



Home Visiting Evaluation Report

2019-2020



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Introduction

The First 5 Plumas County Children and Families Commission’s primary strategy in realizing its vision and fulfilling its mission is through the support of home visiting services. Currently, the Commission funds four direct service grants that provide home visiting services to families (including foster parents) who have children ages 0 - 5. All programs utilize the Strengthening Families™ framework to support and measure success.

This evaluation report describes the impact that Commission investments in home visiting have had on families participating in services across all four programs during the fiscal year. Evaluation data were collected on families who participated in services between July 1, 2019, and June 30, 2020.

First 5 Plumas County

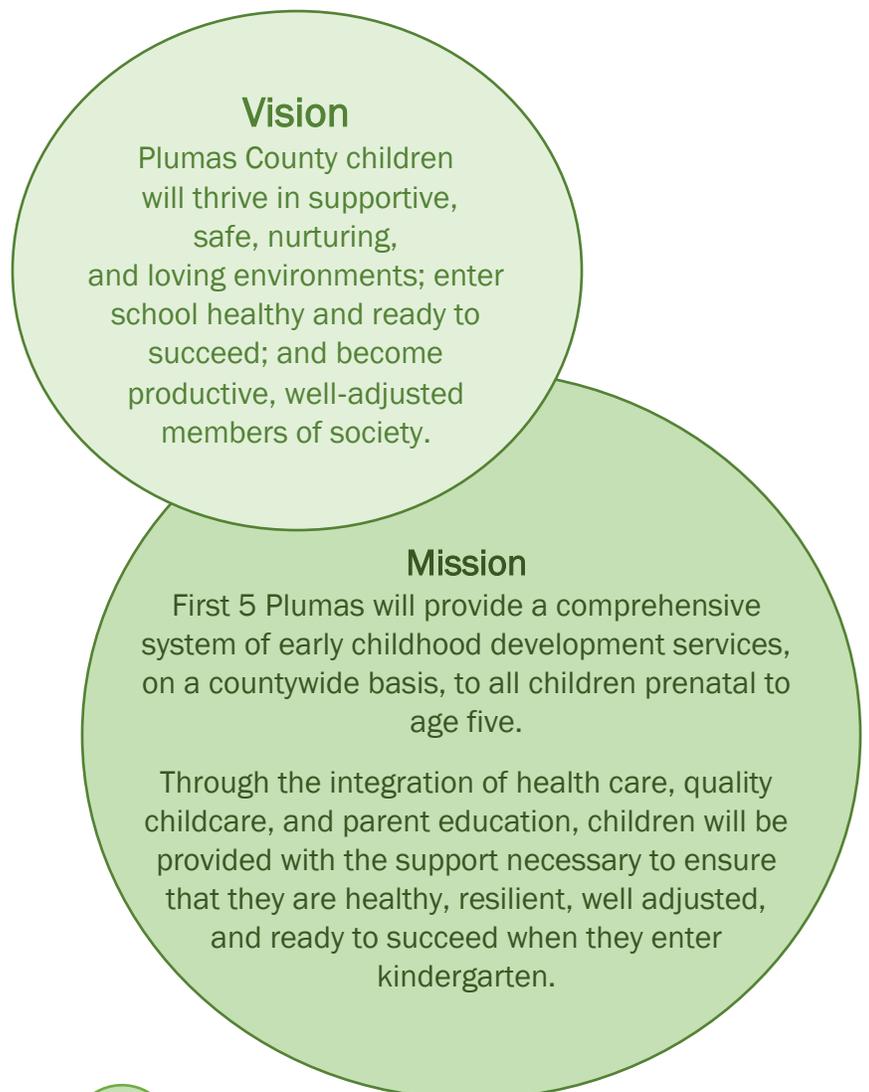
First 5 Plumas was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added a 50-cent-per-pack tax on cigarette sales to fund programs promoting early childhood development for children ages 0 - 5 and their families. First 5 Plumas operates on an annual budget 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 families. The aim is to invest effectively in a network of prevention and early intervention supports for families with young children.

First 5 Plumas works closely with county agencies and community-based partners, leveraging local resources to increase the value of its investments. The First 5 Plumas Commission has identified strategies based on research and best-practice models to support services that make a difference in the lives of young children.

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.

The Commission is guided by its strategic plan, as well as its vision and mission.



Home Visiting Programs

First 5 Plumas supports home visiting programs in which 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. Additional services and supports provided in coordination with and oftentimes integrated within the home visiting service delivery approach include:

- Developmental screenings and services to support children exhibiting delayed development are provided.

Early Intervention Services



- Parenting resources such as the Kit for New Parents are offered to parents, as is infant massage and bonding. Additionally, Parents as Teachers is a parent education curriculum used to inform parents on effective parenting techniques.

Parenting Resources



- Kindergarten Round-Up support and transitional planning for kindergarten entry are provided to families embarking upon kindergarten entry.

School Readiness Supports



The four home visiting programs supported by First 5 Plumas include:

Family First Home Visiting Program



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

Roundhouse Council Home Visiting Program



Roundhouse Council offers home visiting services to Native American families with children from birth to five years of age. Case management, literacy supports, and child development activities are provided to families.

Early Intervention Home Visiting Program



The Early Intervention Specialist at Plumas Unified 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.

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.

Purpose and Objectives

As a component of Prop 10 funding, First 5 Plumas is required to demonstrate results. The results-based accountability model as adopted by the state First 5 Commission requires the collection and analysis of data and the reporting of findings to evaluate the effectiveness of investments.

The primary purpose of the home visiting evaluation was to assess the impact of home visiting services to all four result areas of the First 5 Plumas County Strategic Plan. All four home visiting programs were required to provide services that were responsive to the strategic plan and aligned to the strategic indicators outlined in the First 5 Plumas Evaluation Plan. These strategic indicators make up the basis of the evaluation report and include an examination of the following:

Who was provided with home visiting services?

- ✓ Number of families participating in family strengthening activities through home visiting services.

What kind of home visiting services were provided?

- Number/type of services provided to families during home visits.
- Number of families being linked to community resources.
- Number of children who received developmental screenings.
- Number of children who received social-emotional developmental screenings.
- Number of children (ages 0 - 3) who received early intervention services.

What was the impact on families who received home visiting services?

- Number of families receiving home visiting services with improved scores in each of the protective factor domains (after having received at least six months of services).
- Number of parents/children with health insurance.
- Number of parents/children with a medical home.
- Number of children who are up to date on well-child visits.
- Number of parents/children with dental insurance.
- Number of parents/children with a dental home.
- Number of children who are up to date on dental visits.

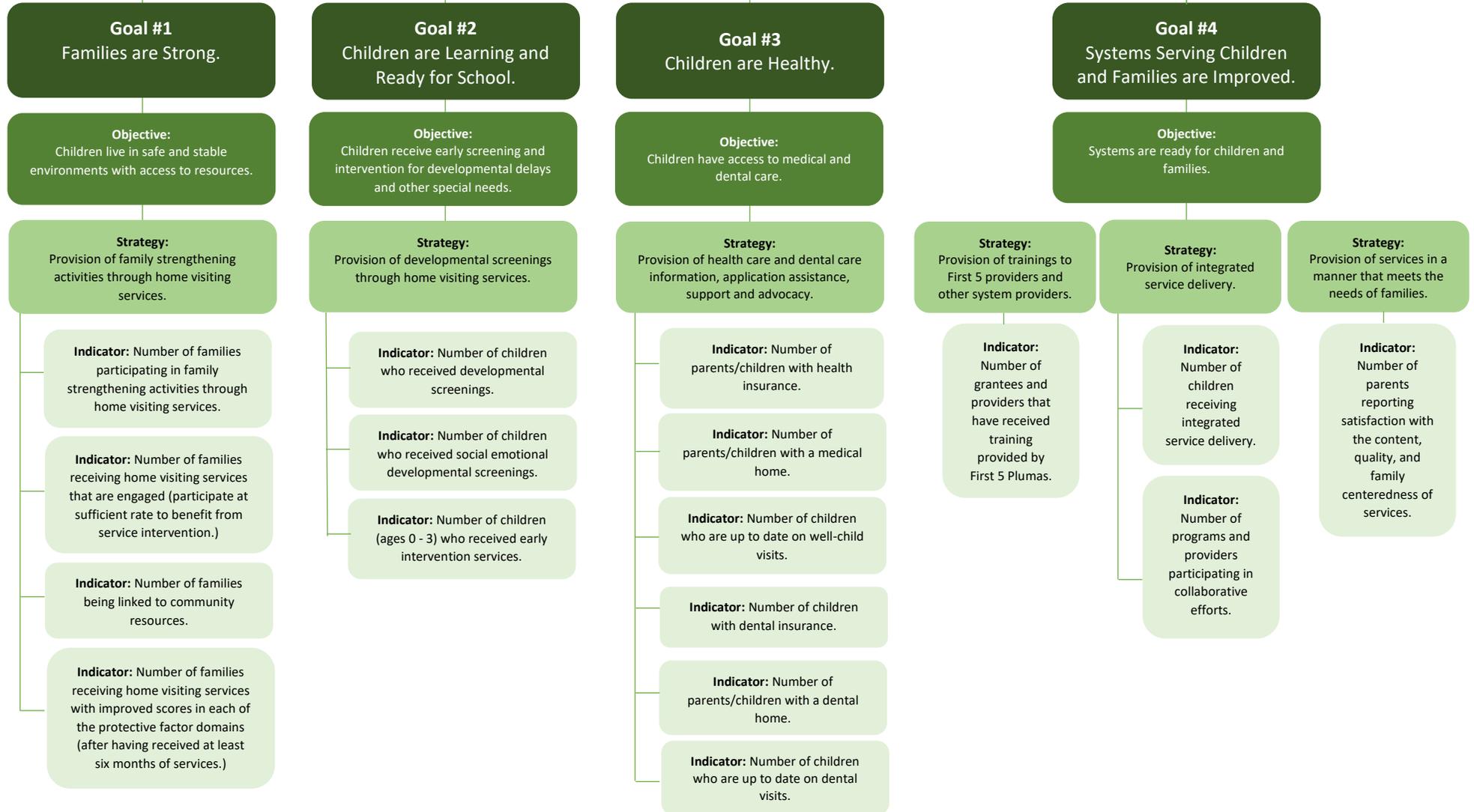
How well did home visiting services meet the unique needs of families?

- Number of families receiving home visiting services that are engaged (participate at sufficient rate to benefit from service intervention).
- Number of children receiving integrated service delivery.
- Number of parents reporting satisfaction with the content, quality, and family centeredness of services.

The evaluation report is based on a theoretical framework that links the home visiting indicators to six strategies and ultimately to all four strategic plan result areas per the First 5 Plumas County Strategic Plan. The results of the home visiting evaluation and the recommendations presented in this report are guided by this framework and the pathway illustrated on the following page.

First 5 Plumas County Home Visiting Evaluation Pathway

Plumas County children will thrive in supportive, safe, nurturing, and loving environments, enter school healthy and ready to succeed; and become productive, well-adjusted members of society.



Methods

Target Population

The evaluation focused on First 5 Plumas County home visiting participants, who are children under six and their parents, who participated in services between July 1, 2019, and June 30, 2020.

Types of Data Collection

A combination of qualitative and quantitative data methodologies was used in the evaluation process, each of which is described below.

- **Administrative Data:** There are three types of administrative data collected that are used for programmatic and evaluation purposes. First, demographic intake forms submitted to First 5 Plumas County provide data on the number and demographics of children and parents receiving services. Second, to track the number and type of services provided to families, home visitors submit service data entry forms to First 5 Plumas County. Third, quarterly reports submitted by each home visiting program are used to help understand the issues impacting service delivery.
- **Parent Intake and Follow-up Assessment Data:** Intake data is collected from families when they enter the program and subsequent follow-up occurs every six months thereafter. Intake and follow-up assessment tools track whether children have access to medical and dental care at the time of assessment.
- **Strengthening Families Protective Factors Retrospective Survey Tool:** The Protective Factors Retrospective Survey (PFRS) tool measures change in protective factors within five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development. The tool is administered by home visiting programs after a family has been engaged in services for at least 6 months. Out of 50 families that participated in services for a minimum of 6 months, there was a total of 34 families who completed and submitted a protective factors retrospective survey to First 5 Plumas County.
- **Developmental Screenings and Assessment Tools:** Home visiting programs utilize either the Ages and Stages Questionnaire (ASQ) or the Bayley Scales of Infant Development (BSID). The ASQ is a general developmental screening tool that is used with parents to assess age-specific development in the following domains: communication, gross motor, fine motor, problem-solving, and personal adaptive skills. There is also a separate tool that is used to measure the social-emotional development of children called the ASQ:SE.

The BSID is a standard series of measurements used to assess the fine and gross motor skills, receptive and expressive language, socialization, adaptive behavior, and cognitive development of infants and toddlers, ages 0 - 3.

COVID-19 Considerations

The 2020 COVID-19 pandemic impacted both service delivery and data collection efforts within Plumas County. Beginning in March 2020, most services ceased to be offered in person, and First 5 staff and grantee organizations adjusted to virtual service delivery whenever possible. Likewise, data collection efforts that previously relied on in-person home visiting and hard copy service forms were instead mailed to families or completed over the phone. This circumstance impacted the ability of all programs to collect data. While each of the home visiting programs were impacted by the effects of COVID-19, Families First was most significantly impacted by this pandemic. This program is operated by Public Health nurses, and as such, Home visitors endured an increasing workload under the department of public health. Additionally, this proximity to individuals who had contracted the virus prevented home visitors from having any face-to-face contact, even if socially distanced.

Results

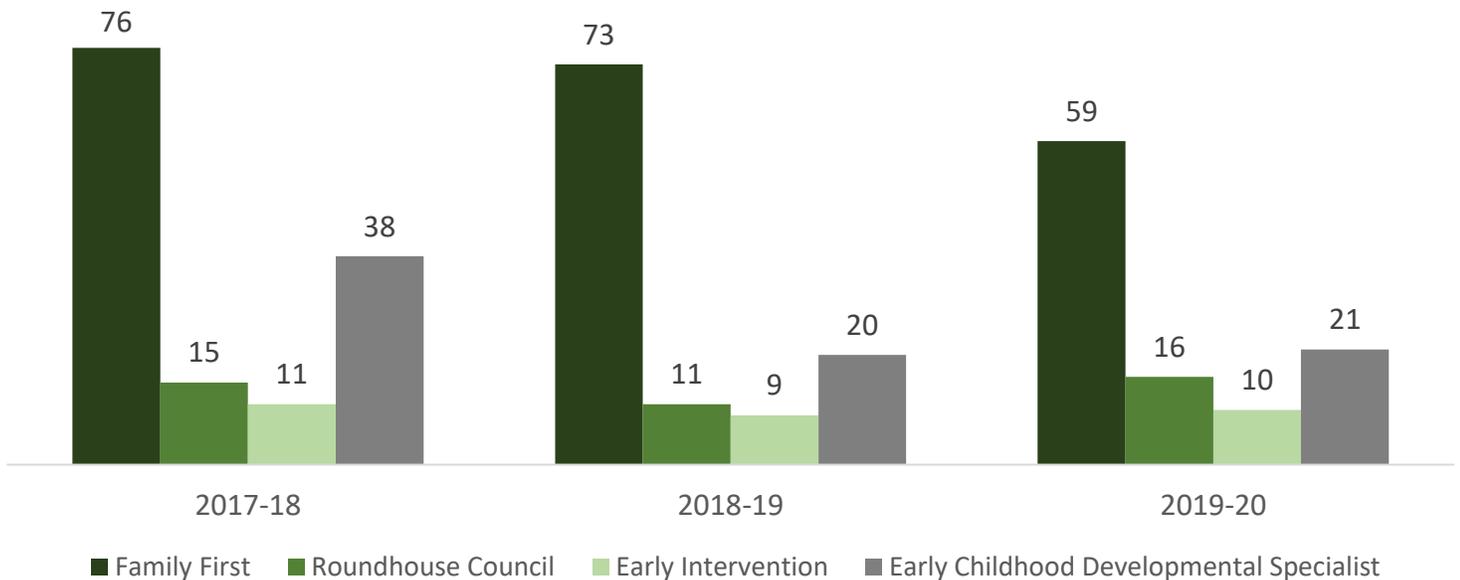
Who was Provided with Home Visiting Services?

A total of **91** families were provided with home visiting services between July 1, 2019, and June 30, 2020.

Number of Families Served by each Home Visiting Program



14 families were served by multiple home visiting programs.



The number of families served in 2019-20 decreased most markedly for Family First, due to pandemic circumstances described earlier in the report.

Program participants included both children ages 0-5 and their parents.



120

Children Ages 0-5



91

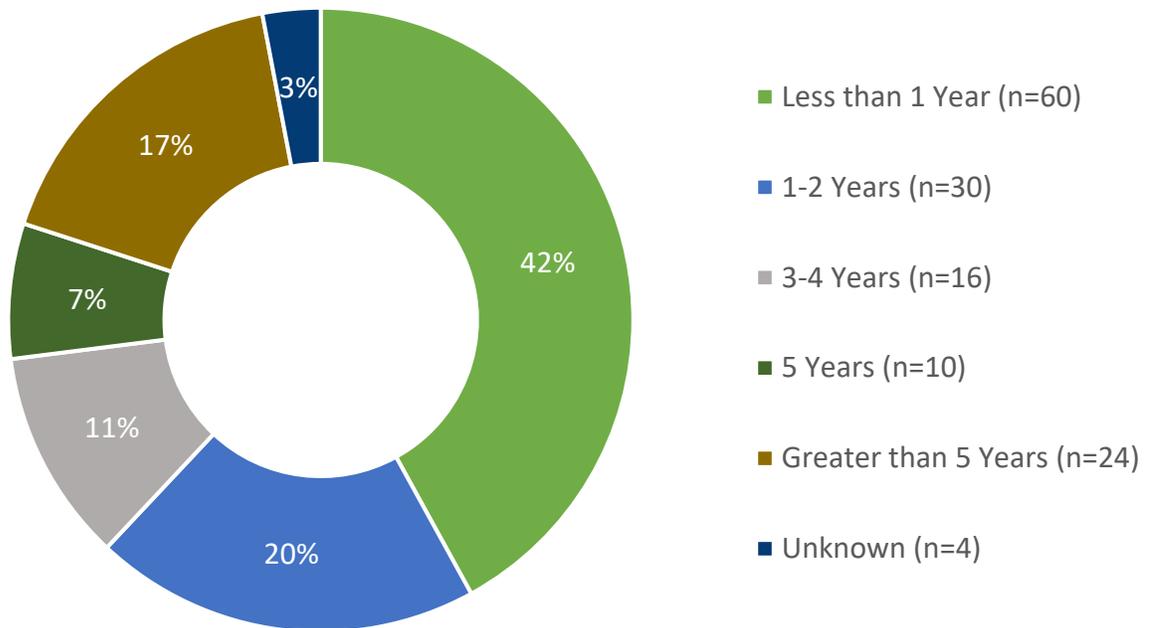
Parents and Caregivers



91

Families

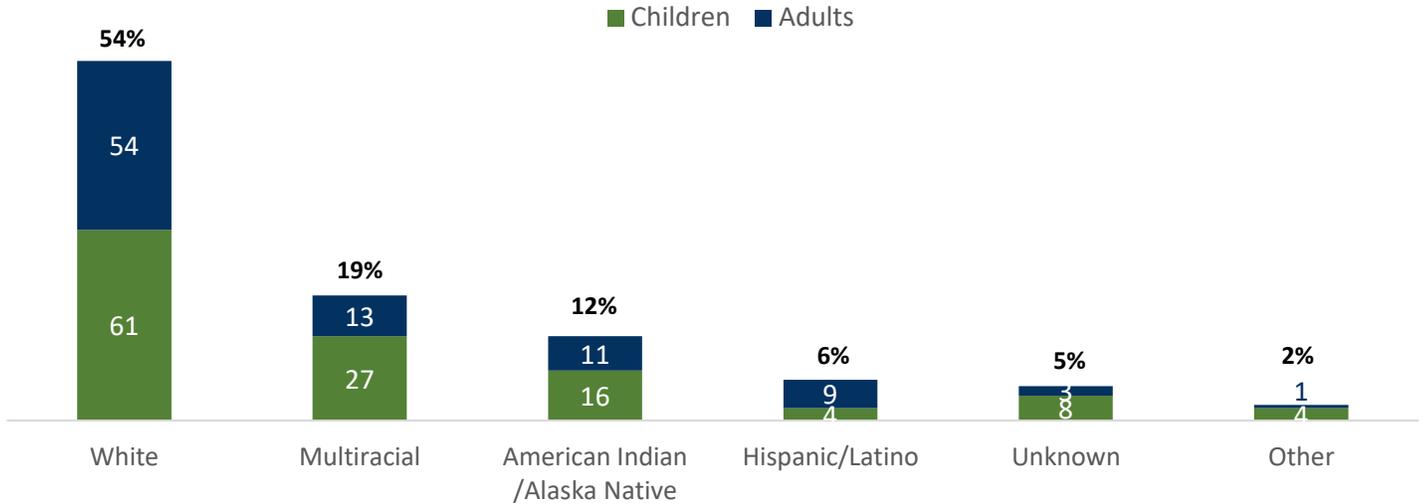
Ages of Children Served by Home Visiting Program



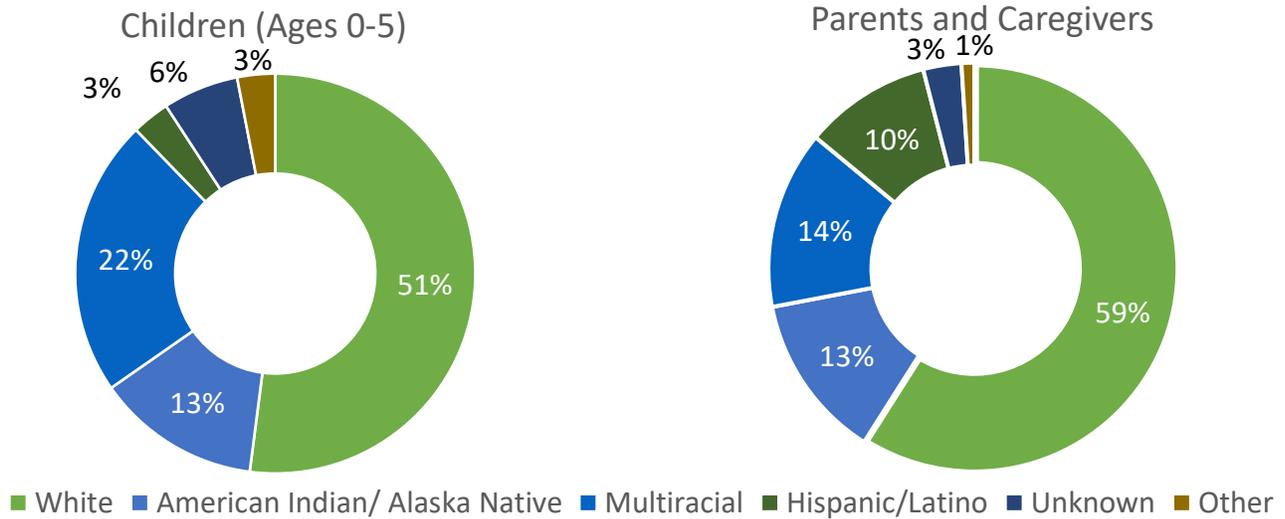
Most children served were less than 1-years old (60 or 42%). Children ages 1-2 years old made up the next largest group (30 or 20%). The total number of children served by Home Visiting Program in the chart above (n=144) exceeds the number of children ages 0-5 served by the program (as demonstrated at the top of the page), as the pie chart includes children greater than 5 years of age served.

Race/Ethnicity of Individuals Served

Most of the individuals served (for which we have demographic data) are white (115 or 54%). Many are multiracial (40 or 19%) followed by Alaska Native/American Indian (27 or 12%) and Hispanic (13 or 6%).



The pie charts below indicate the percentage of both children and parents/caregivers served according to their race/ethnicity.



While the number of participants served with unknown race/ethnicity could affect these statistics, home visiting programs seem to be serving a more racially diverse population than is present in the county. According to the American Community Survey 5-Year Estimate from 2018, 89.1% of the population in Plumas County is white, while 8.7% is Hispanic/Latino, 3.8% is multiracial, and 2.3% are Alaska Native/American Indian.¹

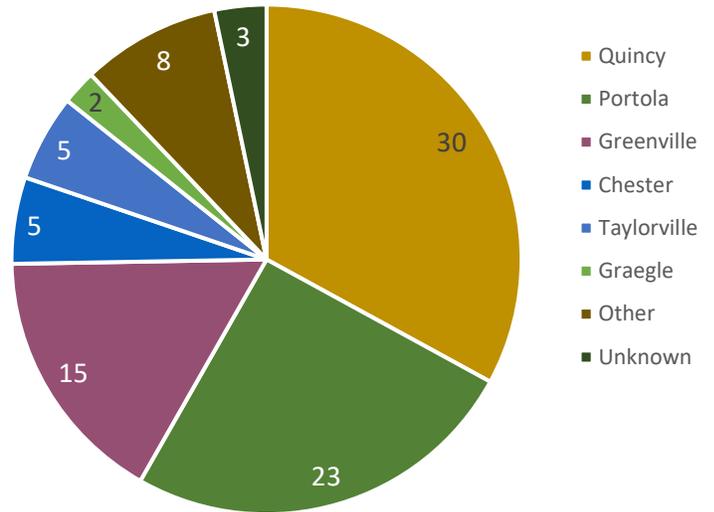
¹ U.S. Census Bureau. 2018 ACS Demographic and Housing Estimate: <https://data.census.gov/cedsci/table?g=0500000U06063&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2018.DP05&hidePreview=true>

Communities of Residence of Individuals Served

The majority of families accessing home visiting services live in Quincy (30 or 33%) Portola (23 or 25%) or Greenville (15 or 16%).



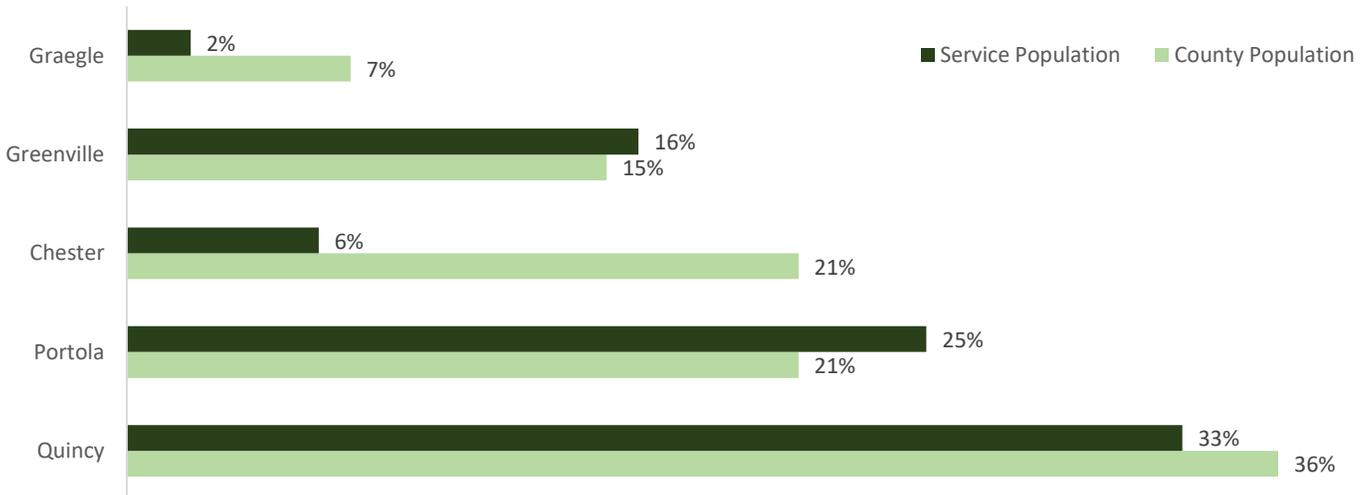
Number of Families Served by Community



Individuals served in the “other” category include residence in Crescent Mills (2), Cromberg (1), Meadow Valley (1), Lake Almanor (1), and Twain (1). Two families in the “other” category lived outside of Plumas County.

In most communities, the distribution of services provided in Plumas County reflect the total general population distribution. As demonstrated in the chart below, Quincy received 33% of services and makes up 36% of the total general population of Plumas County. Portola received 25% of services and makes up 21% of the total general county population, and Greenville received 16% of services and make up 15% of the total general county population. ² However, this is not seen in all of the communities in Plumas County, such as Chester which received 6% of services, yet represents 21% of the total general population of Plumas County.

Percentage of Population Served Compared to County Distribution

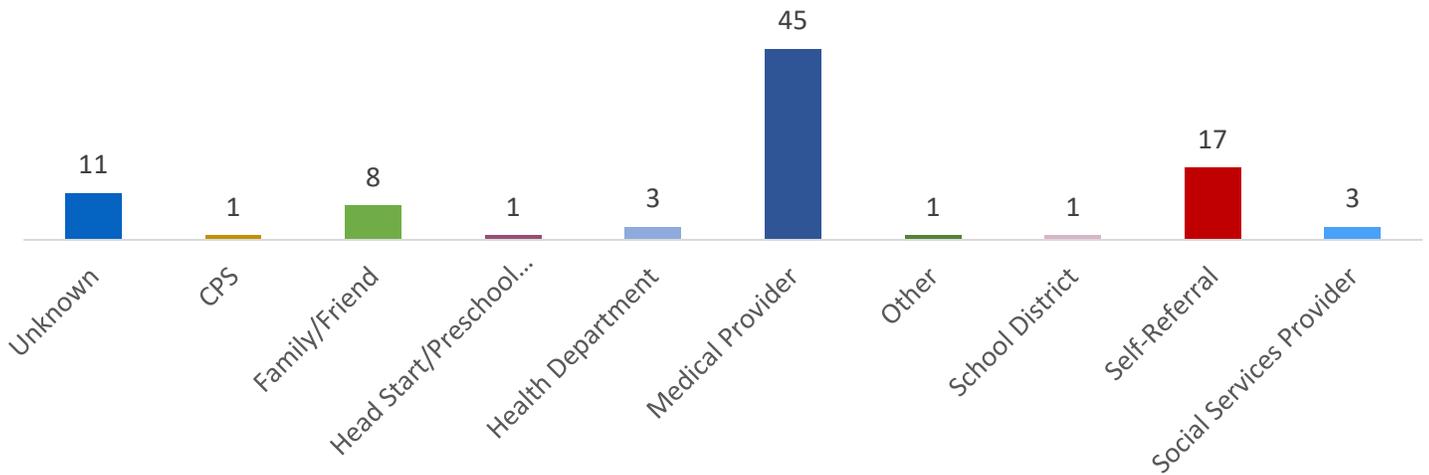


² U.S. Census Bureau. 2018 ACS Demographic and Housing Estimate:
https://data.census.gov/cedsci/table?g=0500000US06063_06063_060000&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2018.DP05&hidePreview=true



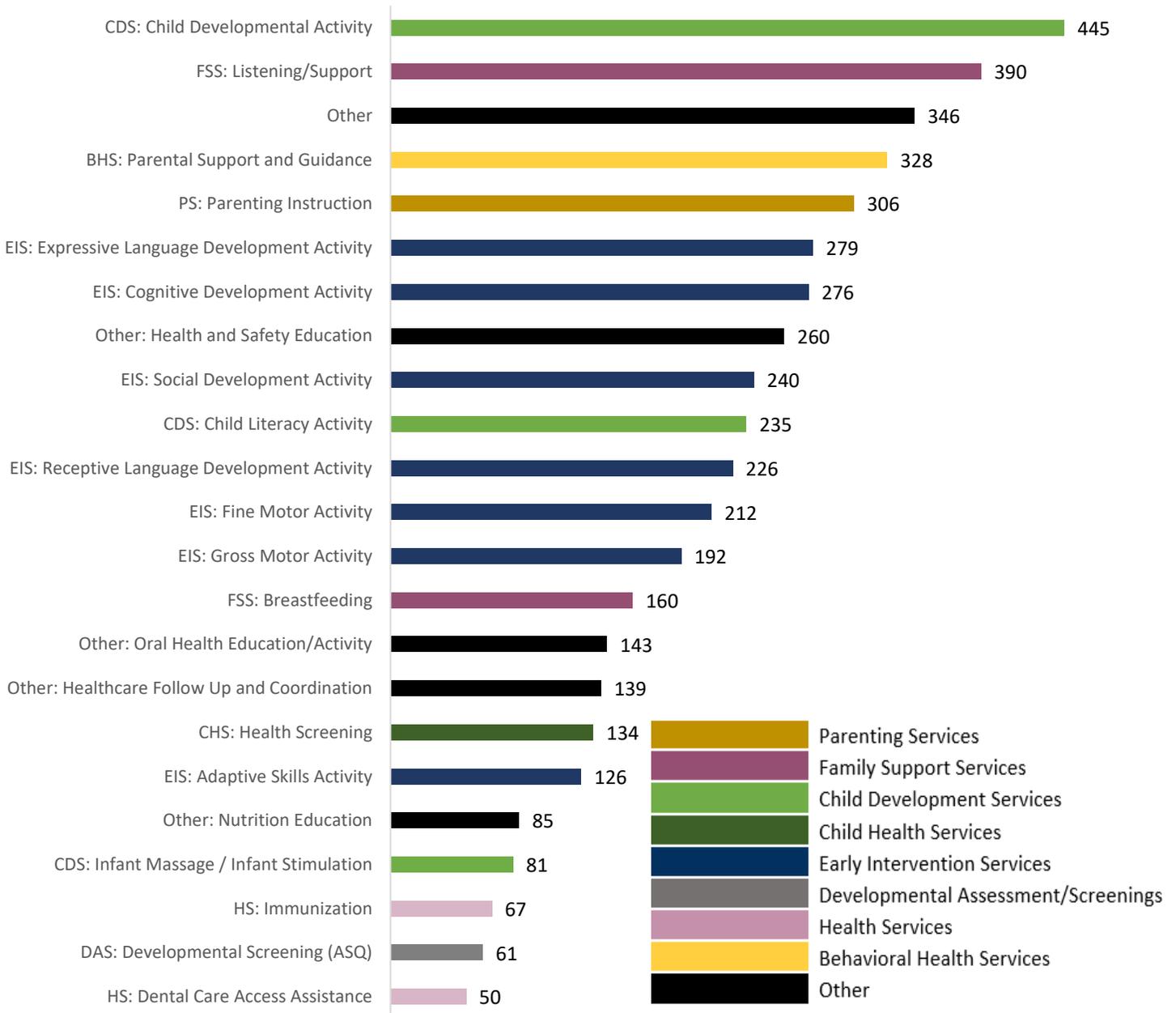
Who Referred Families to the Program?

People learn about the program and come to access services through a variety of referral sources. As indicated in the chart below, most families are referred by medical providers (45 or 50%). Self-referrals were the next largest referral source (17 or 19%) followed by unknown (11 or 12%). There are a variety of other referral sources as indicated in the chart below. The referral categorized as “Other” indicates a referral made by another First 5.



What Kind of Home Visiting Services were Provided?

Between July 1, 2019, and June 30, 2020, a total of **785** service contacts (home visits, office visits, and phone consultations) were made with families. Service contacts include home visits, in-office consultations, and telephone conversations. During each of these contacts, home visitors provide multiple services, each of which are recorded.

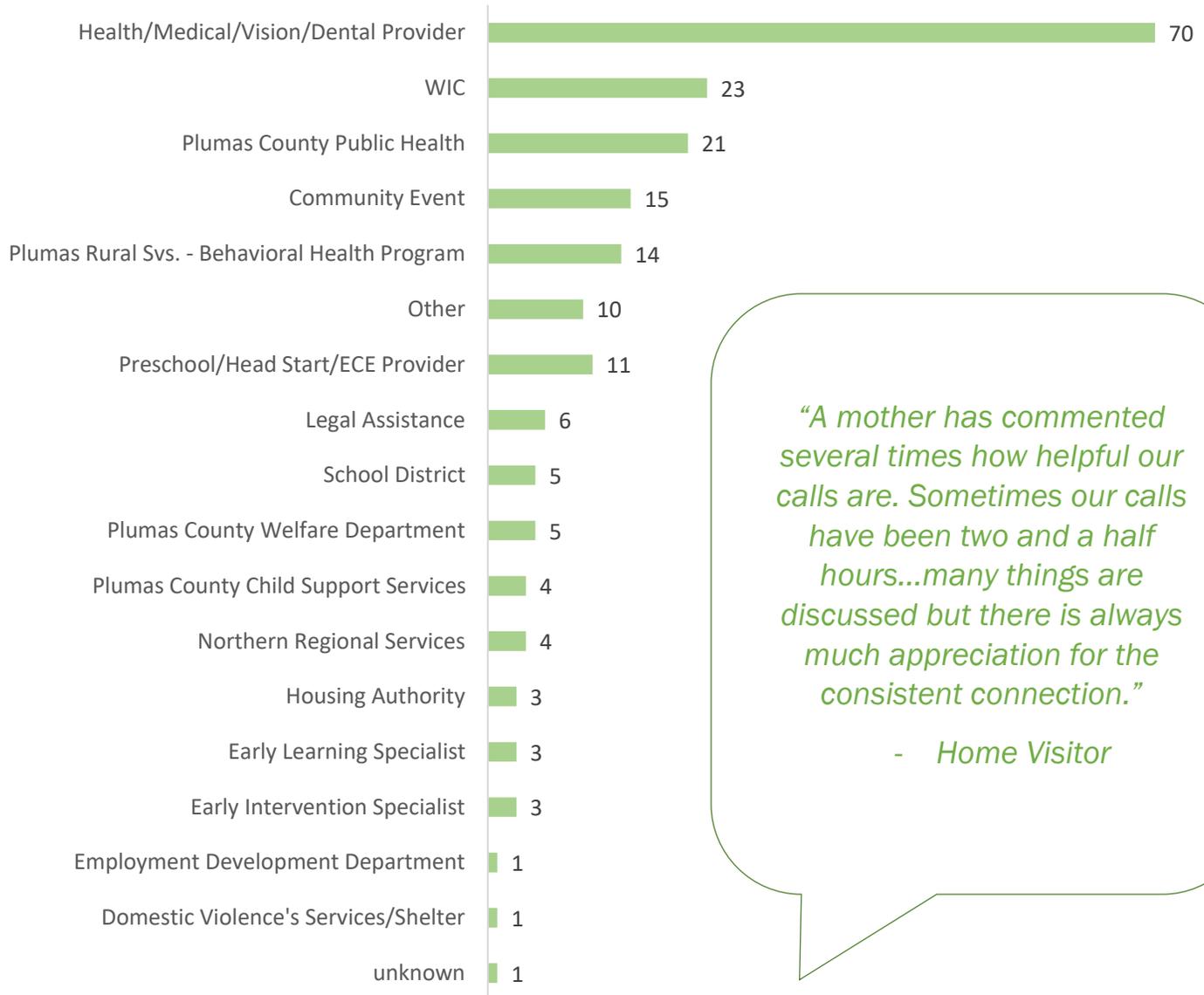


A total of **5,114** services were provided by home visitors. Most of these services were focused on child development activities, followed by listening and support, parental support and guidance, and parenting instruction. Services marked as “other” include assistance with general paperwork, mental health and substance use screenings, and developmental education. A comprehensive list of services provided this year compared to services provided last year can be found in Appendix A of this report.

What Referrals to Community Resources Were Provided to Families?

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

Between July 1, 2019, and June 30, 2020, home visitors provided families with **200** referrals to other community resources. Most referrals were provided to health, medical, vision, and/or dental providers to meet the healthcare needs of clients.



“A mother has commented several times how helpful our calls are. Sometimes our calls have been two and a half hours...many things are discussed but there is always much appreciation for the consistent connection.”

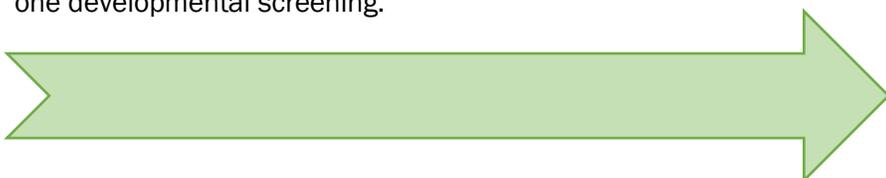
- Home Visitor

In the data entry forms used by the home visiting programs, there are pre-populated referral categories. If a referral was provided to meet a need not specified within one of the pre-populated categories, home visitors categorized the referral as “other.” The data entry form used, which specifies referral and service categories, can be found in the appendix of this report. A comprehensive list of referrals provided this year compared to referrals provided last year can also be found in the appendix.

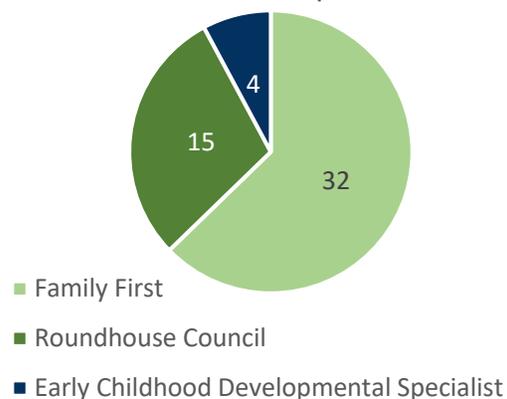
How Many Children Were Provided with Developmental Screenings?

Research has confirmed that children’s earliest experiences play a critical role in brain development. Services to young children who have or are at risk for developmental delays have been shown to positively impact outcomes across multiple developmental domains. To ensure that **children receive early screening and intervention for developmental delays and other special needs**, three of the four home visiting programs utilize the Ages and Stages Questionnaire (ASQ). The Early Intervention Program uses the Bayley Scales of Infant Development (BSID), providing services in conjunction with the Northern Regional Center.

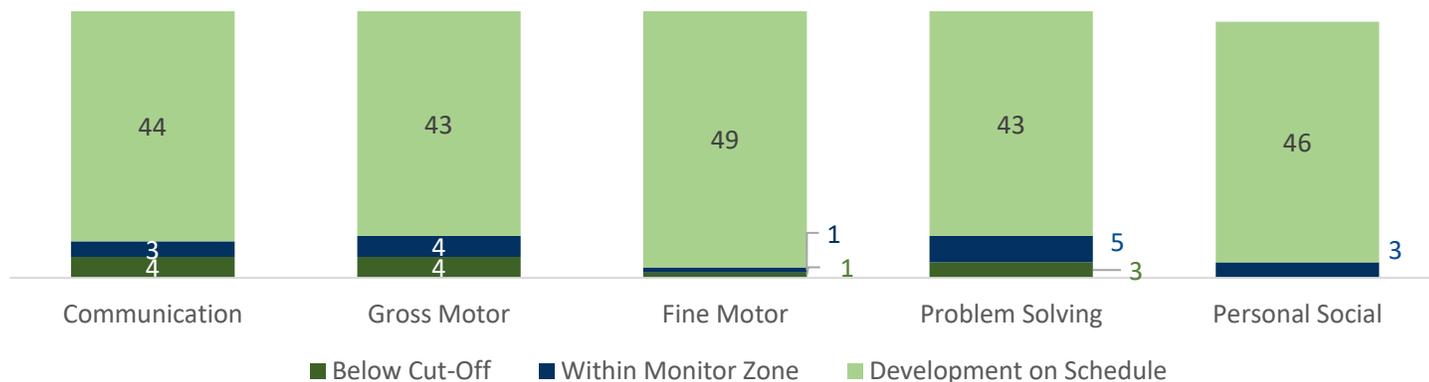
Between July 1, 2019, and June 30, 2020, a total of **51** children were screened using the ASQ. Some children were provided with more than one developmental screening.



Total ASQs Completed



As the graph below indicates, the areas in which children are most at risk for delay are in fine motor skills and problem-solving. A majority of children’s development was on schedule.



When compared to the previous year, the percentage of children whose development was on schedule has remained relatively stable.

	Communication	Gross Motor	Fine Motor	Problem Solving	Personal Social
2019-2020	86% (n=51)	84% (n=51)	96% (n=51)	84% (n=51)	94% (n=49)
2018-2019	89% (n=65)	86% (n=65)	85% (n=66)	80% (n=65)	89% (n=63)

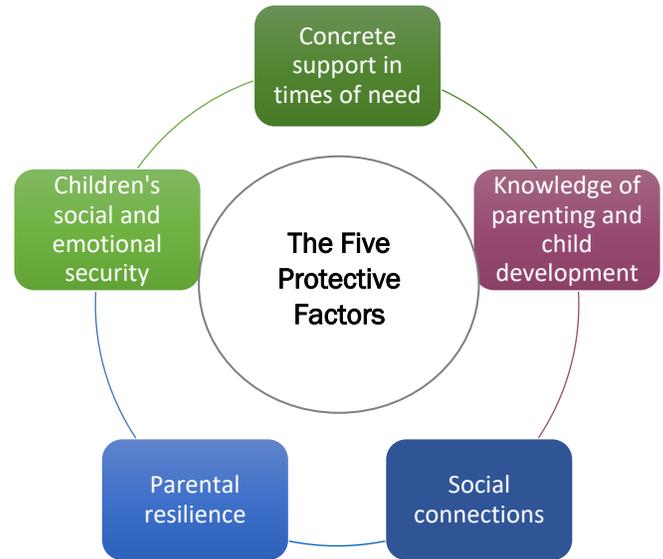
How Many Children Were Provided with Social Emotional Screenings?

There were **2** children who were provided with social-emotional screenings between July 1, 2019, and June 30, 2020. Neither of the 2 ASQ:SE’s were above the cut-off level, indicating no cause for concern.

Are Families Stronger as a Result of Home Visiting Services?

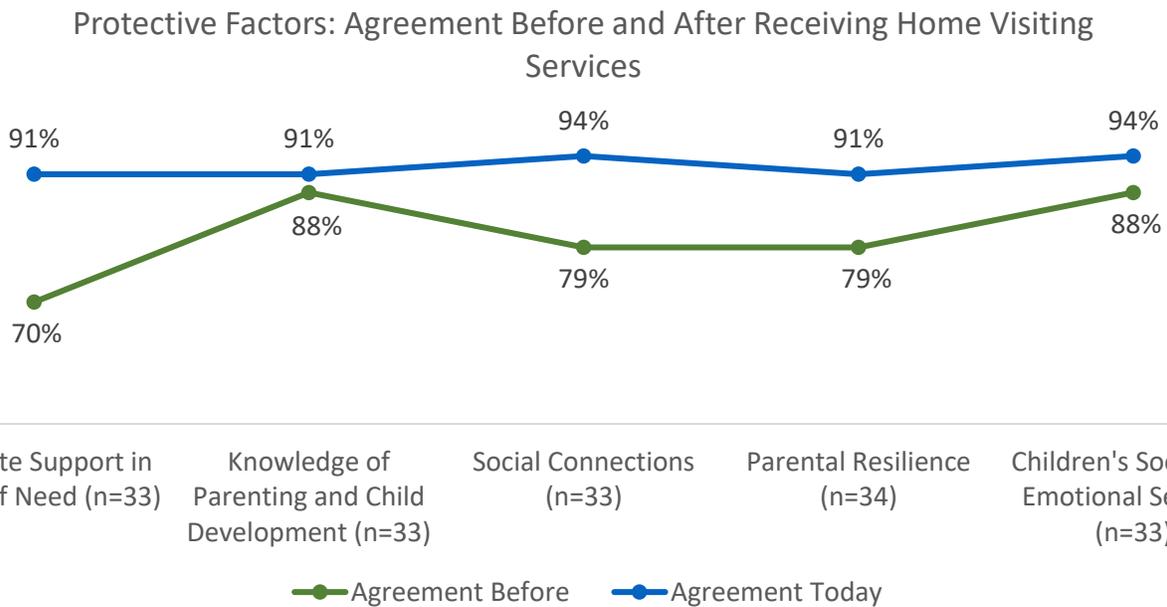
Home visiting programs are intended to have a positive impact on families receiving services. Programs funded by First 5 Plumas County Children and Families Commission utilize the research-based Strengthening Families Protective Factors framework as a theoretical approach to serving families, as well as a system to measure outcomes.

Each of the home visiting programs utilize the Protective Factors Survey to identify outcomes achievement related to each of the five protective factors. These factors are demonstrated in the graphic to the right.



The Protective Factors Survey measured participant outcomes through retrospective survey questions and open-ended questions. The retrospective survey questions allow parents to rate themselves before and after receiving home visiting services based on agreement with questions related to each of the five protective factors.

This survey is used to track the intended outcome that **children live in safe and stable environments with access to resources**. The following results identify participant perceptions of change.



As indicated in the chart above, in each of the five protective factors, there was an increase in all protective factors after having received home visiting services. The most significant improvements were made in relation to concrete support in times of need.

Do Families Have Access to Medical and Dental Care?³

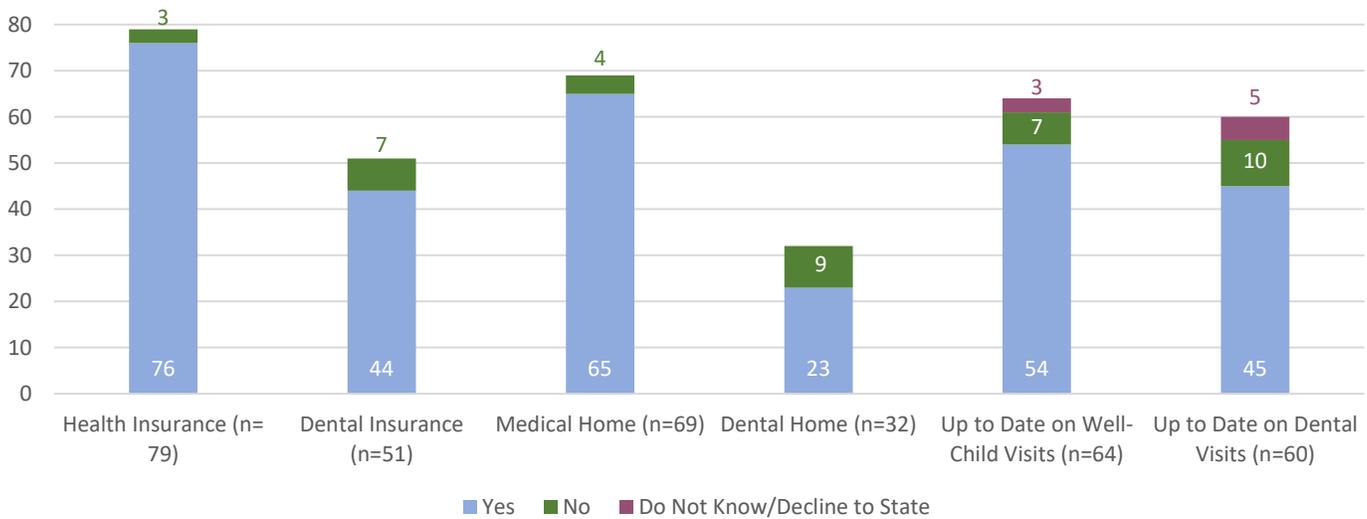
Families are assisted in accessing needed medical and dental care by their home visitors. To assess whether **families have access to medical and dental care**, families are assessed at program entry and are provided with the necessary services and supports based on their access needs.

The indicators that are utilized to identify whether a family has access to medical and dental care include:

- Number of parents/children with health and dental insurance.
- Number of parents/children with a medical home
- Number of children with a dental home.
- Number of children who are up to date on well-child and dental visits⁴.

Children’ Health Profile at Intake

The chart below demonstrates the number of children that were reported to have access to medical and dental insurance and services at program intake.



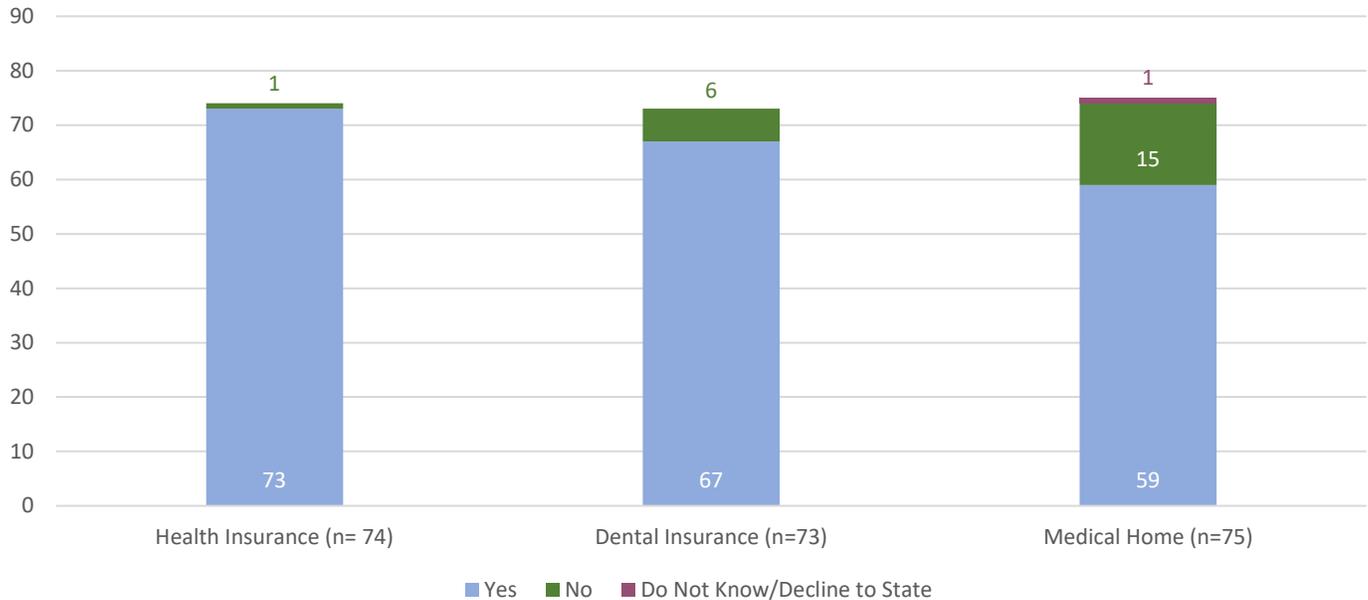
Children overall had access to medical and dental insurance, had medical and dental homes, and were up to date on medical and dental visits at program entry. However, children were less likely to have dental insurance, dental homes, or be up to date on their dental visits compared to medical.

³ This section utilizes the intake data for families that received services during the 19-20 program year. Note that dates of intake may not fall within the 19-20 program year.

⁴ If families had more than one intake on file, the most recent intake was used to assess being up to date on well-child and dental visits. Children were considered to be up to date on well-child visits if they had received a well-child visit at least once within the past year; they were considered up to date on dental visits if they had visited a dentist or dental hygienist within the past year. Children under one year of age were considered to be up-to-date on their dental visits.

Parent’s Health Profile at Intake

The chart below demonstrates the number of parents that were reported to have access to medical and dental insurance and a medical home at program intake.



Parents overall had access to medical and dental insurance, and had a medical home, at program entry. As with children, parents were less likely to have dental insurance than health insurance. The largest deficiency for parent health was seen within the medical home category, with only 79% of respondents indicating they had a place to go, other than the emergency room, where they usually go when they are sick or need advice about their health.

Worked very closely with a physician for an infant who was not gaining weight. After several visits with the client the physician participated in a conference call with the client and home visitors during a home visit. The physician was brainstorming and showed value in the home visit and provided support to the family.

- Home Visitor

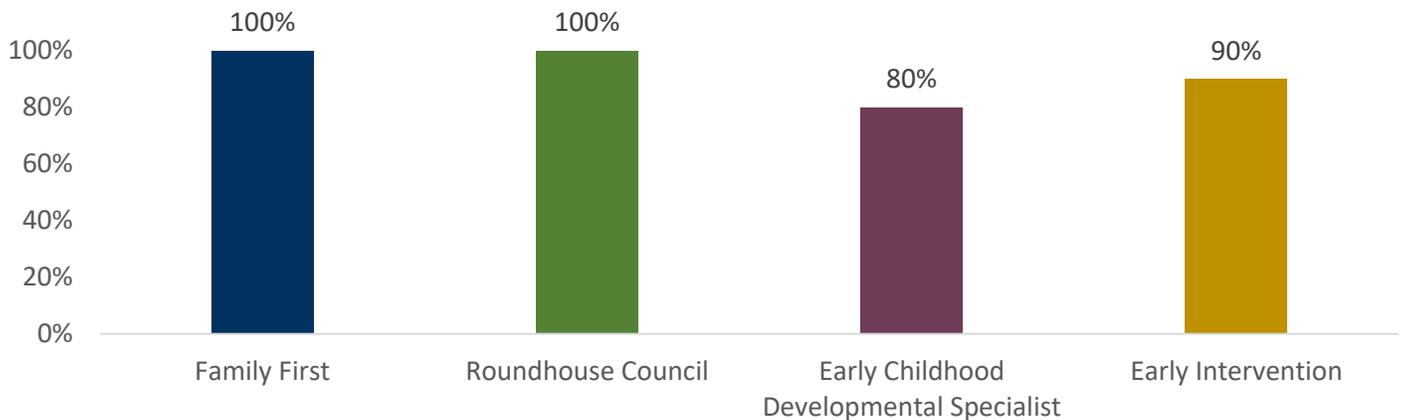
How Well did Home Visiting Services Meet the Unique Needs of Families?

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

- Number of families receiving home visiting services that are engaged (participate at sufficient rate to benefit from service intervention).
- Number of children receiving integrated service delivery.
- Number of parents reporting satisfaction with the content, quality, and family centeredness of services.

How Long Did Families Participate in Services?

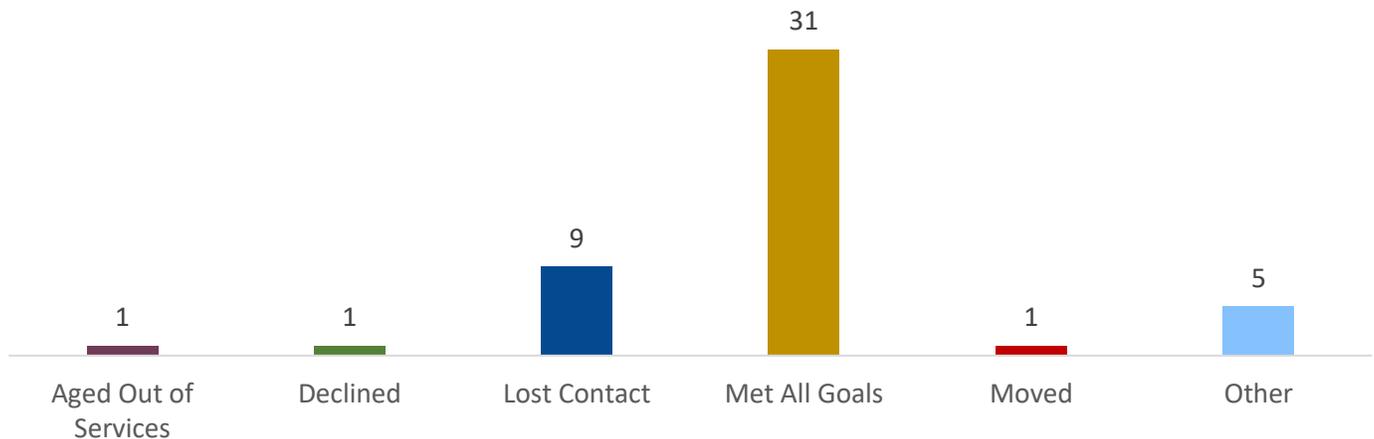
In most cases, the longer a family is engaged in services, the more significant the gains. First 5 Plumas considers a family “engaged” after they have participated in at least four home visits. The following table indicates the engagement rate of families by each home visiting program.



Most families receiving home visiting services received at least four home visiting services. Family First and Roundhouse Council has the highest percentage of engaged families, with 100% of those served having received at least four home visits, followed by Early Intervention which has 90% of its families qualifying as “engaged”.

Why Did Families Stop Participating in Services?

Between July 1, 2019, and June 30, 2020, **48** families exited from the home visiting programs. The table below indicates the reason for exit.



How Many Families Benefited from Integrated Service Delivery?

Integrated service delivery, as it pertains to this report, refers to families being served by multiple home visiting programs.

A total of **14** families benefited from this service delivery approach.

How Satisfied Were Families with the Services They received?

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 collected client satisfaction information at the end of the Protective Factors Survey.

The overwhelming majority of parents who completed the questions related to client satisfaction at the end of the Protective Factors Survey were very satisfied with the home visiting program.

Results are as follows:

- 89%** of parents agreed that they received the assistance they needed (n=31).
Compared to 100% in FY 2018-2019, 97% in FY 2017-2018, and 100% in FY 2016-2017.
- 88%** of parents agreed that their impression and interaction with staff was positive (n=32).
Compared to 96% in FY 2018-2019, 97% in FY 2017-2018, and 100% in FY 2016-2017.
- 87%** of parents agreed that their overall satisfaction with services was very good (n=31).
Compared to 96% in FY 2018-2019, 97% in FY 2017-2018, and 100% in FY 2016-2017.
- 84%** of parents agreed that their ideas and opinions were welcomed and included in the program (n=32).
Compared to 100% in FY 2018-2019, 97% in FY 2017-2018, and 100% in FY 2016-2017.
- 81%** of parents agreed that the program helped them improve their parenting skills (n=32).
Compared to 93% in FY 2018-2019, 94% in FY 2017-2018, and 100% in FY 2016-2017.
- 81%** of parents agreed that the program helped them reduce the stress in their life (n=32).
Compared to 92% in FY 2018-2019, 82% in FY 2017-2018, and 78% in FY 2016-2017.

The first contact with a current client was while she was pregnant, she came in for a child passenger safety class and a car seat. The instructor/home visitor also discussed the home visiting program and provided First 5 information to her. She called a few months later asking for a visit for her and her husband as they were trying to make decisions regarding their blended family. The client wanted to receive scientific information on issues such as how much screen time children should have, how long to continue breastfeeding, developmental milestones, and other developmental and health matters. She was grateful to have this service and appreciates the continued support.

- Home Visitor

Conclusions and Recommendations

Based on the evaluation's finding, First 5 Plumas County home visiting programs continue to make a positive impact on families being served.

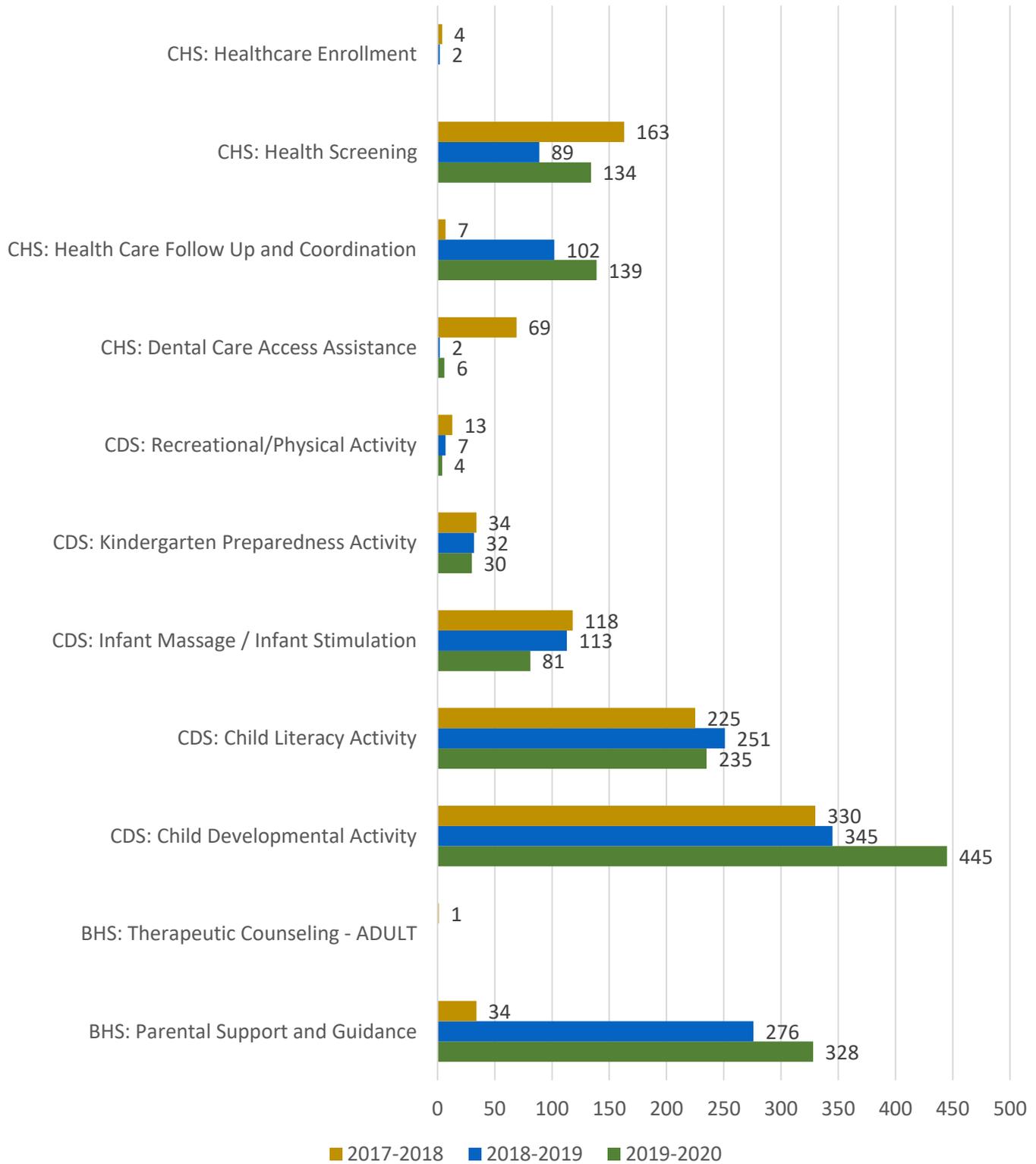
- ✓ **Home visiting programs are reaching the target population.** Home visiting programs have consistently served families with the youngest children in Plumas County as evidenced by most children served being under one year old (44% of all children, age 0-5, served). Additionally, they are serving a more racial and ethnically diverse population than the overall county population, with a pronounced reach within the American Indian/Alaskan Native population (which comprises 12% of service population and only 2% of the total county population). Lastly, home visiting programs are serving most communities proportionately except for Chester (which makes up 21% of the total county population but only 6% of the home visiting service population).
- ✓ **Families are being strengthened.** A total of 91 families received home visiting services, most of which were highly engaged as demonstrated by both the number of home visits (785) and the total number of services provided (5,114). Additionally, families report increases in each of the five protective factors after receiving home visiting services, with the most significant gains being made in the area that many families struggled with most at program entry – **concrete support in times of need**. The other area of marked growth was in relationship to **social connections**.
- ✓ **Families are satisfied.** Families surveyed indicated high levels of satisfaction with services and staff and agree that they received the assistance they needed. Additionally, a higher percentage of families exited the program because their goals and needs were met.

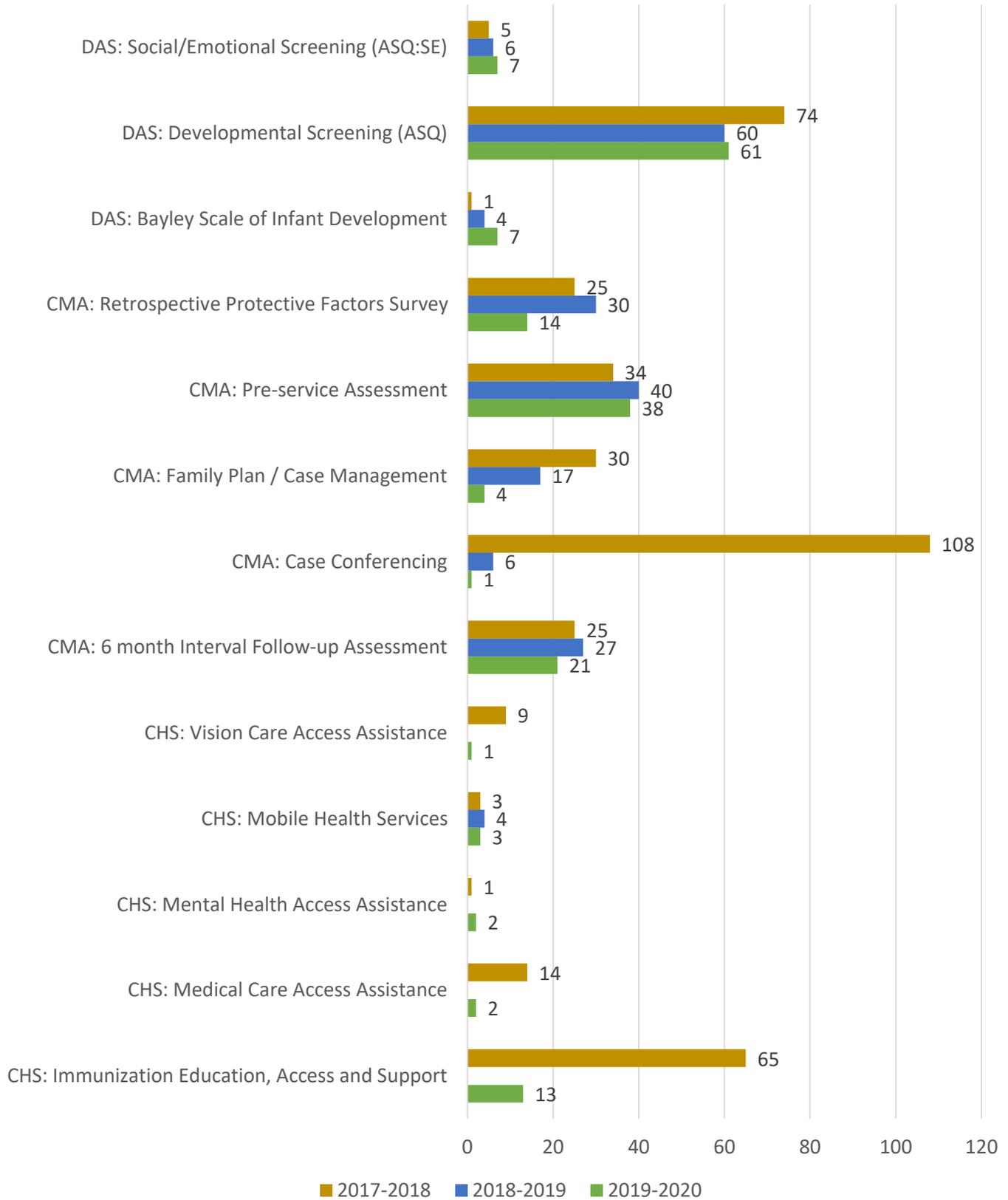
The following recommendations are being offered to strengthen efforts and outcomes in the future:

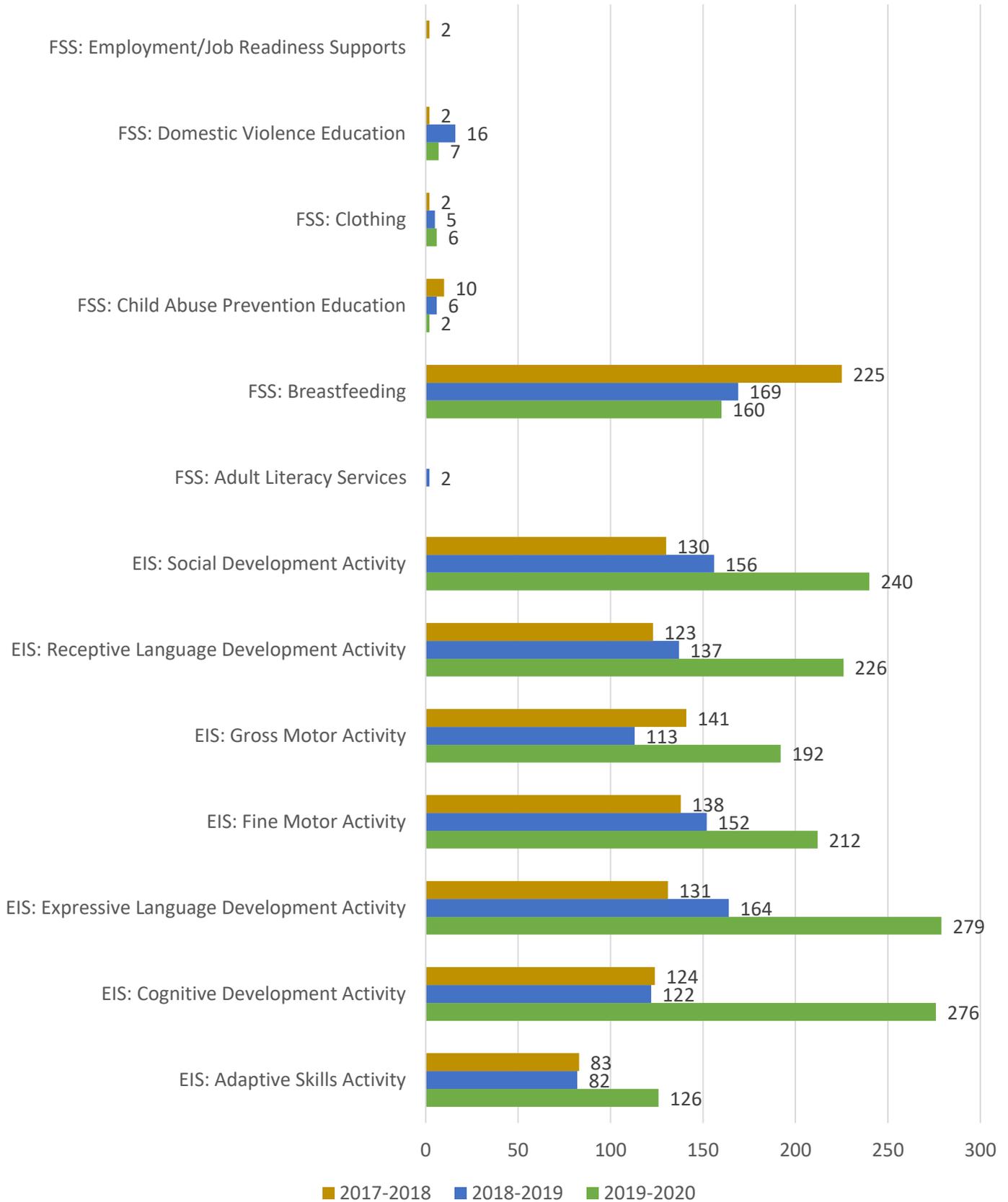
- ✓ **Streamline how developmental screenings are conducted.** Home visiting programs served a total of 120 children ages 0-5, and only 51 (or 43%) received a developmental screening. Additionally, only 2 children received a social-emotional developmental screening. As noted in last year's evaluation results, developmental screenings serve the dual purpose of identifying children who may be at risk for a developmental delay as well as offering parents and caregiver's information about appropriate child development expectations. Because First 5 Plumas is embarking upon the implementation of Help Me Grow in Plumas County, there is an opportunity to implement universal screenings by first focusing on the families served through First 5 sponsored home visiting programs. The Commission may want to consider streamlining developmental screening completion through the Early Childhood Specialist to ensure all (eligible – those that are not regional center clients) children are screened and that parents are provided with information about appropriate child development expectations.
- ✓ **Support Case/Data Management of Families Being Served.** Case management is a collaborative process that assesses, plans, implements, monitors, and evaluates the options and services needed to meet a family's needs. It is unclear whether case management is occurring as a typical practice for the families being served. This is based on data gaps that have been an ongoing issue for home visiting programs. This conclusion is also being driven by the fact that developmental screenings are not occurring for all children based on a schedule that was agreed upon by all home visiting programs.
- ✓ **Consider revisions to data management practices.** An access database was established to support data management for home visiting programs and has been in use for over a decade. The database has been modified over time, but it has increasingly become clear that home visiting programs have outgrown the usefulness of the database. It is recommended that data management shift to the contracted evaluator for the upcoming contract term (FY20-21). This will allow an assessment of need and assist in recommending a solution that will allow for comprehensive, efficient data collection.

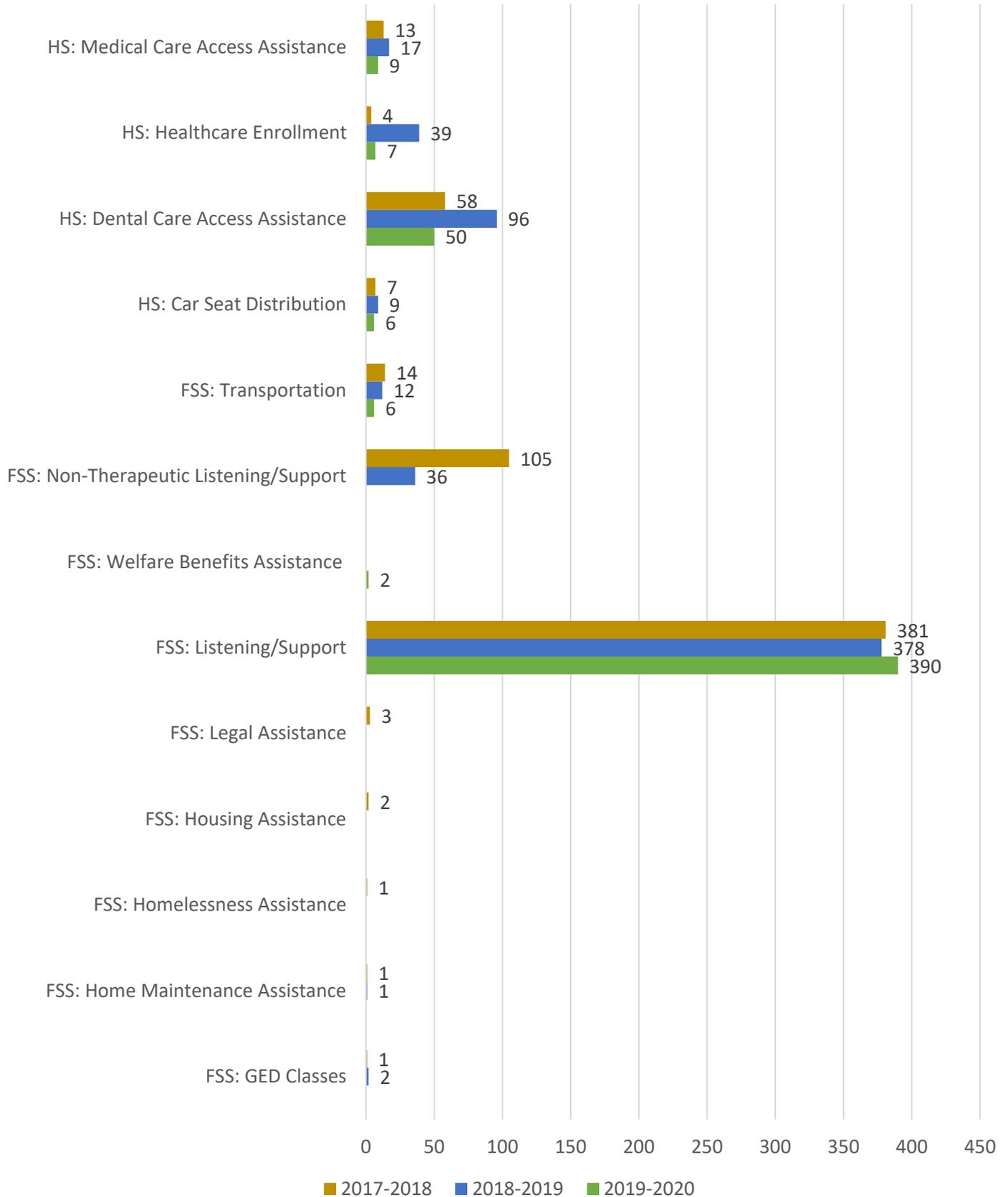
Appendix A: Comparison of Services Provided Year-Over-Year (2017-2020)

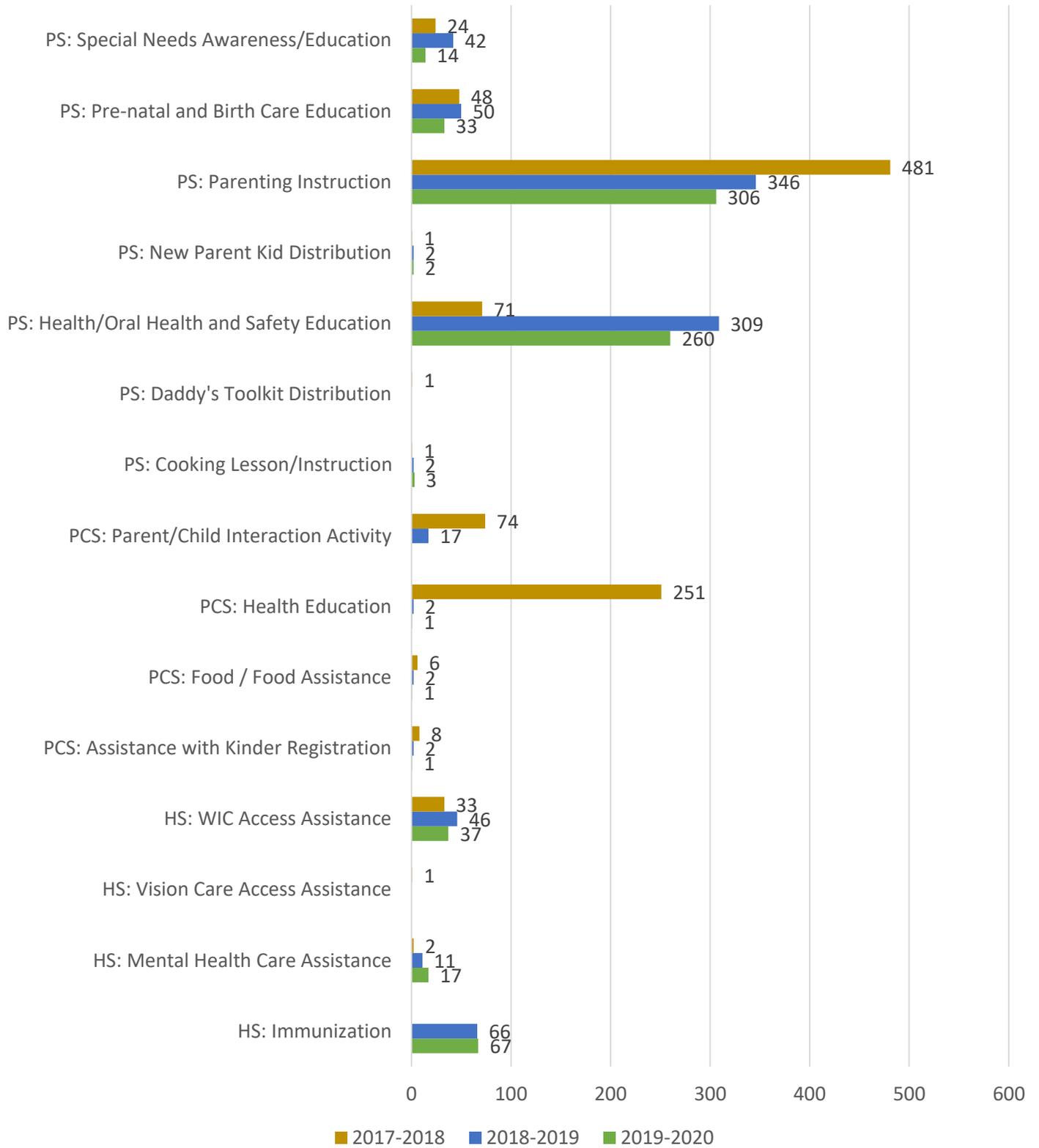
Comparison of services provided year over year (2017-2020) is provided in the charts on the following pages.

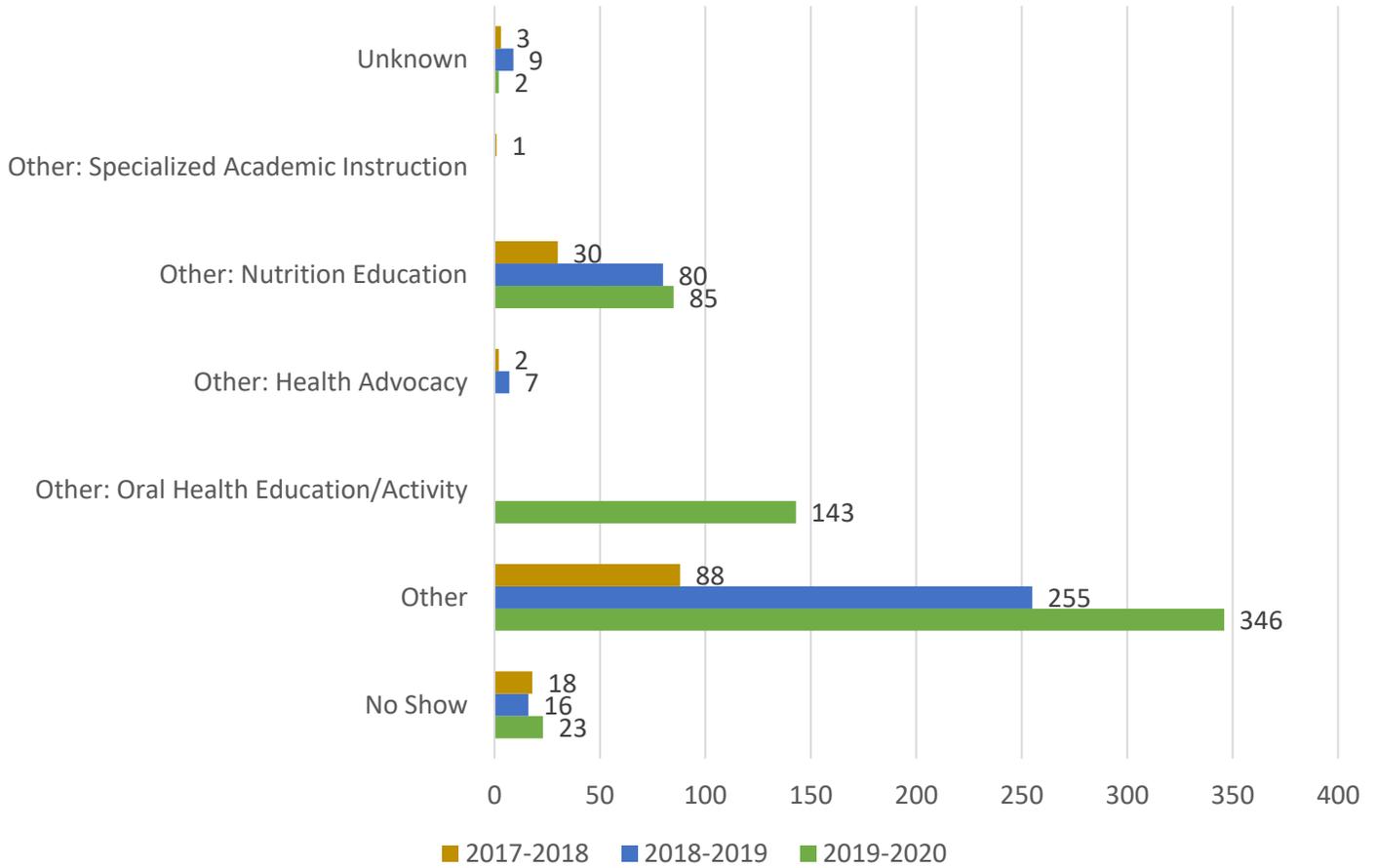






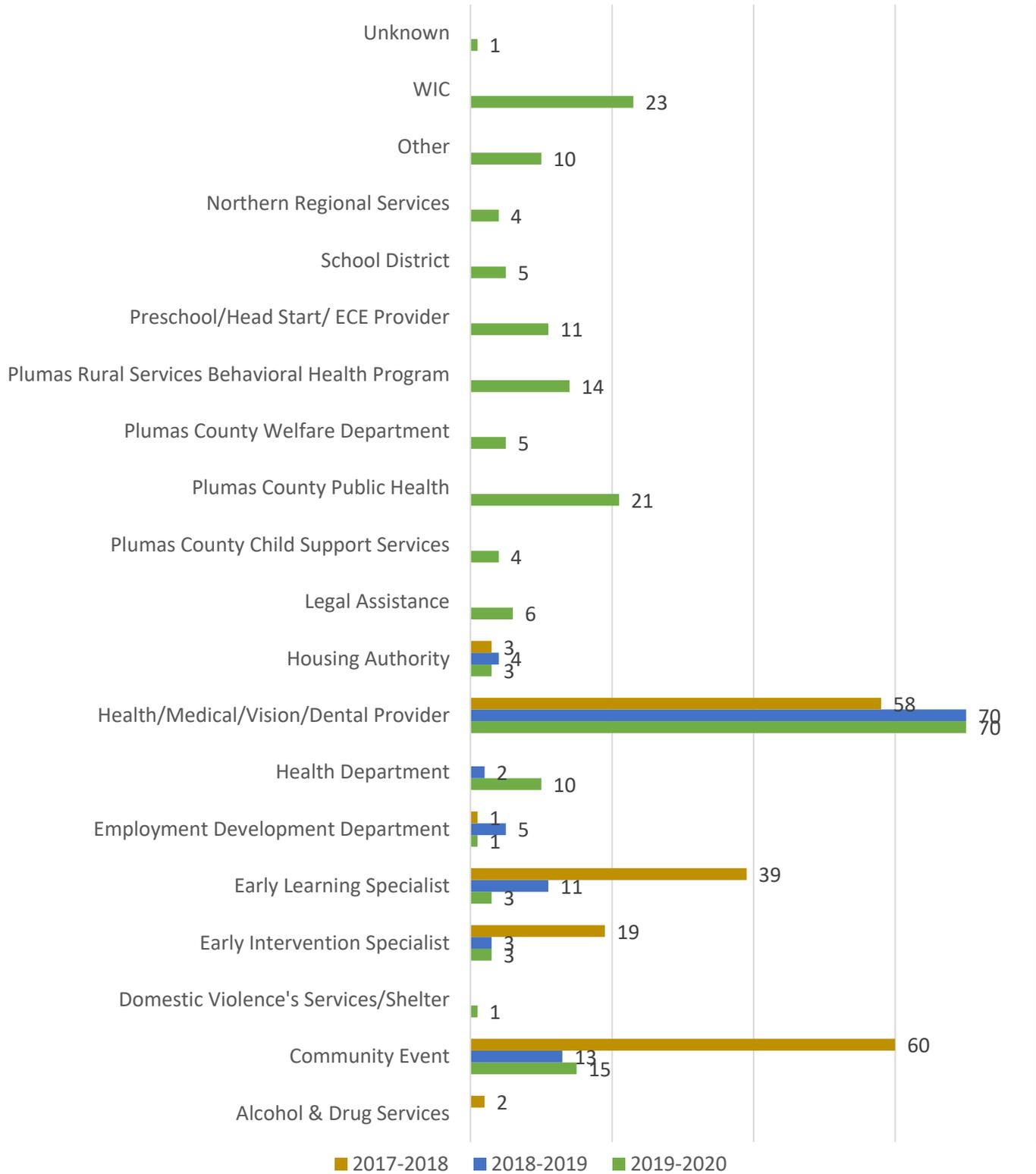






Appendix B: Comparison of Referrals Provided Year Over Year (2017-2020)

Comparison of referrals provided year over year (2017-2020) is provided in the charts on the following pages.



Appendix C: Home Visiting Services Listing

NAME OF ADULT RECIPIENT	NAME OF CHILD RECIPIENT	NAME OF CHILD RECIPIENT
PARENTING SERVICES	CHILD DEVELOPMENT SERVICES	CHILD DEVELOPMENT SERVICES
Parenting Instruction/ Modeling	Child Development Activity	Child Development Activity
ACEs Education	Child Literacy Activity	Child Literacy Activity
Cooking Lesson/ Instruction	Recreational/physical activity	Recreational/physical activity
Pre-natal Education	Kindergarten Preparedness Activity	Kindergarten Preparedness Activity
Birth Care Education	Infant Massage / Infant Stimulation	Infant Massage / Infant Stimulation
Special Needs Awareness/ Education	Developmental Assessment/Screening	Developmental Assessment/Screening
Daddy's Toolkit Distribution	Developmental Screening (ASQ)	Developmental Screening (ASQ)
Developmental Education	Social/Emotional Screening (ASQ:SE)	Social/Emotional Screening (ASQ:SE)
Parental Support & Guidance	Bayley Scale of Infant Development	Bayley Scale of Infant Development
Health Education	Early Intervention Services	Early Intervention Services
Family Support Services	Fine Motor Activity	Fine Motor Activity
Breastfeeding	Gross Motor Activity	Gross Motor Activity
Clothing	Cognitive Development Activity	Cognitive Development Activity
Transportation	Social Development Activity	Social Development Activity
Welfare Benefits Assistance	Receptive Language Development Activity	Receptive Language Development Activity
Domestic Violence Education	Expressive Language Development Activity	Expressive Language Development Activity
Child Abuse Prevention Education	Adaptive Skills Activity	Adaptive Skills Activity
Listening/Support	Health services	Health services
Assistance with General Paperwork	Healthcare Enrollment	Healthcare Enrollment
Health Services	Immunization Education, Access & Support	Immunization Education, Access & Support
Healthcare Enrollment	Health Screening	Health Screening
Medical Care Access Assistance	Mobile Health Services	Mobile Health Services
Mental Health Education	Medical Care Access Assistance	Medical Care Access Assistance
Mental Health Access Assistance	Mental Health Education	Mental Health Education
Vision Care Access Assistance	Mental Health Access Assistance	Mental Health Access Assistance
Dental Care Access Assistance	Vision Care Access Assistance	Vision Care Access Assistance
Oral Health Education	Oral Health Education / Activity	Oral Health Education / Activity
Oral Health Kit	Oral Health kit	Oral Health kit
Nutrition Education	Nutrition Education / Activity	Nutrition Education / Activity
WIC Access Assistance	Medical Care Support	Medical Care Support
Medical Care Support	Dental Care Access Assistance	Dental Care Access Assistance
Car Seat Distribution	Health Care Follow Up and Coordination	Health Care Follow Up and Coordination
Case Management & Assessments	REFERRALS	
Pre-service Assessment	Legal Assistance	Community Event
Screening Mental Health/ Substance Use	Adult Literacy Services	Computer Literacy
Joint Visit	Therapeutic Counseling	Home Maintenance Assistance
Health Care Follow Up and Coordination	Housing Assistance	Tax Preparation
Family Plan / Case Management	Homelessness Assistance	Money Management Assistance
Initial TAG Assessment	Employment/Job Readiness Supports	GED Classes
Follow-up TAG Assessment	Immigration/Citizenship	ESL Classes
Follow-up educational mail-out	Early Intervention Specialist	Law Enforcement/Probation
Retrospective Protective Factors Survey	Early Learning Specialist	Housing Authority
6-month Interval Follow-up Assessment	Plumas Rural Svs-Behavioral Health Prog.	Domestic Violence's Services/Shelter
Case Conferencing	Roundhouse Council Home Visiting	Plumas Co. Public Health
PARENT & CHILD SERVICES	Preschool / Head start / ECE Provider	Plumas Co. Welfare Department
Assistance with Kinder Registration	WIC	Plumas Co. Child Support Services
Assistance during Visitation	Northern Regional Services	Alcohol & Other Drug Services
Food / Food Assistance	Health/Medical/Vision/Dental Provider	School District
REFERRALS (Other)		STAFF MEMBER DELIVERING SERVICE