



# FIRST 5 SAN BENITO & FAMILY IMPACT CENTER

EVALUATION 2020-21



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## Evaluation Highlights

In FY 2020-21, San Benito County continued to be significantly impacted by the COVID-19 pandemic, with many children and families in the community facing stressors like health problems, unemployment, housing and food insecurity, social isolation, limited access to medical and social services, and concerns about immigration. The pandemic also laid bare and exacerbated long-standing inequities in health and well-being outcomes. To address such challenges, **First 5 San Benito and the Family Impact Center (FIC) offered holistic, culturally competent, and trauma-informed services to address social inequities by building families' protective factors, which have been shown to promote positive parent-child relationships, children's development, and recovery from adverse experiences.**<sup>1</sup> This model of services and supports is based on a theory of change that we will see improved health outcomes, child and youth development and education outcomes, and family stability and protective factors if we invest in three areas of intervention: **Healthy Children and Strong Start, Engaged Youth and Parents, and Supportive Community.**

This evaluation report demonstrates the impact of interventions in these areas on child and family well-being. **Families in First 5 and FIC interventions reported that the programs increased their protective factors, improved their relationships with their children, and improved their children's resilience.** Below are additional highlights of from the evaluation of First 5 San Benito and FIC programs, describing how they helped families and the greater community overcome the effects of COVID-19, develop resiliency, and experience optimal health and well-being.

### HEALTHY CHILDREN AND STRONG START

- 150 new parent kits were distributed at four sites in the county.
- 37 early learning providers participated in Quality Counts; participants said the program improved the quality of the care they provide.
- Early learning providers participating in California Preschool Instruction Network trainings said the trainings taught them useful information they can apply in their classrooms.
- 25 children and families attended Getting Ready for Kindergarten classes, and caregivers in the program said that it helped them learn how to support their child's kindergarten readiness.
- 47 families with 76 children aged 0-5 received home visits. Families demonstrated improvements in their parenting practices and close relationships with their children.
- 142 developmental screenings were conducted during the year.

### ENGAGED YOUTH AND PARENTS

- 63 families with 134 children received case management services to address their needs.
- Triple P parent education improved caregivers' capacity to engage in positive parenting practices and promoted positive parent-child relationships.

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<sup>1</sup> From the Protective Factors framework developed by the Center for the Study of Social Policy and FRIENDS National Center for Community-Based Child Abuse Prevention (CBCAP).

## SUPPORTIVE COMMUNITY

- To address the challenges caused by the COVID-19 pandemic, First 5 San Benito collaborated with nearly 40 partners in the community to distribute meals and other essential supplies, like diapers and formula, to over 300 families over the course of the year.
- The Resiliency Network (RN), a 21-member collaborative of providers in the community, increased members' awareness of other agencies, strengthened their partnerships with other agencies, and improved their capacity to provide high-quality services in the community.
- RN members said the trainings they attended were of high quality and taught them important new skills or knowledge.
- 172 referrals were made from the FIC to 18 different agencies in the community.
- The Share Resiliency San Benito website, which provided information and links to resources about Adverse Childhood Experiences (ACEs) and resiliency, was visited 333 times by 138 unique visitors.



## Introduction

In FY 2020-21, San Benito County continued to be significantly impacted by the COVID-19 pandemic, with many children and families in the community facing stressors like health problems, unemployment, housing and food insecurity, social isolation, limited access to medical and social services, and concerns about immigration. Stressors like these have contributed to increased mental health concerns and diminished levels of well-being among caregivers and children during COVID-19.<sup>2</sup> The pandemic also exacerbated pre-existing disparities in health and well-being outcomes.<sup>3</sup> To address such challenges, First 5 San Benito and the Family Impact Center (FIC) offered whole-child, whole-family services to meet the needs of the community. This holistic model of services and supports is based on a theory of change (illustrated in the graphic on the next page) that we will see improved health, child and youth development and education outcomes, and family stability and protective factors, if we invest in three areas of intervention: **Healthy Children and Strong Start, Engaged Youth and Parents, and Supportive Community.** Within each component, the level of support provided increased as families' needs increase. **Promotion** activities were designed to be universal, affecting all or nearly all families in the community, and included efforts like distributing new parent kits and systems change activities. **Prevention** services were provided to a more targeted set of children and families and included kindergarten readiness and parent education programs. **Intervention** services were more intensive services for children and families with a higher level of need and vulnerability and included home visiting and case management.

Interventions across areas and intensity levels were designed to promote the five protective factors, which are strengths in families that build positive parent-child relationships, promote children's development, and help children and families recover from adverse experiences: Family Functioning/Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Nurturing and Attachment/Social and Emotional Competence of Children, and Concrete Support (see graphic at right for definitions).<sup>4</sup> This report describes how **First 5 San Benito and the Family Impact Center addressed social inequities and the effects of COVID-19 by helping families develop resiliency and achieve optimal health and well-being through culturally competent, trauma-informed services and supports designed to build the five protective factors.**

"We had one of the toughest times in our lives because of the pandemic. The support from the program brought a relief to our family and happiness."

-FIC participant

### Protective Factors

#### Family Functioning/Parental Resilience

- The ability to manage stress and function when faced with challenges, adversity, and trauma

#### Social Connections

- Positive relationships that provide emotional, informational, instrumental and spiritual support

#### Knowledge of Parenting and Child Development

- Understanding child development and knowing strategies to support children's development

#### Nurturing and Attachment/Social and Emotional Competence of Children

- Positive parent-child interactions, including being emotionally responsive to children's needs

#### Concrete Support

- Access to basic needs, including food and shelter

<sup>2</sup> Brown, S. M., Doom, J. R., Lechuga-Peña, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child Abuse & Neglect*, 104699.

Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., ... & Davis, M. M. (2020). Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics*, 146(4).

<sup>3</sup> Dorn, A. V., Cooney, R. E. & Sabin, M. L. (2020). COVID-19 exacerbating inequalities in the US. *Lancet*, 395, 1243–1244.

<sup>4</sup> From the Protective Factors framework developed by the Center for the Study of Social Policy and FRIENDS National Center for Community-Based Child Abuse Prevention (CBCAP).

FIRST 5 SAN BENITO AND FAMILY IMPACT CENTER THEORY OF CHANGE

If we do this...      and invest in this....      and build this...      then we will see this:



Healthy Children and Strong Start



Engaged Youth and Parents



Supportive Community

- Improved health status
- Improved child and youth education and engagement outcomes
- Increased family stability and protective factors



KEY STRATEGIES

- New Parent Kits
- Quality Counts
- Getting Ready for K
- Home Visiting
- Help Me Grow

- Case Management
- Parent Education

- COVID Supply Distribution
- Resiliency Network
- Resource and Referral
- Grant Development
- Outreach and Advocacy

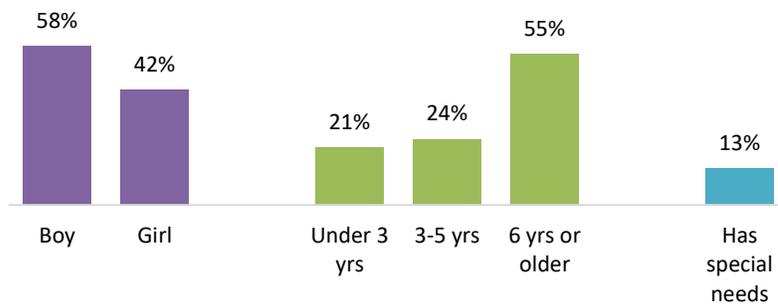
## First 5 and Family Impact Center Participant Characteristics and Needs

When families connect with First 5 and the FIC, they complete an intake survey, which collects data on the demographic background of families as well as their needs in a variety of areas. Families are enrolled in First 5 and FIC programs, referred to other agencies in the community, and provided resources depending on their reported needs.

Demographic characteristics of the children served are shown in the following set of charts. More than half of the children (58%) were boys, and 42% were girls. Over half (55%) of the children were six years or older at time of intake. About 13% of children had a diagnosed special need according to the parent.



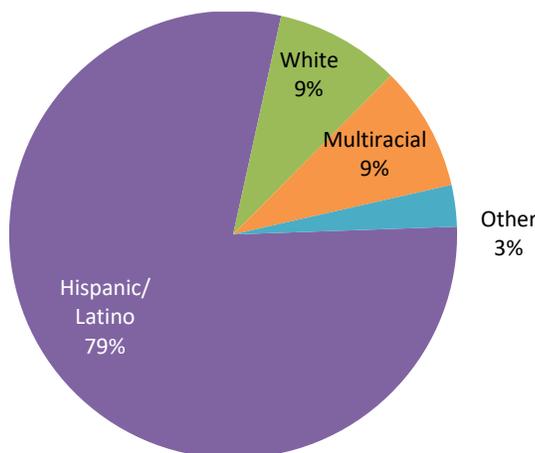
### CHARACTERISTICS OF CHILDREN



Source: Family Intake Form 2020-21. N=188 for gender and special needs; N=183 for age.

Close to 8 in 10 (79%) children served were Hispanic/Latino, 9% were white, 9% were multiracial, and 3% were of another racial/ethnic group.

### RACE/ETHNICITY OF CHILDREN

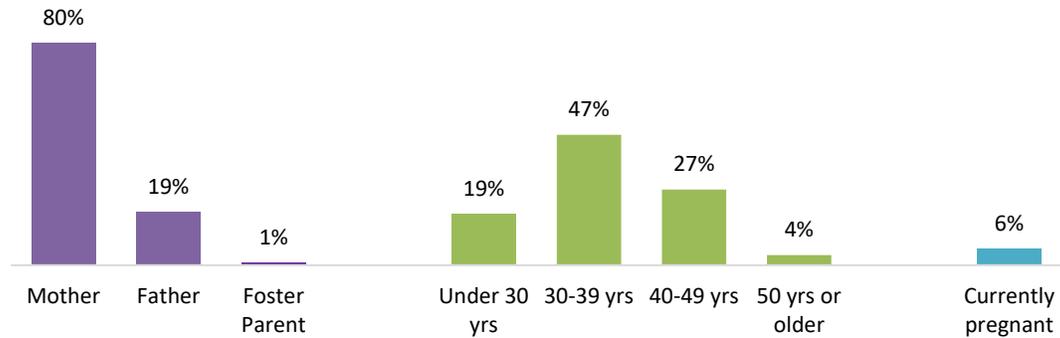


Source: Family Intake Form 2020-21. N=188

Parents/caregivers also reported information about themselves on the intake survey. Most of the parents/caregivers were the mothers of children (80%), followed in frequency by fathers (19%) and foster

parents (1%). Nearly half of parents/caregivers (47%) were aged 30 to 39 years old. Six percent of parents/caregivers were currently pregnant.

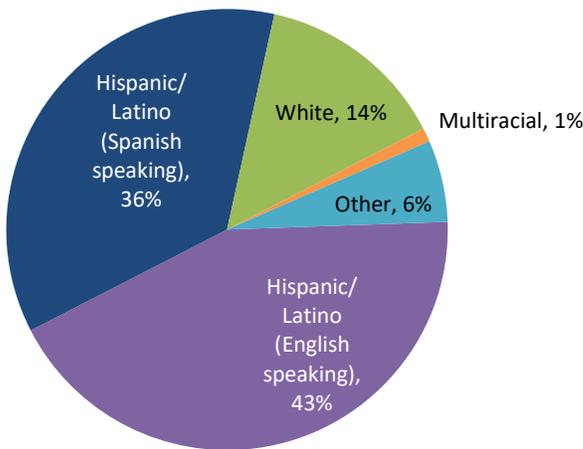
### CHARACTERISTICS OF PARENTS/CAREGIVERS



Source: Family Intake Form 2020-21. N=81 for relationship; N=87 for age; N=65 for currently pregnant.

The race/ethnicity of the parents/caregivers was similar to that of the children served in that a majority of the parents/caregivers were Hispanic/Latino; however, compared to the children, parents/caregivers were more likely to be white and less likely to be multiracial. Forty-three percent of parents/caregivers were Hispanic/Latino and English-speaking, 36% were Hispanic/Latino and Spanish-speaking, and 14% were white. Across all racial/ethnic groups, 60% of parents/caregivers spoke English, 36% spoke Spanish, and 4% spoke another language.

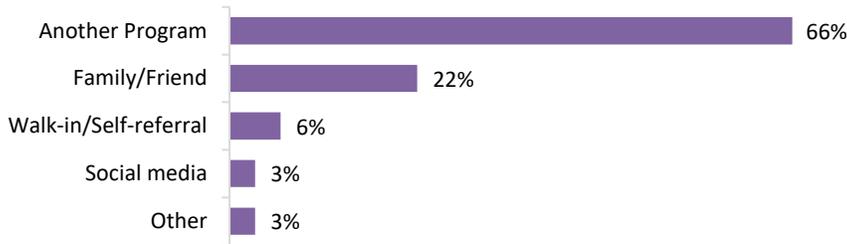
### RACE/ETHNICITY AND PREFERRED LANGUAGE OF PARENTS/CAREGIVERS



Source: Family Intake Form 2020-21. N=80.

Families reported connecting to services in a variety of ways. About two-thirds of families connected to services from another agency, including San Benito County Health and Human Services Agency and Hazel Hawkins Hospital, 22% of families reported that they got connected to the program through family/friends, 6% were walk-ins or self-referrals, and 3% heard about it through social media. Three percent heard about it from another source, including playgroups and moms groups.

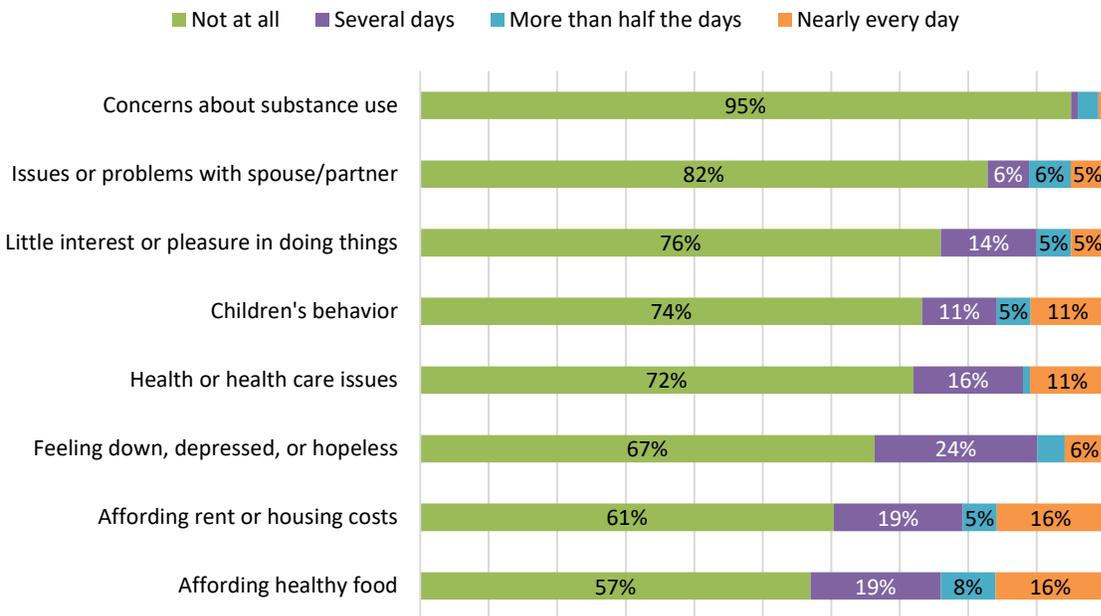
### HOW FAMILIES HEARD ABOUT SERVICES



Source: Family Intake Form 2020-21. N=80

A series of intake questions also asked families about their needs and what other information and services they were interested in receiving. Families first reported on how frequently over the last two weeks they had been concerned about a variety of issues and problems. Families were most concerned about affording healthy food, affording rent or housing cost, and feeling down, depressed or helpless.

### FAMILIES' CONCERNS

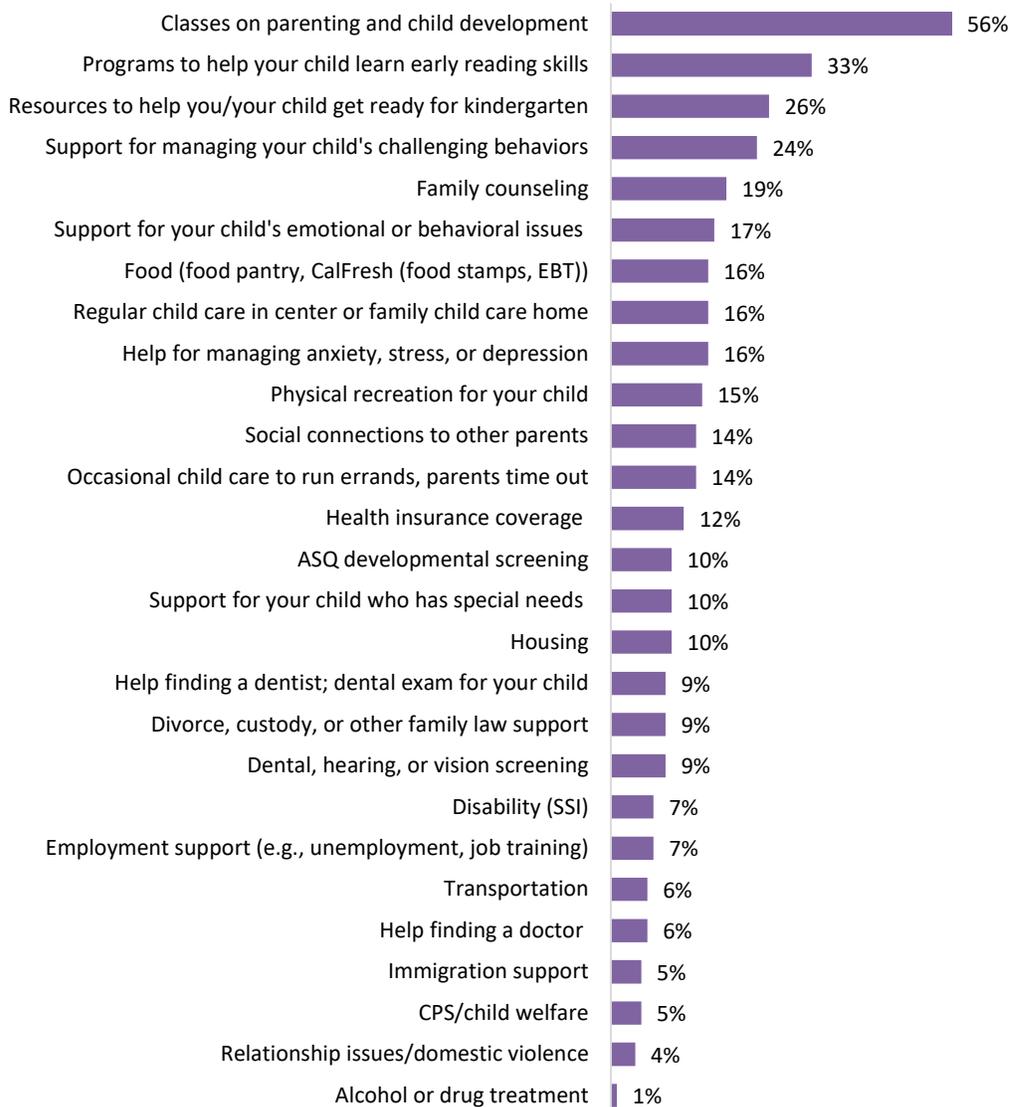


Source: Family Intake Form 2020-21. N=81.

The greatest number of families said that they desired resources to support their children’s development. More specifically, 56% said they wanted classes on parenting and child development. Thirty-three percent desired a referral to early literacy programs, 26% desired kindergarten readiness resources, and 24% desired

support for managing their children’s challenging behaviors. Other needed resources parents/caregivers commonly reported included information about family counseling (19%) and support for their children’s emotional or behavioral issues (17%).

**TYPES OF REFERRALS NEEDED BY FAMILIES**



Source: Family Intake Form 2020-21. N=81.

## Healthy Children and Strong Start

The efforts of First 5 San Benito and its partners to support the health and development of young children included distributing kits to support new parents, Quality Counts professional development for early learning providers, kindergarten readiness programs, home visiting, and screenings and referrals for young children through Help Me Grow.

### NEW PARENT KITS

First 5 San Benito distributed new parent kits to provide information and resources on various topics, including health, brain development, literacy and learning, child safety, and child care, to promote the protective factor **Knowledge of Parenting and Child Development**. There were 150 kits distributed in this fiscal year at four sites in the county – San Benito County Public Health, WIC, Hazel Hawkins, and the Hollister Pregnancy Center – and at two outreach events – the Migrant Center Health Fair and Census Drive-Thru Event.

### QUALITY COUNTS

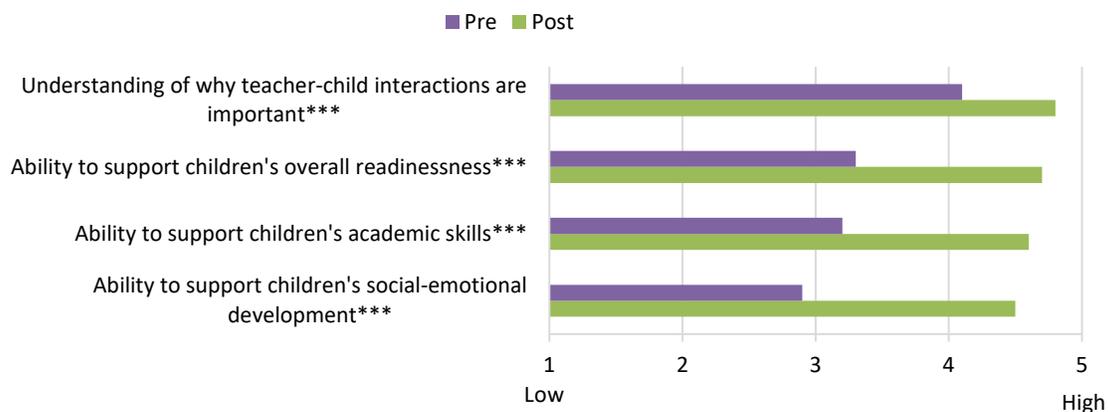
First 5 San Benito develops the capacity of early learning providers through Quality Counts, a program that offers providers trainings, coaching, and other supports to improve the quality of care they provide. In FY 2020-21, 37 providers were enrolled in the program, collectively serving 249 children 0-5. Of these, 28 providers were also receiving a stipend to help offset the costs of professional development.

At the end of the year, providers completed a survey on how the program had impacted their ability to support the kindergarten readiness of children in their program. On a scale from 1=Very Low to 5=Very High, providers gave themselves an overall average rating of 3.4 before participating in Quality Counts and 4.7 after participating in the program. Differences in skill ratings from pre to post were significant for all four items in the survey with the difference largest for supporting children’s social-emotional skills. In addition, all participants said that they would recommend the program to another provider.

“The trainings provided plenty of resources and being able to talk to other educators was helpful.”

-Quality Counts participant

### CHANGE IN CAPACITY TO SUPPORT KINDERGARTEN READINESS FROM INTAKE TO EXIT



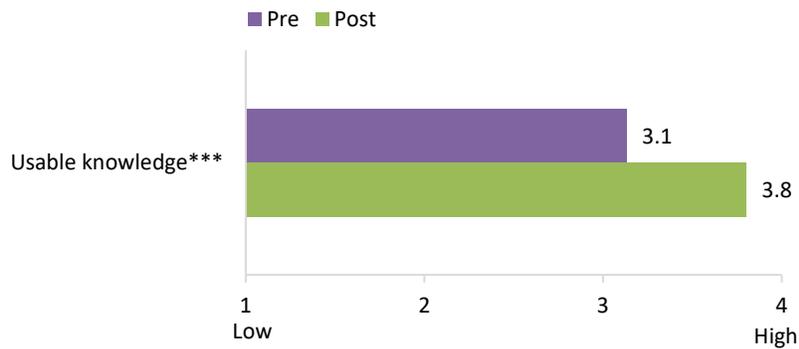
Source: Quality Counts Post Survey. N=31. Survey is a retrospective pre-post survey. \*\*\*Statistically significant, p<0.001

## CALIFORNIA PRESCHOOL INSTRUCTION NETWORK

In addition to the support offered through Quality Counts, First 5 San Benito promotes the capacity of early learning providers by sponsoring California Preschool Instruction Network (CPIN) trainings. In FY 2020-21, 6 trainings were offered, attended by an average of 20 providers each. The trainings covered the California Preschool Learning Foundations, with topics like Physical Development and Health, Social and Emotional Development, and Language and Literacy Development. Participants completed an evaluation indicating their level of usable knowledge on the topic after the training compared to their knowledge before the training. On average, participants rated their knowledge 3.1 out of 4 before the training and 3.8 out of 4 after the training.

"The trainings provided an opportunity for people to better understand why social and emotional skills are important in life success/outcomes."  
-CPIN participant

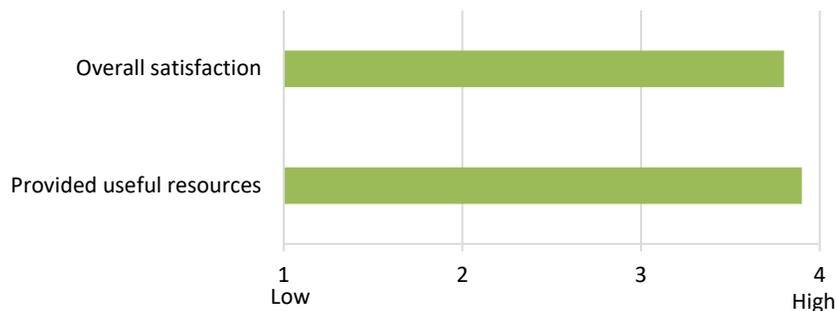
### CHANGE IN LEVEL OF USABLE KNOWLEDGE ON TRAINING TOPIC FROM INTAKE TO EXIT



Source: CPIN Survey 2020-21. N=83. Survey is a retrospective pre-post survey. \*\*\*Statistically significant,  $p < 0.001$

Participants also indicated the degree to which the CPIN training provided them with useful resources and rated their overall impression of the training. On a four-point scale, participants gave the trainings a rating of 3.9 in terms of the resources provided and 3.8 overall.

### CPIN TRAINING RATINGS



Source: CPIN Survey 2020-21. N=83

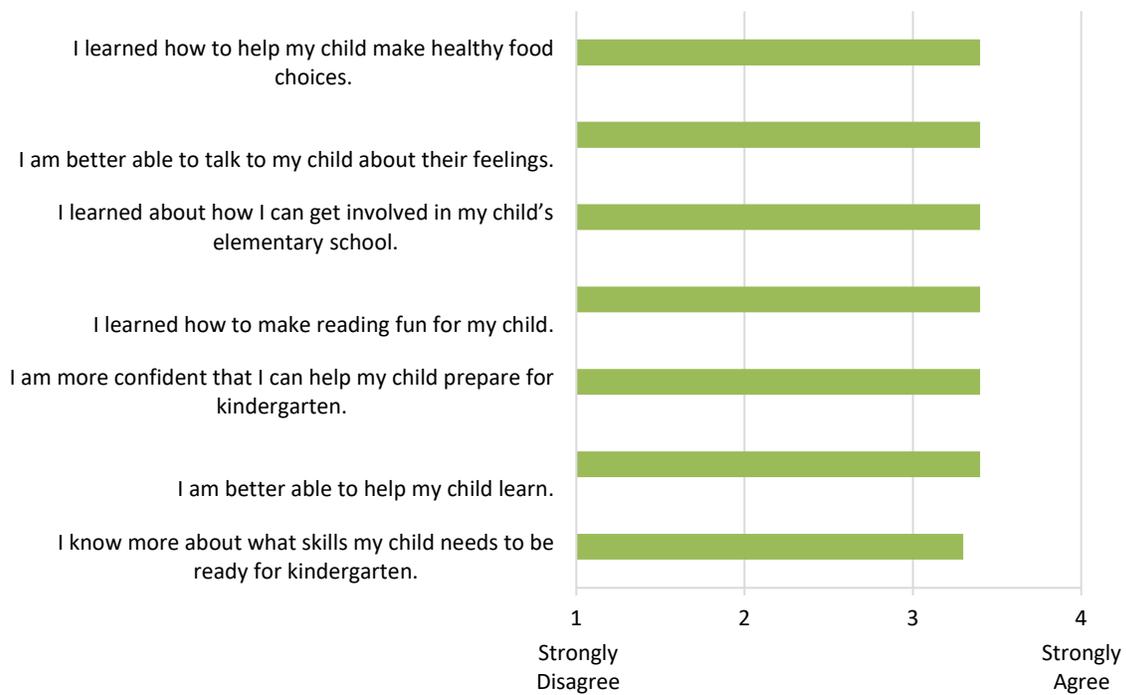
## GETTING READY FOR KINDERGARTEN

In FY 2020-21, 25 children entering kindergarten participated in Getting Ready for Kindergarten, a program that helps prepare families for school entry by teaching caregivers about what to expect and how they can help their child be ready for school. It contributes to the **Knowledge of Parenting and Child Development** and **Nurturing and Attachment/Social and Emotional Competence of Children** protective factors. It also promotes alignment between the pre-K and K-12 system by sharing information about children enrolled in the program with their future kindergarten teacher. Kindergarten teachers received information about each child’s early experiences, family background and routines, and kindergarten readiness skills, assessed using the using the Pre-Kindergarten Observation Form (P-KOF).



Caregivers in the program filled out a survey about how the program helped them prepare for kindergarten. Most caregivers agreed that the program helped them prepare for kindergarten. In addition, about 93% of caregivers agreed or strongly agreed that the program answered a question or concern they had about kindergarten.

### IMPACT OF GETTING READY FOR KINDERGARTEN ON CAREGIVER

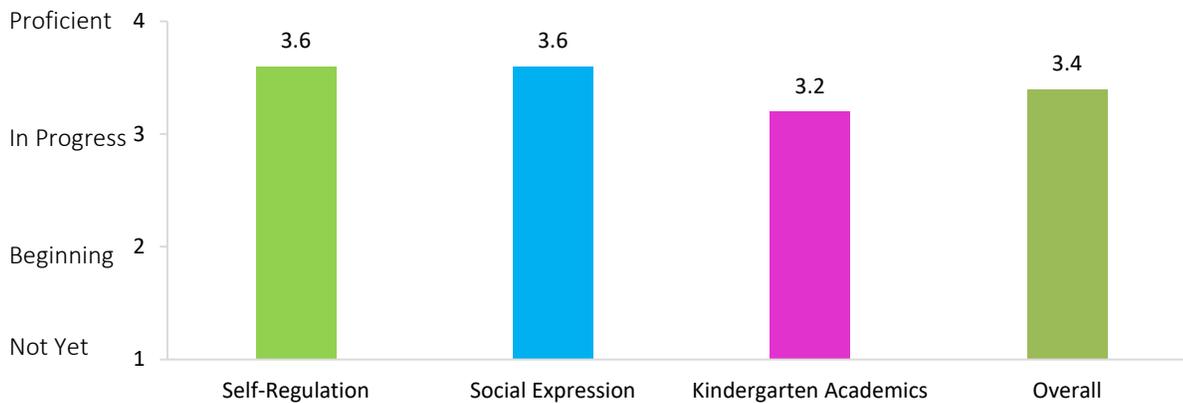


Source: Getting Ready for Kindergarten Post-Survey 2020-21. N=14.

The survey also asked caregivers four true/false questions about the importance of play for young children’s social skill development, nutrition for young children’s health and development, and talking, reading, and singing to young children for their language development. Seventy-one percent of caregivers answered all four questions correctly.

Early learning providers assessed the kindergarten readiness skills of children enrolled in Getting Ready for Kindergarten using the P-KOF, a validated assessment tool that measures children’s fine and gross motor skills as well as skills in three primary domains: Social Expression, Self-Regulation, and Kindergarten Academics. Each of the 20 skills on the P-KOF were rated on a four-point scale: 1=Not Yet, 2=Beginning, 3=In Progress, and 4=Proficient. The chart below shows the average scores of children in the program in each of the primary domains and overall. Children had scores indicating they were “In Progress” on their development of readiness skills, with scores highest in Social Expression and lowest in Kindergarten Academics.

### AVERAGE KINDERGARTEN READINESS SCORES, BY DOMAIN



Source: Pre-Kindergarten Observation Form 2020-21. N=24.



## HOME VISITING

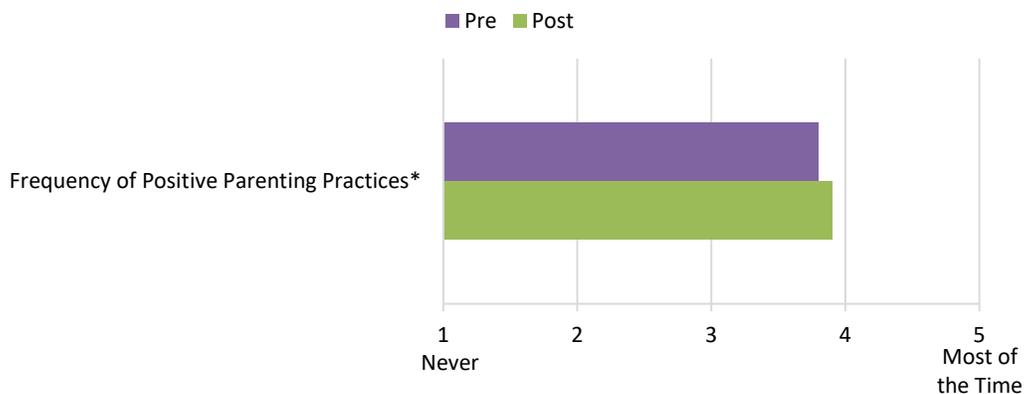
First 5 San Benito provided home visiting services to local families to help them develop parenting skills and, during COVID-19, home visitors helped families manage the stress and social isolation caused by the pandemic. As the state required residents to stay home except for essential activities, many people were separated from their usual sources of social connection and support. Through weekly virtual “home visits,” First 5 San Benito home visitors supported 47 families with 76 children aged 0-5. Through these efforts, home visitors supported all five protective factors: **Family Functioning/Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Nurturing and Attachment/Social and Emotional Competence of Children, and Concrete Support.**

“The First 5 San Benito Home Visitation Program has helped me and my children find fun and educational ways to support their social, emotional and intellectual development. I love the ideas and help this program has given me.”

-Home visiting participant

Two surveys captured information on home visiting families’ relationships with their children. The first survey asked parents/caregivers questions about positive parenting practices like “I try to see things from my child’s point of view” and “I listen to my child when he or she is upset.” Parents/caregivers gave a rating for how often they currently engage in each practice and then rated how frequently they engaged in each practice before starting the program. As the chart shows, parents/caregivers engaged in positive parenting practices slightly more frequently after participating in the program.

### CHANGE IN AVERAGE FREQUENCY OF POSITIVE PARENTING PRACTICES FROM INTAKE TO EXIT

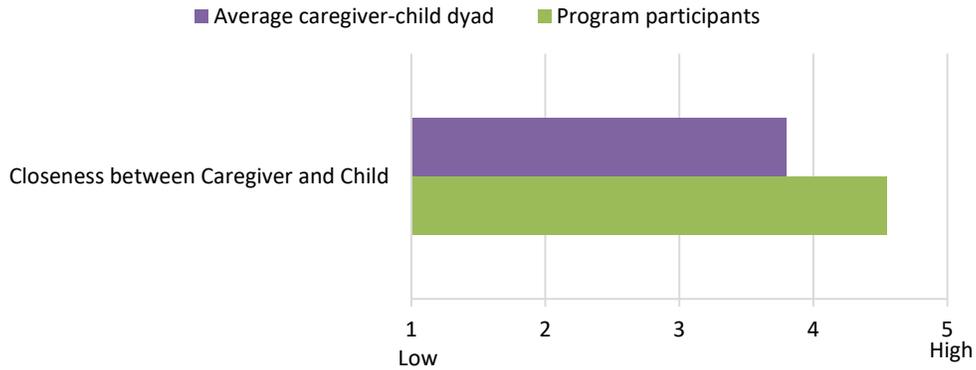


Source: SFP Survey 2020-21. N=32. Survey is a retrospective pre-post-survey. \*Statistically significant,  $p < .05$ .

On another survey, parents/caregivers were asked questions about the quality of their relationship with their child, such as “I shared affectionate, warm relationship with my child.” Parents/caregivers filled out this survey at exit and used a five-point scale to give their ratings (1=Definitely Does Not Apply to 5=Definitely Applies). The chart below shows the average level of “closeness” between parents/caregivers and children, illustrating higher levels among home visiting participants compared to the average caregiver-child dyad.<sup>5</sup>

<sup>5</sup> Based on norms reported by the survey developers. More information available here: <https://curry.virginia.edu/faculty-research/centers-labs-projects/castl/measures-developed-robert-c-pianta-phd>

**LEVEL OF CLOSENESS BETWEEN PARTICIPANTS AND THEIR CHILDREN COMPARED TO AVERAGE CAREGIVER-CHILD DYAD**

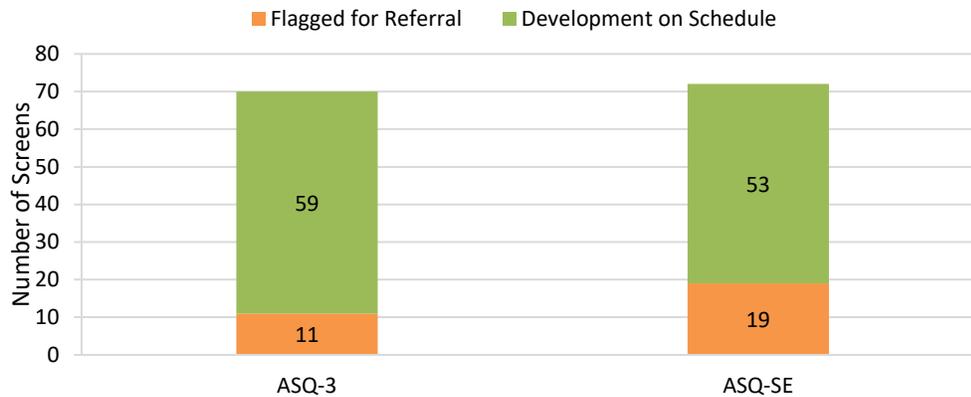


Source: Child-Parent Relationship Questionnaire 2020-21. N=64.

**HELP ME GROW**

Help Me Grow is a national model of screening and referral for early intervention that helps connect families with young children to supports in the community that promote their child's development. One component of the program is conducting developmental screenings, including the Ages and Stages Questionnaire (ASQ-3) and Ages and Stages Questionnaire-Social Emotional (ASQ-SE). Children enrolled in home visiting received these screens at the beginning of the fiscal year and at the end of the fiscal year. The chart below summarizes the outcomes of the screens. Of the 70 ASQs conducted, 11 (16%) had a score indicating the child's development may be delayed and were flagged for referral to early intervention services. Of the 72 ASQ-SEs conducted, 19 (26%) had a score that indicated the child may benefit from a referral.

**DEVELOPMENTAL SCREENING OUTCOMES**



Source: First 5 San Benito ASQ data.

## Engaged Youth and Parents

Interventions to support youth and parents/caregivers at the FIC included case management and parent education programs. Based on the needs and concerns families reported an intake, staff referred families to the most appropriate program. These programs were made possible through a collaborative effort between the FIC, the San Benito County Sheriff’s Office, and the San Benito County Health and Human Services Agency.

### CASE MANAGEMENT

To provide caregivers and their families essential support during the COVID-19 crisis, FIC staff offered virtual case management services. Through weekly meetings with a case manager, families were connected to concrete support and other services in the community. Many of these families were also provided instruction on how they could best address their children’s needs and improve parent-child relationships. Case management was provided to 63 families with 134 children to strengthen **Family Functioning/Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Nurturing and Attachment/Social and Emotional Competence of Children**, and **Concrete Support** protective factors.

### FAMILY STRENGTHENING AND PARENT EDUCATION

During COVID-19, family strengthening and parent education programs continued in a virtual format using the evidence-based Triple P curriculum, which particularly supported the following protective factors: **Family Functioning/Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, and Nurturing and Attachment/Social and Emotional Competence of Children**. Families in San Benito County attended three different types of Triple P classes, depending on their needs: Teen, Transitions, and Standard. All classes covered strategies to build healthy relationships with their children, manage their children’s behavior, and prevent behavior problems from developing. Triple P Teen is specifically intended to help families raise resilient teenagers; Triple P Transitions is designed to support families experiencing personal distress from separation or divorce and was provided one-on-one; and Triple P Standard Level 4 is a class series to help families develop positive parenting practices for managing challenging behaviors in their children. The table below shows the number of sessions provided and how many participants were in each class.

“The whole group was amazing, and we all connected so well on a personal level. We even exchanged phone numbers to provide encouragements to each other. The one-on-one meetings [staff] provided were equally helpful. They helped with the specific issues we faced”

-Triple P participant

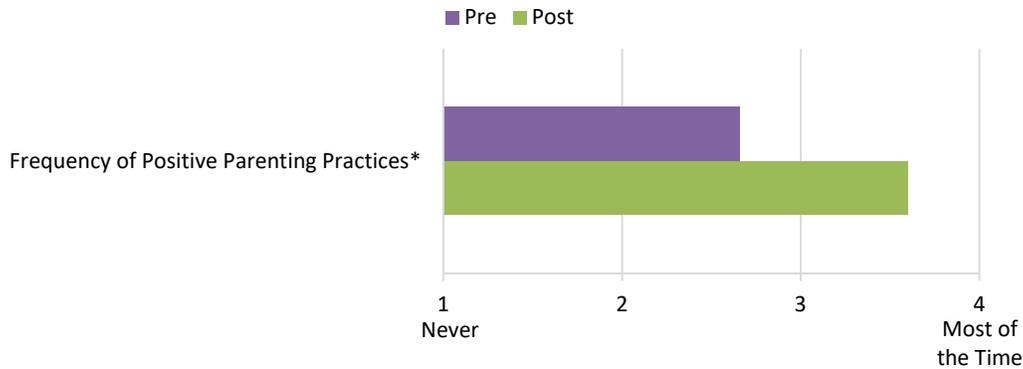
#### TRIPLE P ENROLLMENT

Curriculum	Number of Sessions	Number Enrolled
Triple P Teen	2	9
Triple P Standard	3	29
Triple P Transitions	2	12

As in the home visiting program, caregivers participating in Triple P also completed surveys on their relationships with their children. On one survey, Triple P caregivers compared their positive parenting practices before starting the program to their practices after participating in the program. Caregivers gave a rating for how frequently they engaged in each of 19 parenting practices on a four-point scale from 1=Never to 4=Always.

4=Most of the Time. As the chart shows, parents/caregivers increased the frequency with which they engaged in positive parenting practices.

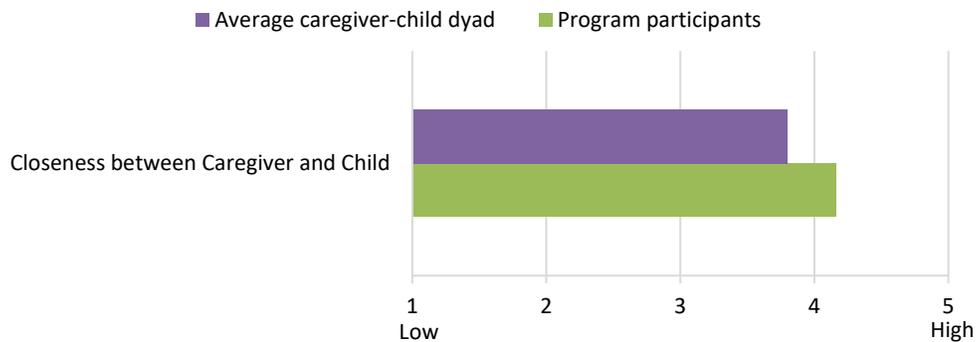
### CHANGE IN AVERAGE FREQUENCY OF POSITIVE PARENTING PRACTICES FROM INTAKE TO EXIT



Source: SFP Survey 2020-21. N=25. Survey is a retrospective pre-post-survey. \*Statistically significant,  $p < .05$ .

On the second survey, parents/caregivers were asked questions about the closeness of their relationships with their child on a five-point scale (1=Definitely Does Not Apply to 5=Definitely Applies). The chart below shows that at program exit, Triple P participants had higher levels of closeness with their children compared to the average caregiver-child dyad.

### LEVEL OF CLOSENESS BETWEEN PARTICIPANTS AND THEIR CHILDREN COMPARED TO AVERAGE CAREGIVER-CHILD DYAD



Source: Child-Parent Relationship Questionnaire 2020-21. N=27.

## How Triple P Helped the Mendoza Family

“I never had anyone to really guide me [before attending Triple P parenting classes]. I was doing the best I could with what I knew. I’ve got really good kids, but I know that I was lacking in understanding. I wanted to understand things better, I wanted to be a better father. It’s not only for them, but also for me. [The Triple P program] has been a great learning experience. It’s changed my way of living. It has given me more confidence, it’s helped me engage more with my family, it’s been a lifesaver. With everything going on in the world, it’s easy to get lost, it’s easy to get misguided, it’s easy just to misunderstand things. Groups like this I believe are the key to a better future not only for the kids, but also for parents just to reassure them, give them strength and tell them they’re doing the right thing.”

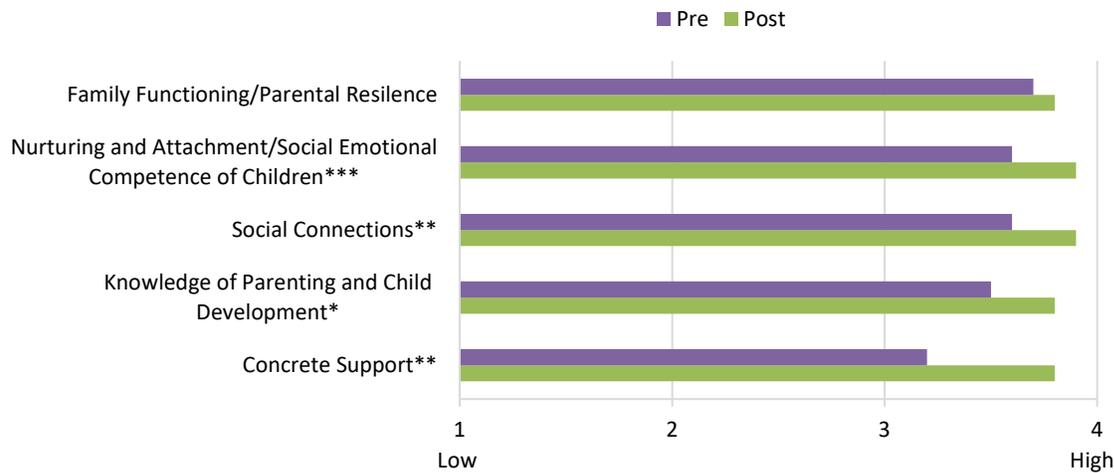
## Impact Across First 5 and Family Impact Center Programs

Families accessing services in all programs described in the previous sections completed a common intake survey and an exit survey that asked about the presence of their Protective Factors: Family Functioning/Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support, and Nurturing and Attachment/Social and Emotional Competence of Children. In addition, the caregivers rated their child’s resilience levels, family activity engagement, and general satisfaction with the programs they participated in.



Parents/caregivers used a four-point scale (1=Not at All True for Me to 4=Definitely True for Me) to answer questions about the five protective factors at program intake and exit – **Family Functioning/Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support, and Nurturing and Attachment/Social and Emotional Competence of Children**. Across nearly all of these protective factors, participants showed significant improvement from intake to exit, especially in the area of Concrete Support.

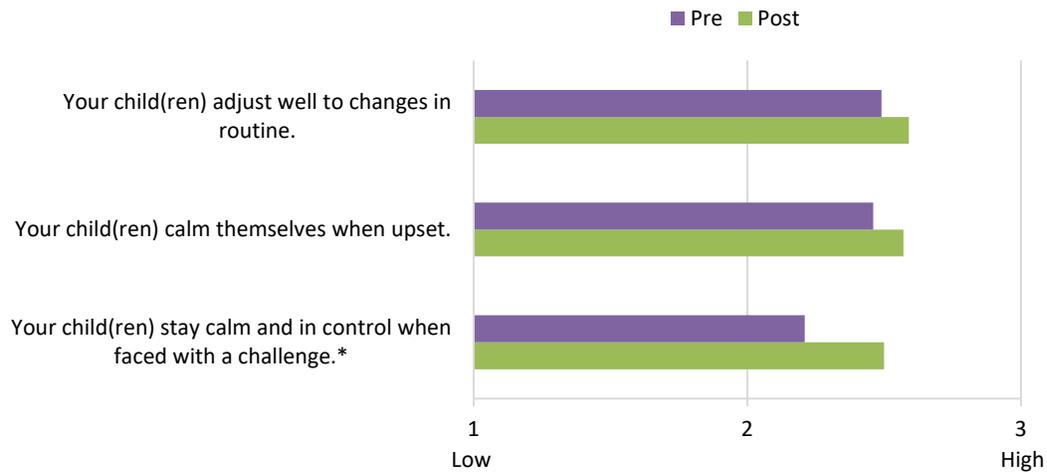
### CHANGE IN PROTECTIVE FACTORS FROM INTAKE TO EXIT



Source: Family Intake and Exit Form 2020-21. N=38. \*Statistically significant,  $p < .05$ ; \*\*Statistically significant,  $p < .01$ ; \*\*\*Statistically significant,  $p < .001$ .

Caregivers also reported on changes in the child’s level of resiliency as measured by their ability to adjust well to changes, calm themselves when upset, and stay calm and in control when faced with a challenge. Caregivers indicated how true each statement was for the child on a three-point scale from 1=Not True to 3=Very True. The chart shows a significant increase from program intake to exit in children’s ability to stay calm and in control when faced with a challenge.

### CHANGE IN CHILD RESILIENCY RATINGS FROM INTAKE TO EXIT



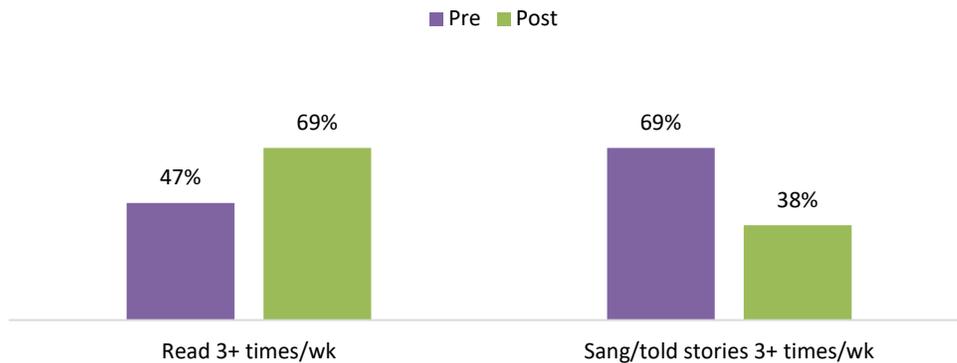
Source: Family Intake and Exit Form 2020-21. N=81. \*Statistically significant,  $p < .05$ .

Parents/caregivers in the programs were also asked to report how often they read with their children or sang songs or told stories. Although not statistically significant, there was an increase from intake to exit in the percent of parents/caregivers reading with their children at least three times per week. There was also a nonsignificant drop in the percent who sang songs or told stories this often.

“It helped knowing I’m not the only one dealing with the challenges that come with parenting.”

-Program participant

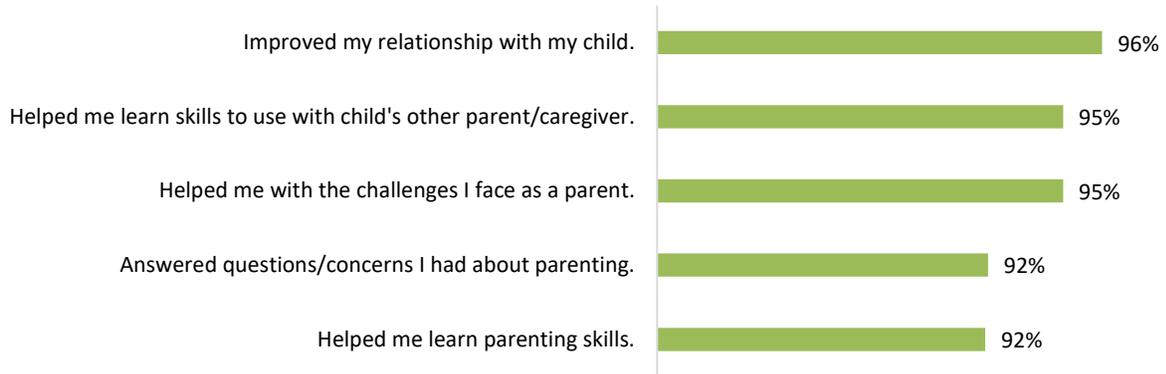
### CHANGE IN FREQUENCY OF READING AND SINGING SONGS/TELLING STORIES FROM INTAKE TO EXIT



Source: Family Intake and Exit Form 2020-21. N=79 for read; N=81 for sang/told stories.

At program exit, parents/caregivers indicated their overall satisfaction with the programs as well as whether they learned parenting skills and experienced improved relationships with their children. Most participants felt that the program helped them learn skills to use with their child’s other parent/caregiver, improved their relationship with their child, helped them with challenges they face as a parent, and helped them learn parenting skills.

**PERCENT OF PARENTS/CAREGIVERS WHO AGREE/STRONGLY AGREE THE PROGRAM HELPED THEM**



Source: Family Exit Form 2020-21. N=76.

Overall, parents/caregivers were extremely satisfied with the programs. Eighty-seven percent of participants responding to the exit survey rated the programs as “excellent”, and another 11% rated them “good”.

**PARENT/CAREGIVER SATISFACTION WITH THE PROGRAM**



Source: Family Exit Form 2020-21. N=80

“[Staff] gave me the tools to be able to have a better relationship with my children.”  
 -Program participant

## Supportive Community

First 5 San Benito and the FIC are committed to building a supportive community in the county through systems change efforts that address complex issues impacting children, youth, and families. In the current fiscal year, systems change activities included partnering with other agencies to respond to the challenges caused the COVID-19 pandemic with emergency supply distribution; promoting collaboration amongst community partners; offering professional development for service providers to strengthen their capacity to provide quality services; building community awareness about adverse childhood experiences (ACEs), leveraging and finding new funding for services; and community outreach.

### COVID-19 EMERGENCY RESPONSE

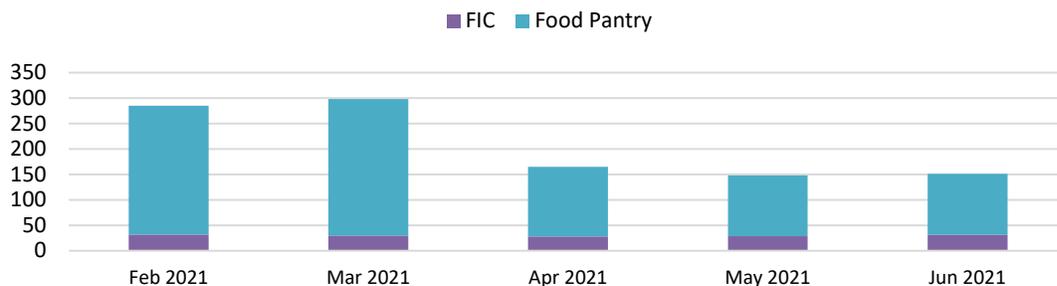
Many San Benito County families experienced difficulty paying for basic needs during COVID-19 pandemic as a result of stay-at-home orders that led to increases in unemployment and reductions in work hours.<sup>6</sup> For example, an estimated 17% of children in the county were food insecure in 2020, a significant increase from the rate in 2019 (11%).<sup>7</sup> To address the basic needs of families hard-hit by the pandemic and promote the **Concrete Support** protective factor, First 5 San Benito and the FIC distributed food and other essential supplies, like cleaning supplies, diapers, and formula, to San Benito County families. The supply distribution was made possible by the contributions of the nearly 40 partners listed on the next page. Families receiving these emergency supplies were also referred to case management or home visiting services if they needed additional support.

Through the FIC, approximately 30 families received a weekly delivery of bags of food and other supplies every month from August 2020 to June 2021. Each family received an average of two bags each week, and a total of approximately 2,800 bags were delivered to families over the course of the year. Each family also received an extra box of food over the holidays.

Approximately **2,800** bags of food and supplies were delivered to FIC families

Starting in February 2021, through a partnership with the food pantry, an additional 120-270 families received a box of food each week. The chart below details the number of families receiving supplies each month from February to June 2021.

**NUMBER OF FAMILIES RECEIVING EMERGENCY SUPPLIES EACH MONTH, FEB-JUNE 2021**



Source: Emergency Supply Distribution Tracker. Approximately 30 FIC families also received food and other supplies each month from August 2020 to June 2021.

<sup>6</sup> The unemployment rate increased to over 10% in 2020, double the rate it was in 2019. Source: California Employment Development Department. (2021). San Benito County profile. <https://www.labormarketinfo.edd.ca.gov/geography/sanbenito-county.html>

<sup>7</sup> Feeding America. (2021). State-by-state resource: The impact of coronavirus on food insecurity. <https://feedingamericaaction.org/resources/state-by-state-resource-the-impact-of-coronavirus-on-food-insecurity/>

## Emergency Supply Distribution Partners

- Action Board
- California Child Abuse Prevention
- California Conservation Corp
- CASA of San Benito County
- Chamberlains
- City of San Juan Bautista
- Dr. Darick A. Nordstrom, DDS
- Dr. David Redman, OD
- Dr. Marni Friedman, MD
- Emmaus House
- First 5 California
- First 5 California Association
- Go Kids San Benito
- Healthy Mothers, Healthy Babies
- Martha’s Kitchen
- Ridgemark Women’s Golf Club
- Round Table
- San Benito County Behavioral Health Department
- San Benito County Board of Supervisors
- San Benito County Child Abuse Prevention Council
- San Benito County Community Action Board
- San Benito County Department of Public Health
- San Benito County Migrant Center
- San Benito County Sheriff’s Office
- San Benito Live
- Sunlight Giving Foundation
- The American Red Cross
- The Bishop’s Warehouse
- The Church of Jesus Christ of Latter Day Saints
- The Community Food Bank of San Benito
- The Community Foundation of San Benito
- The David & Lucille Packard Foundation
- The Elders and Sisters of the Church of Jesus Christ Latter Day Saints
- The Health Trust
- The Monterey Peninsula Foundation
- United Way of San Benito
- Victim Witness Services – Office of the District Attorney SBC

In addition to supporting families, First 5 San Benito distributed various types of emergency supplies to 37 early learning providers enrolled in Quality Counts. The supplies were provided by First 5 California and delivered to providers throughout the year. In total, the following were distributed:

- 3,282 units of PPE supplies (e.g., cleaning supplies, masks, and gloves)
- 272 packs of wipes
- 263 packs diapers



## SAN BENITO COUNTY RESILIENCY NETWORK

To improve systems of care in San Benito County, impacting **all protective factors**, First 5 San Benito and the FIC have organized a multisector collaborative to improve coordination, collaboration, and alignment amongst agencies serving children and families. The San Benito County Resiliency Network (RN) is an umbrella collaborative that encompasses the Family Impact Center Advisory Council, Share Resiliency San Benito, and the San Benito County Home Visiting System Coordination initiative. The RN is composed of 21 local leaders, representing the 16 agencies listed below. First 5 and the FIC have formal MOUs with 11 of these agencies and with the Office of Emergency Services.

### Resiliency Network Partners

- Emmaus House
- Church of Jesus Christ Latter Day Saints
- City of Hollister
- Family Impact Center
- First 5 San Benito
- Go Kids San Benito
- Head Start
- Healthy Mothers, Healthy Babies
- Hollister School District
- San Benito County Behavioral Health
- San Benito Community Food Bank
- San Benito County Health and Human Services Agency
- San Benito County Migrant Center
- San Benito County Office of Education
- San Benito County Public Health
- San Benito County Probation
- San Benito County Sheriff's Office
- Transcend Education Services
- United Way San Benito

The RN met monthly February-June 2021 to influence systems change in the county through the following approaches:

- Improving the capacity of local agencies to understand the impact of Adverse Childhood Experiences (ACEs) on families and provide culturally sensitive, trauma-informed care that builds protective factors.
- Promoting and valuing multiple sources of expertise to break down hierarchies separating community members, service providers, and policymakers.
- Addressing complex problem by breaking down silos and promoting communication, collaboration, and alignment within and across service sectors.
- Promoting shared goals, indicators and results, language, tools, and approaches across disciplines to reduce specialization.
- Providing multiple entry points to the service system, warm handoffs and referrals, and a collaborative treatment approach to address fragmentation.
- Promoting awareness of ACEs and resiliency in the community.

### Training and Professional Development

As mentioned previously, one goal of the RN is to improve providers’ capacity to offer culturally sensitive, trauma-informed care. It contributed to this goal by encouraging medical providers and service providers in the network to complete the California ACEs Aware training and sponsoring trainings on topics like mental health first aid and cultural humility and a Family Strengthening Certification program to help providers offer care that builds families’ protective factors. The ACEs Aware Outreach Director also shared relevant professional development resources with the RN. The number who participated in each training is summarized below:

#### PROVIDER TRAINING PARTICIPATION

Training	Number of Providers
ACEs Aware	14
Cultural Humility	19
Family Strengthening Certification	2
Mental Health First Aid	11

“The cultural humility training empowered me to continue to have difficult conversations around race while recognizing my biases.”

-RN Member

Those who participated in the RN trainings rated their agreement with four statements about the trainings on a scale from 1=Strongly Disagree to 5=Strongly Agree. Participants were generally satisfied, with the majority agreeing that the trainings met their expectations, were of high quality, taught them new skills or knowledge, and were relevant to their work.

#### RESILIENCY NETWORK TRAINING SATISFACTION



Source: Resiliency Network Survey 2020-21. N=10.

### Resiliency Network Screenings and Referrals and Data System

Another goal of the Network is to develop a seamless screening and referral system to ensure there is no “wrong door” and all families receive the support they need. The referral pathway begins with screenings and assessments conducted by medical providers and other providers serving children and families, and those conducted at community health fairs. The results of any screenings or assessments and appropriate referrals are then provided to the resource and referral hub at the FIC or families self-refer. If no screening or assessment has been done, FIC staff will conduct the appropriate screening or assessment, enroll the family in First 5 and FIC programs as appropriate, and provide referrals to community services as needed.

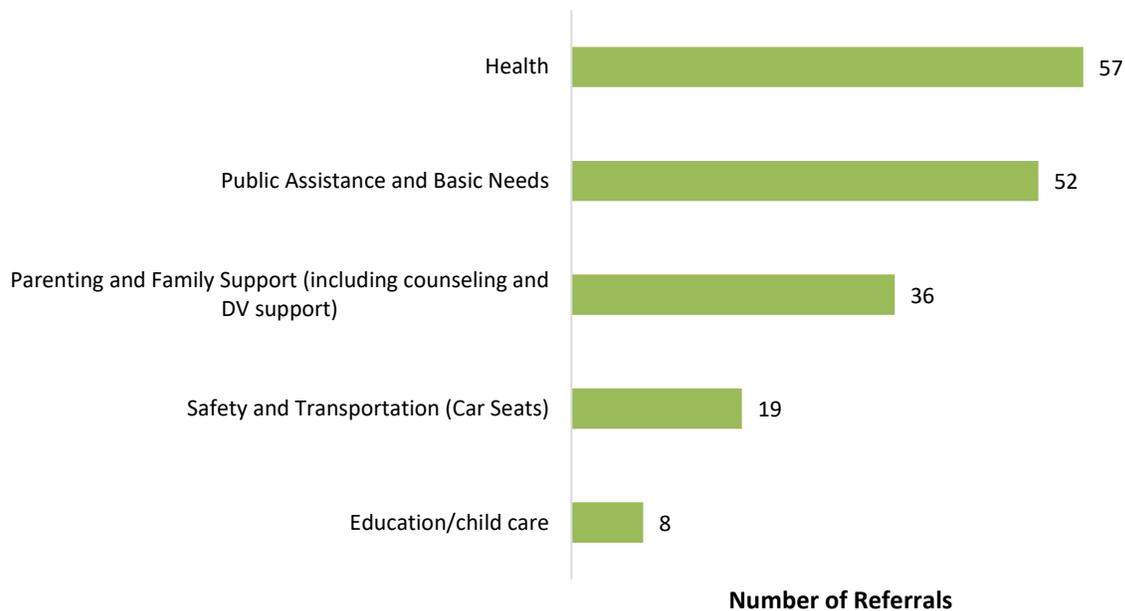
Over **9 in 10** RN members said warm handoffs and referrals to needed services are important to the work they do.

At the April 2021 RN meeting, all RN members expressed an interest a shared database to support this screening and referral system. Although nearly all said that cross-referrals were important to them, only 46% currently track referral data. In spring of 2021, the First 5 San Benito Commission approved investment in a comprehensive data management and reporting system that will improve tracking and reporting of data on screenings conducted for children and families and referrals made to and from RN partners. Development of the database will be completed in fall 2021.

### ***FIC Referrals***

As described above, the FIC is a resource and referral hub, connecting families to programs and services in the community to help meet their needs. In the current fiscal year, 172 referrals were made to 18 different agencies; the most common included the Hollister Pregnancy Center, the food pantry, WIC, and San Benito Public Health. The chart below illustrates the types of referrals that were provided to families at the FIC, with the greatest number of families receiving health-related referrals.

#### **FAMILY IMPACT CENTER REFERRALS TO OUTSIDE PARTNERS**

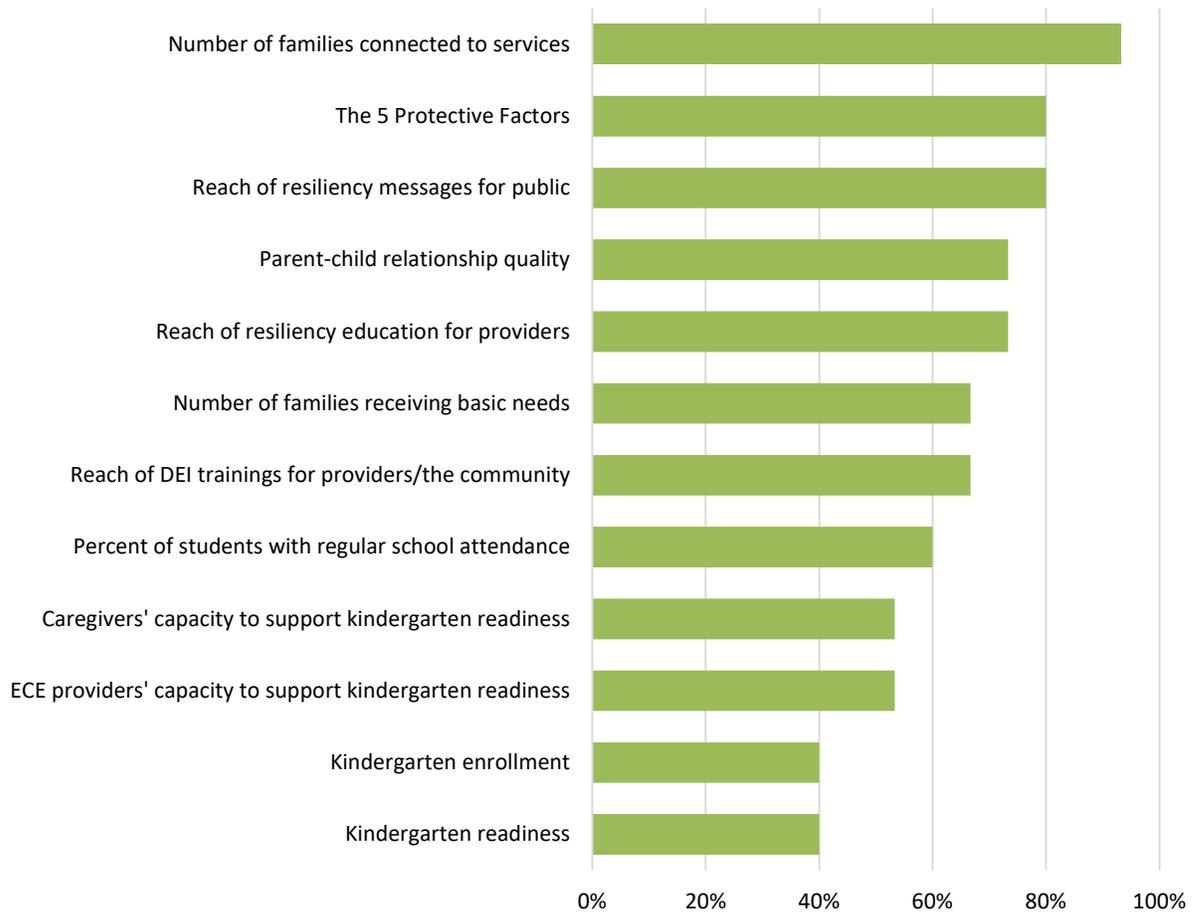


*Source: FIC Referral Tracker.*

### ***Common Indicators***

In February and April 2021, RN members met to discuss common indicators of well-being at the programmatic and community level. Members provided feedback on the relevance of a preliminary list of community indicators in the areas of Healthy Children, Engaged Youth and Parents, and Supportive Community, and offered additional community indicators that were important to them, such as preschool expulsion, teen pregnancy, and community walkability. They also were polled to identify programmatic indicators or results most important to the work they do. The percent of participants who reported each indicator is important to their work is displayed in the chart that follows. The greatest number reported that tracking the number of families connected to services, the five protective factors, and the number of people reached with resiliency messages are important to them.

PERCENT OF RESILIENCY NETWORK MEMBERS REPORTING INDICATOR IS IMPORTANT TO THEIR WORK



Source: RN Member Poll. N=15.

**Public Awareness of ACEs and Resiliency**

A survey of RN members found that 80% of members felt that promoting public awareness of ACEs and resiliency in the community was important to their work. To contribute to public awareness, the RN developed the Share Resiliency San Benito: A Network of Care website. The website includes information for providers and families about **screening** for ACEs, **treating** with clinical interventions and other supports, and **healing** from ACEs and toxic stress with trauma-informed care. The website had 333 total visits and 138 unique visitors during the year.

The Share Resiliency San Benito website was visited **333 times** in FY 2020-21.

N&R Publications also partnered with the network to develop stories that raise awareness about the impact RN partners are having in the community. In addition, RN members met to develop public messaging around child trauma and resiliency.

**Home Visiting Coordination**

First 5 San Benito received a grant from First 5 California to improve the coordination and alignment of home visiting services in San Benito County. In FY 2020-21, a robust action plan was developed with activities that aim to achieve the following goals:

1. Build or strengthen a shared vision for how a coordinated local early childhood development and family support system, including home visiting, can address the needs of families impacted by COVID-19.
2. Determine scope and effectiveness of existing home visiting programs and family support services designed to help families in crisis and expand access to home visiting and other family support services, as needed to help families recover from the effects of the COVID-19 pandemic.
3. Strengthen (or rebuild) coordination and alignment across home visiting and family support agencies to address the effects of the pandemic on family support systems.

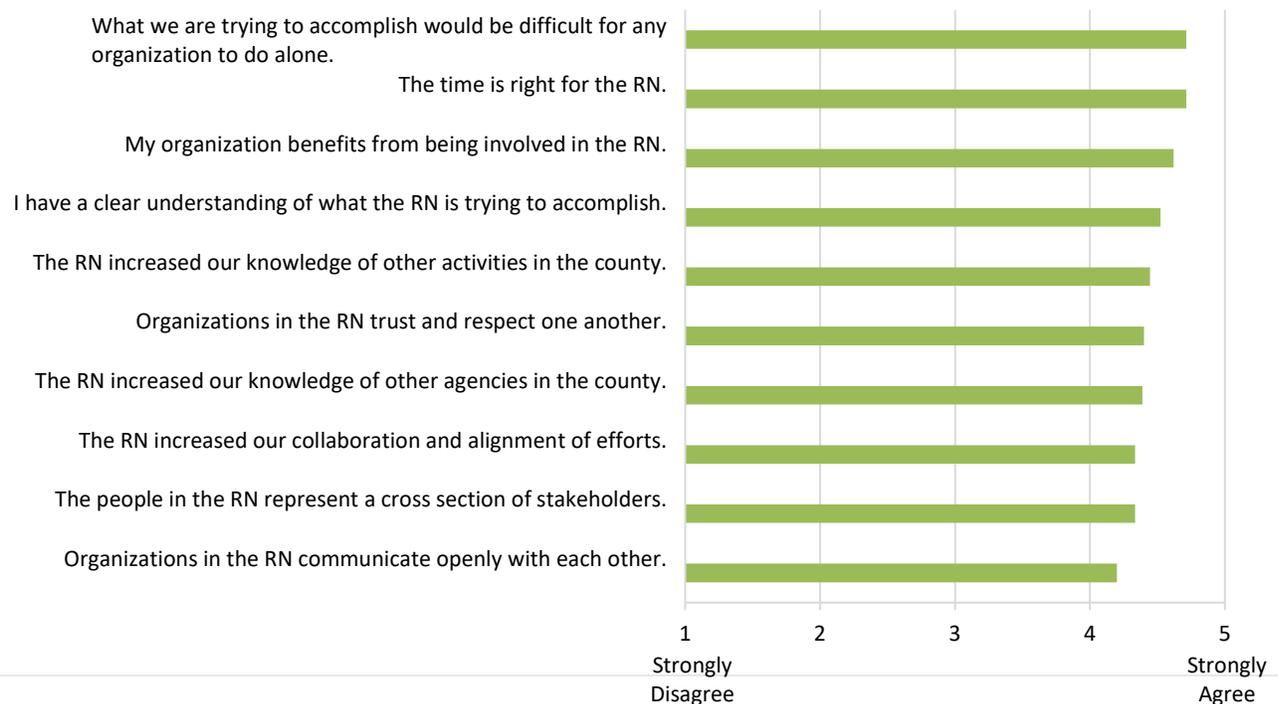
The RN was utilized as a vehicle to address these goals with activities like regular meetings to build a shared vision and strengthen coordination and alignment across agencies, trainings to improve the effectiveness of care for families, and cross-referrals to meet families’ needs. Partners in the RN will continue to pursue activities to achieve these goals in FY 2021-22.

**Impact of the Resiliency Network**

At the end of the fiscal year, members of the RN were asked to complete a survey to share how their participation in the network had impacted them and the services they provide, as well as the components of collaboration that are most important to them. The results from this survey of RN members provide valuable information about how effective the network has been in building collaboration in the community and can be used to develop and prioritize the network’s activities in the future.

The first set of questions on the survey asked participants to indicate on a scale from 1=Strongly Disagree to 5=Strongly Agree how much they agreed with 10 statements about the collaborative. As shown in the chart that follows, participants generally agreed that the collaborative was important, beneficial to them, and that agencies in the network trust and communicate with one another. They felt most strongly that what they were trying to accomplish as a collaborative they couldn’t accomplish alone and that the time is right in the county for the RN.

**MEMBER PERCEPTIONS OF THE RESILIENCY NETWORK**



Source: Resiliency Network Survey 2020-21. N=18-21.

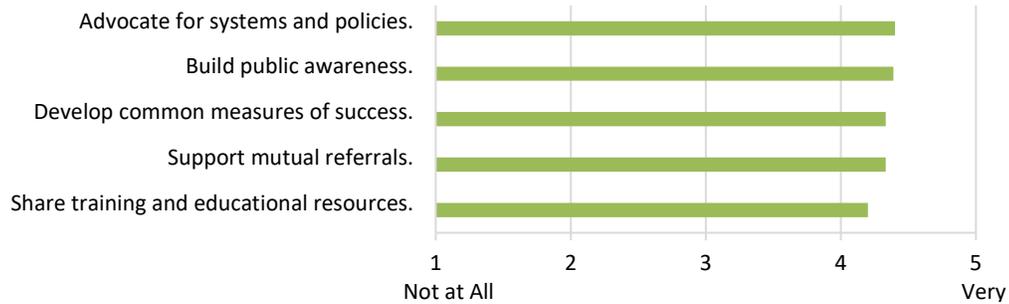
Members also shared the following comments about how the collaborative has impacted them, including how it **increased their awareness** of other agencies, **strengthened their partnerships** with other agencies, and **improved the services they provide** in the community:

- “I am more familiar with other organizations’ missions and goals and have had an easier time sending referrals.”
- “[The RN] has helped me with supporting and finding resources for families.”
- “When referring families to services, I know about other agency’s programs and how to contact them.”
- “[The RN] has increased my awareness of other agencies in the county.”
- “Our agency now reaches out easily to other agencies to collaborate with them. In the past we might have been more hesitant.”
- “I now feel better connected to partnering agencies.”
- “[The RN] made me aware of what other agencies are doing in the community. This helps me guide families in the right direction.”
- “Instead of just knowing WHERE to refer families in the community I now also have an idea of WHO they will connect with.”
- “I appreciate the opportunity to think about important systems issues collaboratively.”
- “I am now more mindful about the priorities of a larger effort.”
- “[The RN] has helped me be culturally sensitive, open-minded and aware of biases. It removed barriers and provided a continuum of care to promote resiliency, confidence, and self-esteem.”



Members then rated activities of the collaborative in terms of their importance on a scale from 1=Not at All Important to 5=Very Important. Members felt that advocating for systems and policies to support children and families and building public awareness were the most important activities to pursue, followed by developing common measures, supporting mutual referrals, and sharing training and educational resources.

### IMPORTANCE OF RESILIENCY NETWORK ACTIVITIES



Source: Resiliency Network Survey 2020-21. N=11.

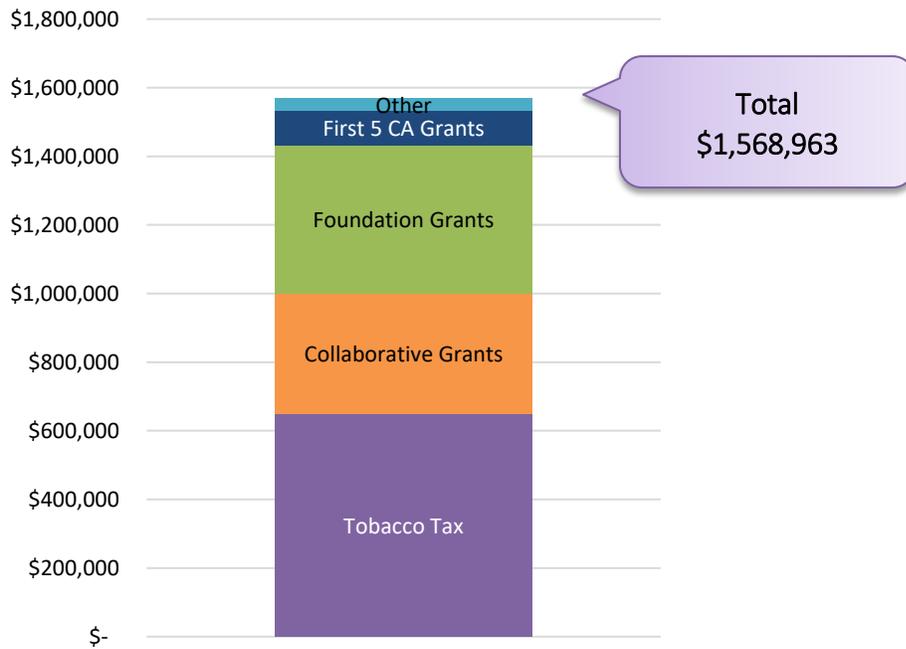
### FUNDING AND SUSTAINABILITY

When it was founded in 1999, First 5 San Benito was funded with revenue from the Proposition 10 tobacco tax, which was used to establish agencies in each county to promote positive outcomes for children aged 0 to 5 and their families. Although First 5 agencies continue to be funded with tobacco tax dollars, this revenue source has declined greatly in recent years as tobacco use has decreased in the state. This has required First 5 agencies, including First 5 San Benito, to find ways to diversify, leverage, and maximize their funding to continue to meet the needs of children and families in the county.

**First 5 San Benito's total revenue in 2020-21 was \$1.6 million**, which came from a diverse range of sources, including:

- Tobacco tax revenue;
- Grants applied for in collaboration with county partners (see below for more information on these grants);
- Grants from foundations like the Sunlight Giving, Packard, and Monterey Peninsula Foundations;
- Grants from First 5 California for home visiting coordination; and
- Other sources like rental income and donations for emergency response, including from the Ridgemark Women's Golf Club.

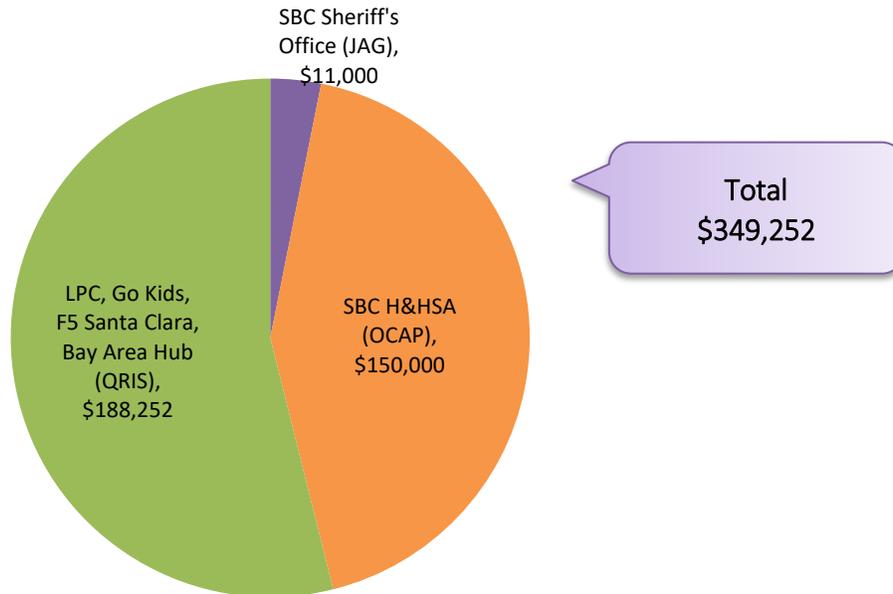
FIRST 5 SAN BENITO REVENUE 20-21



Some of the revenue reported in the chart above was secured in collaboration with First 5 San Benito and FIC partners. **Through collaboration with partners in the community, \$349,252 was awarded in FY 2020-21 to:**

- San Benito County Sheriff’s Office (the federal Justice Assistance Grant [JAG]) for prevention and education, including the Family Strengthening Program;
- San Benito County Health and Human Services Agency (H&HSA) for child abuse prevention efforts, received from the state Office of Child Abuse Prevention (OCAP); and
- Local Planning Council (LPC), Go Kids, First 5 Santa Clara, and the Bay Area Quality Rating and Improvement System (QRIS) Regional Hub for quality early learning supports, including professional development for early care and education providers.

### COLLABORATIVE GRANTS 20-21



Some of the funding received by First 5 San Benito and its partners went towards the professional development of professionals serving children and families, including child care and family support providers. **A total of \$41,732 was invested in professional development**, with \$28,732 from First 5 San Benito and \$13,000 from First 5 Santa Clara.

### OUTREACH EVENTS

Although COVID-19 limited the number of outreach events that could take place in the county, First 5 San Benito and the FIC participated in and distributed information and resources at two outreach events in June 2021: the Migrant Center Health Fair and Census Drive-Thru Event. These events help raise awareness of the services offered by First 5 and the FIC and provided the public with information families could use to support their children's development. Beginning in FY 2021-22, First 5 will host quarterly Resiliency Health Fairs to offer screenings and information and referral to services in the community.



## Summary

As described in this report, First 5 San Benito and the Family Impact Center provided services and supports and engaged in systems change activities that strengthened the protective factors of families, promoted resiliency, and strengthened the capacity of systems to deliver coordinated, aligned, and trauma-informed services that meet families' needs. As the community recovers from COVID-19, the efforts of First 5 San Benito, the Family Impact Center, and community partners will continue to be needed to address social inequities and promote the health and well-being of children, youth, and families in San Benito County.

