



## Evaluation Report for 2014/15

First 5 Plumas funds a Home Visiting Initiative and Behavioral Health/Mental Health Services project. This annual evaluation report covers the period July 1, 2014 through June 30, 2015. It is organized into two sections: a report on home visiting and a report on the Behavioral Health/Mental Health project.

### HOME VISITING INITIATIVE

This report on the Home Visiting Initiative for 2014/15 is organized into five sections: an introduction, description of clients, services provided, outcomes and a summary.

#### Introduction

In the spring of 2012, First 5 Plumas released a Request for Proposals for organizations wishing to implement “a high quality, intensive and ongoing home visitation program for pregnant women and children through age 5.” The Home Visitation Initiative was designed to accomplish desired outcomes from First 5 Plumas’ Strategic Plan in strengthening family functioning, improving child health and improving child development. Four programs were awarded funding to establish home visitation programs, beginning in the 2012/13 program year.

In 2011, the United States Department of Health and Human Services identified proven home visiting models after a thorough review of the research. Intensive, ongoing home visitation programs, such as the Healthy Families America model, were found to be effective in: promoting child development and school readiness, improving child health, supporting family economic self-sufficiency, establishing linkages and referrals, improving maternal health, promoting positive parenting practices, reducing child maltreatment and reducing juvenile delinquency, family violence and crime.<sup>1</sup> First 5 Plumas’ Home Visiting Initiative implements elements of the Healthy Families America model, such as: initiating services during pregnancy or infancy, use of standardized assessment tools, services are voluntary for families, services are intensive, home visitors are culturally competent and able to establish trusting relationships with families, services support both the parents and the parent-child interactions and child development, and services promote access to health care as well as other types of services as appropriate.

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<sup>1</sup> Prevent Child Abuse America, Healthy Families America, [www.preventchildabuse.org](http://www.preventchildabuse.org), accessed on the web March 18, 2014.

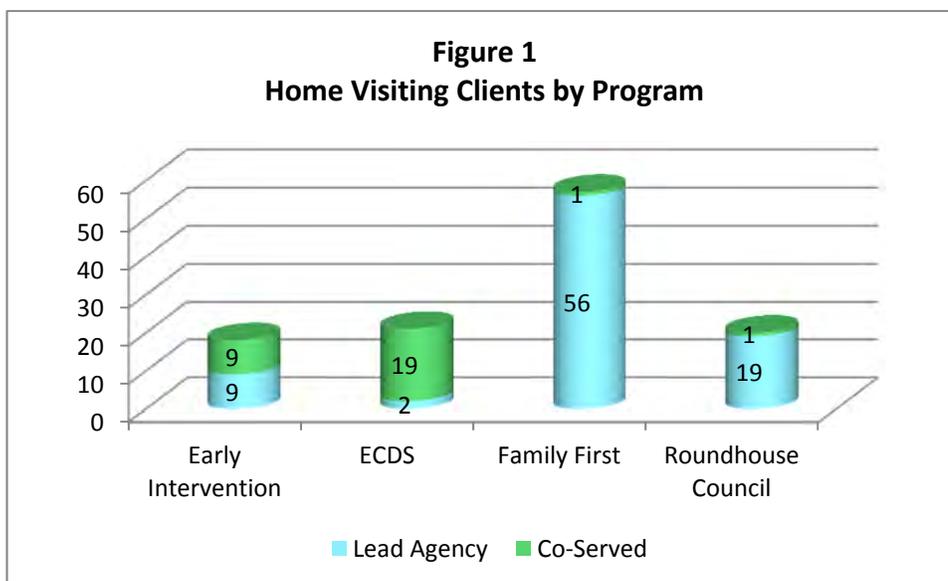
2. Healthy Families America, Critical Elements Rationale, [www.healthyfamiliesamerica.org/publications](http://www.healthyfamiliesamerica.org/publications), accessed on the web March 18, 2014.

This is the third annual report on the new Home Visitation Initiative. Four funded programs provide intensive ongoing home visitation to parents and caregivers of children ages 0 to 5 in Plumas County:

- Family First, operated by the Plumas County Public Health Agency, received referrals from a wide range of sources and links in other funded programs as appropriate to serve families.
- Early Intervention Project, operated by the Plumas Unified School District, served families with children at risk of developmental delay ages 0 to 3.
- Roundhouse Council home visitation served families with children ages 0 to 5 in Greenville with an emphasis on Native American families.
- Early Childhood Development Specialist contracted directly with First 5 Plumas to provide attachment and bonding services and other child development services as appropriate for families referred by the other funded programs.

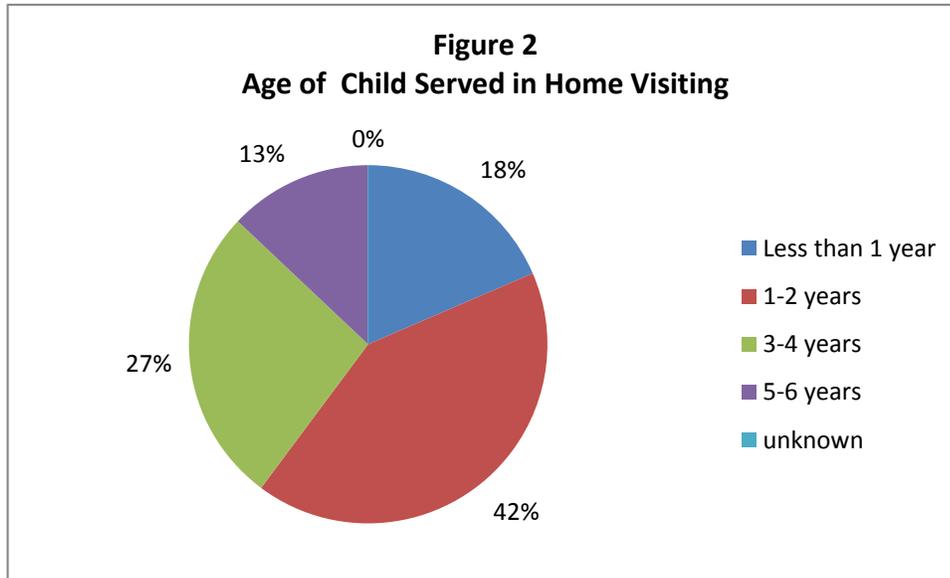
### Clients

The home visiting programs served 86 clients in 2014/15. Thirty families were served by more than one program. Serving as lead home visiting agency, Family First served 56 clients, Roundhouse Council served 19, Early Intervention served 9 clients and the Early Childhood Development Specialist served 2. Family First served one client of another programs as did Roundhouse Council. Early Intervention served 9 clients of other programs and the Early Childhood Development Specialist served 19 clients of other programs. Figure 1 shows the total clients by program.

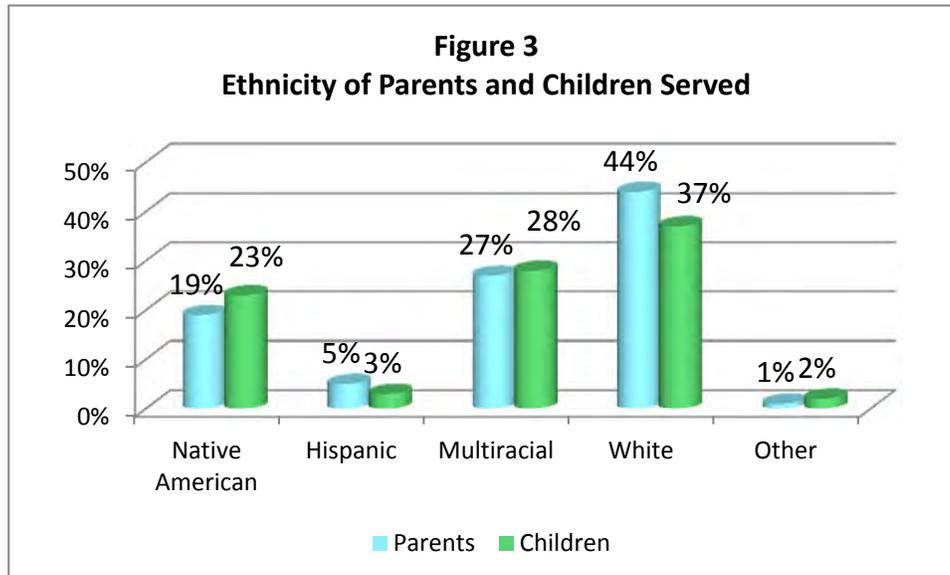


The home visiting programs served 108 children. Figure 2 shows the age of children served. Their age is estimated based on how old they would be on June 30, 2015. Overall, 60% of the children served were 0 to 2 years of age, and 40% were 3 to 6 years of age. In 2014/15, home visitors made a concerted effort to record the children they were serving in the home in

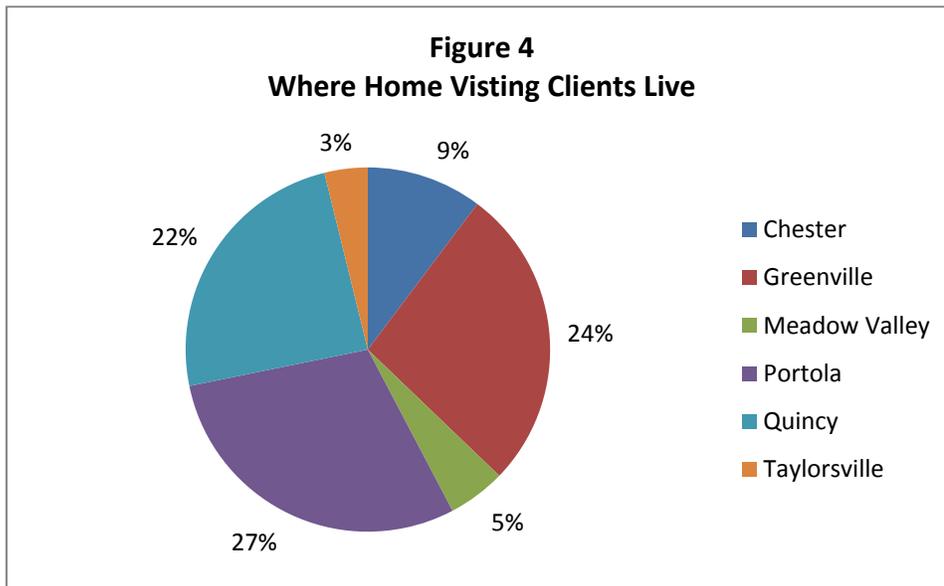
addition to the child that led to the original referral. As a result, this child count is more reflective of the work done by home visitors than previous reports.



The ethnicity of the children and parents is shown in Figure 3. The largest representation is by White, Multiracial, and Native American parents and children. Almost all of the parents (95%) speak English.



Home Visitation clients lived in Portola (27%), Greenville (24%), Quincy (22%), Chester (9%) Meadow Valley (5%), Cromberg (5%), Taylorsville (3%), and Crescent Mills (2%). The chart below shows where clients lived in Plumas County.



In total, 20 clients exited the home visiting program in 2014/15. Six (30%) met all of their goals. Twenty-five percent moved and for 25% of clients, the home visitors lost contact. All 20 clients were served by Family First as lead agency.

There were 12 families who did not consent to participate in the program evaluation. Eight of the families were served by the Early Intervention Project, one were served by the Early Childhood Development Specialist and three were served by Family First. The evaluation findings reported here do not include any service or outcome information on these fifteen families. Evaluation compliance was 88% in 2014/15, which represents a drop from 2013/14, when compliance with the evaluation was at 93%. This is a gap in the evaluation process and should be addressed in the 2015/16 evaluation.

### Services

Home Visitation Program clients were referred by a wide range of agencies and individuals. The single largest source of referral was family members and friends at 26%. The next largest source was health care providers at 24%. The Health Department or Maternal and Child Health Program referred 20% of clients. Children’s Protective Services accounted for 3% of referrals, 3% were referred by First 5, 1% were self-referrals, 3% came from WIC, 3% came from Far Northern Regional Center and 13% came from a variety of community agencies. For 4% of clients, referral source was unknown.

**Table 1**  
**Source of Referrals to Home Visitation Program 2014/15**

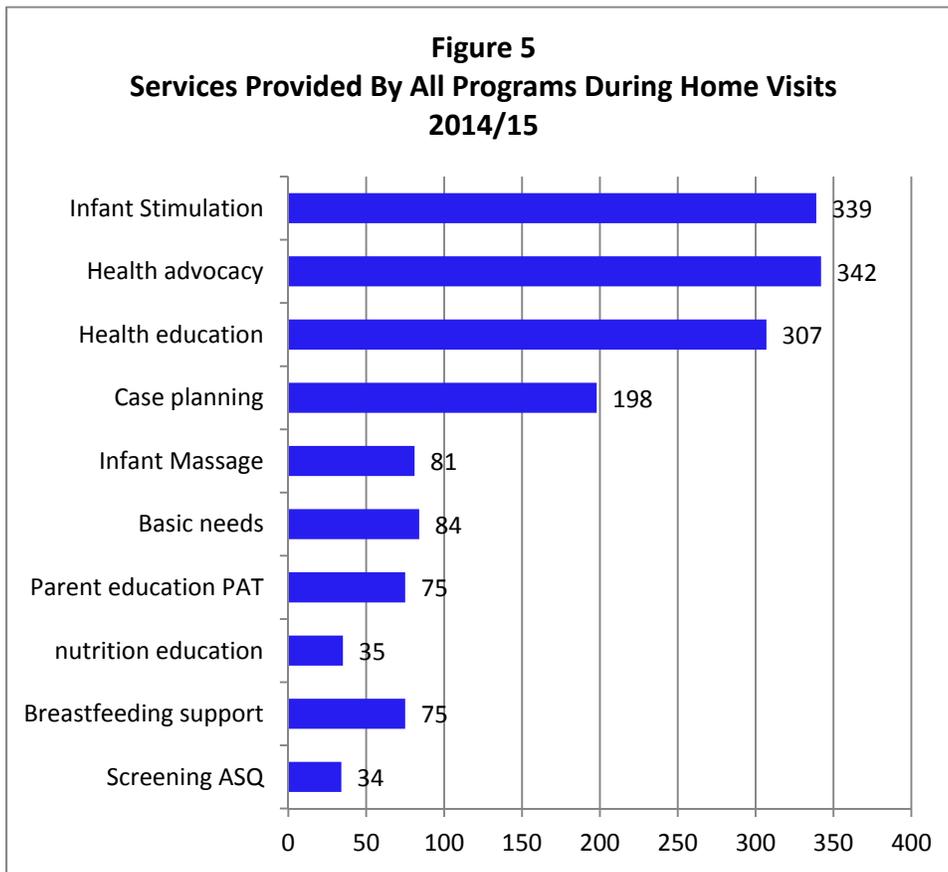
Source	Total Percentage
Family, friend	26%
Health care provider	24%
Health Department; MCAH	20%
CPS	3%
First 5	3%
Far Northern Regional Center	3%
WIC	3%
Self	1%
Other (Schools, PRS, Social Services, etc.)	13%
Unknown	4%
<b>Total</b>	

The Home Visitation Programs provided a total of 1,149 home visits, 30 in-office consultations, and 7 phone consultations. Table 2 shows the services provided by each program and overall. Family First and the Early Intervention Program provided the highest number of home visits, while Family First also provided in office consultations and phone consultations. These totals include services for clients who are served by the lead agency home visitor and also being co-served by home visitors from other programs.

**Table 2**  
**Home Visitation Program Services 2014/15**

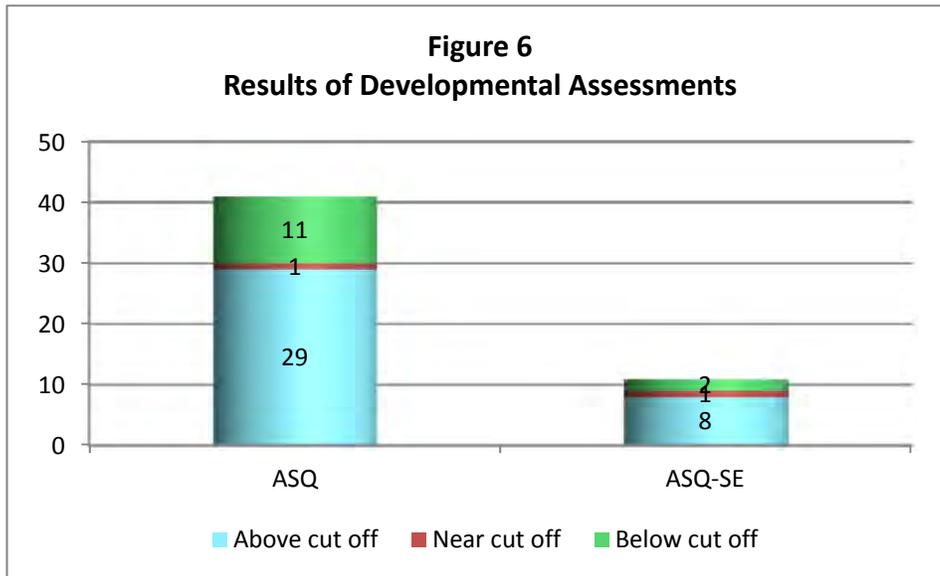
Services	Family First	Early Intervention	Roundhouse Council	ECDS	All Programs
Home Visits	307	458	246	138	1149
In office consultations	30				
Phone consultations	7				
<b>Total services</b>	<b>344</b>	<b>458</b>	<b>246</b>	<b>138</b>	<b>1186</b>

Home Visitation Program staff recorded the subject of their services to families during home visits. Figure 5 shows the total number of services by category for categories with 10 or more services recorded during home visits. The largest number of services is in the categories of infant stimulation, health education, and health advocacy. Case planning is the next most frequent services, followed by Basic Needs, Parent Education, Breastfeeding Support, Nutrition Education, and Screening with the Ages and Stages Questionnaire.



Home visitors made referrals to community programs based on the needs of the families they serve. In total, the programs made 21 referrals during the program year. Referrals were made to Far Northern Regional Center (3), Head Start (2), WIC (2), housing (2), state preschool (1), Birth Partners (1), Early Intervention (2), and Early Childhood Development Specialist (2). One client was referred for mental health services. There were 4 “other” referrals made as well to unspecified resources. The program making the largest number of referrals was Family First at 18 referrals. Roundhouse Council made 3 referrals.

Family First home visitors screened 42 children with the Ages and Stages Questionnaire (ASQ) and 11 children with the Ages and Stages Social-Emotional Questionnaire (ASQ-SE). Eleven children were found to be below the cut off point for their age on the ASQ and were referred for additional assessment to Far Northern Regional, Early Intervention or the Early Childhood Development Specialist. Another child was near the cutoff point on the ASQ for their age and were monitored by the home visitor. On the ASQ-SE, eight children were above the cut off and two were below the cutoff. They were referred for additional assessment. Another child was s near the cutoff point on the ASQ-SE for their age and were monitored by the home visitor. The total number of assessments and number of children identified as needing further assessment was higher than last year’s. See Figure 6.



## Outcomes

First 5 Plumas adopted a set of desired outcomes in April of 2012 for the new home visitation initiative.

### 1. Engagement Rate

The programs successfully engaged 88% of their clients. The engagement rate is the percent of families who participate in 4 or more home visits. The engagement rates for the programs for 2014/15 were: Early Childhood Education Specialist 87%, Early Intervention 89%, Family First 94%, and Roundhouse Council 84%.

The engagement rate was lower in 2014/15 than in previous years. One contributing factor to this is that Family First exited 20 clients.

### 2. Increased Male (Father) Involvement in the lives of children

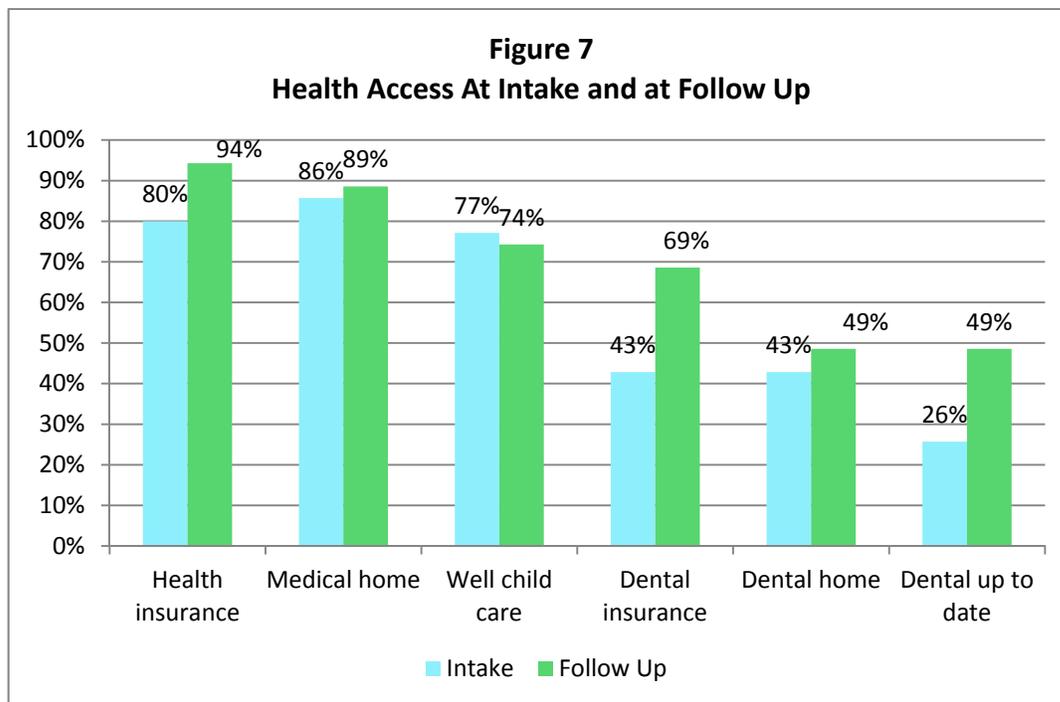
Fathers in the household were present in 13% of home visits during the 2014/15 program year. The proportion of visits that included fathers varied by program. For Family First, fathers were present at 35% of home visits, for Roundhouse Council, fathers were present at 6% of home visits, for Early Intervention, fathers were present at 4% of home visits and for the Early Childhood Development Specialist, fathers were present at 10% of home visits.

First 5 Plumas identified *Daddy's Tool Kit DVD* as a helpful way to engage and teach fathers about how to care for a young child. All home visitors received copies of *Daddy's Tool Kit DVD* to share with their families. The Commission's Executive Director has been distributing the DVD to partner agencies such as Head Start and Plumas Rural Services. The DVD has also been included in the First 5 Kit for New Parents and is distributed to new parents countywide.

### 3. Health Access

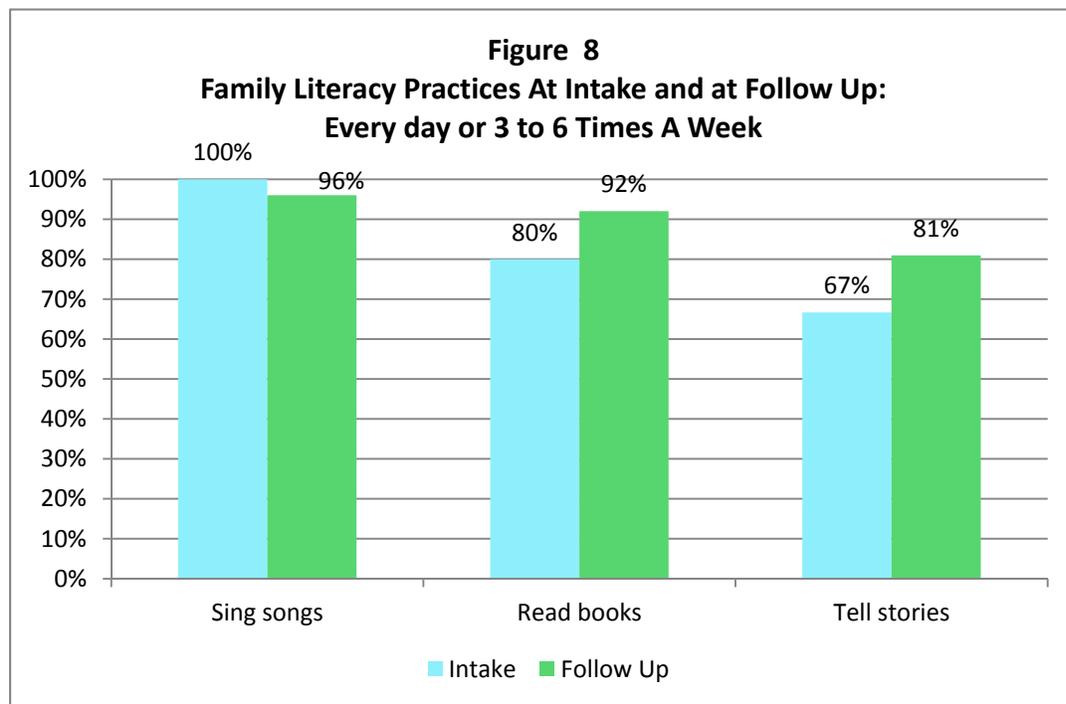
Access to health care is a major goal for the Home Visiting Programs. It is assessed by surveys at entry to the program and at six month intervals. In 2014/15, 35 clients had intake and follow up information. Families served in the program experienced increased access to health care. Eighty percent of the mothers had health insurance at entry and by 6 months, 94% of clients had health insurance. At entry, 86% had a medical home. After 6 months, 89% had a medical home. Families were asked about their child's well child care: 74% had up-to-date well child care after 6 months compared to 77% at entry to the program.

Fewer families had access to dental care. At entry, 43% had dental insurance. By 6 months, 69% had dental insurance. At entry 43% had a dental home, and after 6 months, 49% had a dental home. At entry 26% of the children had up-to-date dental care, compared to 49% after six months.



#### 4. Family Literacy Practices

Families engaged in home visiting increased the frequency of their family literacy activities. Families were asked whether they sang songs, read books or told stories to their children and how often they did so when they entered the program and 6 months after entry. The results are shown in Figure 8.



The results are positive. At entry 80% reported they read books to their child 3 or more times a week; after six month, 92% said they did so. At entry, 100% of parents said they sang songs 3 or more times a week to their child; after six months, 96% said they did so. At entry, two-thirds said they told stories to their child 3 or more times a week; after six months, this had increased to 81% of parents. In prior annual reports, family literacy practices did not show improvement, so these results reflect growth in the program.

#### 4. Family Functioning

Changes in family functioning were measured by a standardized instrument, the Protective Factors Parent Survey. The survey was developed by the FRIENDS National Resource Center in partnership with the University of Kansas Institute for Education and Research & Public Service. Home visitors gathered the survey from parents at entry to the program and after six months participation.

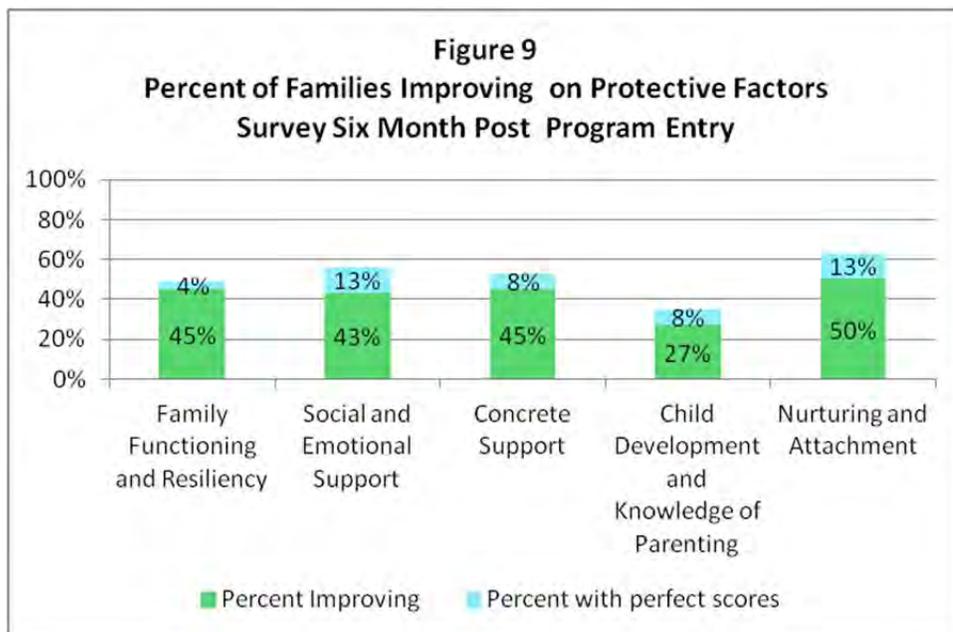
The Protective Factors Survey measures five domains: Family Functioning and Resiliency, Social and Emotional Support, Concrete Support, Child Development and Knowledge of Parenting, and Nurturing and Attachment. There were 24 clients with both pre surveys and 6 month post

surveys. The average score on the five domains (on a scale of 1 to 7) on the pre test for these clients was:

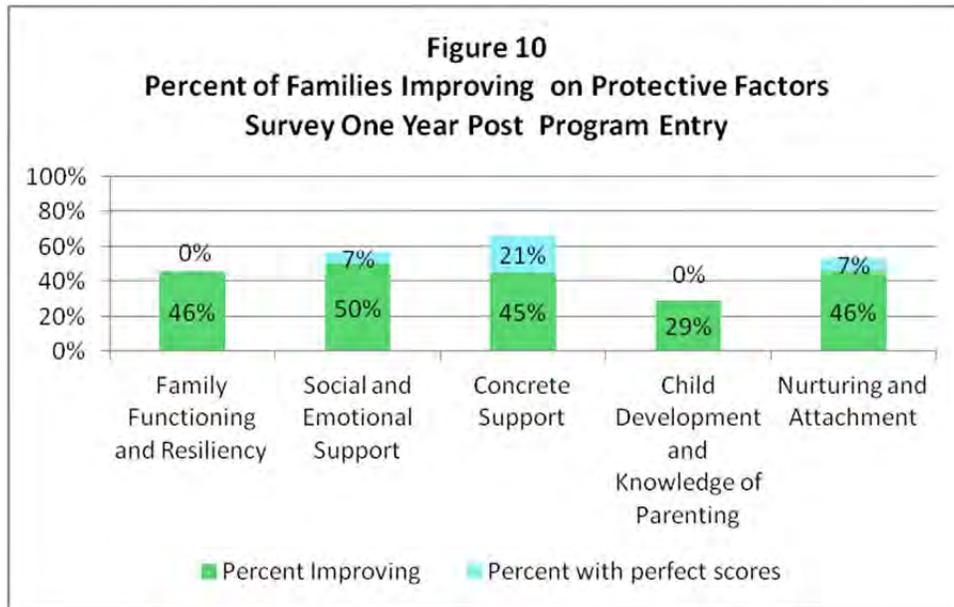
- Family Functioning and Resiliency 4.9
- Social and Emotional Support 6.3
- Concrete Support 5.3
- Child Development and Knowledge of Parenting 5.9
- Nurturing and Attachment 6.6.

The pre tests showed with the highest average scores were in Nurturing and Attachment and Social and Emotional Support. Concrete Support and Family Functioning and Resiliency had the lowest average scores.

The results on the 6 month post test are shown below in Figure 9. Half of the families (50%) showed improvement in the domain of Nurturing and Attachment and another 13% of families scored at the highest levels on this domain in both pre and post surveys. Forty-five percent of families improved on Family Functioning and Resiliency and Concrete Support. In Family Functioning, 4% of families scored at the highest levels on this domain in both pre and post surveys. In the domain of Social and Emotional Support 43% showed improvement and 13% scored at the highest level both pre and post surveys. In the area of Child Development and Knowledge of Parenting 27% showed improvement and 8% scored the highest in both pre and post surveys.



There were 14 clients served in 2014/15 who had been in the program long enough to have a one year post Protective Factors Survey. The percent of clients showing improvement in each area is shown in Figure 10. This group of clients showed the most improvement in Social and Emotional Support, Family Functioning and Resiliency, Concrete Support and Nurturing and Attachment.



## Collaboration

### 1. First 5 Funded Programs

As the program has matured, collaboration between First 5 funded home visiting programs has gotten stronger and more families are being seen by more than one program. In 2014/15, 30 families received home visits by more than one program. The Early Intervention Project and the Early Childhood Development Specialist jointly served 7 families. Family First and the Early Childhood Development Specialist jointly served 19 families. Roundhouse Council and Family First jointly served one family. Family First and the Early Intervention Project jointly served two families. One family is served by three programs: Family First, Roundhouse Council and the Early Childhood Development Specialist.

### 2. County Agencies

The First 5 Home Visiting Programs have established a strong collaborative relationship with the Department of Social Services, Child Welfare Services unit. Child Welfare Services refers families in Family Maintenance and Family Reunification to the home visiting programs and participates in joint case conferencing between county staff and home visiting program staff. In addition, Family First home visitors have been working with Health Department staff who ensure that children in foster care are assessed with the Ages and Stages Questionnaire and that appropriate follow up takes place. First 5 home visiting programs participate in the Home Visiting Coalition and the Mountain Interagency Lactation Coalition.

Solid progress was made in 2014/15 in obtaining much needed mental health services for children 0 to 5 and their parents. The Commission funded a pilot Behavioral Health/Mental Health Services Specialist with Plumas Rural Services to address pressing unmet mental health needs. Extensive discussions over a period of time with the County Mental Health Department resulted in the allocation of Mental Health Services Act funds to First 5 Plumas to expand

behavioral health services to children 0 to 5 and their parents in the 2015/16 program year. Both Family First and the Early Childhood Development Specialist program referred clients to the Behavioral Health Specialist at Plumas Rural Services and worked collaboratively with her to serve the families.

## **Summary**

The Home Visitation Program completed its third year of implementation in 2014/15. The home visitation program was well established at the start of the program year, procedures for funded programs to work together to serve clients were developed, and extensive outreach to community partners resulted in referrals from a wide range of sources. Four programs implemented home visitation: Family First operated by the Public Health Department, Early Intervention Project operated by Plumas Unified School District, Roundhouse Council and Early Childhood Development Specialist implemented by contractor Jaye Bruce. The four programs served 86 clients and 108 children. Many (60%) of the children served were under 2 years of age. Parents served by the program were White (44%), Multiracial (27%), Native American (19%), 5% were Hispanic and 1% were other ethnicity. Most of the clients lived in Portola (27%), Greenville (24%), and Quincy (22%). The program grew in 2014/15 compared to 2012/13.

The program met most of its desired outcomes:

- 88% of families engaged in home visiting, defined as families who participated in 4 or more home visits.
- Access to health care improved for participating families: access to dental insurance, having a medical home, obtaining well child care and obtaining preventive dental care.
- The frequency of family literacy activities increased for participating families.
- Fathers were actively present in 13% of home visits.
- Family functioning improved for 50% of the families in the areas of Nurturing and Attachment. Another 13% scored the highest on this domain on both pre and post surveys.
- For families in the program for one year, half showed improvement in Social and Emotional Support on the Protective Factors Survey. Another 7% scored the highest on this domain on both pre and post surveys.

However, some outcomes were not met in the third year of implementation.

Result Areas where improvement is needed include:

- Child Development and Knowledge of Parenting
- Family Functioning and Resiliency
- Concrete Support

## **Recommendations**

- More program development is needed in promoting knowledge of child development and parenting

- The programs should continue to work together to serve families, by engaging in joint case management.
- Inclusion of more families in the evaluation will add to the robustness of the evaluation. The Evaluator and the Executive Director will continue to work with the Project to realize this goal.

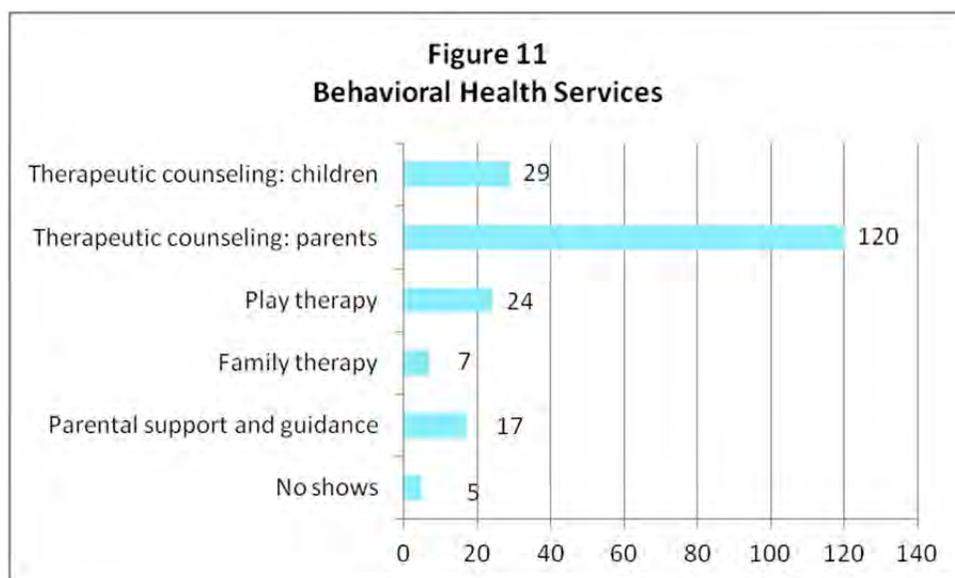
### BEHAVIORAL HEALTH/MENTAL HEALTH SERVICES

In response to a pressing need for mental health services for children 0 to 5 and their parents, First 5 Plumas initiated funding for a Behavioral Health Specialist in December of 2014. The Behavioral Health/Mental Health Services project is implemented by Plumas Rural Services.

Since January of 2015, the Behavioral Health/Mental Health Services Specialist served 15 parents and 20 children. Most of the children (68%) were under 3 years of age. There were more boys (56%) than girls referred (32%). The parents were 87% white and 13% Hispanic. All were English speakers.

The program received 19 referrals. Forty-two percent of the referrals came from Home Visiting Programs (Family First and Early Childhood Development Specialist) and 42% came from county Social Services. Eleven percent of referrals came from preschools and 5% were self referrals. The Behavioral Health Specialist worked closely with the Early Childhood Development Specialist with several families.

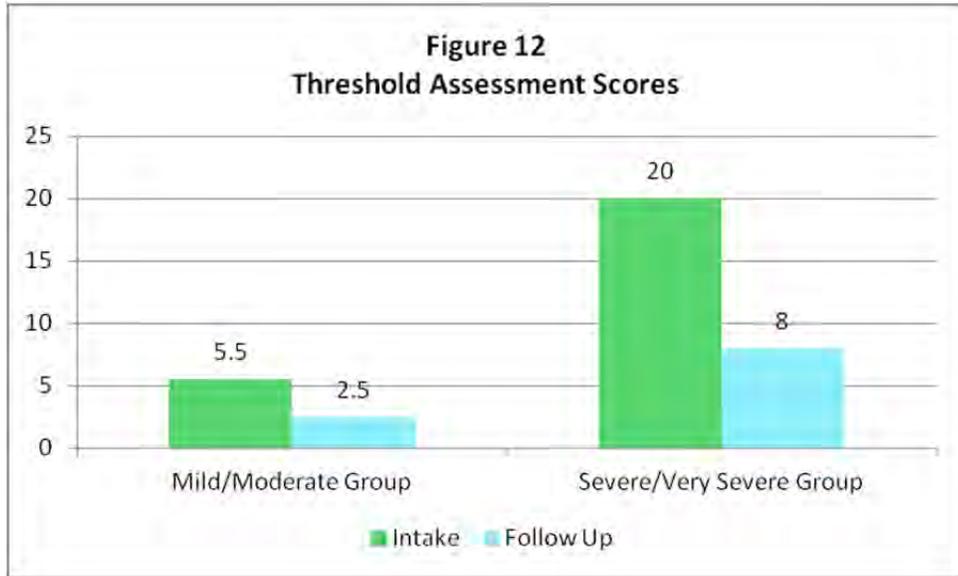
The services offered by the Specialist are shown in Figure 11. Therapeutic counseling for parents was the largest service followed by therapeutic counseling for children.



The Behavioral Health Specialist screened 11 clients initially with a standardized mental health assessment tool, the Threshold Assessment Grid. A six month follow up screening was done after services were provided. The Threshold Assessment Grid asks the therapist to rate a client on:

1. Intentional self harm
2. Unintentional self harm
3. Risk from others
4. Risk to others
5. Survival
6. Psychological
7. Social

The eleven clients can be further categorized into two groups: those with mild/moderate mental health issues (6 clients) at entry and those with severe mental health issues at entry (5 clients). Both groups showed marked improvement, illustrated in Figure 12. Because of the small number of clients assessed, it is not possible to state whether these changes are statistically significant. They do indicate positive improvement in mental health status for both groups, particularly the clients with more severe mental health issues.



To summarize, the Behavioral Health/Mental Health Services project served 15 parents and 20 children between January and June 2015. Two home visiting programs, Family First and the Early Childhood Development Specialist, made referrals to the project. The project provided therapeutic counseling to parents and children, play therapy and family counseling. Clients showed marked improvement in their mental health status on the Threshold Assessment Grid. This initial evaluation shows promise of success for future expansion of the project.