



Providing a comprehensive system of early childhood development services, on a countywide basis, to all children prenatal to age five.

First 5 Plumas County Home Visiting Programs

Mid-Year Evaluation Brief

2016-2017

Plumas County Home Visiting Programs

First 5 Plumas County supports four community services providers, each with a specific area of emphasis in services provided during home visits.

Plumas County Public Health

Families First Home Visiting Program

Plumas County Public Health Families First 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 families with children from birth to five years of age. Case management, literacy supports, and child development activities are provided to families.

Independent Contractor

Early Childhood Development Specialist

The Early Childhood Development Specialist provides home visiting services to families with children 0-5. By developing a trusting relationship with the primary caregiver, the home visitor works to encourage healthy parenting practices and self-care habits.

Plumas Unified School District*

Early Intervention Home Visiting Program

The Early Intervention Specialist at Plumas County School District provides home visiting services to children age 0-3 who have been identified with a developmental delay. Services are customized according to family's needs.

**This program was dormant for the first half of 2016-2017, as the Early Intervention Specialist at the school district retired and was difficult to replace. The position has now been filled, and services resumed in January 2017.*

Why Home Visiting?

Research shows home visiting can be an effective method of delivering family support and child development services that leads to improved child health and development as well as strengthened parenting skills. It has also been an effective intervention in decreasing the number of children in the social welfare, mental health, and juvenile corrections systems.

In a typical home visiting program, trained and peer professionals provide regular, voluntary home visits to expectant and new parents, and offer guidance, risk assessment, and referrals to other services offered in the community.

Program Highlights



61 families were provided with home visiting services.



293 home visits were provided.



1,347 total services were provided during home visits.



23 children received developmental screenings.



143 referrals to community service providers were made.



14 families were served by multiple home visiting programs.

Expected Outcomes

Home Visiting Services are intended to achieve the following outcomes:

- ✓ **Children live in safe and stable environments with access to resources.**
- ✓ **Children receive early screening and intervention for developmental delays and other special needs.**
- ✓ **Children have access to medical and dental care.**
- ✓ **Systems are ready for children and families.**

Client Characteristics

Who was Served?

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

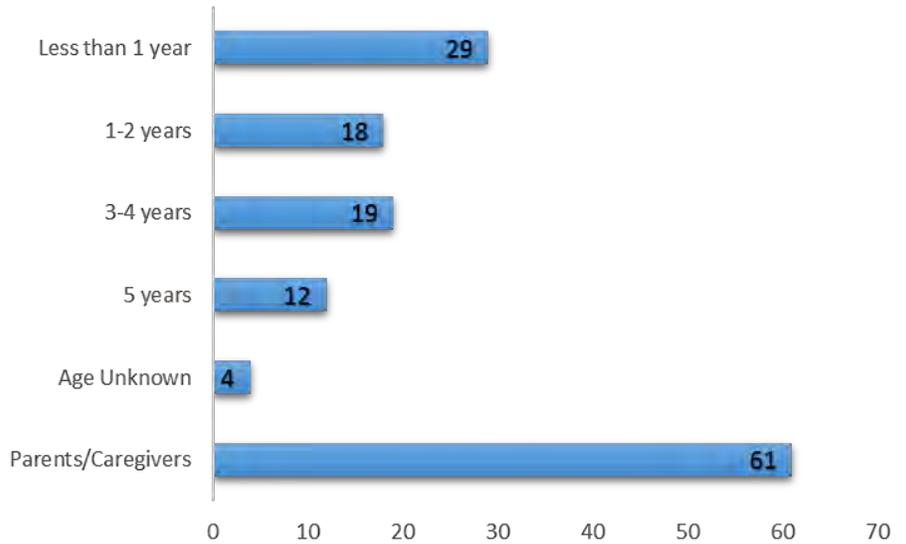
Between July 1 and December 31, 2016 home visiting programs served:

82 children

61 parents and caregivers

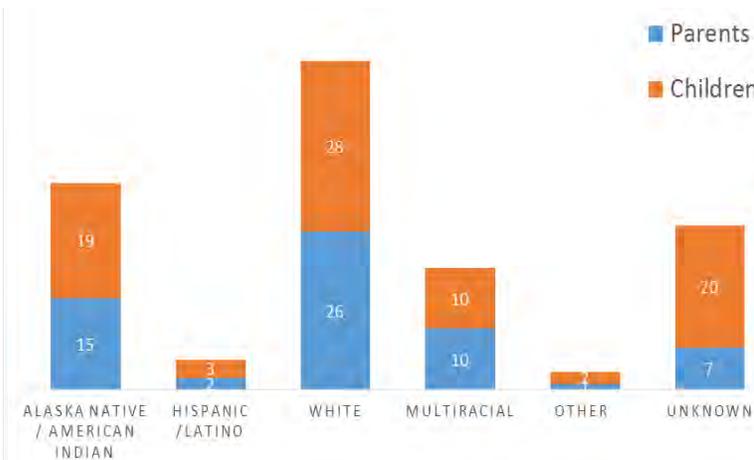
61 families

As indicated in the chart to the right, the majority of children served were children under 2 years old (29 or 35% were less than one year old and 18 or 22% were between 1-2 years old). Children 3-4 years old was the next highest category with 19 children served (23%).



What was the Race/Ethnicity of those Served?

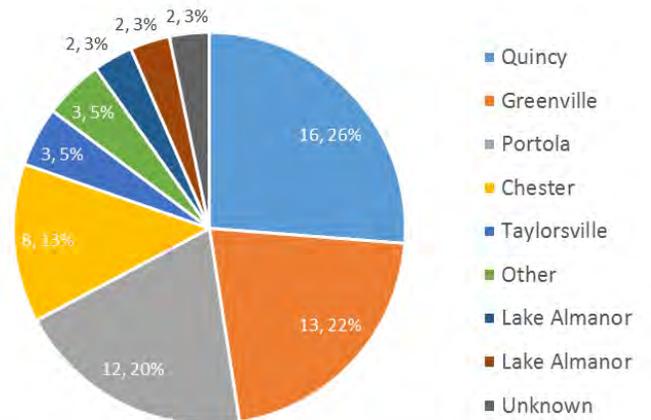
N=143



As the figure shows, over a third of the individuals served (in which we have demographic data) were white (54 or 38%), followed by Alaska Native or American Indian (34 or 24%).

What Communities do They Live In?

N=61

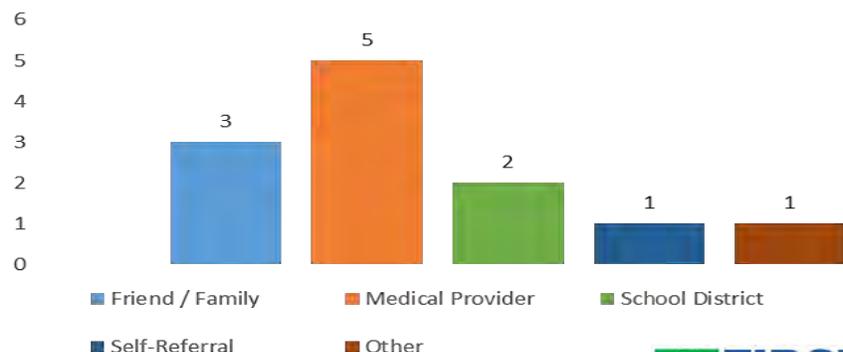


Most families accessing home visitings services live in Quincy (16 or 26%). Many families reside in Greenville (13 or 21%), Portola (12 or 20%), or Chester (8 or 13%).

Who Referred Families to the Programs?

N=15

People learn about the program and come to access services through a variety of referral sources. As indicated in the chart to the right, most families were referred by medical providers (5 or 42%), followed by friends or family (3 or 25%), and the school district (2 or 17%). Families were also referred by self-referral and another source (1 or 8% each).

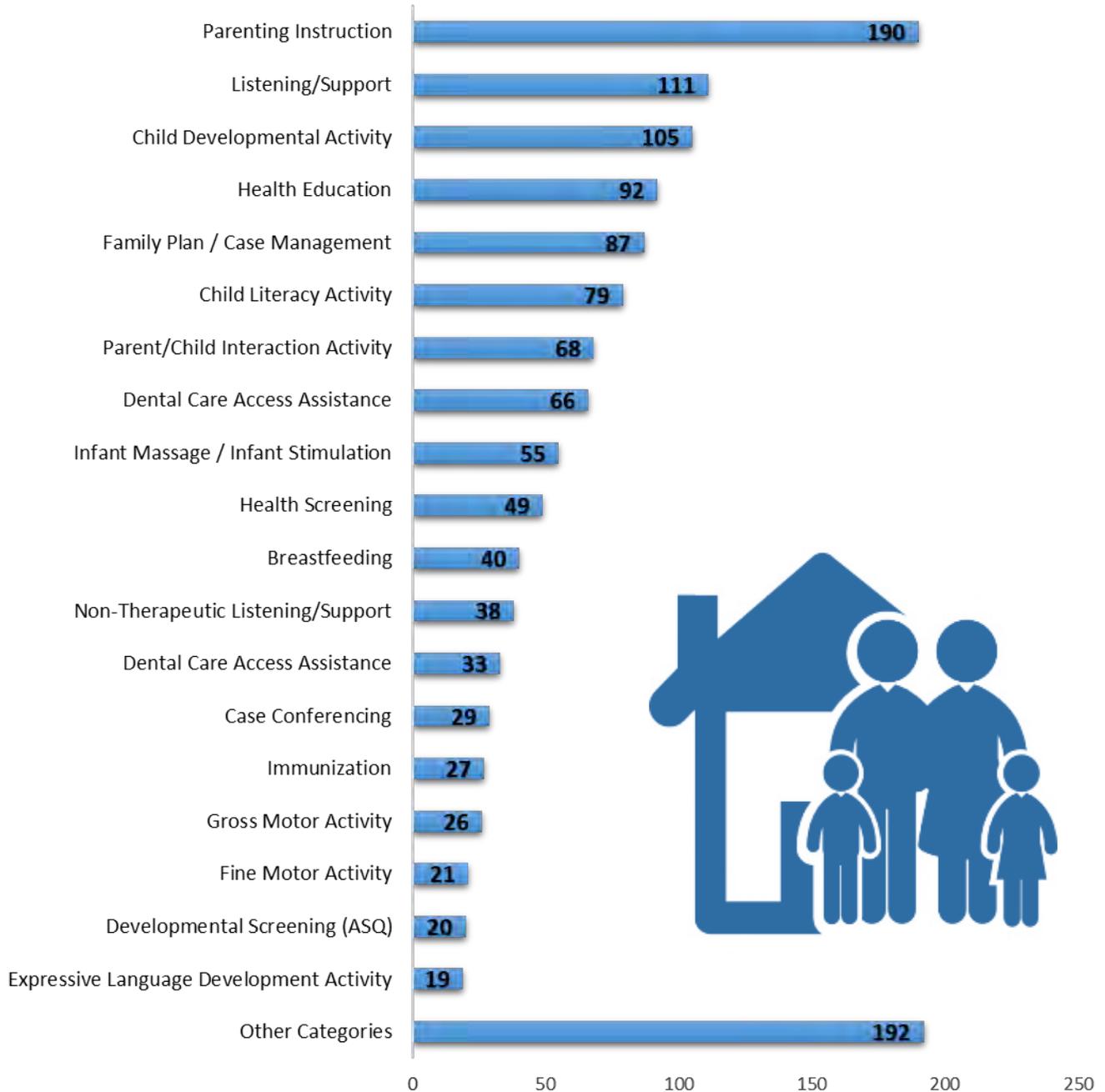


Services Provided

Home Visiting Services

Between July 1 and December 31, 2016, a total of **293** home visits were provided.

Home visitors record each service that occurs during a home visit. Because multiple services can be provided during a single home visit, it is common that the number of services offered outnumber the amount of home visits that occurred. A total of 1,347 services were provided during home visits.



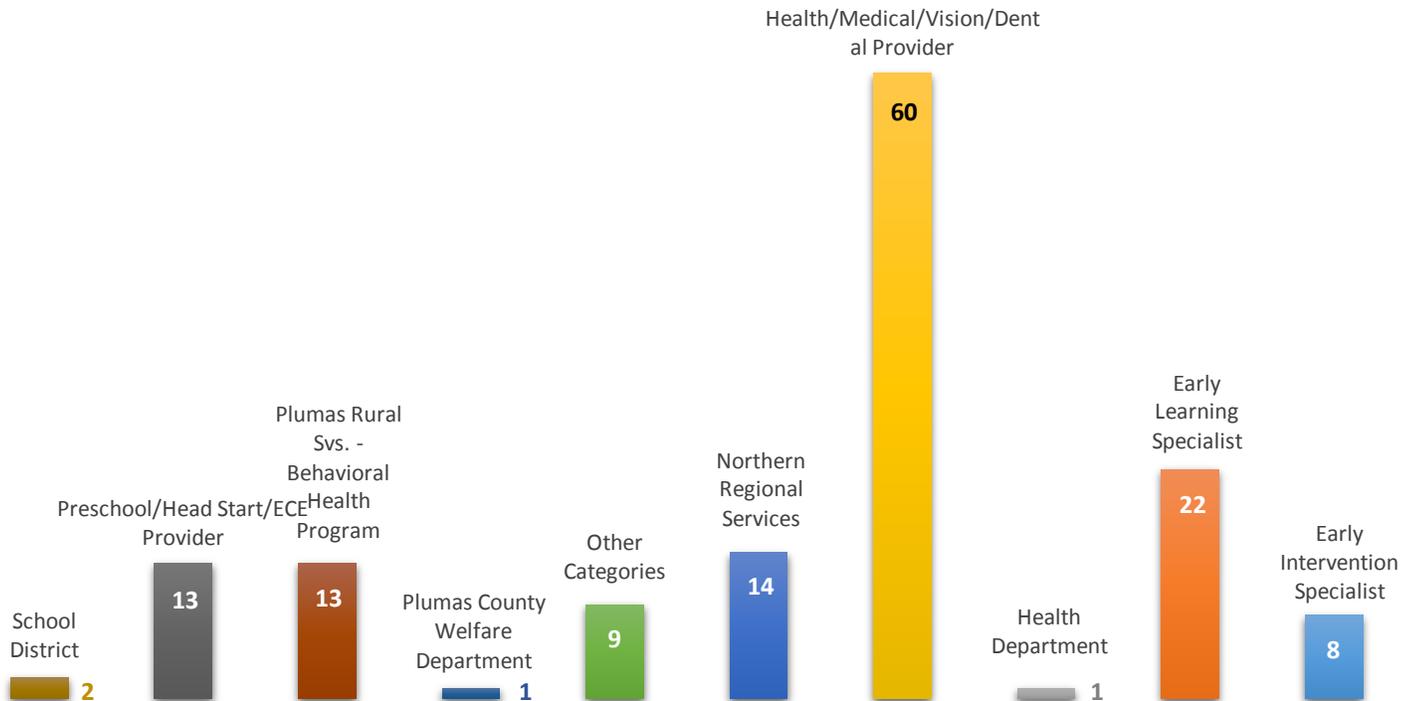
As demonstrated in the table above, the majority of home visits focused on parenting instruction, followed by listening and support and child development activities. 192 of a variety of other services were also provided and have been combined as “Other Categories” in the graph above.

Services Provided

Referrals Provided to Families

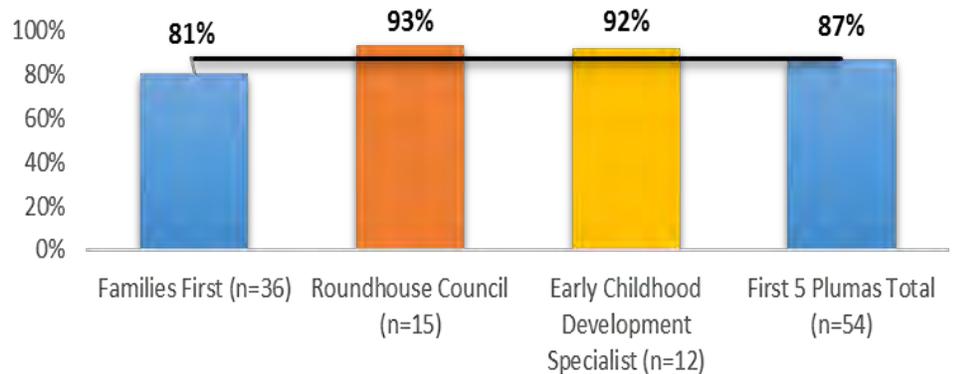
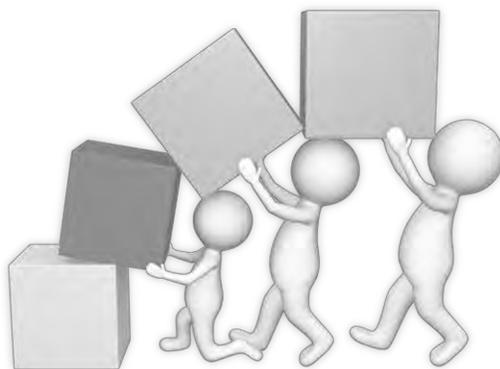
Home visitors make referrals to community programs based on the needs of the families they serve.

Between July 1 and December 31, 2016, home visitors provided families with **143** referrals to other community resources. The majority of referrals were provided to medical, vision, and/or dental providers (60).



Engagement Rate

In most cases, the longer a family is engaged in services, the more significant the gains. First 5 Plumas considers a family “engaged” after they have participated in at least four home visits. The table to the right indicates the engagement rate of families by each of the home visiting programs and the average across all families served.

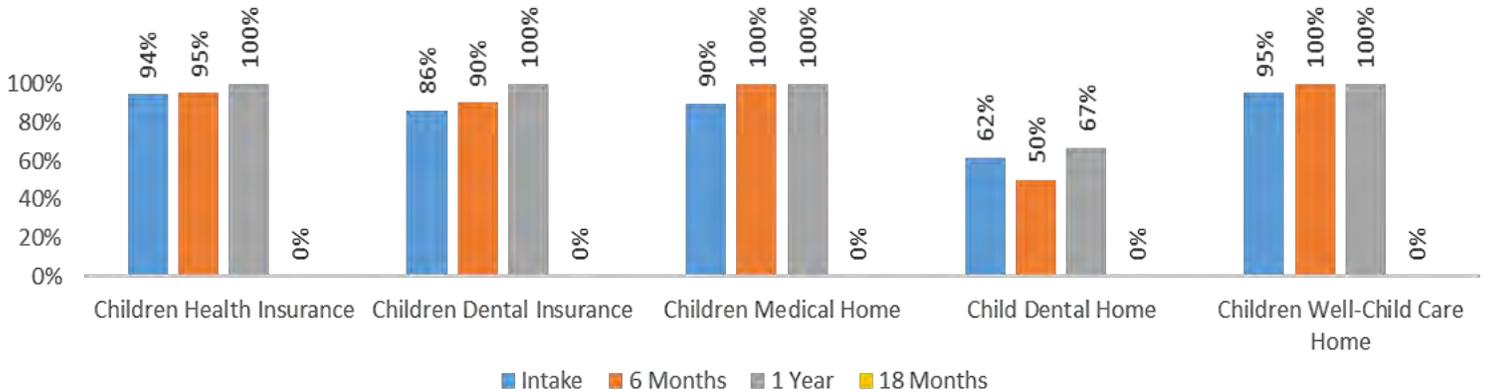


Impact of Services on Family's Served

Access to Medical and Dental Care

Families are assisted in accessing needed medical and dental care by their home visitors. To assess whether **children have access to medical and dental care**, families are assessed at program entry and every six months thereafter. The chart below demonstrates the change in access to medical and dental care by children in the program.

In most instances, children are more connected to medical and dental services after participation in home visiting services.



n values represent the number of questions which were answered (sample size) and used in this statistical analysis. The chart below indicates the n value for each area of inquiry related to medical and dental care access.

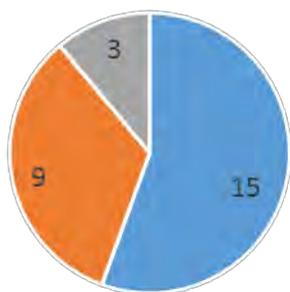
n values	Intake	6 Months	1 Year	18 Months
Children Health Insurance	53	21	3	0
Children Dental Insurance	36	20	3	0
Children Medical Home	48	20	3	0
Child Dental Home	34	18	3	0
Children Well-Child Care Home	41	20	3	0



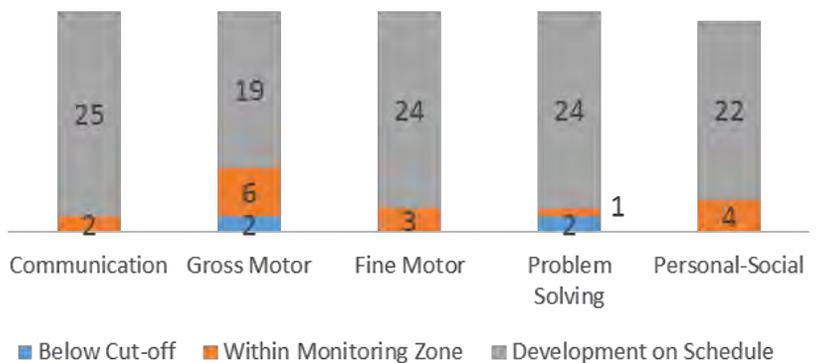
Early Screening and Intervention for Developmental Delays

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). As the graph indicates, the areas in which children are most at risk for delay are in gross motor and problem solving. A majority of children's development were on schedule.

A total of **23 children** were screened using the ASQ. There were 4 children with multiple screenings.



- Families First
- Roundhouse Council
- Early Childhood Development Specialist

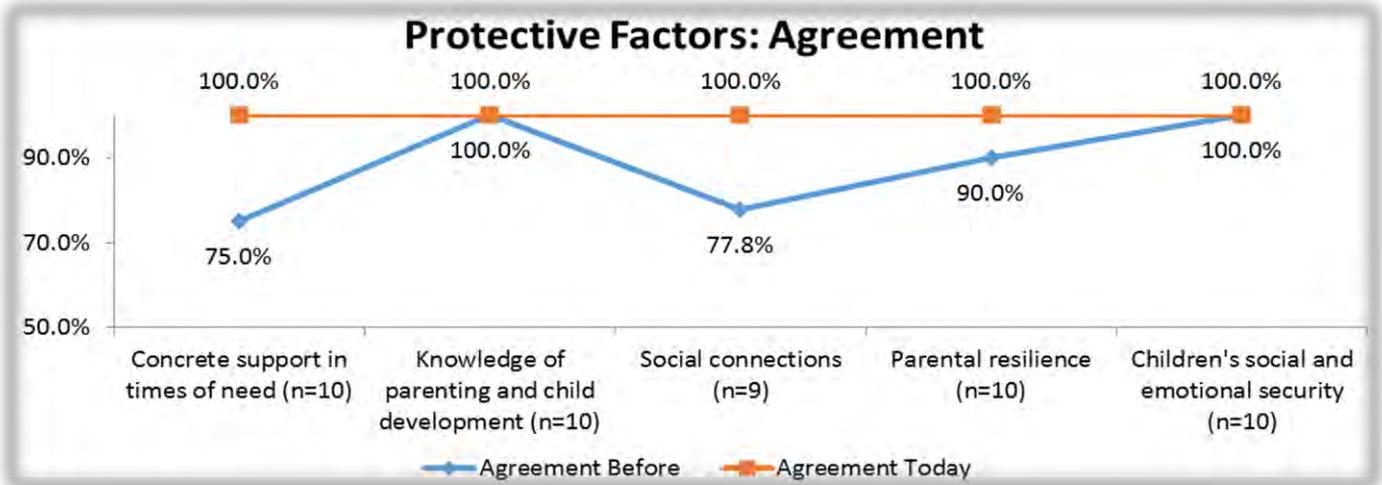


Impact of Services on Family's Served

Children are in Safe and Stable Environments

Strengthening Families™ Protective Factors Framework

The Strengthening Families Protective Factors framework is a research-based approach to promoting family functioning, school readiness, resilience, and social connections. Home Visiting Programs provide services within this framework, and as such, utilize a survey tool to identify changes in parents' perception within 5 categories.



As indicated in the chart above, there was an increase in the Protective Factors for concrete support in times of need, social connections, and parental resilience after families received home visiting services. All five categories had 100% agreement rate after accessing support through the First 5 home visiting programs.

Systems are Ready for Children and Families

Successful programs work closely with parents and families to provide services that meet the unique needs of each family by integrating participant feedback into program planning. To solicit participant feedback, each home visiting program collects client satisfaction information at the end of the Protective Factors survey.

100% of parents agreed that received the assistance they needed.

100% of parents agreed that their overall satisfaction with services was very good.

100% of parents agreed that the program has helped them improve their parenting skills

88% of parents agreed that the program has helped them reduce the stress in their life.

Evaluation Considerations

The home visiting programs are continuing to make a positive impact on families being served as evidenced by the number of people served, the services provided and the outcomes associated with service delivery. In addition, each of the programs continue to invest in continuous quality improvement efforts which include:

- **Improved data management efforts:** Programs met with the evaluation team to better understand how data is entered into the database and the quality control reports that are available to them.
- **Enhanced service delivery:** Programs have agreed to begin administering the Ages and Stages Questionnaire – Social Emotional tool to identify children who may be experiences social and emotional delays.
- **Improved cooperation and coordination:** Programs are meeting on at least a quarterly basis to coordinate service delivery and to case conference the most difficult of cases.