



Year-End Evaluation Report

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 County Public Health Department

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.

Plumas Unified School District

Early Intervention Home Visiting

- 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 the family's needs.

First 5 Plumas County

Early Child Development Specialist Home Visiting

- The Early Childhood Development Specialist employed by First 5 Plumas 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? ➤ What was the impact on families who received home visiting services? 	<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? ➤ What was the impact on families who received mental health services? 	<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? ➤ What actions did the Coalition take to improve family serving systems?

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

Contextual Information for Evaluation Report

It is important to note a number of contextual conditions that influenced this report. These conditions include the following:

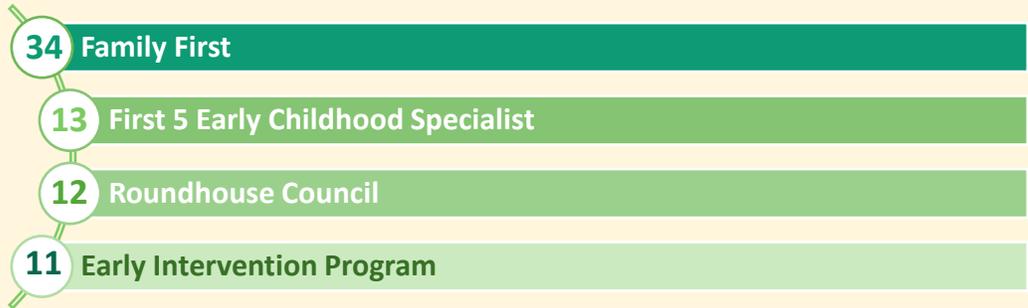
- **COVID-19 Pandemic:** The COVID-19 pandemic continued to impact both families as well as service providers during this report period. For this reason, year-over-year performance indicators are provided where available. The Early Mental Health project is new and thus does not include year-over-year comparisons.
- **2021 Dixie Wildfire:** The Dixie Wildfire that began in July of 2021 swiftly decimated large parts of Plumas County, and in some areas displaced entire communities. Covering over 750,000 acres, the fire left many Plumas County families without homes, and without critical resources to address exacerbated needs. Although it has been over a year since the fire, many areas are still recovering. Lasting wildfire impacts are likely to affect service delivery.
- **Database Development and In-Depth Audit of Data Submissions:** During this report period, a new database was being developed for the direct service programs funded by First 5 (home visiting programs and the mental health project). As such, the evaluation firm contracted to complete evaluation and charged with supporting the development of the new database took over data collection efforts previously held by the Department of Public Health. As such, a thorough review and subsequent understanding of data deficiencies as well as disconnects that were previously unknown became abundantly clear.



Home Visiting Programs

Who was provided with home visiting services?

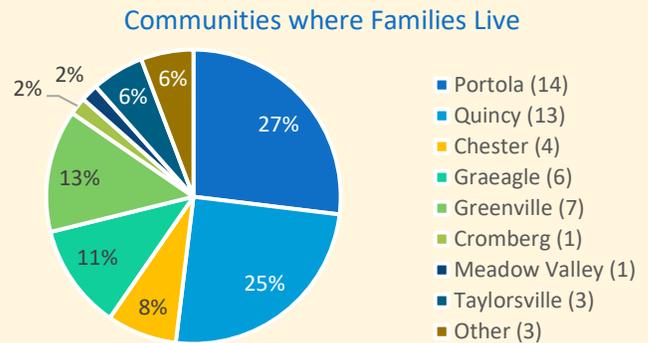
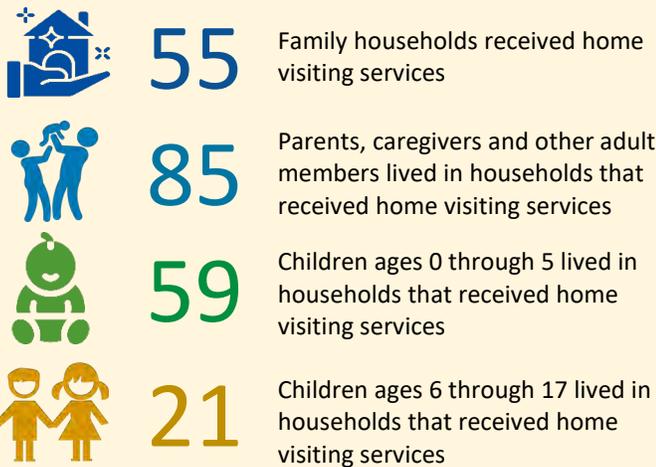
A total of **64** families were provided with home visiting services between July 1, 2021, and June 30, 2022.



While 64 families participated in home visiting programs, only 55 provided active consent to have their information shared for evaluation purposes. The data provided throughout this report represents those 55 consented families.

Home Visiting programs provide and document services for specified members of each family. That said, it is believed that every member of the family who live in the same household benefits from home visiting services whether they are a direct recipient of home visiting services or not.

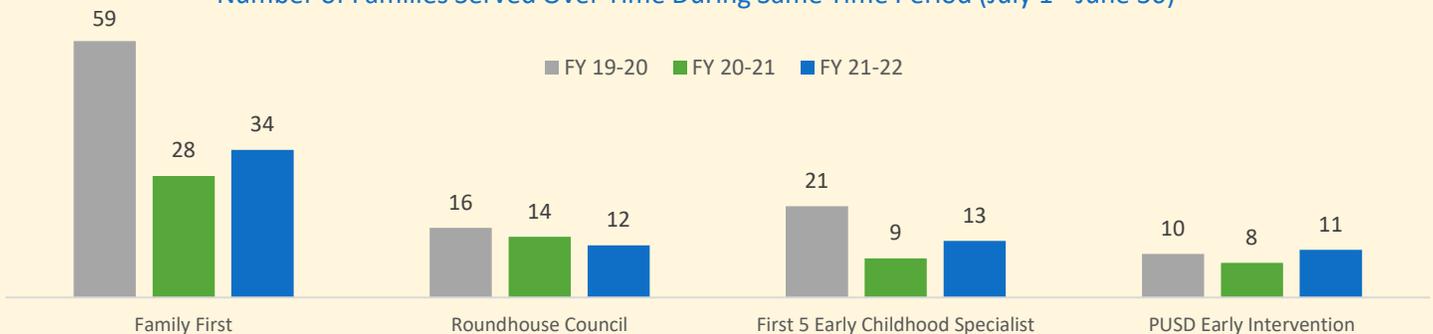
Profile of Households served by Home Visiting Programs



Most families accessing home visiting services live in either Portola (14 or 27%) or Quincy (13 or 25%). Many families reside in Greenville (7 or 13%) and Graeagle (6 or 11%).

An additional 25 children are members of households that received home visiting services but age of those children is unknown.

Number of Families Served Over Time During Same Time Period (July 1 - June 30)

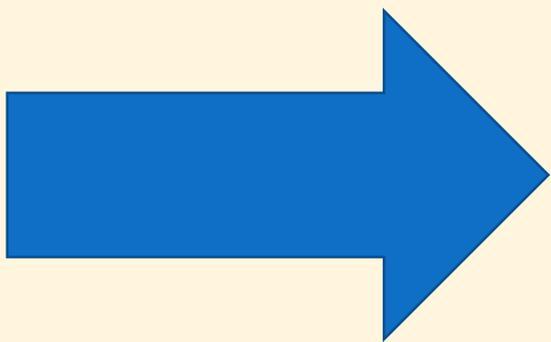
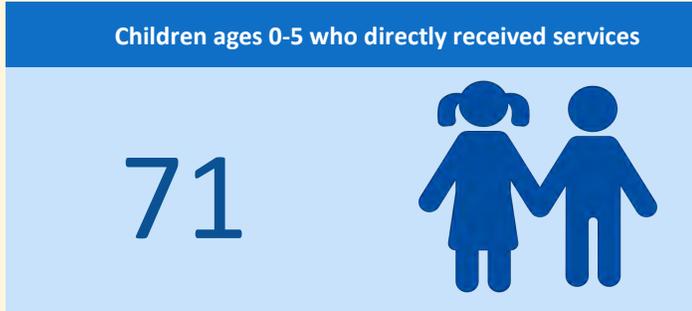


Home Visiting Programs

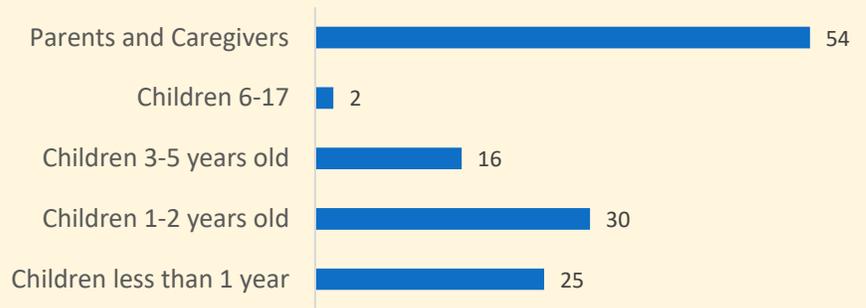
Who was provided with home visiting services?

Profile of Individuals served by Home Visiting Programs

The following data represents the profile of individual who were direct recipients of home visiting services.

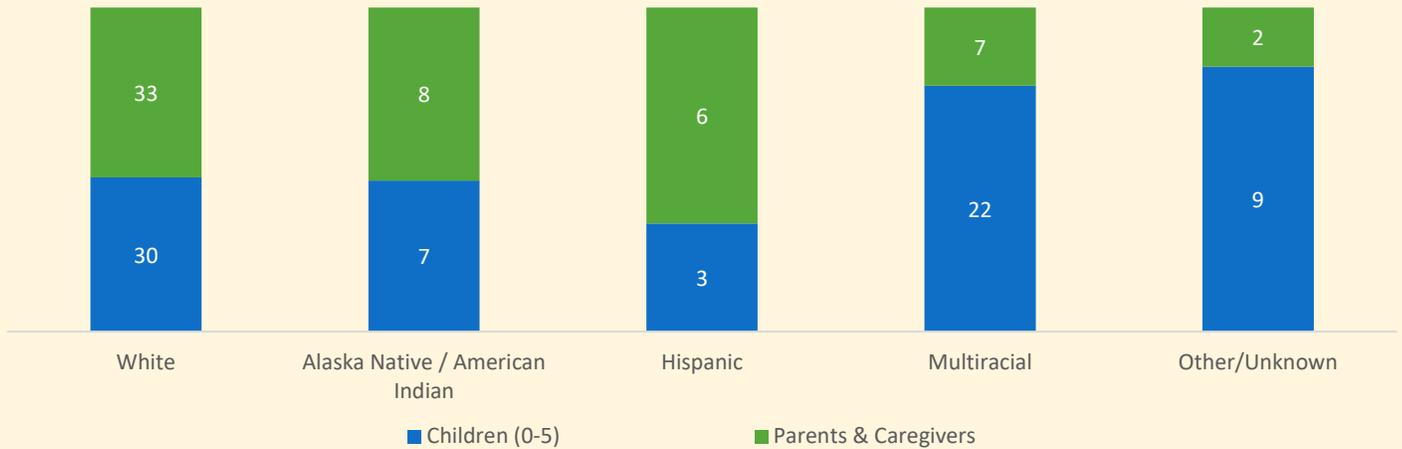


Age of Individuals Served



Infants and toddlers between ages 0-2 years old represented the largest age group (55 or 43%) of individuals who were direct recipients of home visiting supports, with parents and caregivers representing almost the exact same percentage of individuals served (54 or 43%).

Race/Ethnicity of Individuals Served



Most individuals served (for which demographic data is available) were white (52/101 or 51%). Many are multiracial (21/101 or 21%) followed by Alaska Native/American Indian (14 or 14%) and Hispanic (8/101 or 8%).

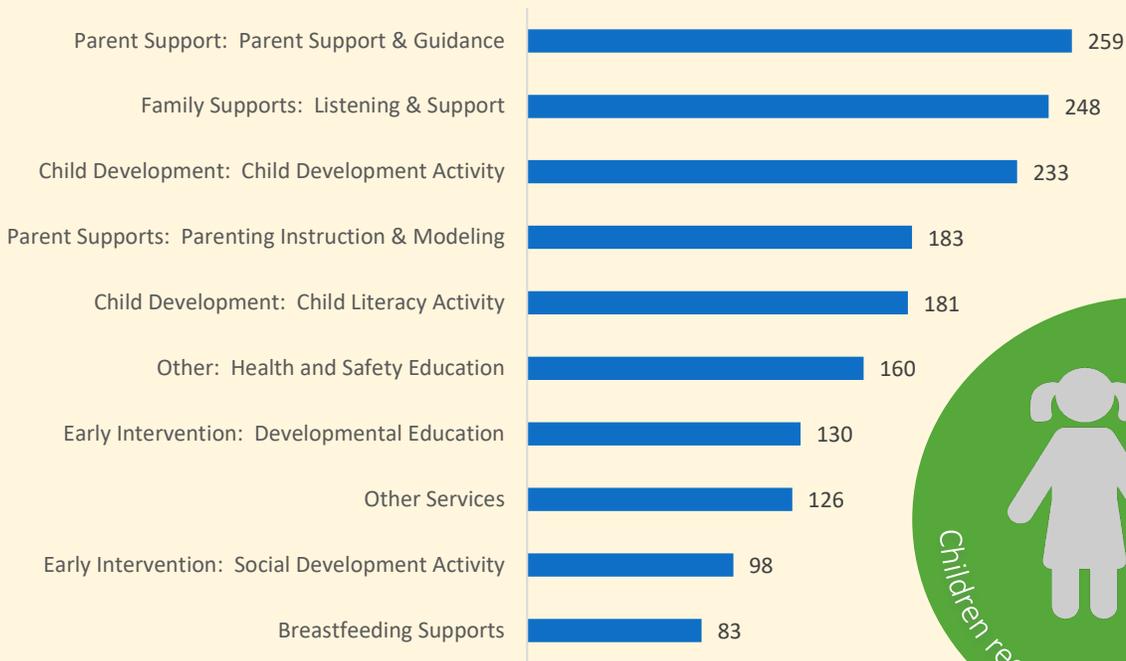
Home Visiting Programs

What services were provided?

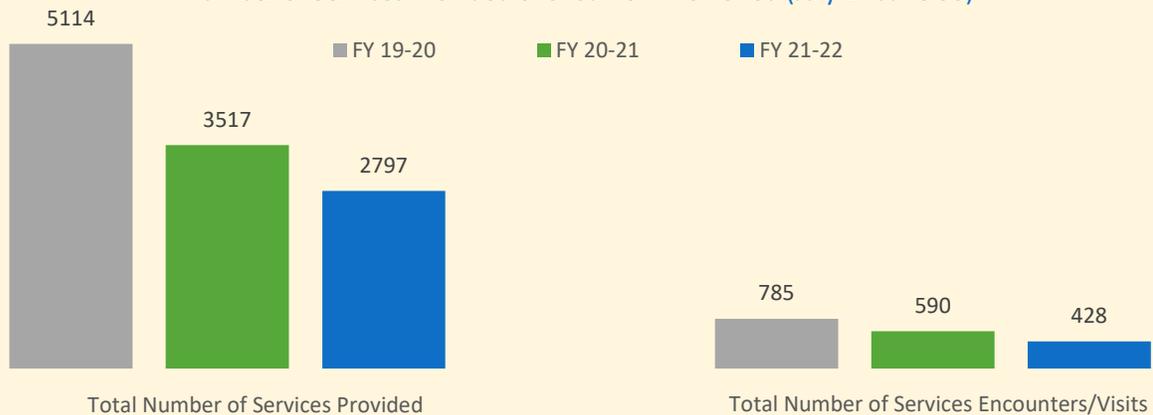
Between July 1, 2021, and June 30, 2022, a total of **428** service contacts were made with families. Service contacts include home visits, in-office consultations, and telephone conversations. Home visitors record each service that occurs during a visit. Because multiple services can be provided during 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 **2,797** services were provided between July 1, 2021, and June 30, 2022. 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 - June 30)



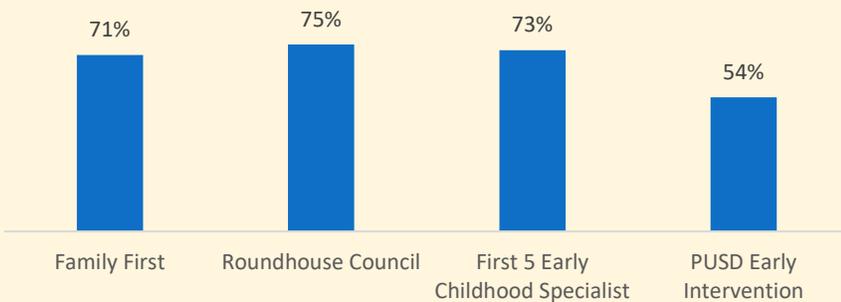
Home Visiting Programs

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 results are not available as there was insufficient data to report on this indicator.*

Number and Percentage of Families that are Engaged



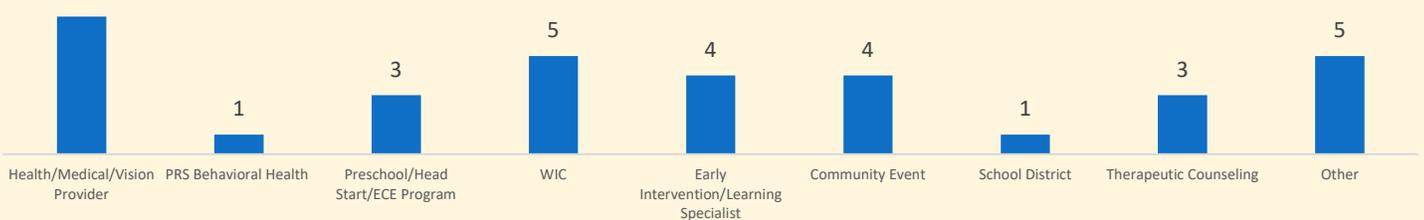
Most families receiving home visiting services received at least four home visiting services.

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 June 30, 2022, home visitors provided **33** referrals to other community services. As demonstrated in the chart below, the most common referrals were to health care providers (7 or 21%).

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 (21 or 38%).

Referral Sources



Home Visiting Programs

What was the impact on families who received home visiting

In previous report periods, the indicators used to report impact on families receiving home visiting services included the following:



Increased **Protective Factors** in Families served by Home Visiting Programs

- Number/Percent of families with improved scores in each of the protective factor domains



Increased **Family Habits that Support School Readiness** in Families served by Home Visiting Programs

- Number/Percent of families that increased the frequency of habits that support school readiness



Increased **Access to Health Services** for Families Served in Home Visiting Programs

- Number/Percent of parents and children with health and dental insurance
- Number/Percent of parents and children with health and dental homes
- Number/Percent of children who are up to date on well-child check-ups and dental visits

There was insufficient data collected during this reporting period to report on any of these indicators.

To better understand why there was not enough data collected to report on these outcome indicators, an in-depth audit was conducted on all home visiting programs funded. Additionally, virtual meetings were held with each home visiting program to understand the conditions that led to the situation.

The following information is being provided to help the Commission and its funded partners make data-driven decisions about how to best proceed with data collection and evaluation efforts in the future and was used to help inform the findings and considerations offered at the conclusion of this report.

Data Collection Deficiencies

Home visiting programs are required to use standardized data collection forms that have been created in conjunction with the home visiting programs. Various forms are required at different intervals of service delivery to ensure sufficient service saturation to measure program impact. Data deficiencies that were found as a component of the in-depth data audit include:

- **Missing Data Collection/Data Collection Forms:** Home visiting programs, by and large, did not issue and/or provide to the evaluation team, the forms necessary for measuring outcomes during this reporting year. Every family participating in home visiting services should be issued a follow-up assessment, retrospective protective factors survey, and satisfaction survey every six months in which they are participating in services. Additionally, children in families served by home visiting programs should be conducting developmental screenings on all children under six years of age in families served (with the exception of those who are already identified as having a special need and/or those served by the Early Intervention Program). The table on the following page demonstrates the missing data associated with measuring impact for this reporting period.

Home Visiting Programs

What was the impact on families who received home visiting (Cont.)

Home Visiting Program	Total Number of Families Served <i>(with consent to share data)</i>	Number of Families who Received at Least 6 Home Visits	Number of Families for which all 6-Month Follow-up Data was Available
Family First	33	11	2
Roundhouse Council	9	3	1
First 5 Early Childhood Specialist	10	6	0
Early Intervention Services	10	7	1

Data Collection Deficiencies (Cont.)

- Missing Data Fields:** Data being collected by home visiting programs are routinely missing information necessary for evaluation purposes. Data elements that are missing consistently across all programs include missing dates of form completion, missing staff member names associated with service provision, and missing demographic information on all members of the family receiving services. Additionally, there were some instances for particular programs in which consent forms were missing a check mark that would have authorized data to be used for evaluation purposes.
- Use of Outdated Data Collection Forms:** Data collection forms are updated when there are changes to the evaluation framework. When the Commission updated its strategic plan in 2020, new forms were established to align with the new plan and corresponding evaluation approach. All programs, to differing degrees, used old forms at least some of the time during this reporting period, making it impossible to report on the family habits component of evaluation inquiry for the entirety in which the family is served as the evaluation framework always uses the data collected at intake in comparison to the most recently completed 6-month follow-up assessment.
- Misspelled Names and Illegible Data Forms:** Misspelled names and changes to a family’s last name without updates to client files has resulted in families being represented as more than one household in years past. Through the in-depth review of the data for this report period, all instances in which this circumstance existed have been resolved for this report, however, attention should be paid to this in the future. Additionally, forms have been submitted that are illegible, making it difficult, and sometimes impossible, to correctly complete data entry into the data management system.
- Duplicate/Inappropriate Data Collection Efforts:** The evaluation plan is structured to only collect data from families at the specified intervals referenced previously. When programs collect data at inappropriate intervals (too often or not often enough) or when families are being served by multiple programs that do not coordinate data collection efforts, it compromises the ability of the evaluation team to effectively analyze and interpret the result.

Home Visiting Programs

What was the impact on families who received home visiting (Cont.)

Varied Understanding of Home Visiting Framework and Expected Service Delivery Standards

In meeting with each of the home visiting programs as a component of data collection and evaluation report development, it became clear that there is not a shared understanding of home visiting service provision. Some of the disconnects identified include:

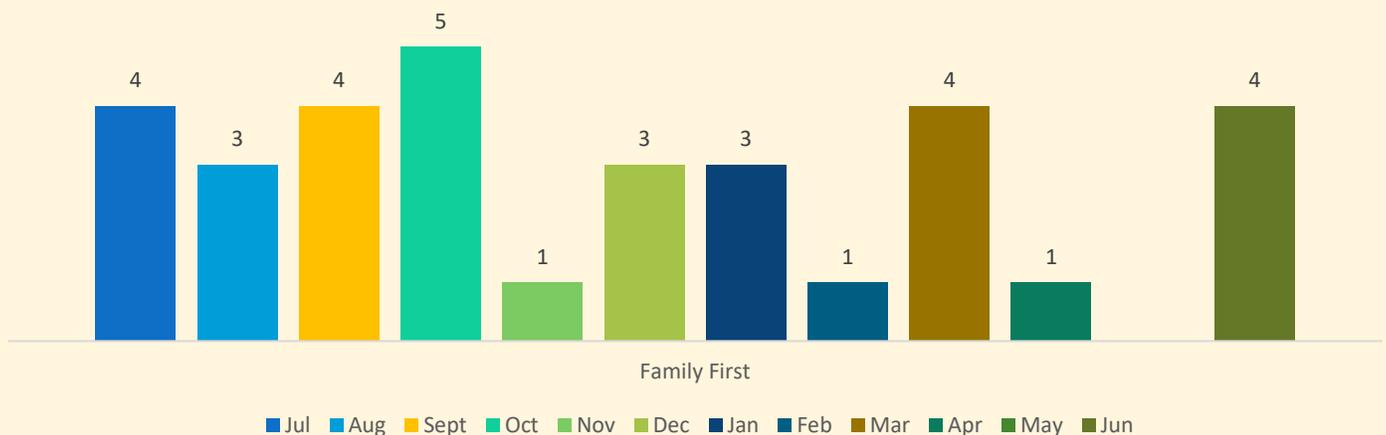
- Service Delivery Intervals: There was not a shared understanding of how often families should receive home visiting services and to what extent programs are intended to address short-term versus long-term needs. Additionally, the Early Intervention Services program often recommends service intervals that are much greater than actual service provision.
- Issuance of Developmental Screenings: There was not a shared understanding that all children under the age of six who are members of a family accessing home visiting services should receive a developmental screening.

Limited-Term Service Delivery

While it has been known that some families access home visiting services on a short-term basis, the extent to which this occurred during this report period exceeds the number of families that accessed long-term supportive services. The table below demonstrates by program the number of service encounters for each family served (in which we have consent to share data) for this reporting period.

Family First									
Family ID	Number of Visits	Family ID	Number of Visits	Family ID	Number of Visits	Family ID	Number of Visits	Family ID	Number of Visits
Family #1	18	Family #8	8	Family #15	4	Family #22	2	Family #29	1
Family #2	14	Family #9	7	Family #16	4	Family #23	2	Family #30	1
Family #3	14	Family #10	7	Family #17	3	Family #24	2	Family #31	1
Family #4	10	Family #11	7	Family #18	3	Family #25	2	Family #32	1
Family #5	10	Family #12	5	Family #19	3	Family #26	1	Family #33	1
Family #6	10	Family #13	5	Family #20	3	Family #27	1		
Family #7	9	Family #14	5	Family #21	3	Family #28	1		

Date of First Service Provided for Families



Home Visiting Programs

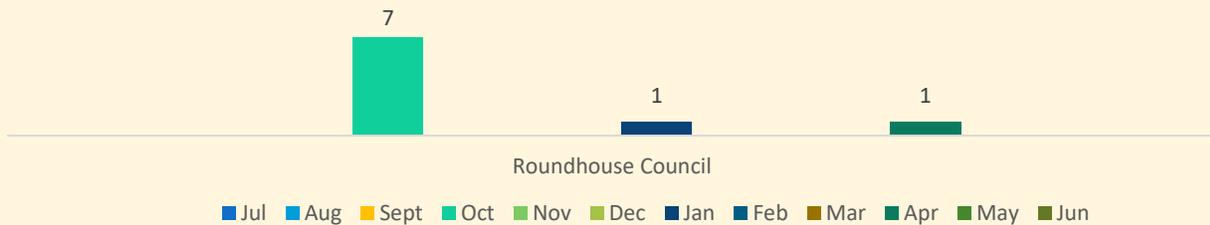
What was the impact on families who received home visiting (Cont.)

Limited-Term Service Delivery (Cont.)

Roundhouse Council

Family ID	Number of Visits	Family ID	Number of Visits	Family ID	Number of Visits
Family #1	12	Family #4	4	Family #7	4
Family #2	8	Family #5	4	Family #8	1
Family #3	8	Family #6	4	Family #9	1

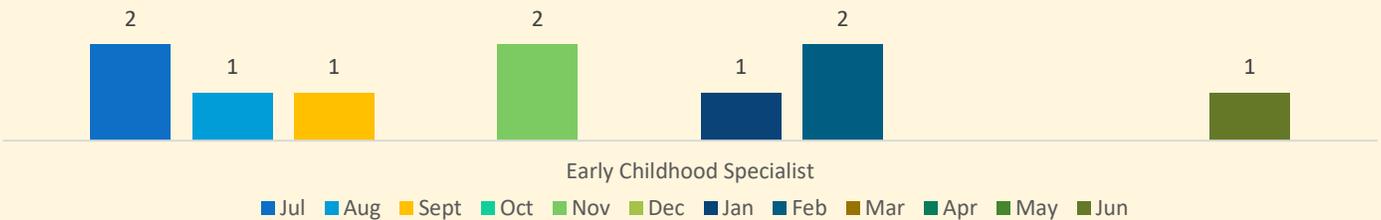
Date of First Service Provided for Families



First 5 Early Childhood Specialist

Family ID	Number of Visits	Family ID	Number of Visits	Family ID	Number of Visits	Family ID	Number of Visits
Family #1	22	Family #4	16	Family #7	4	Family #10	1
Family #2	21	Family #5	7	Family #8	2		
Family #3	18	Family #6	5	Family #9	1		

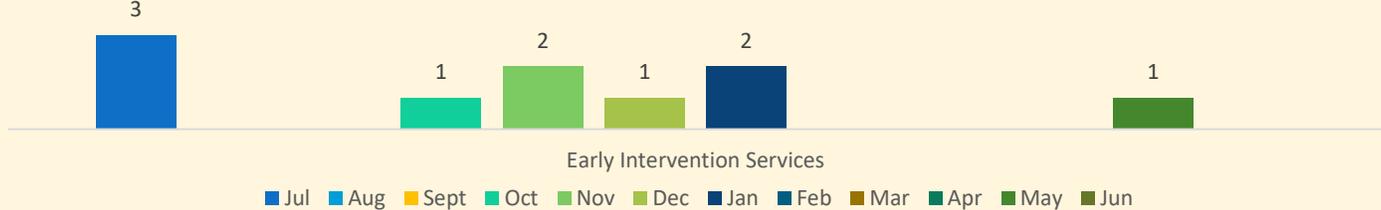
Date of First Service Provided for Families



PUSD Early Intervention Services

Family ID	Number of Visits	Family ID	Number of Visits	Family ID	Number of Visits	Family ID	Number of Visits
Family #1	25	Family #4	8	Family #7	4	Family #10	2
Family #2	12	Family #5	6	Family #8	3		
Family #3	12	Family #6	4	Family #9	3		

Date of First Service Provided for Families



Early Childhood Mental Health Project

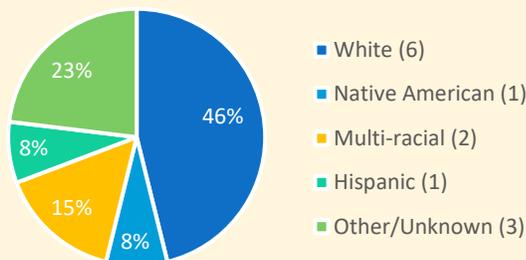
Who was provided with mental health services?

Seven families received mental health services which included children prenatal through age five, parents and caregivers, as well as other family members. Of those seven, six provided active consent and thus are the source of the data found below.



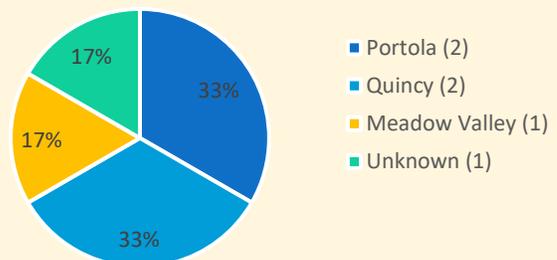
An additional two children were served but the age of those children is unknown.

Race/Ethnicity of Individuals Served



Most of the individuals served were White (7 or 44%).

Communities Where Families Live



Two of the families served live in Portola and two others live in Quincy. One family did not indicate where they live.

What services were provided?

Between July 1 and June 30, 2022, a total of **98** mental health services encounters took place. The variety of services provided during these encounters are documented in the figure below.



The Mental Health Specialist makes referrals to community programs based on the needs of families they serve. During this reporting period (July 1 through June 30, 2022) two individual served received a combined total of 8 different community services.

Early Childhood Mental Health Project

What was the impact on families who received mental health

To measure the impact of mental health services for families being served, the evaluation considered two indicators:

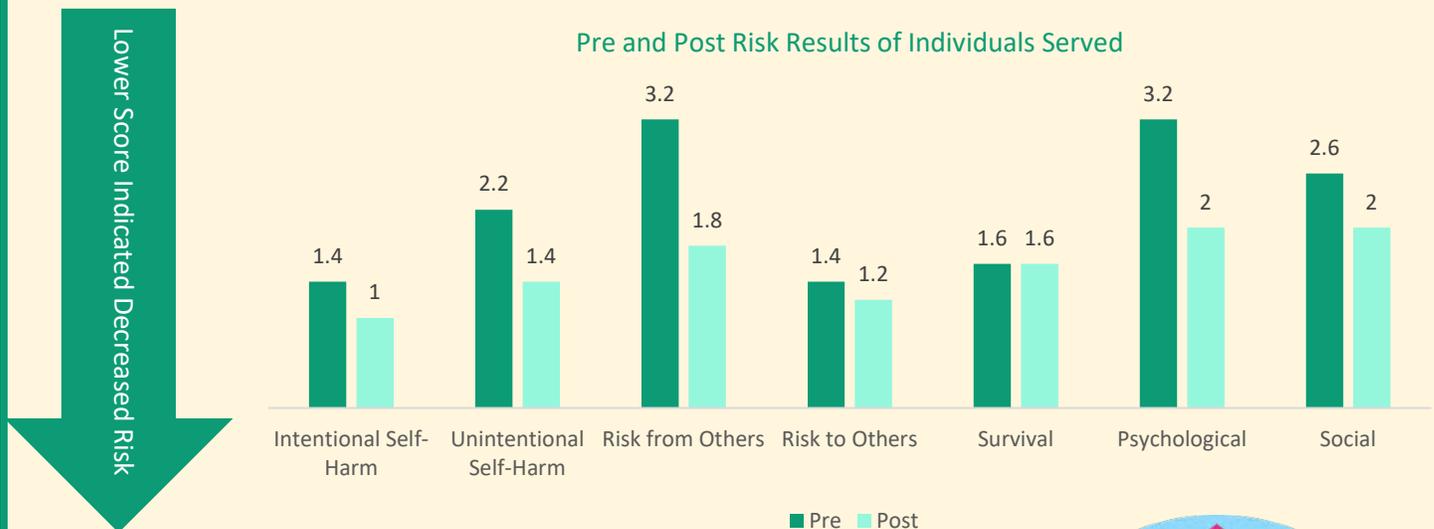
- ✓ Decreased risk for severe mental health issues related to areas of safety, risk, and needs and disabilities.
- ✓ Increased protective factors related to supports, knowledge, resiliency, and social connections.

Decreased Risk

The Threshold Assessment Grid (TAG) is a brief assessment tool used to identify need and measure outcomes of a person on the caseload of a mental health team. TAG has seven domains covering areas of safety, risk, needs, and disabilities. The assessment is used within the first 30 days of service and re-administered after six months of care.

The assessment tool is used to show whether or not adult participants who are accessing mental health services show a decrease in the severity of their mental health issues after receiving support.

A total of five families participating in mental health services had a TAG assessment at program entry and after six months of care. As identified in the chart below, there was a decreased risk in every category assessed for these five program participants with the exception of survival, which held steady. The most significant gains were in the category of risk to others and psychological skills.



Increased Protective Factors

Mental health services are intended to have a positive impact on families receiving services. The Early Childhood Mental Health Project is tasked with utilizing the research-based Strengthening Families Protective Factors framework as a theoretical approach to serving families as well as a system to measure outcomes associated with protective factors. The protective factors survey measures participant outcomes using retrospective survey questions and open-ended questions.



There was insufficient data collected during this reporting period to report on protective factor indicators.

Family Strengthening Coalition

Does the Coalition have a plan of action?

The Family Strengthening Coalition (FSC) was established to ensure “Plumas County support systems are **responsive** to community needs, **collaborate** to improve access, and work **in partnership** with families to improve outcomes.” The Coalition 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.

Improved Access to Services	}	Families and providers are often unaware of what services and resources are available in Plumas County and how to access these support services.
Increased Coordination of Care	}	There is not an existing mechanism for providers to collaborate, coordinate care, share information, and leverage resources.
Expanded Service Sufficiency	}	Families have a complex set of needs, and there are not enough services or providers to meet these needs in Plumas County.

The plan of action included five strategies which serve to address multiple system improvement goals. Each strategy is organized as either short-term: urgent, to be addressed within the next 1-2 years and mid-term: important but not urgent, to be completed within 3-5 years.

Strategies		Goals		
		Improved Access	Increased Coordination	Expanded Services
Short-term	Develop a shared approach to helping get people connected to the care needed. (Referral and service navigation)	●	●	
	Establish communication efforts to increase knowledge of community resources.	●	●	
Mid-term	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.	●	●	●
	Consider expansion of home visiting services throughout Plumas County.	●		●

Did the Coalition meet regularly to implement the action plan?

Yes

The Coalition met a total of **10** times during the reporting period to address the short-term strategies. While meetings have occurred consistently, participation in those meetings varied by community partner and were largely inconsistent.

Family Strengthening Coalition

What actions did the Coalition take to improve family serving systems?

The Family Strengthening Coalition made the following progress during the report period to support family strengthening systems in Plumas County.



Hosted a County-wide Family Strengthening Summit: The Family Strengthening Coalition held an all-day virtual summit on January 5, 2022, in which 13 family strengthening programs presented detailed information about their services as well as their deployment strategies. This information gathered was used to identify opportunities to optimize referral and service navigation processes across Plumas County as well as to strengthen the system as a whole.



Establishment of a Family Strengthening Website for Families and Service Providers: A website was developed that offered tools and resources to both families as well as providers in Plumas County. The website hosted information about community resources and a community events calendar for families. For providers, it hosted a training calendar, funding opportunities, and a mechanism for direct referral to partner agencies.



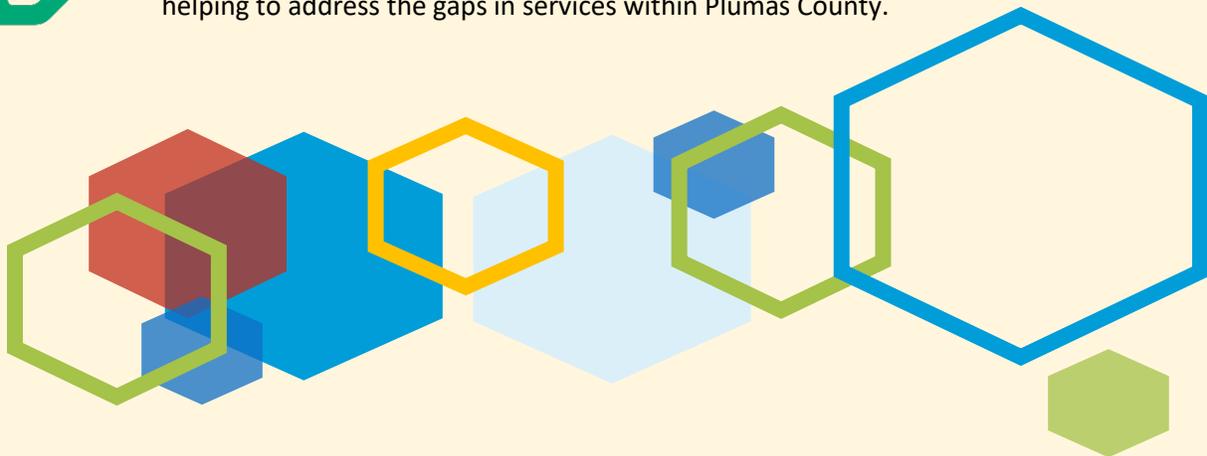
Development of Online Referral Mechanism: Embedded within the Family Strengthening Website, a referral mechanism was created so that families could directly refer themselves to services. It also offered providers the opportunity to refer families within their caseloads to other community partners.



Created Social Media Collateral Addressing Issues Impacting Families: Coalition members identified the value of creating social media messaging that addressed the issues impacting families in Plumas County. A library of social media tiles was developed with the option of co-branding and made available for organizations to post throughout their social media networks.



Identified Funding Opportunities within Service Expansion Priority Areas: Grant opportunities were identified for the last six months of the report period and posted onto the FSC website. This information was intended to support Coalition member organizations in helping to address the gaps in services within Plumas County.



Findings and Considerations

Because of the issues described throughout the report regarding the lack of outcomes data associated with service provision, findings regarding the impact of both home visiting and the mental health project cannot be drawn. Instead, the following considerations are being offered to propel both First 5 and its funded partners towards a system that can better support the Commission's vision that *children will thrive in supportive, safe, nurturing, and loving environments*.

Home Visiting Programs

- **Develop a shared understanding of home visiting programs' target populations, service standards, and data collection expectations.** The in-depth review of data collection efforts combined with the discussions held with home visiting providers made it clear that each program operates in a different fashion, targeting different families and providing various approaches to service delivery. It is recommended that First 5 Plumas, in conjunction with the funded programs, develop a shared understanding of the home visiting framework that is funded by the Commission. This framework should include a documented definition of each home visiting program's:
 - Target population and eligibility requirements, including whether or not the home visiting program will provide short, mid, and/or long-term supports. Additional consideration should be given to what if any target population will be prioritized for program enrollment.
 - Service standards to include expected service intervals as well as required service components.
 - Data collection expectations for each program as well as establishing protocols for data collection efforts when a family is being served by more than one home visiting partner.
- **Ensure that the evaluation framework appropriately targets the most important outcomes for families being served and establish a data collection plan that will ensure results are being measured.** Given the variety of programming approaches employed by the different home visiting programs, the Commission may want to consider whether a universal approach to evaluating home visiting programs continues to make sense or whether a custom evaluation plan for each unique home visiting program is warranted. Specifically, any updates to the evaluation framework should consider what outcomes are expected and reasonable given the variety of short-, mid-, and long-term service provisioning offered by programs, and determine how to measure and report on these outcomes only for families that meet established thresholds. Review and possible revision of the evaluation frameworks should take place following the establishment of a shared understanding of programming as described above.
- **Encourage and support funded partners in managing their data in a manner that ensures comprehensive, timely, and accurate data collection practices.** First 5 Plumas has consistently led efforts to adjust data collection tools and practices to align with the services provided by funded programs. Additionally, it has funded a part-time position within the Plumas County Health Department to complete data entry for all home visiting programs in an effort to relieve the burden of data collection placed on programs. While well intentioned, this level of support may have led to an over dependence of the programs upon the supports provided by First 5 Plumas staff and contractors to ensure data was being collected and documented appropriately. The Commission may want to consider either:
 - Establishing clear and consistent expectations for programs to manage their own data, and/ or
 - Funding a more extensive position to serve in the role of data manager

Findings and Considerations

Home Visiting Programs (Cont.)

The issue of comprehensive data collection has been a consistent theme over the last several years, but the full scope of the issue was only realized during FY21-22 when the evaluation team managed the data as part of the development of the new database. The Commission is encouraged to identify a long-term solution that will resolve this persistent situation.

Early Childhood Mental Health Project

- **Revisit the ECMH evaluation framework to identify whether the elements that overlap with home visiting programs are necessary and the best use of limited resources.** The ECMH project is primarily focused on the mental health of families being served. Given that, as well as the fact that all seven families served by the program also participated in home visiting services, it may not be reasonable to task the ECMH professional with collecting, coordinating and/or tracking the issuance of developmental screenings and protective factor surveys.
- **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.

Family Strengthening Coalition (FSC)

- **Focus coordination efforts on the programs funded by First 5 Plumas County with the option of expanding to other mission-aligned organizations in the future.** Because of competing priorities, participation in the Family Strengthening Coalition fluctuated during FY21-22. Efforts to make progress were largely made by Social Entrepreneurs, Inc (SEI), the organization contracted to facilitate the Coalition's efforts. Because funding for facilitation ended at the conclusion of this report period, efforts to sustain the Coalition have since waned. It is recommended that First 5 Plumas continue to spearhead efforts launched by the FSC but with a targeted focus on the programs it is currently funding. When funding becomes available to support an expanded approach or when other partner agencies have some relief from environmental factors such as COVID-19 and fire recovery efforts, the FSC could expand back to a county-wide effort.

**SEI while contracted to facilitate the FSC, is also the organization contracted to support First 5 Plumas evaluation efforts. This should be considered when interpreting the information as well as the recommendation.*