



# ANNUAL EVALUATION REPORT 2021-22

FIRST 5 SAN BENITO & FAMILY IMPACT CENTER



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# Evaluation Highlights

In FY 2021-22, San Benito County continued to be significantly impacted by the COVID-19 pandemic, which exacerbated long-standing social inequities in the areas of health and well-being, learning and development, and family functioning. Many children and families in the community were still facing stressors like housing and food insecurity, unemployment, access to social services, and concerns about development and child behavior.

To address these challenges, First 5 San Benito and the Family Impact Center (FIC) offered holistic, culturally competent, and trauma-informed services to local communities. These services aim to strengthen families and positive development for children and youth, across multiple levels of human ecology:

For individuals:

Implementing early screening for developmental delays and behavioral challenges.

Offering equitable access to quality care and early learning child care settings.

Promoting child emotional and behavioral regulation linked to positive developmental outcomes.

Teaching parents how to create a supportive and stimulating environment for children through parenting education and promotion of positive parenting and family activities.

For families:

Supporting family functioning and resilience through better coping and ability to manage stress.

Promoting caregivers' resilience through social connections and social support

Promoting positive parenting practices, based in knowledge of child and youth development, social-emotional competencies, and early learning strategies.

Strengthening parent-child relationship (closeness) based in secure attachment.

For communities:

Building resilience in communities through community education, connections, and belonging.

Promoting equitable access to material necessities and therapeutic supports through community events, including emergency supply distributions, available to all families in need.

The highlights below describe the ways in which First 5 San Benito and FIC programs helped families build resilience and overcome the negative impact of the COVID-19 pandemic.

## First 5 and Family Impact Center Participant Characteristics



147 children were enrolled in programs during the 2021-22 fiscal year.

About half (52%) of the children were under 3 years at time of intake and a third (31%) were between three and five.

About 2% of children had a diagnosed special need, according to the parent.

Most (81%) of the 97 caregivers/parents enrolled in First 5 and/or Family Impact Center programs were mothers. Almost half of parents/caregivers (45%) were aged 30 to 39 years old.

First 5 SBC and FIC promoted equity by serving primarily children of color: Most children (83%) were identified as Hispanic by their parents, 13% were White, and 4% were Multiracial. The racial-ethnic breakdown of parents mirrored that of their children:

of the parents/caregivers, 85% were Hispanic, 13% were White, and 2% were Multiracial.

Across all racial/ethnic groups, 70% of parents/caregivers spoke English, and 30% spoke Spanish.

Almost half of the families (46%) were informed about or referred by another agency, including San Benito County Health and Human Services Agency and Hazel Hawkins Hospital and Women's Center.

The main needs of families were managing difficult child behavior (56%), assistance with rent (35%), and support with partner problems (25%). The majority of caregivers wanted classes on parenting and child development (70%).

## Healthy Children and Strong Start



**New Parent Kits** were distributed to 314 families.

62 Providers participated in Quality Counts serving 440 children. Participation in **Quality Counts** significantly increased providers' ability to support kindergarten readiness in children.

An average of 33 providers attended each of 17 **California Preschool Instruction Network** (CPIN) training events offered during the 21-22 fiscal year.

Participation in **Getting Ready for Kindergarten** program improved parents' knowledge of child development and skills to support school entry. About half of the 21 children assessed were considered ready for kindergarten in terms of their academic skills.

40 Families with 88 children ages 0-5 participated in weekly virtual **Home Visiting** sessions. Participating parents reported an increase in the frequency of positive parenting practices in the home, as well as an increase in the perceived closeness between the caregivers and their children.

68 children and their caregivers participated in a shorten version of the **Raising a Reader** program. On average, families read with children 4-5 days a week.

**Help Me Grow** staff screened 85 children for developmental delays (ASQ-3) and social emotional development (ASQ-SE). The prevalence of developmental delays tripled in 2021-2022 as compared to the prior year.

## Engaged Youth and Parents



In 2021-2022, FIC staff provided **Case Management** support to 23 caregivers and 8 children.

**Tripe P Strengthening Families** program participation improved caregivers' positive parenting practices.

Participation in First 5 and the FIC programs strengthened the resilience of families and children across all areas of functioning.

Families were extremely satisfied with the services and appreciated the help they have received.

## Supportive Community



A total of \$8,000 was allocated to provide an average of 150 families or 650 individuals with **Emergency Supplies** each month.

The **SBC Resiliency Network**, comprised of over 20 agencies, had 19 of its own members and 2 Medi-Cal providers complete ACEs Aware Training.

In 2021-22, First 5 and FIC allocated \$54,000 to fund programs and services and over \$21,000 for **prevention and early intervention provider training**.

# Introduction



In FY 2021-22, San Benito County continued to be 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. The pandemic also exacerbated pre-existing disparities in health and well-being outcomes. 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>1</sup>

## 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>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).



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. This was done through culturally competent, trauma-informed services and supports designed to build the five protective factors.

This holistic model of services and supports is based on a theory of change (illustrated in the graphic below) 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.

## First 5 San Benito and Family Impact Center Theory of Change



# First 5 and Family Impact Center Participant Characteristics and Needs

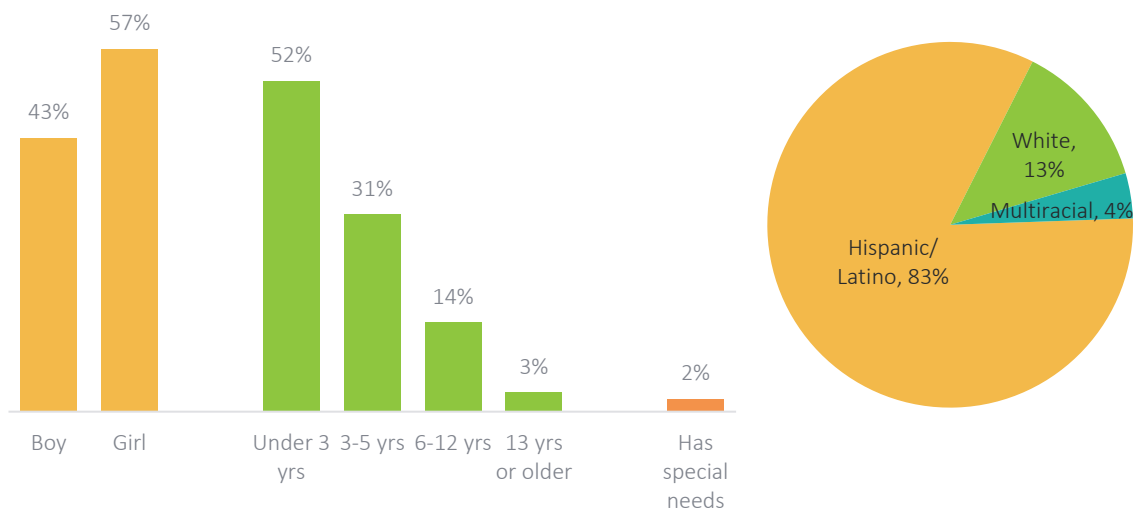
When families connect with First 5 San Benito County (F5SBC) and the Family Impact Center (FIC), they complete an intake survey which asks about child and caregiver demographic background and family's needs in a variety of areas. Depending on these needs, families are enrolled in the appropriate First 5 and FIC programs, referred to other agencies in the community, or provided with additional resources.

## CHARACTERISTICS OF CHILDREN

### First 5 SBC and FIC promoted equity by serving primarily children of color

Across all First 5 SBC and FIC programs, 147 children and youth were served this year, of which over a half (57%) were girls, and 43% were boys. A little over half (52%) of the children were under 3 years at time of intake and about a third (31%) were between three and five. About 2% of children had a diagnosed special need according to the parent. The demographic distribution of 147 children enrolled in F5 and FIC programs is skewed toward the communities of color, who are most likely to be affected by socioeconomic disparities. For instance, countywide, 67% of children are Hispanic/Latino, and 2% are multicultural, compared to the 83% of Hispanic/Latino and 4% multicultural children, served by these programs. In contrast, countywide population of white children is at 27.9%, whereas these programs served around 13%. All in all, more than 8 in 10 (87%) children served were Hispanic/Latino, or multiracial.

Figure 1. Children Demographics



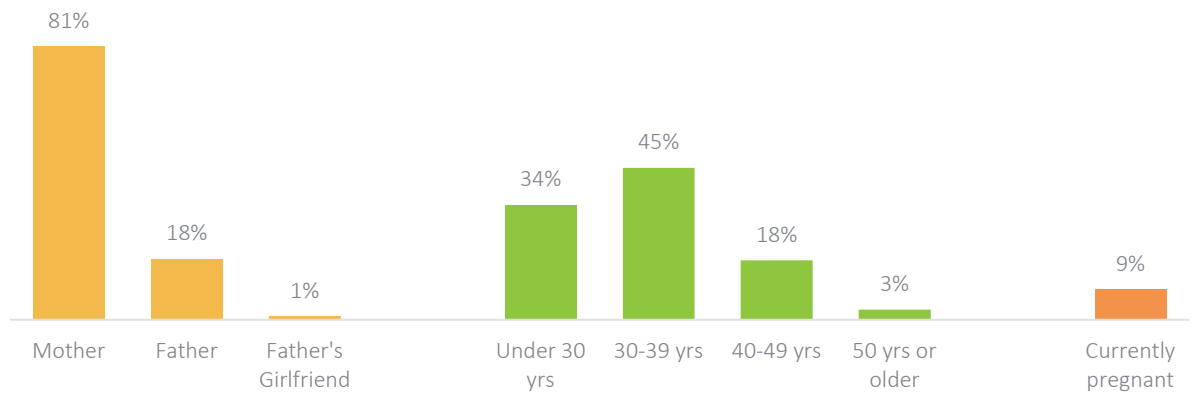
Source: Family Intake Form 2021-22. N = 134 for gender; N = 147 for age; N = 144 for special needs; N = 135 for ethnicity/race.

## CHARACTERISTICS OF PARENTS/CAREGIVERS

**The racial-ethnic breakdown of parents mirrored that of children enrolled in First 5 SBC and FIC programs.**

Most (81%) of the 97 caregivers/parents enrolled in First 5 and/or Family Impact Center programs were mothers, of which 7 were expecting. Additionally, one caregiver was a girlfriend of a father. Almost half of parents/caregivers (45%) were aged 30 to 39 years old.

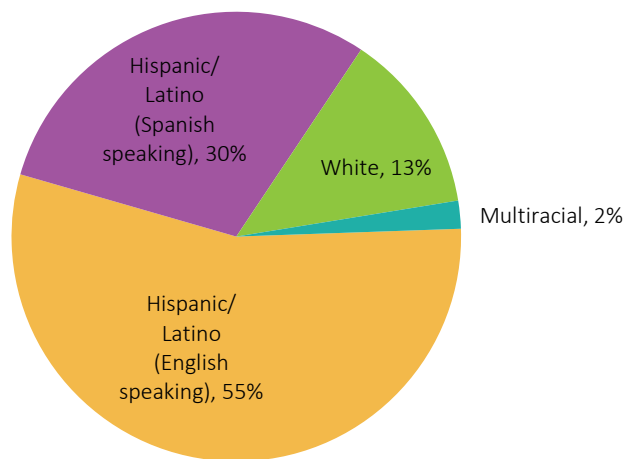
**Figure 2. Parents/Caregivers Demographics**



Source: Family Intake Form 2021-22. N = 96 for relationship; N = 91 for age; N = 80 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. About half (55%) parents/caregivers were Hispanic/Latino and English-speaking, 30% were Hispanic/Latino and Spanish-speaking, 13% were white, and 2% were Multiracial. Across all racial/ethnic groups, 70% of parents/caregivers spoke English, and 30% spoke Spanish.

**Figure 3. Race/Ethnicity and Preferred Language of Parents/Caregivers**



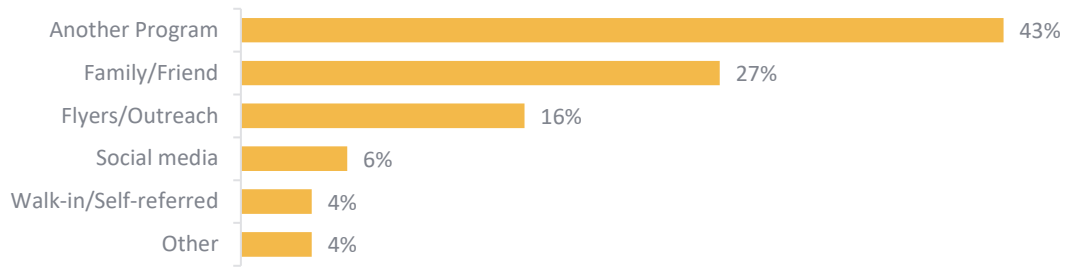
Source: Family Intake Form 2021-2022. N = 84.

### Referral Sources

#### Close to half (43%) of families were referred to First5/FIC by another program or service provider.

Families connected to services in a variety of ways. Almost half of the families were informed about or referred by another agency, including San Benito County Health and Human Services Agency and Hazel Hawkins Hospital and Women's Center, 27% of families reported that they got connected to the program through family/friends, including mom groups, 16% learned about the services from flyers and outreach community events, 6% heard about it through social media, and 4% were walk-ins, self-referrals, or returning clients.

Figure 4. How Families Heard about Services



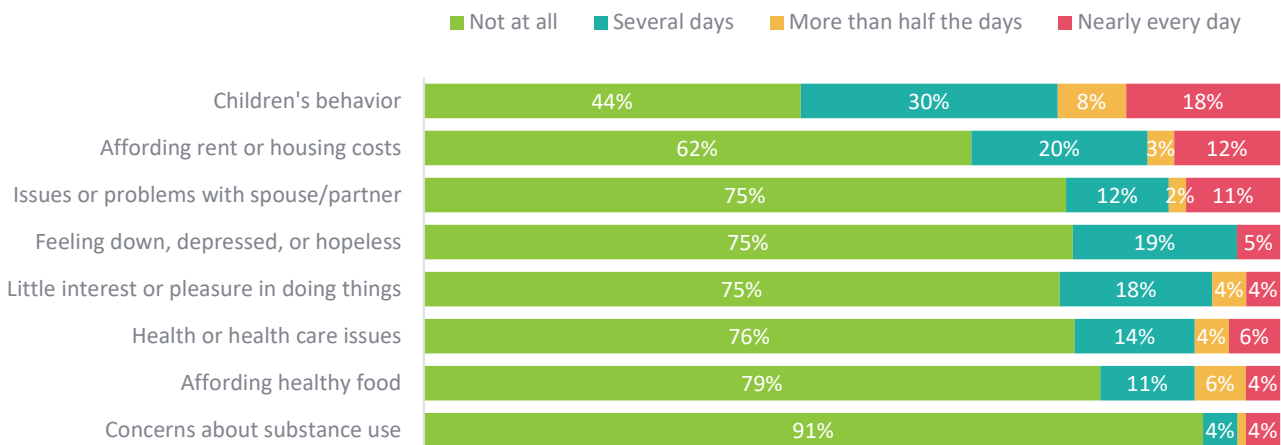
Source: Family Intake Form 2021-22. N = 142.

### Needs of Families

#### The main needs of families were managing difficult child behavior (56%), assistance with rent (35%), and support with partner problems (25%). The majority of caregivers wanted classes on parenting and child development (70%).

Families also reported on how frequently over the past two weeks they had been concerned about a variety of issues and problems. Child behavior management was the cause of stress for over half of all families, followed by worrying about their ability to pay rent, problems with a spouse or partner. Additionally, 1 in 5 caregivers felt depressed or hopeless more than once in the past two weeks.

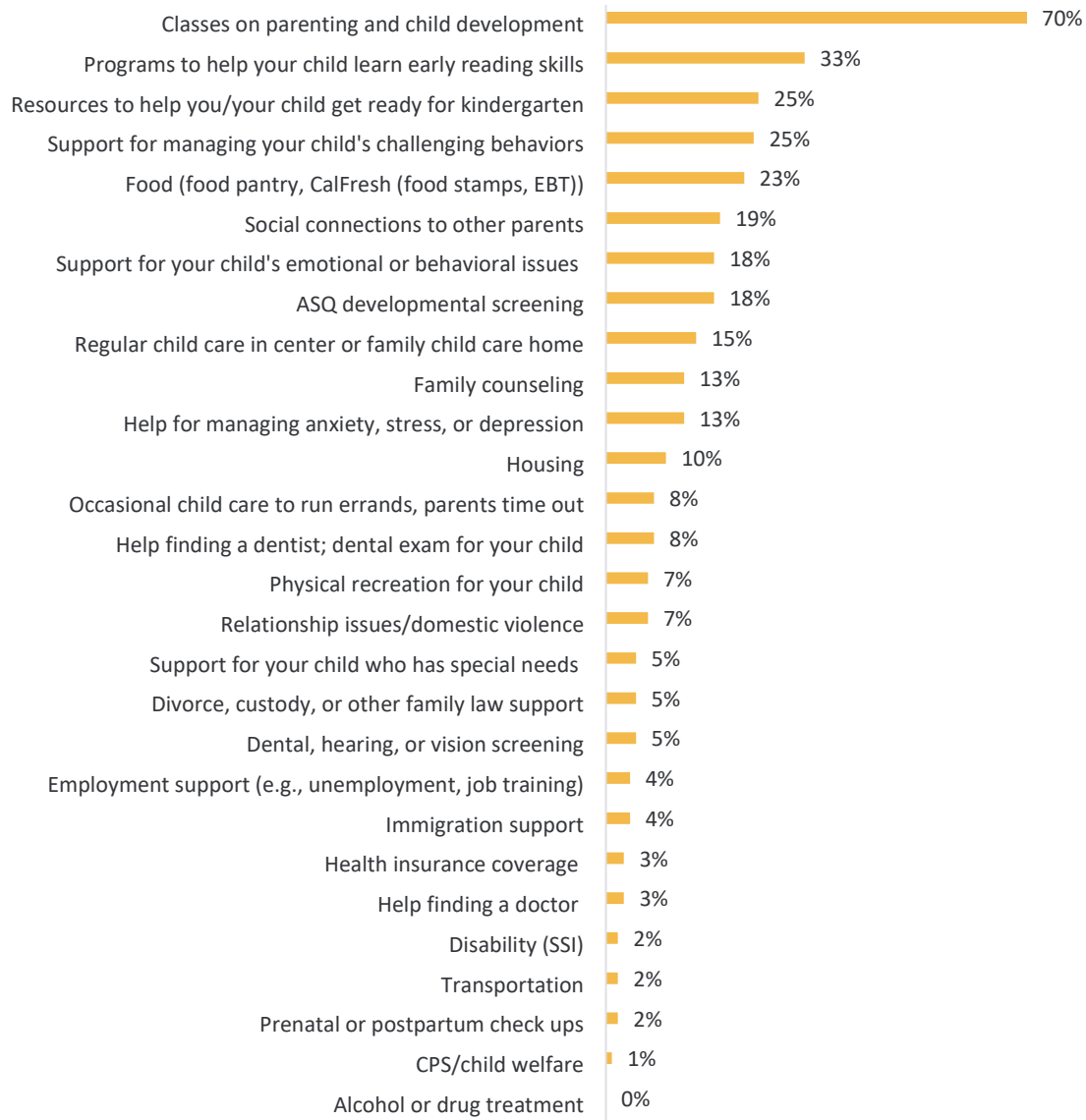
Figure 5. Families' Concerns



Source: Family Intake Form 2021-22. N = 130.

The greatest number of families said that they desired resources to support their children’s development. More specifically, 70% said they wanted classes on parenting and child development. Thirty-three percent desired a referral to early literacy programs, 25% desired kindergarten readiness resources, and 25% desired support for managing their children’s challenging behaviors. Other needed resources parents/caregivers commonly reported included social connection with other parents (19%), support for their children’s emotional or behavioral issues (18%), and developmental screening (18%).

**Figure 6. Referrals by Type of Family Need**



Source: Family Intake Form 2021-22. N = 130.



# 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

### New Parent Kits were distributed to 314 families

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 314 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 Health Fair outreach events.

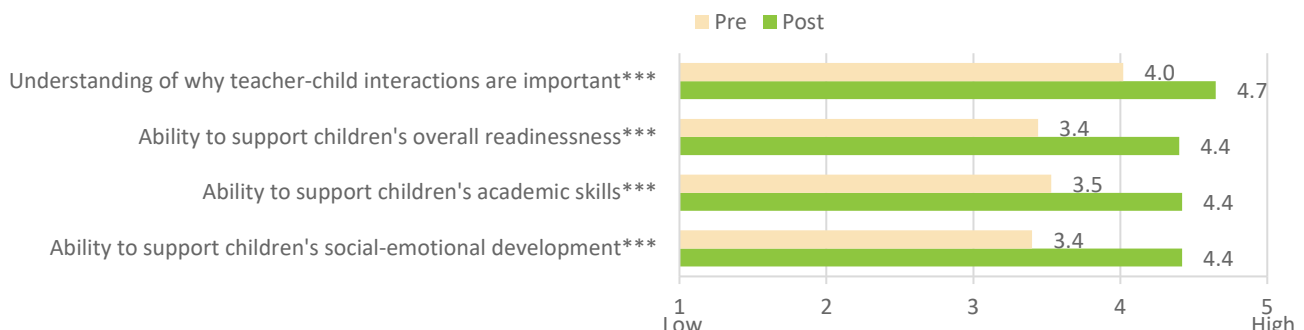
## QUALITY COUNTS

### 62 Providers participated in Quality Counts serving 440 children. Participation in Quality Counts significantly increased providers' ability to support kindergarten readiness in children.

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 2021-22, 62 providers were enrolled in the program, collectively serving 440 children 0-5. Of these, 42 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 3.6 before participating in Quality Counts and 4.5 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, the majority of participants (96%) said that they would recommend the program to another provider.

Figure 7. Change in Capacity to Support Kindergarten Readiness from Intake to Exit



Source: Quality Counts Post Survey 2021-2022. N = 55. Survey is a retrospective pre-post.

\*\*\*Statistically significant,  $p < 0.001$ .

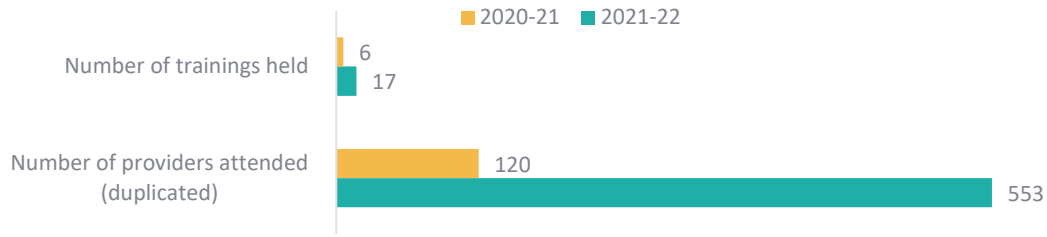
## CALIFORNIA PRESCHOOL INSTRUCTION NETWORK

**An average of 33 providers attended each of 17 CPIN training events offered during the 21-22 fiscal year.**

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 2021-22, 17 trainings were offered, - 3 times more than the previous year. On average, each training was attended by 30-35 providers, with a total of 553 providers engaging in professional development through CPIN.

**Figure 8. Number of CPIN Trainings and Attendees, by Fiscal Year**



Source: San Benito Apricot Data Management System 2021-2022.

The trainings followed the California Preschool Learning Foundations curriculum, and covered topics like Language and Literacy, Academic Readiness, Play and Social-Emotional Learning, and Strengthening Community of Early Learning Professionals.

"The trainings [...] have really helped me support the development of the children in my care. These ongoing professional development trainings have kept me up to date on how children learn and develop. I have also been able to obtain new curriculum resources and more."

-CPIN participant

## GETTING READY FOR KINDERGARTEN

**Participation in Getting Ready for Kindergarten program improved parents' knowledge of child development and skills to support school entry. About half of the 21 children assessed were considered ready for kindergarten in terms of their academic skills.**

In FY 2021-22, 21 children entering kindergarten and their caregivers participated in **Getting Ready for Kindergarten (GRFK)** program. The first aim of GRFK is to prepare families for school entry. Caregivers were provided with the information on what to expect when their child starts public school and taught strategies that parents could use to support their children transitioning to kindergarten. Program content delved into topics of parenting and child development, nurturing and attachment, as well as social-emotional competence as key protective factors contributing to resilience in children.

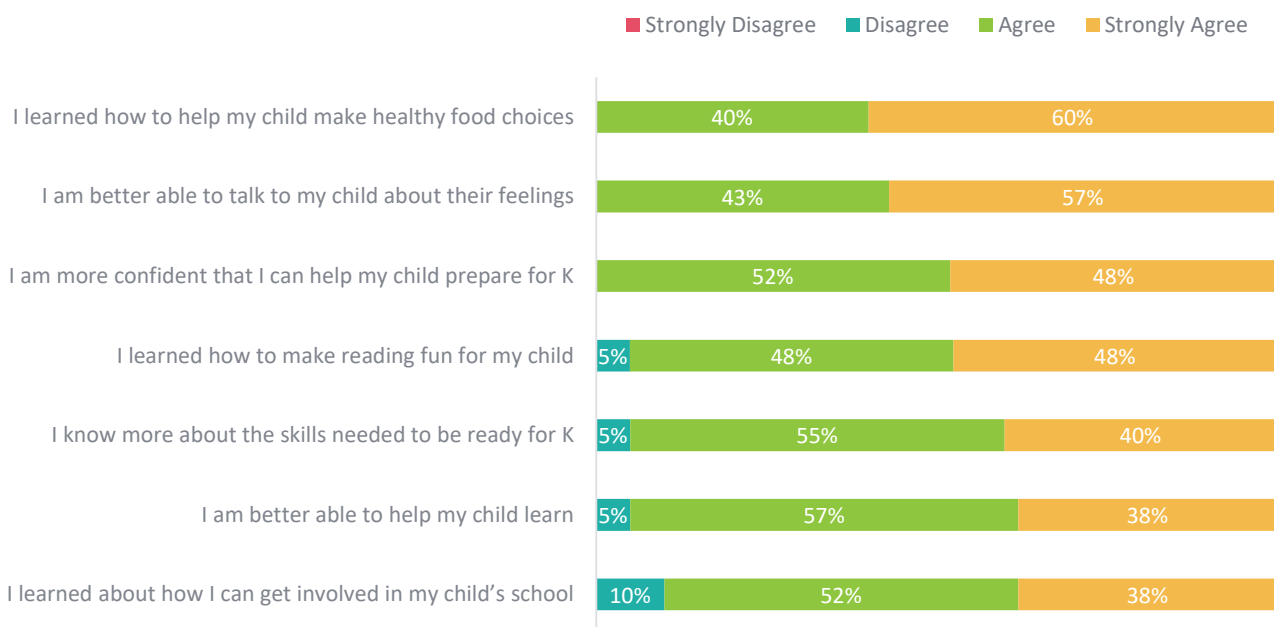
"I love the support this program gives me and my children. I know I can count on them when needed. Thank you!"

-GRFK parent participant

At the end of the program, parents were asked to complete a survey to evaluate program-related changes in perceived preparedness for their children to enter kindergarten and their ability to support that transition.

As can be seen in the following graph, all parents/caregivers agreed that they learned how to help their children make healthy food choices, that they were better able to talk to their children about their feelings, and that they were more confident they can help their children prepare for kindergarten following the program. In addition, most parents (90%-95%) agreed that they learned how to make reading fun, that they knew more about the skills needed for kindergarten, that they are better able to help their children learn, and that they learned how to get involved in their child's elementary school.

**Figure 9. Impact of *Getting Ready For Kindergarten* Program for Caregivers**



Source: Getting Ready for Kindergarten Post-Survey 2021-22. N = 21.

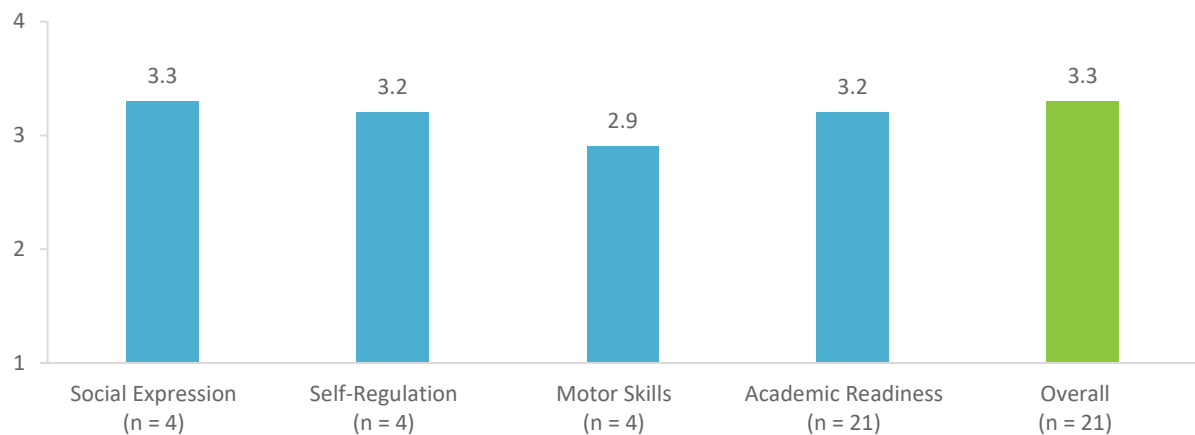
The parent survey also asked caregivers four true/false knowledge questions about parenting strategies that promote healthy physical, social, and cognitive development. All program participants (100%) recognized the critical role of play in acquiring social skills and the benefits of talking, reading, and singing to children for brain and language development, and 95% said a healthy diet and regular reading are critical for pre-kindergarten children. Almost all parents (95%) answered all four questions correctly. Finally, most caregivers (89%) agreed that the program answered a question or addressed a concern they had had about kindergarten.



The second aim of GRFK is to promote alignment between the pre-K and K-12 system by sharing information about children enrolled in the program with their future kindergarten teacher. Program staff provided kindergarten teachers with information about each child's early life experiences, families' socio-demographic background, and home routines, which was collected from parents. Additionally, program staff assessed each child's kindergarten readiness skills, using the Pre-Kindergarten Observation Form (P-KOF). The P-KOF is a validated assessment tool comprised of 20 items that evaluate children's proficiency in four developmental domains: self-regulation, social expression, kindergarten academics, and fine and gross motor skill on a four-point Likert scale, with 1=Not Yet, 2=Beginning, 3=In Progress, and 4=Proficient.

The chart below shows the overall and domain-specific kindergarten readiness scores of children entering kindergarten in 2021. Only four children were assessed on all domains. Most of the children (17 out of 21) were assessed only on kindergarten academics, hence the overall score mainly reflects academics as well. About half of the children assessed (48%) were considered ready for kindergarten with an average score of over 3.25.

**Figure 10. Average Kindergarten Readiness Scores of GREK Participants, by Domain**



Source: Pre-Kindergarten Observation Form 2021

Note: Scale: 1 = Not yet, 2 = Beginning; 3 = In Progress; 4 = Proficient. Sample sizes: Self-Regulation, Social Expression, Motor Skills, and Overall: N = 4 (19%); Academic Readiness: N = 21 (100%).

## HOME VISITING

**40 Families with 88 children ages 0-5 participated in weekly virtual ‘home visits.’ Participating parents reported an increase in the frequency of positive parenting practices in the home, as well as an increase in the perceived closeness between the caregivers and their children.**

First 5 San Benito provided home visiting services to local families to help them develop parenting skills and manage stress related to social isolation and other pandemic-related factors. The home visiting program utilized the **Parents as Teachers** curriculum that aims to strengthen protective factors related to connection and belonging, critical to resilience.

Program staff at the First 5 San Benito supported 40 families with 88 children aged 0-5 via weekly “home visits” held virtually due to ongoing COVID-19 infection concerns. Program specialists provided parents with information related to attachment, as well as social-emotional, cognitive, and physical development. Parents also practiced new ways to support growth and development of their children by using scaffolding activities and positive parenting strategies. Through these efforts, home visitors supported all protective factors: **Nurturing and attachment, Knowledge of parenting and of child and youth development, Parental resilience, Social connections, Concrete supports for parents, and Social and emotional competence of children.**

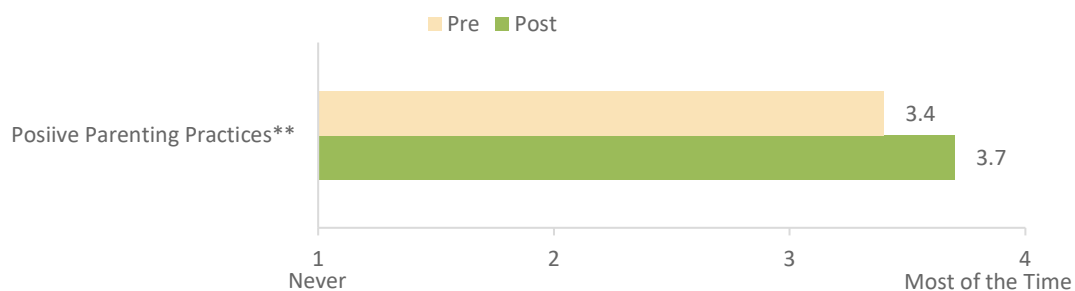
“With the support of the program I was able to connect with my children. We did a lot of activities. I learned positive parenting and had someone to talk to throughout Covid.”

-Home Visiting participant

At the end of the program, parents were asked to respond to two retrospective pre-post surveys: 1) The Strengthening Families program (SFP FN) survey aimed to capture change in caregivers’ positive parenting practices, and 2) The closeness subscale of the Child-Parent Relationship Scale (CPRS), evaluated parent-child relationship quality before and after the program.

Most families in the program (30 out of 40) responded to the SFP FN survey, ranking their parenting behavior in terms of warmth and sensitivity, use of induction and positive discipline, and extent to which they foster a sense of connection and belonging. On average, parents practiced positive parenting significantly more frequently after attending the program, compared to the frequency of use at the start of the program, reported retrospectively.

**Figure 11. Average Use of Positive Parenting Practices Before and After the Program**



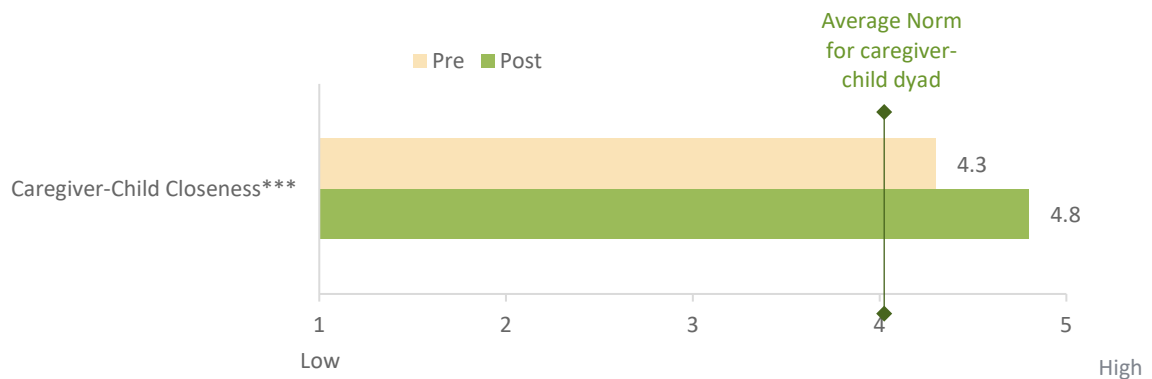
Source: Strengthening Families Survey (SFP FN 3-9; 2021-2022). Scale: 1 = never; 2 = rarely; 3 = some of the time; 4 = most of the time. Positive parenting composite score is an average of 19 items,  $\alpha = .79$ .  $N = 30$ .

\*\*Statistically significant at  $p < 0.01$ .



On the second 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 retrospective survey at exit and used a five-point scale to give their ratings (1=Definitely Does Not Apply to 5=Definitely Applies) twice—reflecting on where they were before the program and where they see themselves now. As with the positive parenting, parent-child perceived closeness increased after participation in the program. As well, home visiting participants showed higher level of closeness compared to the average norm caregiver-child dyad.<sup>2</sup>

**Figure 12. Perceived Closeness between Caregivers and their Children Before and After the Program**



Source: The Child-Parent Relationship Questionnaire (CPRS; 2021-2022), Positive Aspects of Relationships (Closeness) subscale. Scale: 1 = definitely does not apply; 2 = not really; 3 = neutral, not sure; 4 = applies somewhat; 5 = definitely applies. Parent-child closeness composite score is an average of 10 items,  $\alpha = .74$ . N = 66.

\*\*\*Statistically significant at  $p < .001$ .

## RAISING A READER PROGRAM

**68 children and their caregivers participated in a shorten version of the Raising a Reader program. On average, families read with children 4-5 days a week.**

The evidence-based **Raising a Reader** literacy program promotes caregiver knowledge on child development and socio-emotional competence, as well as introduces nurturing and positive parenting practices rooted in the attachment perspective. Parents are provided with age-appropriate books and are encouraged to read aloud to their young children (ages 0-5) by helping them set up home-based reading routines.

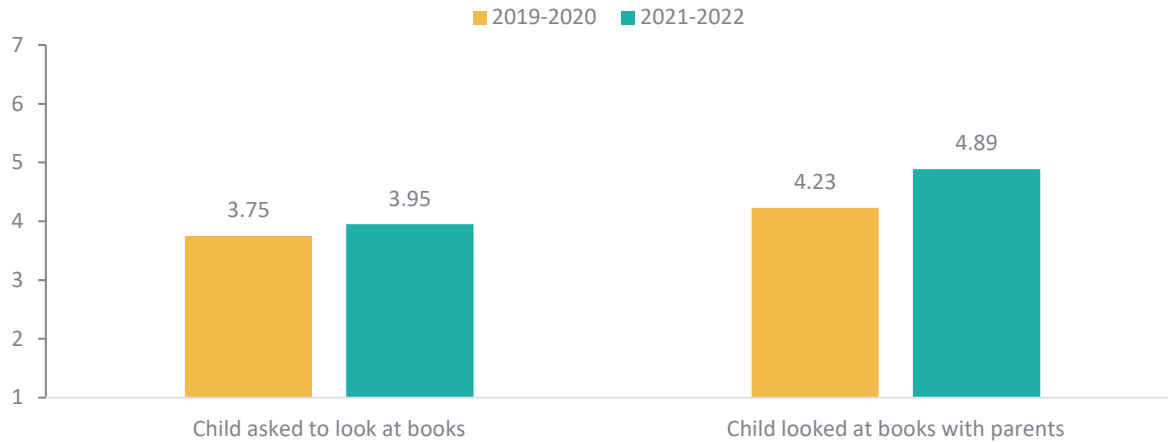


This program was on hold for the 2020-2021 fiscal year due to the pandemic. An attempt was made to restart the program in the fall of 2021, but because of another surge in COVID-19 cases, the program was canceled after two months. Over the course of these two months 68 children and their parents/caregivers participated. At the start of the program, parents were invited to complete a survey that asked about their family's reading habits and behaviors. The exit-survey was not administered as the program was prematurely terminated.

<sup>2</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>

On average, parents reported that children asked to look at the book about 4 times a week and had an adult look through the book with them 5 days a week, which was comparable to what was reported by parents at the beginning of the program, when the program was last in place before the pandemic (FY 2019-2020).

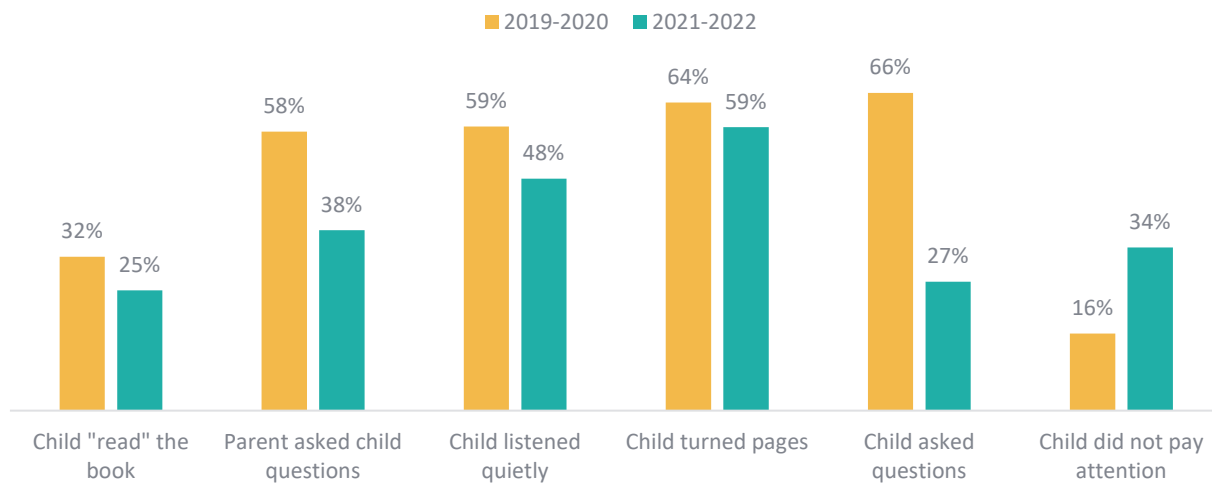
**Figure 13. Average Number of Days of Reading Behaviors in a Week (Before Intervention)**



Source: Raising a Reader (RAR) Pre-Program Survey (2019-2020, 2021-2022). N (2021-2022) = 55-56. N (2019-2020) = 272.

On average, children entering the program in 2021-2022, during the Covid-19 pandemic, showed significantly fewer behaviors indicative of active engagement with books than did children entering the program in 2019-2020, prior to the pandemic. As seen from the chart below, examples of such behaviors included leafing through books, listening and paying attention when being read to, and asking and answering questions about the stories. Children were more likely to turn pages and ask questions than to pretend to “read” a book. The number of children who were not paying attention when being read to, doubled in 2021-2022 compared to the pre-pandemic level.

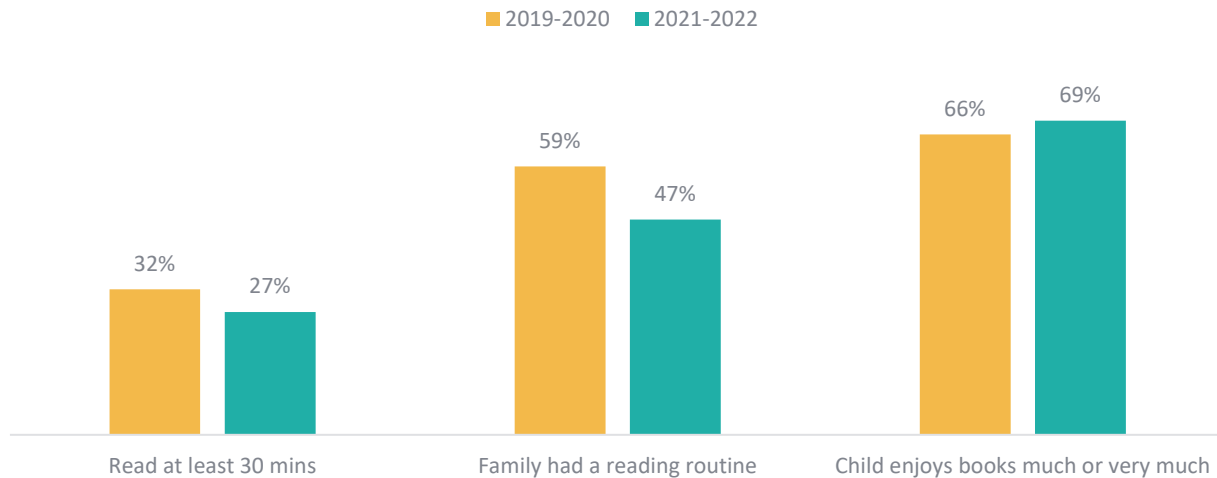
**Figure 14. Percent of Parents Who Reported Positive Reading Behaviors in Children**



Source: Raising a Reader (RAR) Survey (2019-2020, 2021-2022). N (2021-2022) = 56;; N (2019-2020) = 272.

The following chart shows the percentage of parents who reported positive literacy activities with their children and the degree to which their children enjoy books. About a quarter of parents (27%) reported that they had read to their child for at least 30 minutes at a time, and almost half (47%) said they had a reading routine with their child, lower than what was reported by the previous cohort of participants, pre-pandemic. At the same time, about two thirds of parents in both cohorts reported that their child enjoyed books.

**Figure 15. Positive Literacy Activities And Child Enjoyment Of Books**



Source: Raising a Reader (RAR) Survey (2019-2020, 2021-2022). N (2021-2022) = 55-56; N (2019-2020) = 272.

## HELP ME GROW

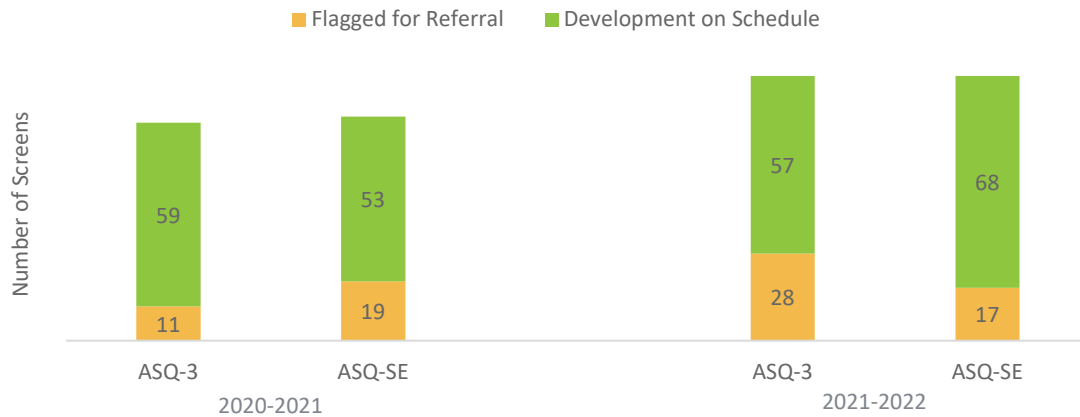
**Help Me Grow staff screened 85 children for developmental delays (ASQ-3) and social emotional development (ASQ-SE). The prevalence of developmental delays tripled in 2021-2022 as compared to the prior year.**

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 to conduct developmental screenings, including the Ages and Stages Questionnaire (ASQ-3) and Ages and Stages Questionnaire-Social Emotional (ASQ-SE). During the 2021-2022 years, 85 children received both screenings.

Of note, a third of the children (n = 28, 33%) screened on the ASQ-3 were flagged for potential developmental delays. Of these, eight children (29%) received early intervention services from First 5, and another two children (7%) were referred to other agencies following the screening. A somewhat lower prevalence was observed for deficits in social-emotional competence, with 20% of children screened with the ASQ-SE flagged (n = 17), indicating potential delays in self-regulation and social development. Seven of these children (35%) were already enrolled in early intervention services at First 5. Following screening, referrals for additional services in other agencies were initiated for four children.

The current prevalence of social-emotional deficits was comparable to the rates reported in the prior year. However, the prevalence of developmental delays almost tripled, from 1 in 10 children flagged in 2020-2021, to over 1 in 4 in 2021-2022.

Figure 16. Developmental Screening Outcomes Measured at the Start of Fiscal Year



Source: First 5 San Benito ASQ data (2020-2021, 2021-2022). N (2020-2021) = 70; N (2021-2022) = 85.

## Success Story: The Gorecki Family

When Ms. Gorecki came to First 5 and The Family Impact Center, she and her little one had no prior connection to this community. This made the **Home Visiting Program** perfect for this family. They were going through a hard time. Ms. Gorecki was trying to make sure all the basic needs for her daughter were taken care of while going through a family transition and coping with the hardship brought on, in part, by the pandemic. With the support of the First 5 and the FIC team, Ms. Gorecki and her daughter were able to get to a more stable and happier place. Some of the services that supported them during this time included: home delivery of food and emergency supplies, parent education groups, home visiting's developmentally appropriate activities, and developmental screenings. Ms. Gorecki is now enrolled in college. She is majoring in social work to give back to the community someday. With the help of the home visiting program, she was able to enroll her child in preschool and get her child further developmental assessments. The Gorecki family now feels fully supported by, and connected to, the community.



***“Thank you so much for the information, I really appreciate everything you have helped us with. It takes a village, and I am proud to think of First 5 as part of our village.”- Ms. Gorecki***

# 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

**In 2021-2022, FIC staff provided case management support to 23 caregivers and 8 children.**

To provide caregivers and their families essential support following the COVID-19 pandemic, FIC staff offered virtual **Case Management** services. During weekly meetings, families were linked to services in the community and offered concrete supports, including guidance on how they could best address their children's needs and improve parent-child relationships. Case management was provided to 23 caregivers and 8 children, of which 2 were infants under 3 years of age, 2 were 3-5 years of age, and 4 were between the ages of 6 and 12 years. These services aimed to strengthen **protective factors related to Access to concrete supports, Positive social connections, Family stability and resilience, Knowledge of child development, Positive parent-child relationship, and Child self-regulatory ability and social-emotional competence.**

## FAMILY STRENGTHENING AND PARENT EDUCATION

**Tripe P Strengthening Families Program participation improved caregivers' positive parenting practices.**

The Strengthening Families Program (SFP) is a home visiting adaptation of the evidence-based Triple P (Positive Parenting Program) curriculum, serving children ages 3-9 years and youth ages 10-14 years. The SFP program is dyadic (i.e., engages both, child and caregiver), attachment-based, and as such, provides psychoeducation to parents on the topics of child physical, cognitive, and social-emotional development and promotes positive parenting strategies that help improve parent-child relationship and address deficits in child emotion regulation and behavior. The Triple P curriculum particularly supports the following protective factors: **Access to concrete supports, Positive social connections, Family stability and resilience, Knowledge of child development, Positive parent-child relationship, and Child self-regulatory ability and social-emotional competence.**

First 5 San Benito County offers 3 types of Triple P classes, depending on families' needs: Teen, Transitions, and Standard. Triple P Teen aims to help families raise resilient youth; Triple P Transitions is designed to support families going through high-conflict separation or divorce and is provided one-on-one. Triple P Standard offers support and education for families with children who show severe behavioral challenges to help families develop positive parenting practices for managing difficult behavior in their children. The following table shows the number of sessions provided and how many participants were in each class.

**“As a parent, I feel more confident knowing what is best for my child and my family. I've learned to be more present with my child, and to remember to take care of myself, - to remind myself that I'm doing a good job.”**

**-Triple P participant**

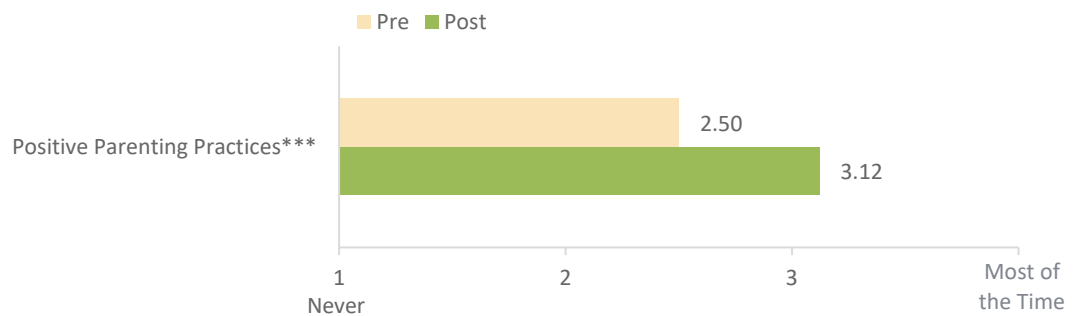


**Figure 17. Triple P Enrollment Rates**

Curriculum	Number of Sessions	Number Enrolled
Triple P Teen	7 one-offs	27
Triple P Standard	13 one-offs and 2 series	47
Triple P Transitions	1 series	15

Source: San Benito Apricot Data Management System 2021-2022.

As in the home visiting program, caregivers participating in Triple P also completed a pre to post retrospective survey on their relationships with their children, comparing 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 (for younger children) to 20 (for pre-teens and teens) parenting practices on a four-point scale from 1=Never to 4=Most of the Time. As the following two charts show, parents/caregivers significantly increased the frequency with which they engaged in positive parenting practices – overall on all items (Figure 18), and individually on most of them (Figure 19).

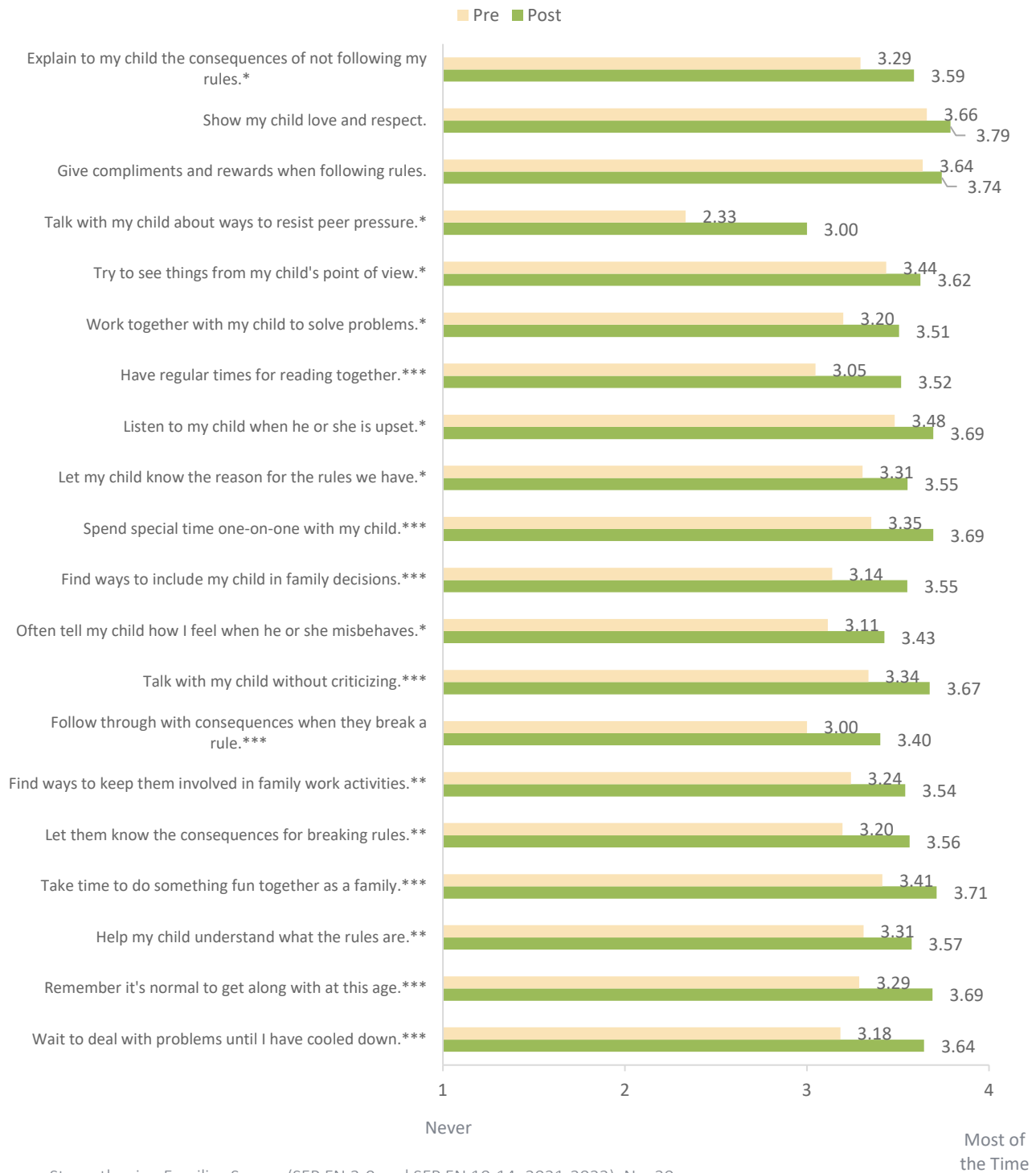
**Figure 18. Frequency of Use of Parenting Practices Before (Retrospective Reports) And After The Program – Average Score**

Source: Strengthening Families Survey (SFP FN 3-9 and SFP FN 10-14; 2021-2022). N = 30.

Scale: 1 = never; 2 = rarely; 3 = some of the time; 4 = most of the time. Positive parenting composite score is an average of 19-20 items,  $\alpha = .80$ . \*\*Statistically significant at  $p < .01$ .



**Figure 19. Frequency of Use of Parenting Practices Before (Retrospective Reports) And After The Program – All Items**



Source: Strengthening Families Survey (SFP FN 3-9 and SFP FN 10-14; 2021-2022). N = 30.

Scale: 1 = never; 2 = rarely; 3 = some of the time; 4 = most of the time. \*Statistically significant at  $p < .05$ ,

\*\*Statistically significant at  $p < .01$ , \*\*\*Statistically significant at  $p < .001$ .

# Impact Across First 5 and Family Impact Center Programs

Participation in First 5 and the FIC programs strengthened the resilience of families and children across all areas of functioning. Families were extremely satisfied with the services and appreciated the help they have received. At program intake and program exit, 130 families were asked a series of questions designed to evaluate family resilience based on known protective factors, across the following categories:

- Access to concrete supports (e.g., ability to find help, to meet basic needs, such as food and shelter)
- Positive social connections (e.g., access to social support)
- Family stability and resilience (e.g., family cohesion)
- Positive parenting, based on knowledge of child development and characterized by nurturance and secure attachment (e.g., parenting efficacy)
- Positive parent-child relationship (e.g., parent-child connection through family activities)
- Child self-regulatory ability and social-emotional competence (e.g., child self-regulation and behavior)

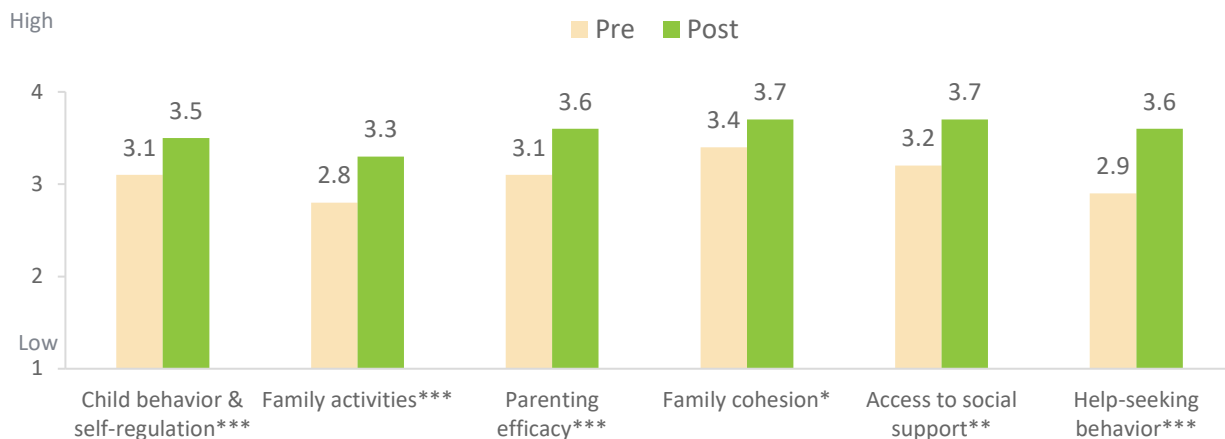
In addition, caregivers rated general satisfaction with the programs they participated in.

## STRENGTHENING PROTECTIVE FACTORS

**Families who participated in First 5 SBC and FIC programs reported improvement on all protective factors.**

After receiving services, parents reported significant improvement across all 6 of these protective categories. Parents felt better equipped to find resources and services to meet their needs (e.g., housing, food, employment). They also felt more supported by their social circle outside of family as well as within their families, which were more united and better equipped to help each other through life difficulties.

**Figure 20. Change in Protective factors From Intake to Exit**



Source: Family Intake and Exit Forms 2021-2022. N = 76-78. Scale for “family activities”: 1 = not at all; 2 = 1-2 times, 3 = 3-6 times, 4 = every day. Scale for all other questions: 1 = not at all true; 2 = not very true; 3 = somewhat true; 4 = definitely true. Significant at \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

With greater personal resources, caregivers also reported an increase in their capacity to be more effective and supportive parents, and to invest in relationship with children through meaningful family activities.

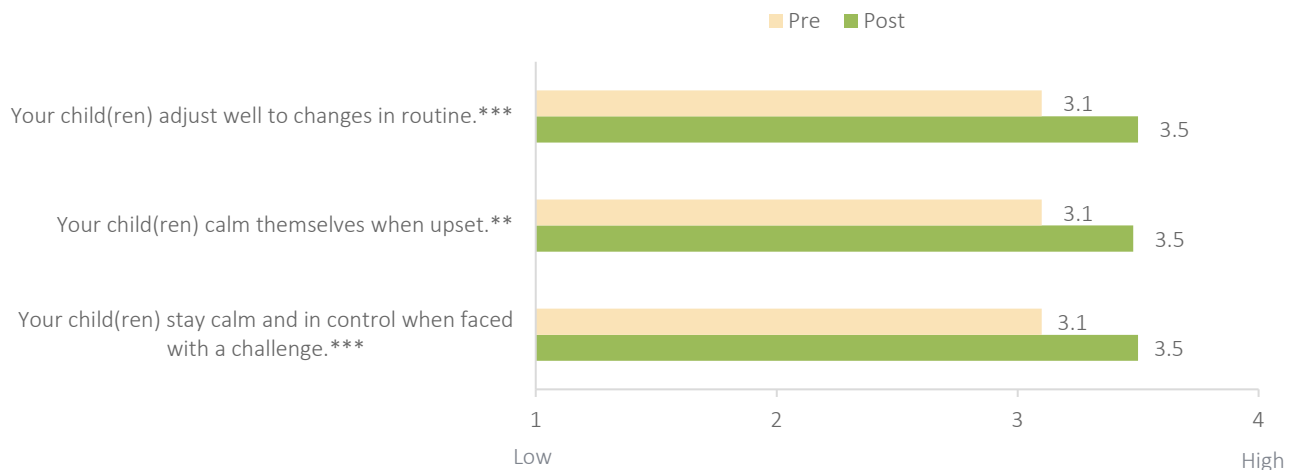
In turn, nurturing and stimulating environment in the home helped buffer children from stress and support healthy growth and development, including improvement in child emotion regulation, which is key protective factor for children, linked to better behavior, social-emotional skills, and academic performance. Indeed, the positive family changes reported by caregivers corresponded with perceived improvement in child behavior and self-regulation, helping family stabilization and creating supportive environments for children to thrive.

## CHILD RESILIENCY

### Children of participating families improved in emotional and behavioral regulation capacity.

Children's behavior and self-regulation factor is a key resiliency factor, as children who are good at listening and following rules have better relationships with family members, peers, and teachers, and show greater academic performance. Child resiliency was measured using three items: ability to adjust well to changes, ability to calm themselves when upset, and ability to stay calm and in control when faced with a challenge. Caregivers indicated how true each statement was for the child on a four-point scale from 1=Not at all true to 4=Definitely true. The chart shows a significant increase from program intake to exit in all of these items.

**Figure 21. Change in Child Emotional and Behavioral Regulation Ratings from Intake to Exit**

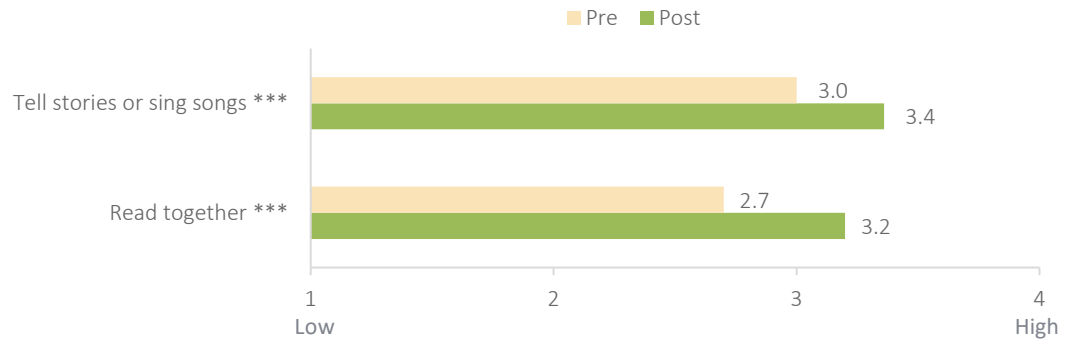


Source: Family Intake and Exit Forms 2021-2022. N = 83-85. Scale: 1 = not at all true; 2 = not very true; 3 = somewhat true; 4 = definitely true. Significant at \*\* $p < .01$ ; \*\*\* $p < .001$ .

## STIMULATING FAMILY ACTIVITIES

### Program participants increased the use of positive and stimulating child engagement activities.

The following chart shows the two family activities items: how often they read with their children, and how often they sang songs or told stories. There was a significant increase from intake to exit in both items. This is a positive finding, as family activities foster involvement of caregivers with children, increase parent-child closeness, and stimulate child cognitive development, critical to early learning and school readiness.

**Figure 22. Change in Frequency of Reading and Singing Songs/Telling Stories from Intake to Exit**

Source: Family Intake and Exit Forms 2021-2022. N = 86-87. \*\*\* $p < .001$ . Scale: 1 = not at all; 2 = 1-2 times, 3 = 3-6 times, 4 = every day.

## FAMILIES' SATISFACTION WITH PROGRAMS AND SERVICES

### All parents agreed that programs and services they received helped them face challenges.

At program exit, 7 out of 10 parents “strongly agreed” and 3 out of 10 “agreed” that the program helped them with the challenges they faced. Additionally, 80% of families “strongly agreed” and 20% “agreed” that they would recommend these services to others.

Based on open-ended responses, about 20% of feedback highlighted satisfaction with all program components, including facilitators, content, activities, resources, and opportunities to connect with other parents. Positive experiences with program participation were linked to activities and materials for about a third of all families.

Another third of all positive comments related to the choice of topics, including child development and parenting, early learning and kindergarten readiness, rules and boundaries, and parent-child connection. About 20% of caregivers had particularly appreciated supports and resources they had received from program specialists and other parents and learning about self-care.

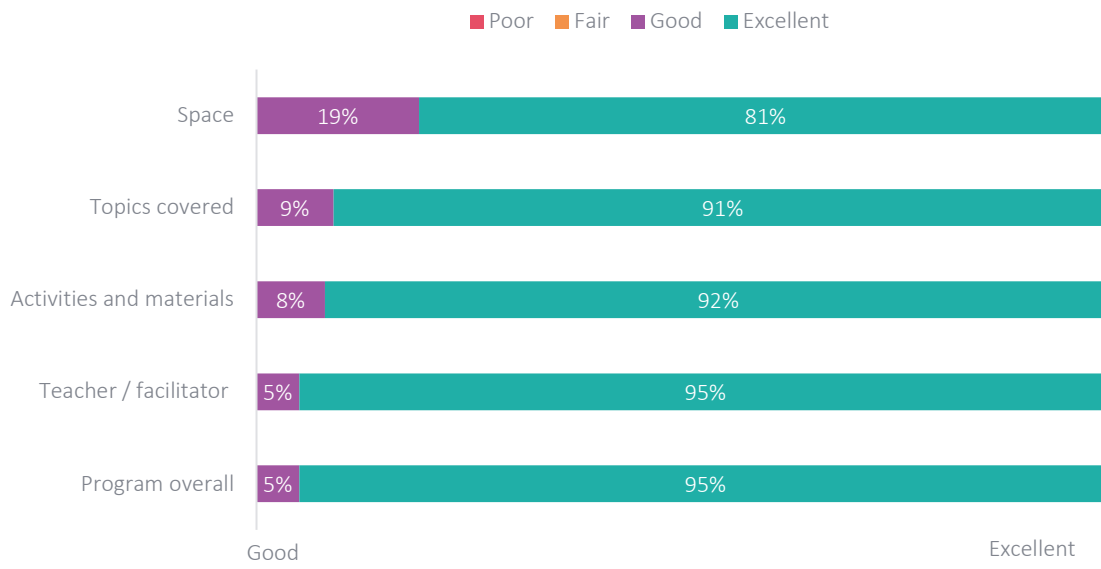
“As a father, the program has helped me be a man involved in my children's life and development. I feel that the activities have helped me and my daughter grow closer.”

Importantly, none of the participants were dissatisfied with programs and services. To the contrary, 9 out of 10 families rated program topics, activities and materials, and facilitators as “excellent” and 1 out of 10 rated them as “good.” Slightly fewer (8 out of 10) families agreed that the space was “excellent,” whereas 2 out of 10 said it was “good.” Overall, 95% of families rated programs and services they have received as “excellent” and 5% rated them as “good.”

“Activities helped my child with his tactile sensory processing. When program started my child did not like painting and he learned to love it with the support and help from the teacher. My child is now able to stay working on activities for longer periods of time. Great program and teachers.”

“Everything was helpful with both programs. I've been a part of your programs for some years now and it keeps getting better. Very appreciative of the support with the programs.”



**Figure 23. Parent/Caregiver Satisfaction with the Family Impact Center Program**

Source: Family Exit Form 2021-22. N for Space= 26, N for all other items = 77. Scale: 1 = Poor; 2 = Fair; 3 = Good; 4 = Excellent.

# Supportive Community

First 5 San Benito and the FIC's commitment to strengthening local communities was put in practice through systems change efforts that address complex issues impacting children, youth, and families' ability to thrive. In 2021-2022 fiscal year, systems change activities continued to be oriented to alleviating the challenges faced by families in the aftermath of the COVID-19 pandemic. Key efforts related to community outreach, emergency supply distribution, and linkage to services and supports, to increase resilience of children and families; increasing community awareness of adverse childhood experiences (ACEs) to help families cope; facilitating professional development opportunities for service providers, to improve quality of services; and leveraging collaboration with community partners to broaden the range of services and bring in new streams of funding.

## OUTREACH EVENTS

**First 5 San Benito and FIC participated in 2 public events, distributing information on programs and services.**

In June of 2021, First 5 San Benito and the FIC partners took part in two outreach events: the Migrant Center Health Fair and the Census Drive-Thru Event. Through agencies' representation at these public events, families were provided with the information about available services and supports offered by First 5 and the FIC. These efforts contributed to the goal of raising awareness on topics of child development and parenting, health and resilience, and resources and programs for families who may benefit from early prevention and intervention.

Beginning in FY 2021-22, First 5 will host quarterly Resiliency Health Fairs offering screenings and information and referral to services in the community.

### Share Resiliency Health Fair: Reading Across America

Slight drizzles of rain and a strong breeze weren't enough to keep families from joining in the fun at the **Share Resiliency Health Fair** in March. Even the Cat In The Hat and Thing One and Two were able to make an appearance! The theme of the day was *Read Across America*. Storytime sessions were hosted by a diverse group of readers. Outside, families could gather information on local services, make time for a bubble break, grab some warm food, or listen to a story during Story Time. Inside the Family Impact Center, families could receive a dental screening, meet with a First 5 Home Visitor and opt for a developmental screening, chat with a staff about chronic stress and set up a meeting to become ACE's aware, or make use of the creativity station. New or expectant parents could also connect with staff to talk about their child's cues and needs.



Partners set up booths for families to interact with. From the Community Pantry to the San Benito County Free Library, every booth made an impact.

#### In Numbers:

- Approximately 265 people attended
- 109 people spent time in the FIC
- 74 people participated in a screening
- 10 partners hosted booths

#### Screenings:

- Ages and Stages Questionnaires
- ACE's Aware & Stress Buster
- Planning Newborn Observations
- Perinatal Mood Disorder
- Dental

## COVID-19 EMERGENCY RESPONSE

**On average, 150 families or 650 individuals received emergency supplies each month. In addition, First 5 and the FIC held 14 Food Distribution Events and 3 Shared Resiliency Health Fairs in which thousands of supplies were distributed to those in need.**

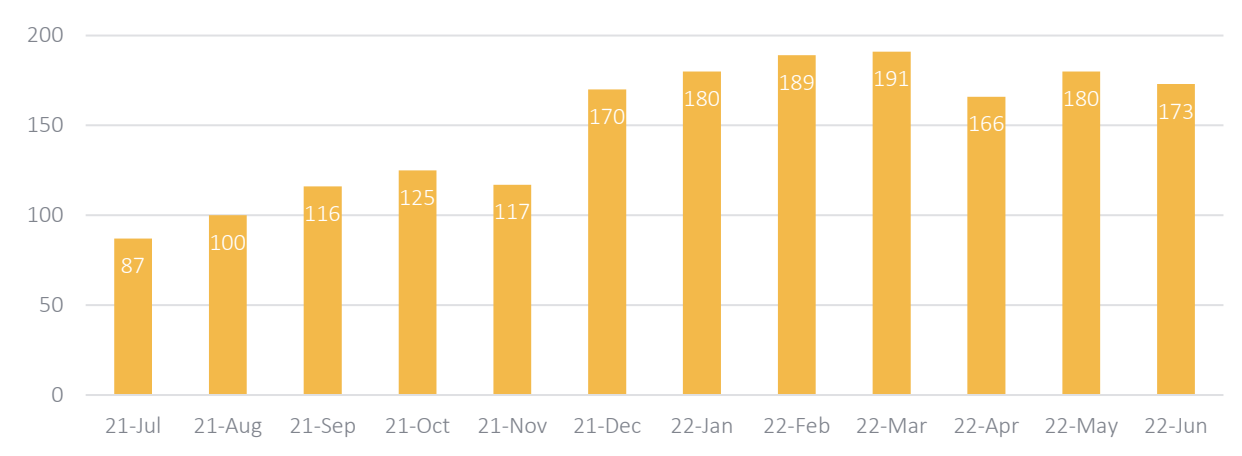
In the wake of the global pandemic, existing financial insecurities of many San Benito families were exacerbated by the drop in employment rates and closure of schools and child care. Although subsequently, the unemployment rate dropped to 7% in 2021, workforce participation remained below the pre-pandemic levels. These trends may explain why the demand for COVID-19 emergency relief resources in San Benito county remained high through 2021-2022.

To counter the aftereffects of the COVID-19 pandemic on local communities, First 5 San Benito and the Family Impact Center (FIC) allocated \$8,000 to distributing food and essentials, like cleaning supplies, diapers, and formula, to local families. In 2021-2022 First 5 San Benito and FIC, in collaboration with over 20 partners in the community, were able to continue emergency supply distribution, serving an average of 150 families or 650 individuals each month. As the public response to the pandemic was winding down, distribution of PPE and cleaning supplies dropped by half, from 3282 to 1499 units. At the same time, demand for other necessities remained steady, whereas the capacity for distributions significantly increased this year. With the generous support of local partners listed on the next page, families received 20 times more diapers (4683 packs), 7 times more wipes (1861 packs), and additionally, 1506 units of baby formula and baby food.

Compared to the pandemic period of February - March of 2021, when 280-300 families received emergency distribution supplies each month, the end of the stay-at-home orders marked the decline in the number of families served by these efforts. By summer of 2021, around 100-120 families relied on emergency distributions each month, although this number increased to 160-180 families around the winter holidays and remained at that level for the remainder of the fiscal year.

The following graph shows the average number of families who received emergency supplies each month over the past year. It may be worth noting that these numbers reflect the food bank distribution counts rather than the true demand for these supplies.



**Figure 24. Number of Families Receiving Emergency Supplies from The Food Pantry**

Source: Emergency Supply Distribution Tracker. 2021-22.

Through the FIC, approximately 25 families received a weekly delivery of bags of food and other supplies every month. 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.

In addition to supporting families, First 5 San Benito and the FIC distributed emergency supplies during the three community Share Resiliency Health Fair events, 14 food distribution events, and to the providers enrolled in the Quality Counts program.



The following chart summarizes the total counts of items distributed throughout the 2021-2022 fiscal year.

**Figure 25. Supplies Distributed during Community Event and Quality Counts Program**

Event/ Program	Food Units	Diaper Packs	Wipes Packs	Formula Units	PPE Units	Books	Activity Kits	Educational Materials
Share Resiliency Health Fair	1,500	16	32	--	865	265	555	274
Food Distribution	11,884	2,648	1,382	913	1,237	--	64	--
Quality Counts	--	60	--	--	--	104	--	156
<b>Total</b>	<b>13,384</b>	<b>2,724</b>	<b>1,414</b>	<b>913</b>	<b>2,102</b>	<b>369</b>	<b>619</b>	<b>430</b>

Source: San Benito Apricot Data Management System 2021-2022. During the Share Resiliency Fairs 10 gift card and 6 New Parent Kits were also distributed.

## Emergency Supply Distribution Partners



Ridgemark Women's Golf Club



The Monterey Peninsula Foundation



First 5 California



First 5 California Association



California Child Abuse Prevention Council



San Benito County Child Abuse Prevention Council



San Benito County Chamber of Commerce



San Benito County Chamber of Commerce Foundation



San Benito Health Trust



San Benito County Department of Public Health



San Benito County Sheriff's Office

San Benito County Migrant Center



The Community Food Bank of San Benito



Supply Bank



United Way of San Benito



Go Kids San Benito



Sunlight Giving Foundation



The David & Lucille Packard Foundation



Crown Sanitation

Marni Friedman, MD

The Church of Jesus Christ of Latter Day Saints

The Elders and Sisters of the Church of Jesus Christ Latter Day Saints

Source: Emergency Supply Distribution Tracker. Approximately 25 FIC families also received food and other supplies weekly throughout the year.

## SAN BENITO COUNTY RESILIENCY NETWORK

### **The RN Network promoted awareness and provided access to resources to overcome ACEs in the community**

In 2020, to improve systems of care in San Benito County, First 5 San Benito and the FIC embarked on the San Benito County Resiliency Network (SBC RN) initiative, a multisector collaborative to improve coordination, partnership, and alignment among local agencies serving children and families. This umbrella collaborative is headed by the Family Impact Center Advisory Council, Share Resiliency San Benito, and the San Benito County Home Visiting System Coordination Initiative, representing over 20 agencies listed at the end of this section.

The 5-year goal of the SBC RN Network is to establish the Community Resiliency Center (CRC), which would provide local families with trauma-informed, culturally sensitive services and resources. The SBC RN Roadmap to Building Community Resilience identified 4 priorities:

- Bringing trauma-informed practices to schools and communities;
- Ensuring racial justice through practice;
- Increase provider capacity to provide trauma-informed care through ACEs training and engage communities in addressing and preventing ACEs;
- Increasing organizational effectiveness through skill-building and collaborative partnerships.

### *Public Awareness of ACEs and Resiliency*

### **The RN Network coordinated a public awareness campaign via 2 billboards in English and Spanish. The Share Resiliency SBC Network of Care website received 78 visits, with 65 first-time visitors.**

In terms of increasing awareness of ACEs in local communities, the SBC RN Network continued to invest in public awareness and outreach campaigns. The RN members met to develop public messaging around child trauma and resiliency, which were then shared in the communities via the use of 2-sided billboards, listing website and contact information for the SBC Resiliency Network in English and in Spanish.

The RN members continued to meet to brainstorm ideas to improve the Share Resiliency San Benito Network of Care website. This online portal offers a one-stop-spot for providers and families to access information and resources on addressing ACEs in the communities, including ACEs training opportunities, and information on trauma screening and clinical assessments, as well as therapeutic treatment strategies, interventions, and supports. In total, the website registered 78 visits, of which 65 were unique/first-time visitors. This is somewhat lower than in the first year of website operations, when it was visited 333 times, of which 138 were unique/first-time visitors. It may be a reflection of the post-pandemic normalization of life, which, at least for some families in San Benito County, was facilitated through the supportive services of First 5 SBC and FIC offered last year.



### *Building Provider Capacity for Trauma-Informed Care*

**This year, 19 RN Network members and 2 Medi-Cal providers completed ACEs AWARE Statewide training.**

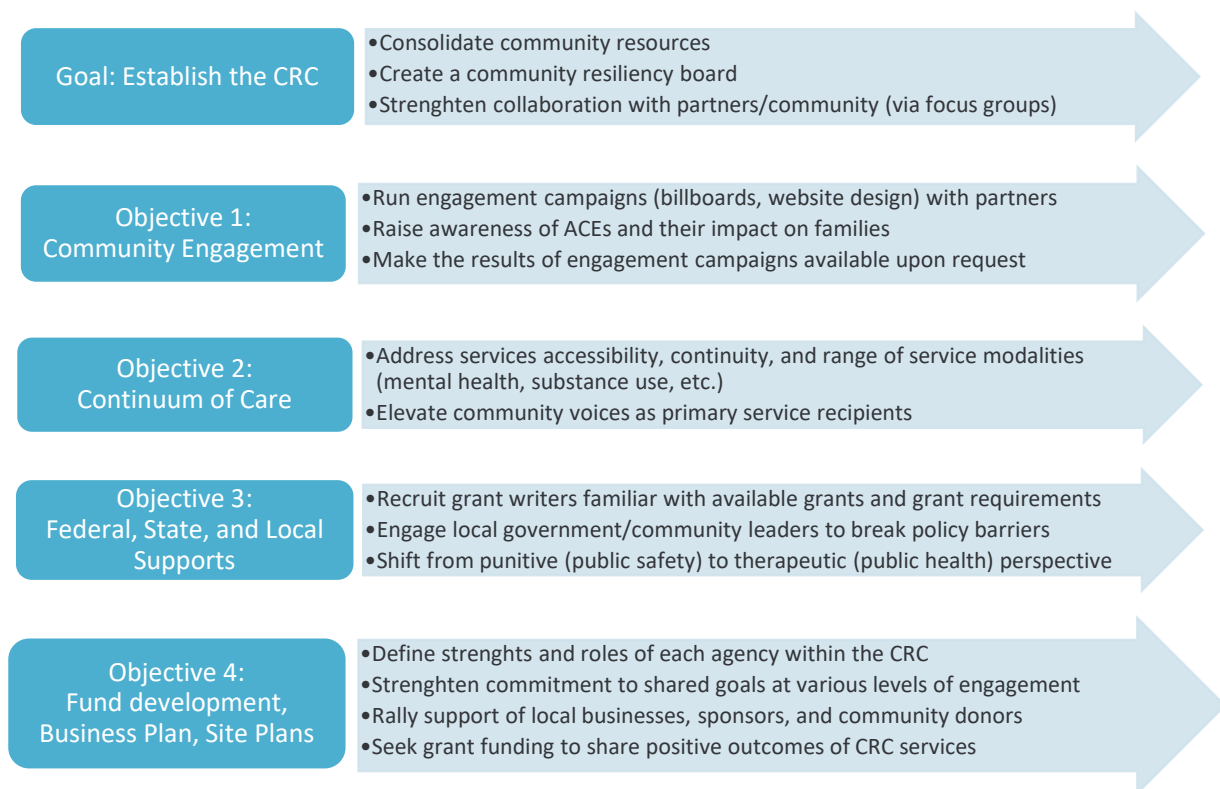
As one of the goals of the SBC RN Network was to increase knowledge of ACEs among the providers and the local communities, in 2021, 19 SBC RN members completed the ACEs Aware statewide training initiative. Moreover, as part of the implementation efforts, the San Benito County extended the ACEs training requirement to local MediCal providers, certifying 14 providers in 2020. This year, a total of 5 Medical providers were contacted about the training, of which 5 completed registration, but only 2 completed the training. This is likely the outcome of the post-pandemic staff shortages, as with the end of the safer-at-home guidelines more families are seeking in-person care, leading to an increase in caseloads and less time for professional development.

"The trainings that were offered this year have really helped me support the development of the children in my care. These ongoing professional development trainings have kept me up to date on how children learn and develop. I was also able to obtain new curriculum resources and more."

### *Facilitating Systems Change*

**The RN Network members held a focus group meeting to discuss establishing Community Resiliency Center.**

Despite these challenges, the RN Network members continued to meet monthly, to address the stated goal of increasing organizational effectiveness and strengthening partnerships. During these meetings, the SBC RN members identified 4 short-term strategic priorities related to the overarching goal of establishing the CRC and discussed barriers and solutions to their implementation. The diagram below depicts each strategic priority area and lists actionable steps to address it.



In addition, RN members finalized the CRC logo and identified some areas that require further attention. These included considerations of long-term financial sustainability and financial oversight; strategic planning to assign well-defined areas of responsibility for each agency, i.e., who is responsible for funding, outreach, and so on; and identifying effective ways to collect usable data, particularly from broader community.

### *Home Visiting Coordination*

#### **The RN Network continued to meet throughout the year to streamline home visiting services.**

Last year, 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 2021-22, the efforts in this direction continued to follow the previously established action plan that detailed activities aiming 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.

### *SBC RN Data Tracker*

#### **The RN Network members coordinated ideas to design and implement a shared referral database.**

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.

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.

The database selected was Apricot 360, a referral and care management database developed by Social Solutions. Much of 2021-22 was spent customizing the database for the Family Impact Center and First 5 San Benito. Staff members received training and ongoing support on how to use the system and were able to efficiently and successfully use the database to record their constituents’ participation and progress.

## Resiliency Network Partners



First 5 San Benito



Family Impact Center



San Benito County Child Abuse Prevention Council



Healthy Mothers, Healthy Babies Coalition



San Benito County Chamber of Commerce



San Benito County Chamber of Commerce Foundation



San Benito County Health and Human Services Agency



San Benito County Department of Public Health



San Benito County Behavioral Health

San Benito County Migrant Center



San Benito County Office of Education



San Benito County Head Start



San Benito County Sheriff's Office



San Benito County Probation



Santa Clara County Office of Education



Jacob's Heart Children's Cancer Support Services



The Community Food Bank of San Benito



Go Kids San Benito



Transcend Educational Services



Youth Recovery Connections



United Way of San Benito



San Benito County 211



Emmaus House

Ascending Families LLC



San Benito County Free Library

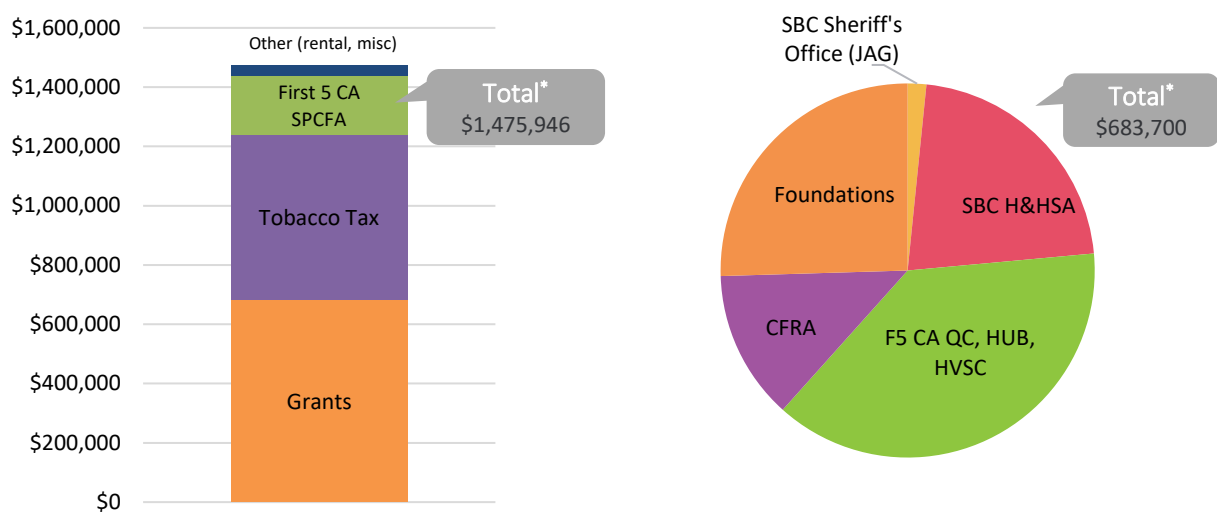
The Church of Jesus Christ of Latter Day Saints

## FUNDING AND SUSTAINABILITY

**In 2021-22 First 5 San Benito received close to \$1.5 million in unrestricted use revenue.**

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 county agencies 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 steadily declined over the recent years, following the statewide decrease in tobacco use. To offset this loss in funding, First 5 agencies, including First 5 San Benito, had to find ways to diversify, leverage, and maximize other streams of funding, so as to continue meeting the needs of children and families in the county. In 2021-22, First 5 San Benito's total revenue was \$1.5 million, of which \$683,700 was secured through collaborative and program-specific grants.

**Figure 26. First 5 San Benito Revenue and Grants, 2021-22**



Source: Revenue: First 5 San Benito Budget, FY 2021-22.

\*Excluding encumbered Foundations funds (\$145,833) and restricted use Health Trust funds (\$207,029). Grants: First 5 San Benito Grant Report. 2021-22. \*Excluding restricted funds (\$1,720).

**Figure 27. List of Funders and Grants, FY 2021-22**

Revenue, by Type	
Grants	\$683,700
Tobacco & E Cigarette Tax	\$555,622
F5 Small Population County Funding Augmentation (SPCFA)	\$200,109
Other Sources: Rental, State Surplus Monetary Investment Fund, Ridgemark Women's Golf Club, Paul Ramos)	\$36,515
<b>TOTAL</b>	<b>\$1,475,946</b>

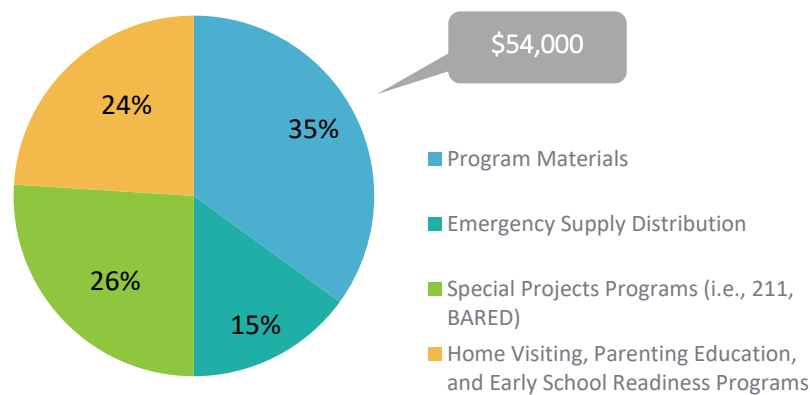
Grants, by type	
First 5 CA Grants Quality Counts, HUB, Home Visiting System Coordination	\$260,413
SBC Health & Human Services Agency (H&HSA)	\$150,000
SBC Sheriff's Office Justice Assistance Grant (JAG)	\$11,000
California Family Resource Association (CFRA)	\$88,120
Foundations: Monterey Peninsula, D&L Packard, Sunlight Giving	\$174,167
<b>TOTAL</b>	<b>\$683,700</b>

Of the \$683,700 received by First 5 San Benito in grants, 75% were funds secured in collaboration with the First 5 San Benito and FIC partners, including:

- San Benito County Sheriff's Office (the federal Justice Assistance Grant [JAG]) - for prevention and community education, such as 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
- The Regional Hub for quality early learning supports, Quality Counts, and Home Visiting System Coordination Project, - for programs to support healthy development and early learning of young children in home and early learning care settings. These moneys also covered professional development and training of early care and education providers.
- California Family Resource Association, - to help connect family resource centers with allied organizations, networks, community leaders, and policymakers.

**In 2021-22, First 5 San Benito committed \$54,000 to cover expenses for programs and services.**

Figure 28. FY 2021-22 Expenditures, by Type



Additionally, to improve quality of services for children and families, First 5 San Benito allocated \$21,400 toward professional development, with at least \$18,400 going directly toward prevention and early intervention trainings for child care and family support providers.

## 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.