



Mid-Year Evaluation Brief

2021-2022



What is First 5?

First 5 Plumas was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added a 50-cent-per-pack tax on cigarette sales to fund programs promoting early childhood development for children ages 0 - 5 and their families. First 5 Plumas operates on an annual budget of approximately \$350,000 made up primarily of Prop 10 funds. As a small county, First 5 Plumas is dependent on small county augmentation funds provided by First 5 California. It also draws down Medi-Cal Administrative Activities (MAA) funds. Combined, these funds are used to provide services and make system improvements supportive of young children and their families.

How Does First 5 Invest in Families?

First 5 Plumas 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, behavioral health for families with young children, and support for a county-wide network of family service providers.

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 Public Health

- The Plumas County Public Health Family First Home Visiting Program provides home visiting services to pregnant individuals and parents of young children. Nurses conduct home visits where topics include prenatal care, caring for an infant or toddler, and encouraging the emotional, physical, and cognitive development of young children.

Roundhouse Council

- Roundhouse Council offers home visiting services to Native American families with children ages 0-5. Case management, literacy supports, and child development activities are provided to families.

Plumas Unified School District

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

First 5 Early Childhood Specialist

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

Early Childhood Mental Health Project

The Plumas Rural Services Early Childhood Mental Health Project functions as an augmentation of the core clinical services of the County by providing direct mental health services, outreach and engagement, and support and linkage to other community-based services. The goal of the program is to provide the earliest behavioral health intervention possible with families who have young children in their home. Families benefit by developing coping mechanisms, resiliency, and strong family bonds. Protective factors are built around the family unit, leading to less stress, and a reduction in the likelihood of abuse or neglect.

Family Strengthening Coalition

The Plumas County Family Strengthening Coalition is a collective of various service providers that support families throughout Plumas County. The Coalition was established in October 2020 with the overarching goal of expanding and improving services for families and young children in Plumas County.

Community partners that make up the Coalition include:

- First 5 Plumas County
- Plumas County Department of Social Services
- Plumas Rural Services
- Far Northern Regional Center
- Plumas Crisis Intervention and Resource Center
- Roundhouse Council
- Local Childcare Planning Council
- Plumas Unified School District
- Sierra Cascade Family Opportunities
- Plumas County Department of Public Health

The Coalition has identified three areas for systems improvement which include: 1) improved access to services, 2) improved coordination of care, and 3) improved service sufficiency. The Coalition is working together to implement efforts to address these issues.

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

The Commission has established the following areas of exploration.

Home Visiting	Early Childhood Mental Health	Family Strengthening Coalition
<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? 	<ul style="list-style-type: none"> ➤ Who was provided with mental health services? ➤ What kind of services were provided? ➤ How well did mental health services refer families to other community resources? 	<ul style="list-style-type: none"> ➤ Does the Coalition have a plan to address the most pressing issues facing families? ➤ Did the Coalition meet on a regular basis?
<ul style="list-style-type: none"> ➤ What was the impact on families who received home visiting services?* 	<ul style="list-style-type: none"> ➤ What was the impact on families who received mental health services?* 	<ul style="list-style-type: none"> ➤ What actions did the Coalition take to improve family serving systems?***

*These areas of exploration are reported on at year-end as they require a certain dosage of services before measurement occurs.

** This area of exploration will be reported on at year-end to allow for sufficient time following action plan adoption to report on any significant progress.

Mid-Year Status Report

This report is meant to provide a snapshot of commission investment strategies at mid-year offering the Commission and funded partner agencies information about strengths and adjustments necessary to achieve the Commission’s strategic plan goals and objectives.

Covid 19 Implications

The COVID-19 pandemic continues to impact families, as well as who is served through home visiting, and how services are provided. As such, this brief references year over year performance specifically for home visiting programs (as the Early Mental Health project is new and thus doesn’t have year over year data.)



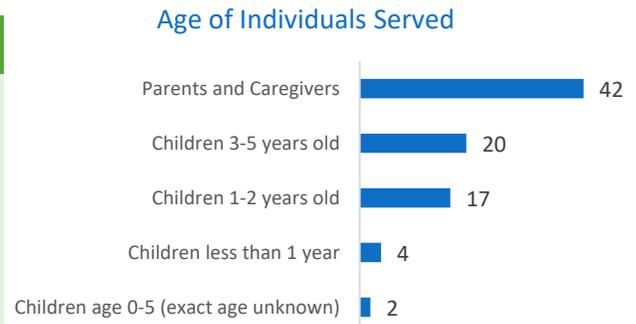
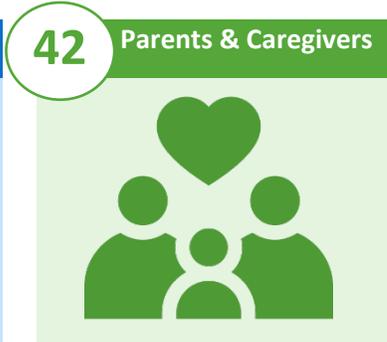
Home Visiting Programs

Who was provided with home visiting services?

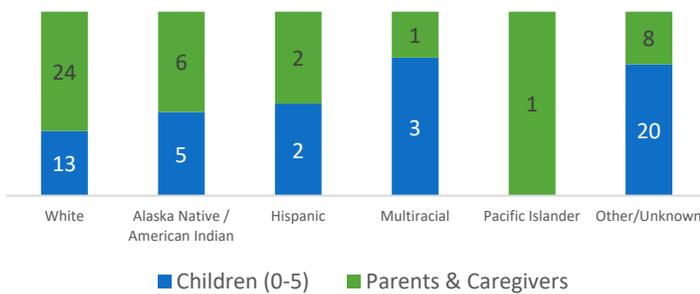
A total of **42** families were provided with home visiting services between July 1, 2021, and December 31, 2021.



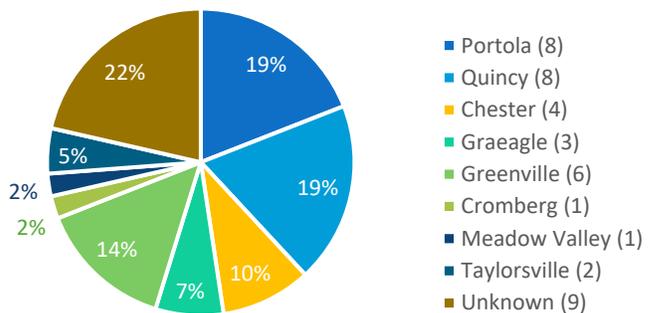
Program participants included children prenatal through age five as well as their family members.



Race/Ethnicity of Individuals Served



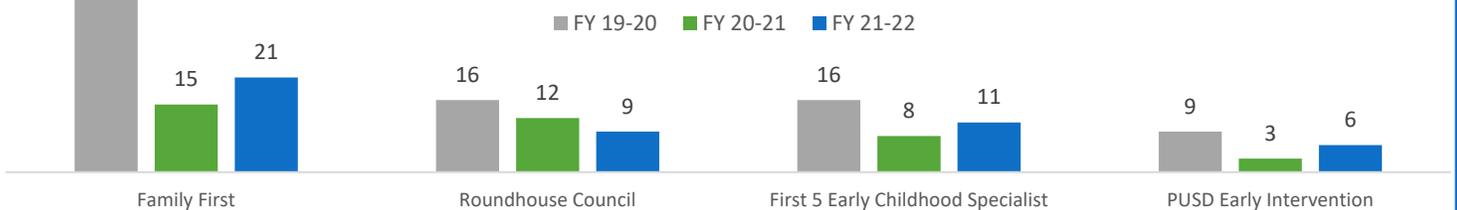
Communities Where Families Live



Most individuals served (for which demographic data is available) were white (37/57 or 65%).

Most families accessing home visiting services live in either Quincy (8 or 19%) or Portola (8 or 19%). Many families reside in Greenville (6 or 14%) and Chester (4 or 10%).

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



Home Visiting Programs

What services were provided?

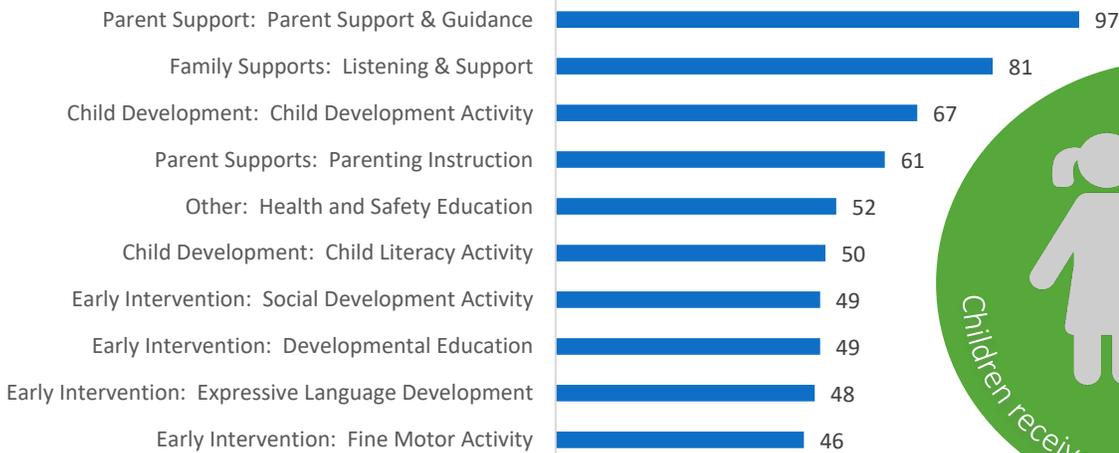
Between July 1, 2021, and December 31, 2021, a total of 173 service contacts were made with families. Service contacts include home visits, in-office consultations, and telephone conversations. The graphic below breaks down how many of each service contact was provided. There were 14 service contacts in which the modality was not specified.



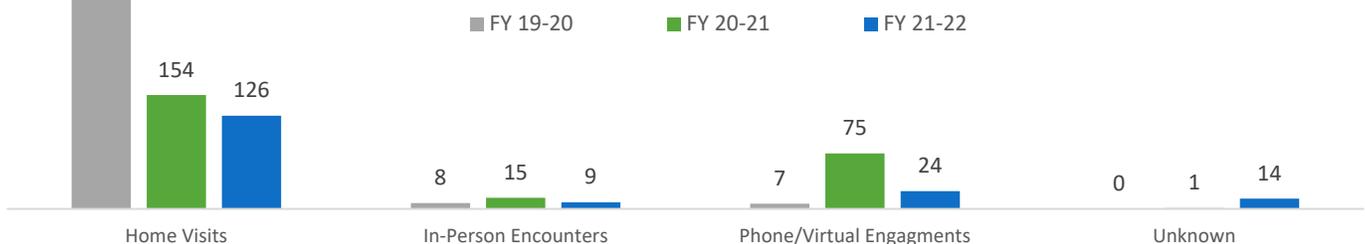
Home visitors record each service that occurs during a visit. Because multiple services can be provided during a single visit or service encounter, it is common that the number of services offered outnumber the number of visits that occurred.

A total of **1,007** services were provided between July 1, 2021 and December 31, 2021. The top 10 services provided by home visitors is provided below.

Top 10 Services Provided to Families



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



Home Visiting Programs

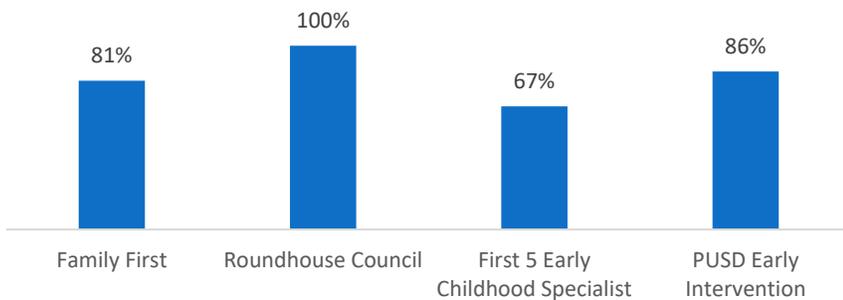
How well did services meet the unique needs of families?

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

- Number of families that are engaged (as defined by having received at least four home visits)
- Number of children receiving integrated service delivery
- Number of parents reporting satisfaction with the content, quality, and family centeredness of services

Satisfaction data is reported at year-end as it requires a certain dosage of services before measurement occurs.

Number and Percentage of Families that are Engaged



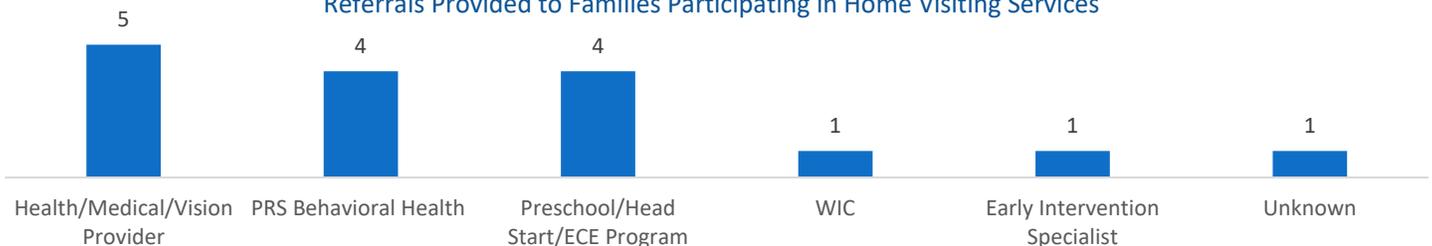
Most families receiving home visiting services received at least four home visiting services.

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

Referrals Provided to Families Participating in Home Visiting Services

Between July 1, 2021 and December 31, 2021, home visitors provided **16** referrals to other community services. As demonstrated in the chart below, the most common referrals were to health care providers (5 or 31%.)

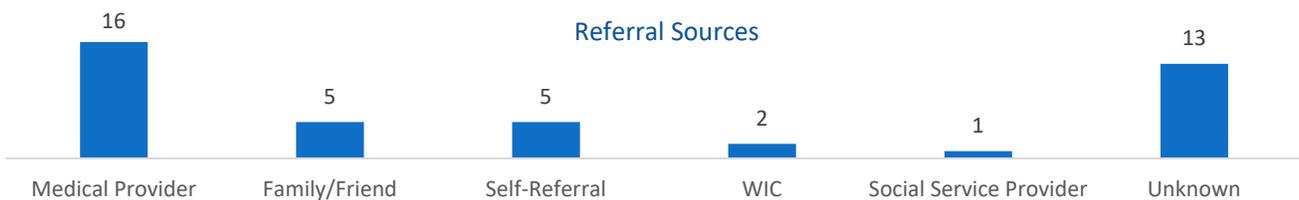
Referrals Provided to Families Participating in Home Visiting Services



Who Referred Families to Home Visiting Services

The most common referral source for the home visiting programs came from medical providers (16 or 37%.)

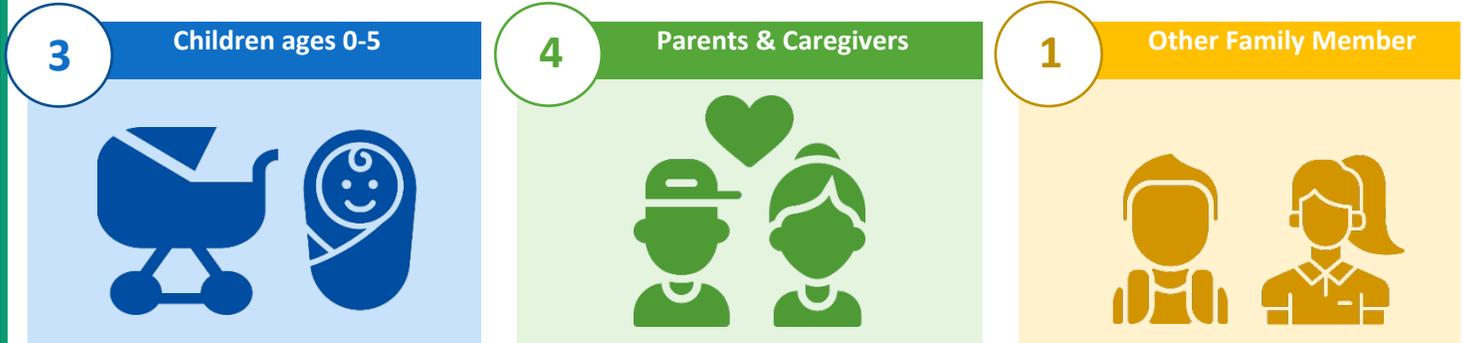
Referral Sources



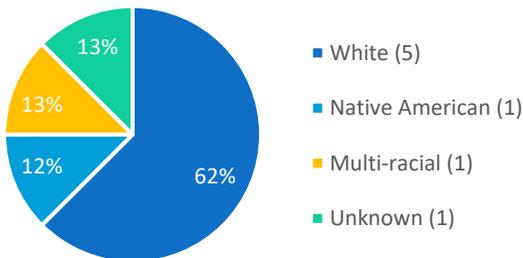
Early Childhood Mental Health Project

Who was provided with mental health services?

Four families received mental health services which included children prenatal through age five, parents and caregivers, as well as other family members.

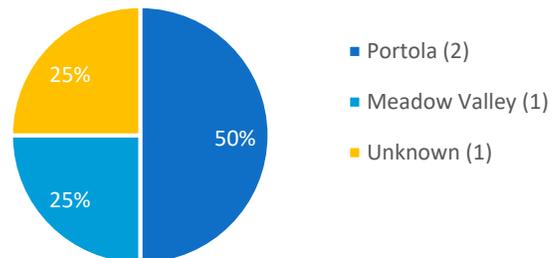


Race/Ethnicity of Individuals Served



Most of the individuals served were White (5 or 63%).

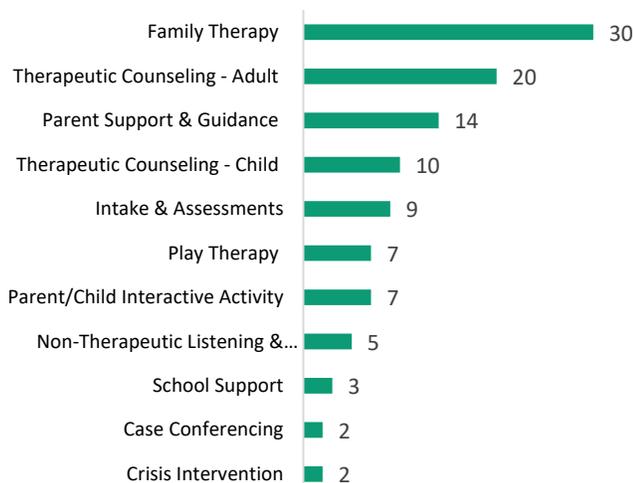
Communities Where Families Live



Two of the families served live in Portola while one lives in Meadow Valley. One family did not indicate where they live.

What services were provided?

Between July 1 and December 31, 2021, a total of **48** mental health services encounters took place. The variety of services provided during these encounters are documented in the figure below.



What Referrals were provided to families?

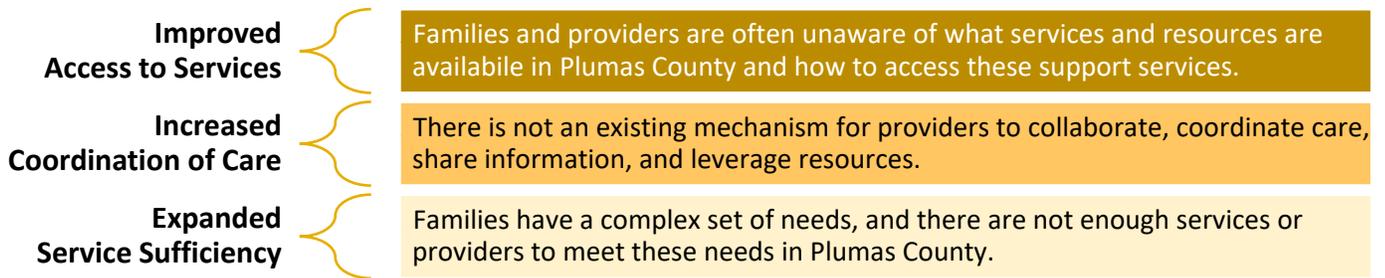
Mental Health Specialists make referrals to community programs based on the needs of families they serve. During this reporting period (July 1 through December 31, 2021) the following referrals were provided to families:

- 2** Alcohol and Other Drug Services
- 2** Plumas County Child Support Services
- 2** Mental Health Services
- 1** Dental Provider
- 1** Childcare
- 1** Employment Development Department
- 1** Plumas County Social Services
- 1** School

Family Strengthening Coalition

Does the Coalition have a plan of action?

The Family Strengthening Coalition has established an overarching vision for its efforts which is that “Plumas County support systems are **responsive** to community needs, **collaborate** to improve access, and work **in partnership** with families to improve outcomes.” The Coalition has established a plan of action to address, at a systems level, the most pressing issues facing families living in Plumas County which include access to services, coordination of care, and service sufficiency.



The plan of action includes five strategies that address multiple areas of impact as depicted in the chart below.

Strategy	Improved Access	Increased Coordination	Expanded Services
Develop a shared approach to helping get people connected to the care needed.	●	●	
Establish communication efforts to increase knowledge of community resources.	●	●	
Enhance data collection efforts and use that data to drive decision making.		●	
Prioritize the expansion of specific services and work collaboratively to leverage corresponding funding.	●	●	●
Explore expansion of home visiting services throughout Plumas County.	●		●

Did the Coalition meet regularly to implement the action plan?

The Coalition has met monthly to implement the action plan. Topics discussed are provided in the table below.

July 2021 FSC Meeting	September 2021 FSC Meeting	October 2021 FSC Meeting	November 2021 FSC Meeting	December 2021 FSC Meeting
<ul style="list-style-type: none"> Review and discuss Action Plan 	<ul style="list-style-type: none"> Connect with Coalition partners Review and finalize Action Plan Discuss implementation efforts 	<ul style="list-style-type: none"> Connect with Coalition partners Review progress made on priorities Grant opportunities identification PAT training opportunity 	<ul style="list-style-type: none"> Connect with Coalition partners Review website outline Partnership process meeting discussion 	<ul style="list-style-type: none"> Connect with Coalition partners Data discussion Review website Finalize logistics for Partnership process meeting

Considerations

Home Visiting Programs

- **COVID-19 is continuing to impact programs and their ability to serve families.** While caseloads for most programs have increased when comparing the number of families served to the same time frame during last program year (FY 2020-2021), the number of families accessing home visiting services remain much lower than during pre-pandemic programming (FY 2019-2020). It may be helpful to meet with each program individually to identify if all families needing support are receiving home visiting and, if not, identify a strategy or strategies for how to increase program participation.
- **Programs should track, schedule, and conduct developmental screenings according to the agreed upon occurrence levels for all families served.** Only 10 of the 43 children served have had developmental screening conducted and only one child has received a developmental screening focused on social emotional development. Programs should continue to track when developmental screenings are appropriate and ensure that children are screened according to their age range.
- **Continue to focus on comprehensive data collection at the program level.** There continues to be a number of families for which demographic data is not available. Programs should establish an internal process to ensure that all data that is needed for evaluation purposes and continuous quality improvement efforts is collected and submitted to First 5 Plumas.

Early Childhood Mental Health Project

- **Families being served have complex needs.** The four families being served have complex needs and are receiving significant support from the Early Childhood Mental Health project. Serving families with significant needs will reduce program staff's ability to serve a broader number of families but will allow for a deeper impact to occur.
- **Continue to focus on comprehensive data collection.** Given that this is a new program, data collection expectations should continue to be a focus to ensure that evaluation efforts and continuous quality improvement can occur. Additionally, when the program partners with other community partners for supports such as the deployment of developmental screenings, the program should track and ensure that those screenings are occurring and that the information gathered helps to inform programming.

Family Strengthening Coalition

- **Engage community partners to consistently participate in Family Strengthening Coalition efforts.** While meetings have occurred consistently, participation in those meetings varies by community partner. Strong and consistent participation will ensure that issues identified, and solutions developed are implemented from a comprehensive community standpoint and that progress is not delayed.