and follow up surveys; Raising a Reader survey fall 2005

The table below shows the information on the Early Intervention program that has been entered into PEDS for the period July 1, 2003 through January 1, 2006.

Table 7 Program Profile Detailed PEDS Data: Early Intervention Program				
	2003/04	2004/05	2005/06 (to January 2006)	Total
<b>1. Children and Families Served</b>				
Core participants—Served Intensively				
Children	5	9	7	21
Parents	4	9	7	20
Aggregate—People Served in Groups				
Children	24	31	15	70
Parents	29	35	18	82
Other family members	4	9	13	
Total	57	75	33	165
<b>2. Services Provided</b>				
Home Visits	38	3	10	51
Follow up services	2	16	1	19
<b>3. Core participant Intake and 6 Month Follow up Surveys*</b>				
Number of intakes				9
Number of follow ups				8

\*As of January 5, 2006

## **Program Outcomes**

Health outcome results were gathered for eight core participants at intake and six month follow up. (The number is too small to report results.)

The Early Intervention program was the subject of a separate in-depth examination by a consultant retained by First 5 Plumas.<sup>4</sup> The researcher examined records for 32 infants served in the program since 2001 and compared the findings to those for a group of children who did not receive early intervention services but did receive special education services from the school district after they attained three years of age. The study reported on referral sources, and the nature, duration and intensity of the services for children and families.

The study found that:

- The number of infants at risk of delay who were identified and served increased seven fold in the four years of program operation.
- Infants who were served in the Early Intervention program were able to leave the program after meeting their goals in a shorter time period than those who did not receive services until after they turned three. Interventions helped the children to reach their goals and made it unnecessary for them to continue to receive special education by the district.<sup>5</sup>
- One third of infants served showed improvement in cognitive development within an 11 month period.<sup>6</sup>

Please see the separate report for more details on the study and its findings.

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<sup>4</sup> Kocher, S.D. 2006. An Evaluation of the Effectiveness of the Plumas Unified School District's Early Intervention Program. First 5 Plumas, the Plumas County Children and Families Commission. Quincy, California.

<sup>5</sup> Evaluation of Early Intervention, p. 12.

<sup>6</sup> Evaluation of Early Intervention, p. 15.

## Indian Valley Family Advocate

The Indian Valley Family Advocate provides home visitation with in-home parenting education and resource and referral to families in Taylorsville, Greenville, Canyon Dam and Twain. The table below summarizes program features.

Table 8 Program Profile First 5 Plumas School Readiness Projects	
Name of project	Indian Valley Family Advocate
Funded organization	Plumas Unified School District
Goal	To provide comprehensive integrated services to families and to promote school readiness of children through in-home parenting education, improved access to health care, resource and referral.
Geographic area served	Indian Valley: Taylorsville, Greenville, Canyon Dam and Twain
Services provided	Home visits and services at Family Resource Center; instruction in Parents as Teachers program, Raising a Reader and a playgroup
Infants/families served July 1, 2003 to January 1, 2006	25 core participants/111 children served in groups
Total number of home visits since July 1, 2003	29
Total number of follow up services since July 1, 2003	38
Outcomes reported	PEDS intake and follow up services; Raising a Reader survey

The table below shows the information on the Indian Valley Family Advocate project that was entered into PEDS for the period July 1, 2003 through January 1, 2006.

\*As of January 5, 2006

Table 9 Program Profile Detailed PEDS Data: Family Advocate Indian Valley				
	2003/04	2004/05	2005/06 (to January 2006)	Total
<b>1. Children and Families Served</b>				
Core participants—Served Intensively				
Children	4	11	10	25
Parents	4	10	8	22
Aggregate—People Served in Groups				
Children	6	105	17	128
Parents	3	60	13	76
Other family members	3	5	13	21
Total	12	170	43	225
<b>2. Services Provided</b>				
Home Visits	0	19	10	29
Follow up services	0	36	2	38
<b>3. Core participant Intake and 6 Month Follow up Surveys*</b>				
Number of intakes				16
Number of follow ups				6

Health outcome results were gathered for eight core participants at intake and six month follow up. (The number is too small to report results.)

## Roundhouse Council Family Advocate

The Roundhouse Council Family Advocate project funded a half-time family advocate to work at the Indian Education Center serving American Indian families with children ages 0-5 years. The table below summarizes the program features.

Table 10 Program Profile First 5 Plumas School Readiness Projects	
Name of project	Family Advocate
Funded organization	Roundhouse Council
Goal	To provide culturally competent, comprehensive, and integrated services to families and to promote school readiness of children through in-home parenting education, improved access to health care, resource and referral.
Geographic area served	Greenville, Taylorsville, Crescent Mills, Canyon Dam and Genesee Valley.
Services provided	
Infants/families served July 1, 2003 to January 1, 2006	46 children
Total number of home visits since July 1, 2003	18
Total number of follow up services since July 1, 2003	277
Outcomes reported	Raising A Reader surveys November 2005

The table below shows the information on the Roundhouse Council Family Advocate project that was entered into PEDS for the period July 1, 2003 through January 1, 2006.

Table 11 Program Profile Detailed PEDS Data: Roundhouse Council Family Advocate				
	2003/04	2004/05	2005/06 (to January 2006)	Total
<b>1. Children and Families Served</b>				
Core participants—Served Intensively				
Children	0	0	0	0
Parents	0	0	0	0
Aggregate—People Served in Groups				
Children	13	33		46
Parents	12	38		50
Other family members	2	4		6
Total	27	75	0	102
<b>2. Services Provided</b>				
Home Visits	0	18	0	18
Follow up services	65	128	84	277
<b>3. Core participant Intake and 6 Month Follow up Surveys*</b>				
Number of intakes				0
Number of follow ups				0

The Roundhouse Council Family Advocate project has experienced cultural barriers to complying with the requirement of gathering intake and follow up surveys from parents and guardians. There is a culturally based reticence in the families served, and on the part of staff, to discuss personal questions such as those contained on the survey. Roundhouse Council families were represented in the Raising a Reader survey of family literacy practices.

## Portola Bilingual Family Advocate

The Portola Bilingual Family Advocate project consisted of a half-time position shared with Even Start for a bilingual family advocate to provide in-home parenting education, Raising a Reader, resource and referral, assistance with obtaining access to health care, and enhanced child development services for children ages 0-5 and their families.

Table 12 Program Profile First 5 Plumas School Readiness Projects	
Name of project	Portola Bilingual Family Advocate
Funded organization	Plumas Unified School District
Goal	To provide culturally competent services to Spanish speaking families in Eastern Plumas County to promote health access and school readiness of children.
Geographic area served	Chilcoot/Vinton, Portola and Sierra Valley
Services provided	Home visits and services at an Even Start Resource Center
Infants/families served July 1, 2003 to January 1, 2006	112 children served in groups
Total number of home visits since July 1, 2003	59
Total number of follow up services since July 1, 2003	146
Outcomes reported	Raising a Reader survey November 2005

The table below shows the information on the Portola Bilingual Family Advocate project that was entered into PEDS for the period July 1, 2003 through January 1, 2006.

Table 13 Program Profile Detailed PEDS Data: Portola Bilingual Family Advocate				
	2003/04	2004/05	2005/06 (to January 2006)	Total
<b>1. Children and Families Served</b>				
Core participants—Served Intensively				
Children				0
Parents				0
Aggregate—People Served in Groups				
Children	18	68	26	112
Parents	26	66	45	137
Other family members	8	21		29
Total	52	155	71	278
<b>2. Services Provided</b>				
Home Visits	15	35	8	59
Follow up services	28	78	40	146
<b>3. Core participant Intake and 6 Month Follow up Surveys*</b>				
Number of intakes				1
Number of follow ups				0

\*As of January 5, 2006

### Cross-Program Outcomes

There are three cross-program outcome areas for the home visitation programs: health outcomes, family literacy outcomes and the project directors' report on implementation. For health, a common set of core outcomes are reported on the intake and follow up surveys for core participants entered into the PEDS data system for the First 5 California evaluation. These include whether children have health or dental insurance, whether they have a source of regular medical care, and whether they are receiving regular preventive health care. Family literacy outcomes are available from a cross-program survey for Raising a Reader which was conducted by the First 5 Plumas staff and analyzed by evaluation consultant Susan Kocher in the fall of 2005. This survey reports on parental practices that promote literacy in children and family use of the library. The third set of outcomes is derived from interviews conducted by Carol Casaday with project directors as part of this study.

## **1. Health Outcomes**

Five of the home visitation programs administered a survey to parents of core participants at intake into the program and at six month follow up intervals. These programs were the Early Intervention program, Healthy Touch Infant Massage, Indian Valley Family Advocate, New Born House Calls and Portola Bilingual Family Advocate. The survey includes questions about health access, dental care, and other important measures of health and well being of children. The number of intake and follow up surveys was small. In general, the results showed that there was an improvement in the proportion of children with health and dental insurance. All of the children had a source of regular care at intake and there was no change in that outcome at the six months follow up survey. Despite having insurance and a medical home, some children were still not receiving adequate preventive care (37% at follow up). The finding suggests that access to health care remains a challenge for families with young children served by home visitation programs in Plumas County.

Statewide outcomes in these areas provide an interesting comparison. Statewide, among over 4,000 core participants, 91% had health insurance at intake and 94% at follow up for a growth of 6%, 77% had dental insurance at intake which rose to 85% at follow up. Comparatively, the small number of surveys for First 5 Plumas shows greater impact on getting children health insurance. For regular medical home, 89% of the 4,000 participants had regular care at intake, rising to 93%, and 88% had adequate preventive care at intake and 91% had preventive care by six month follow up. Plumas County children in the small group of core intake and follow ups have a source of regular care but 37% are not getting preventive care on a regular basis.<sup>7</sup>

## **2. Family Literacy Outcomes**

In the fall of 2005, staff for the First 5 Plumas Commission conducted a survey of parents of participants across funded programs using the same questions before and after program participation. Susan Kocher analyzed the surveys. The following information was drawn from her report to the Commission prepared in January of 2006.<sup>8</sup>

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<sup>7</sup> Health Fact Sheet, Fiscal Year 2004-05, California Children and Families Commission.

<sup>8</sup> Final RAR Write up, January 2006, prepared by Susan Kocher, consultant to First 5 Plumas.

Table 14 Raising a Reader Survey Fall 2005			
Program	Pre surveys completed	Post surveys completed	Matched surveys with pre and post
Indian Valley FA	7	1	1
Roundhouse Council	10	10	6
Early Intervention program	20	4	4
Portola FA (Even Start)	19	1	1
Indian Valley Preschool	21	13	11
Total	77	29	23

A total of 77 initial surveys were gathered, with 29 post surveys. Twenty three parents had both a pre and a post survey. The programs with the most matched pairs were Roundhouse Council and Indian Valley Preschool.

The 77 initial surveys contained valuable information on parental education, primary language and preschool attendance. Among the parents enrolling their children in the Raising a Reader program, 84% graduated from high school, of those, 22% were college graduates, 17% had completed a two year college or training degree and for 45%, the highest level of education was high school graduation. Sixteen percent of the parents had not completed high school. Most were English speakers: 79% of parents spoke English primarily, while 21% spoke Spanish.

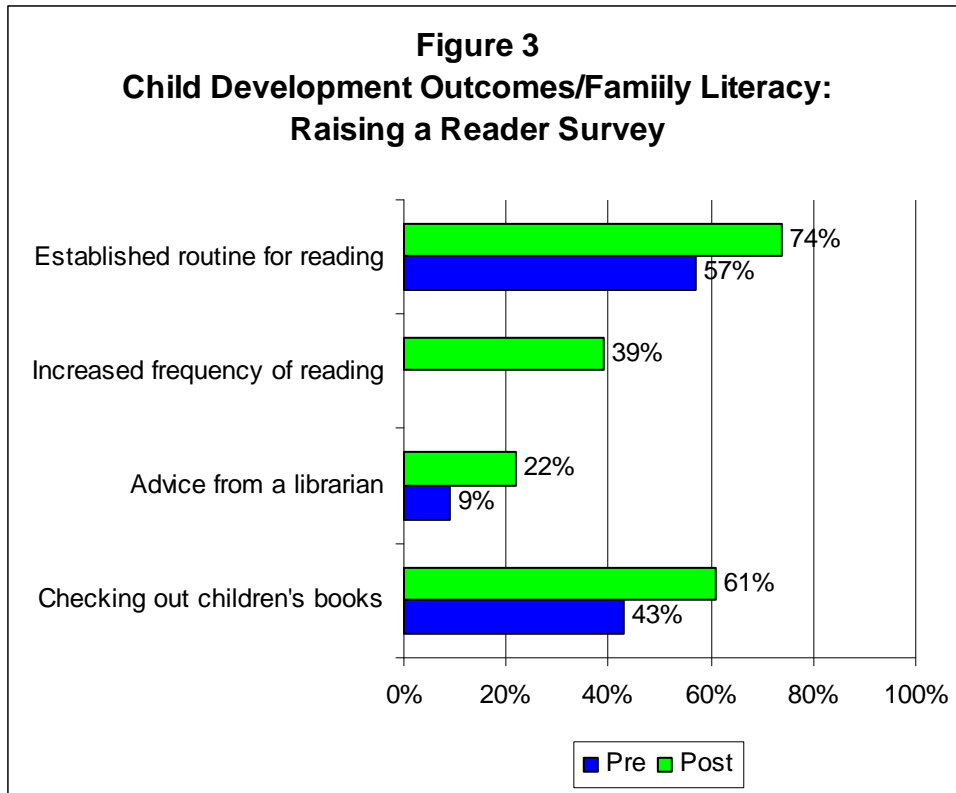
More than half of the children (58%) were attending preschool. Of the children in preschool, 52% had attended for a year or more. Twenty eight percent had attended for less than 6 months and another 20% had attended between six months and a year. Parents surveyed at Portola Even Start (44%) and the Indian Valley Family Resource Center (29%) were the least likely to have a high school degree, while parents of special needs children served by the Early Intervention program were the most likely to have a college degree or higher (50%).<sup>9</sup>

Highlights of findings include:

- Parents overwhelmingly agreed on the importance of reading and sharing books with children for their development and future reading success.
- 39% of parents increased the frequency of reading to their children after enrollment in the program, 56% read with the same frequency as before enrollment, and 4% decreased.
- 57% of parents in the program had established a regular routine time for reading or sharing books with their child before enrollment. After enrollment, 74% reported they had an established reading routine after enrollment in the program.
- 43% reported checking out children's books in the library before enrolling in the program. That increased to 61% after involvement in the program.

<sup>9</sup> Final RAR Write up, January 2006, prepared by Susan Kocher, consultant to the Plumas County First 5 Commission.

The chart below illustrates the changes.



### 3. Interviews with Project Directors

Consultant Carol Casaday conducted in-person interviews with project directors of the home visitation programs as part of this study. The questions in the interviews included the goals of the program, how referrals into the program were made, services provided, what implementation issues had arisen and how they had been addressed. The interviews also covered how the project submits data to the Commission and project experience with data entry into the PEDS system. Project directors were asked about opportunities to enhance the coordination and integration of services to families in Plumas County in the First 5 funded programs.

The project directors reported common goals for the six separate programs, including:

- Enhance understanding of child development
- Link families to community resources
- Identify problems early
- Support parents
- Ensure access to preventive health care

The separate home visiting programs rely on common curriculae that are research-based: Raising a Reader and Parents as Teachers. Raising a Reader promotes literacy in children and helps parents learn how they can support their children's literacy. Parents as Teachers (PAT) is a parent education program that can be delivered by a home visitor.

Project directors reported they experienced success in their programs in the following areas:

- Providing resources and information
- Improving child/parent interaction and bonding
- Improving access to health services

Challenges reported by directors were also similar, including gaining the trust of some families, meeting the burden of paperwork and reporting for First 5, the desire to get more referrals from Child Protective Services, and the need and desire for more cooperation across programs.

Regarding PEDS, project directors reported they found the data entry required for reporting to be complex and time consuming. There were also barriers to gathering the information both from parents and on the part of staff who were reluctant to delve into personal information.

Regarding cross-program collaboration, the interviews revealed that Healthy Touch and Early Intervention, both county wide programs, are working closely together. The other home visitation programs are less connected in their outreach, referral or provision of services. The Home Visitation Coalition provides an opportunity for networking, shared training and resources. More work is needed to integrate the diverse home visitation programs into a cohesive and seamless system for Plumas County.

## **RECOMMENDATIONS**

The home visitation programs study conducted by Minicucci Associates found promising signs of success, derived from evaluation information that was gathered from a variety of sources. The programs had all entered data into the state web based PEDS data system, which enabled consistent reporting on families, services, and health outcomes for core participants. In addition, the First 5 Plumas evaluation consultant conducted a cross-program survey of family literacy, which provided valuable information on outcomes for children's pre-literacy skills. She also conducted an in-depth study of the Early Intervention program, which provided a detailed examination of that program.

There were some gaps in PEDS due to programs that did not enter data for families as core participants or complete the intake and follow up surveys. This limited the reporting of outcomes for Portola Family Advocate and the Roundhouse Council Family Advocate. New Born House Calls utilized the aggregate data reporting feature of PEDS because their services meet the definition of aggregate rather than the ongoing intensive services required to use the core participant data collection procedures.

There were duplicative data collection requirements in some cases that could be streamlined and simplified to reduce the burden on grantees. Local surveys provided valuable information on parent and child bonding for Healthy Touch and family literacy behavior for Raising a Reader.

The table below shows the same outcomes as Table 1, with shaded areas where outcomes are needed from programs.

Table 15 First 5 Plumas Home Visitation Programs: Children and Family Outcomes ✓ = outcome information available Blue shaded areas indicate outcomes needed						
Outcome	Healthy Touch Program	New Born House Calls	Early Intervention Program	Family Advocate Indian Valley	Roundhouse Council Advocate	Portola Family Advocate
<b>Healthy Children</b> <sup>10</sup>						
Babies are born healthy		✓				
Mothers breast feed their infants for one year		✓				
Children have access to regular preventive health care	✓	✓	✓	✓		
Children are screened for developmental delay			✓			
Children receive referral and appropriate services		✓	✓			
<b>Strong Families</b> <sup>11</sup>						
Parents have knowledge of child development milestones			✓			
Parents learn parenting skills	✓		✓	✓	✓	✓
Parents know of and access community resources	✓	✓	✓	✓	✓	✓

<sup>10</sup> Source Intake and follow up surveys in PEDS; Assessments (NBHC) and Evaluation of Effectiveness of Early Intervention Program by Susan Kocher January 2006.

<sup>11</sup> Raising a Reader Survey November 2005 Susan Kocher; New Born House Calls Assessments

Table 16 First 5 Plumas Home Visitation Programs: Children and Family Outcomes ✓ = outcome information available Blue shaded areas indicate outcomes needed						
Outcome	Healthy Touch Program	New Born House Calls	Early Intervention Program	Family Advocate Indian Valley	Roundhouse Council Advocate	Portola Family Advocate
Families use community resources to promote children's literacy		✓	✓	✓	✓	✓
Children receive early childhood education services			✓			

Going forward, several steps might be taken by First 5 Plumas to simplify and strengthen its evaluation strategy.

1. A review of all data collection forms and procedures that are required of grantees should be done. The purpose of the review would be to eliminate forms no longer needed, simplify where possible, and reinforce the importance of thorough reporting of services in a single, simple format. This will be an important step as the state transitions to the new Evaluation Framework for First 5 California.
2. Programs that should be using the core participant intake and follow up survey forms need to be encouraged to do so for accountability purposes. If necessary, compliance with evaluation requirements should be a condition of continued funding. If programs used the intake and six month follow up forms with families receiving ongoing home visitation services, they could provide the outcomes that are shaded in blue on the table above. (This policy is in place for fiscal year 2005-06)
3. Supplemental surveys done every two years or so should be conducted to supplement the PEDS data collection. An effective example of this can be seen in the Raising a Reader survey that involved using the same simple instrument with parents of participants across multiple funded programs. A customer satisfaction survey across all home visitation programs might be considered. Previously, only the Healthy Touch program used a customer satisfaction survey and this is a valuable addition to the existing evaluation instruments in use in the county.

Report Accepted by First 5 Plumas on: June 14, 2006

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