



First 5 San Benito Strategic Plan 2018 - 2022



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Introduction and Background

Proposition 10

In November 1998, the California voters passed Proposition 10, the California Children and Families First Initiative, which added a 50 cent-per-pack tax on tobacco products. Revenue from the tax is deposited into a trust fund, then disbursed with the intent to promote, support and improve early development of children from the prenatal stage through five years of age. Eighty percent (80%) of these revenues are allocated annually to the 58 individual California counties to benefit children from prenatal to five years old. Each local Commission has control over their own funds and by law is empowered to make local decisions about how funds should be spent. The remaining 20% of the revenues supports statewide programs and research.

State Commission

The California Children and Families Commission is responsible for state-level administration including developing program guidelines, reviewing county plans, and conducting annual program review and evaluation. The nine-member commission also spends 20% of the available revenues annually on mass media communications, parent and provider education, child care, research and administration.

First 5 San Benito Commission

The San Benito County Board of Supervisors established the First 5 San Benito Children and Families Commission in 1999 to administer and allocate the county's portion of the Proposition 10 funds. In 2015, the Board of Supervisors approved a revision to County Ordinance 937, establishing First 5 San Benito (First 5 SB) as an independent public entity. First 5 San Benito is governed by nine Commissioners who represent county government, public health, social services, education, and early care and education. The Commission is required to adopt a strategic plan to guide how funds will be spent and progress will be measured. Local planning must be consistent with state guidelines, and programs must be reviewed and evaluated annually.

Through the history of the organization, First 5 SB has made efforts to respond to the needs in the community and direct funding in a manner that will address identified needs and develop effective systems. Since local funding began in 2001, First 5 SB has invested more than \$20 million in the community in grants and direct services. In the FY 2011-12 strategic plan, the Commission restructured its investments in the community by decreasing funding to grantees and increasing First 5 SB's role in providing direct

services in order to serve more children and their families. In each subsequent strategic plan, the Commission has further refined this funding strategy, as well as increased its investments in capacity-building and systems change, in order to invest its resources in a manner that achieves the maximum impact.

Statewide, Prop 10 tax revenue has been declining, and it is projected to continue declining in the future. However, First 5 California has included First 5 SB in its small-county allocation and renewed baseline funding of \$650,000 per year for the duration of this strategic plan. In addition, First 5 SB anticipates receiving an estimated \$80,000 per year from the Proposition 56 tobacco tax that passed in 2016. A portion of the Prop 56 tobacco tax revenue is distributed to every First 5 Commission to help mitigate the reduction in Proposition 10 revenues resulting from the new, higher tax.

Profile of San Benito County

San Benito County encompasses 1,391 square miles in California's central coast region, between the Santa Cruz and Diablo Mountain ranges. The county is approximately 40 miles inland from Monterey and 95 miles south of San Francisco. The larger, more populous counties of Merced, Monterey, Santa Cruz, Santa Clara and Fresno border San Benito. San Benito County, with a mix of row crops, orchards and cattle ranches, has long been thought of as a rural, agricultural community. In addition, the county serves as a bedroom community for Silicon Valley, and as a result many residents commute out of county for work.

San Benito County is a growing and diverse community, with both assets and areas to strengthen. Key demographic characteristics include:

- The estimated population of 58,081ⁱ makes San Benito the 17th smallest county in California, but the population has grown 4.5% since the 2010 census.
- The majority of residents identify as Hispanic or Latino (58%) or White (36%). The remainder of county residents identify as Asian or Pacific Islander (3%), multi-racial (1.7%), Black or African American (.7%) nor Native American (.3%)ⁱⁱ.
- Eight percent of the county's population are children ages birth through five (n=4,557). In 2013, there were 752 births in San Benito County, primarily to Latino families (68%) and Caucasian families (27%)ⁱⁱⁱ.
- Less than half (38%) of families in San Benito County say they can afford basic living expenses.^{iv}

- Seventeen percent of all children in the county are living in economically-disadvantaged families, with incomes at or below 100% of the Federal Poverty Level.^v
- There were 2,878 English Learners in San Benito County's K-12 public school system in 2017-18.^{vi} Of these students, the majority (97%) identified Spanish as their primary language, which is reflective of the community's diverse and changing demographics.

In the 2016-17 California County Scorecard produced by Children Now, several indicators of children's health and well-being are trending in a positive direction in San Benito county, including:

- Eighty-two percent of women in San Benito County began receiving early prenatal care (before the end of the first trimester).^{vii} San Benito remains in the top third of California's counties on this indicator of child health and well-being, although the percentage has declined from a recent high of 90%, as reported in the 2012-13 County Scorecard.^{viii}
- The percentage of newborns who are exclusively breastfed while in the hospital has increased to 51%, up from 45% as reported in the 2012-13 County Scorecard.
- Sixty-two percent of young children, ages 0-5, are read to every day. This mirrors the California average of 62%.
- Forty-five percent of 3rd graders are reading at grade level, slightly higher than the California average of 42%.
- Sixty-two percent of children are at a healthy weight. This mirrors the California average (62%) and represents an improvement since the 2014-15 County Scorecard that showed 41% of children were in a healthy weight zone.

Other indicators in the 2016-17 County Scorecard warrant further attention because of the overall trends or differences among subpopulations. For example, in San Benito county:

- Thirty-five percent of 3- and 4-year olds attend preschool, which is lower than the statewide average (47%) and has been decreasing since 2012-13 (42%), rather than increasing. Among children who attend preschool, a higher percentage are White (41%) than Latino (33%).
- Eighty-eight percent of children (ages 0-17) have a usual source of health care. This percentage is lower than the statewide average (93%) and has decreased from 92% in 2012-13, the year this indicator was first included in the County Scorecard.
- Forty percent of young children (ages 0-3) who are low income visited a dentist in the past year. While this is higher than the statewide average of 32%, it still means

that less than half of young children are receiving essential preventive oral health care.

While many of these indicators provide a useful point-in-time snapshot of the status of children's health and well-being, they should be viewed within the broader context of the social, economic, environmental, and systemic conditions that affect the trajectory of health and well-being for children and families. For example:

- The California Child Care Resource and Referral Network estimates that licensed child care is only available for 23% of children (ages 0-12) with parents in the labor force.^{ix} This shortfall in the availability of child care is likely to be one of the main factors contributing to the low percentage of preschool enrollment.
- In addition, the high cost of child care – ranging from \$8,424 for full-time preschool care in a family child care home to \$13,357 for full-time infant/toddler care in a licensed center^x – can make high-quality early care and education seem out of reach for many families.
- There is a shortfall in medical, dental, and mental health providers in San Benito County, which creates barriers to accessing preventive, whole-person care that is critical to the health and well-being of children and families.
 - In San Benito, the ratio of the county population to primary care providers is 2,940:1 (one provider per 2,940 people), while the ratio of the county population to dentists is 1,920:1.^{xi}
 - Although the ratio for dentists includes people of all ages in the county, the low number of dental providers is a likely contributor to the low percentage of young children from economically-disadvantaged families who visited a dentist in the last 12 months.
 - The shortfall in mental health providers is even more stark. The ratio of the county population to mental providers is 1,080:1, whereas the statewide ratio is 320 people per 1 provider.

First 5 San Benito is committed to investing its resources strategically to amplify the many strengths that exist in San Benito County and turn the curve on indicators that have the greatest impact on the health and well-being of children, prenatal through age five, and their families.

Strategic Framework

VISION

San Benito County's children thrive and reach their full potential at home, in school, in the community, and throughout life.

MISSION

First 5 San Benito promotes the health, early learning, and social-emotional well-being of children prenatal through age 5 via strategic investments and partnerships.

VALUES

Responsiveness

We invest in programs and partnerships that are responsive to and reflective of the diverse needs of children prenatal

Strategic Impact

We invest in programs and partnerships that show evidence of effectiveness and produce measurable improvements in outcomes.

Collaboration

We lead, convene and participate in partnerships that are aligned with our strategic plan and magnify the impact of our investments.

Sustainability

We develop sustainable programs and partnerships by leveraging our assets with public and private resources.

Innovation

We build upon proven best practices and create integrated, innovative, and cost-effective programs, policies, and systems.

Resiliency

We invest in and advocate for policies, partnerships, and programs that are trauma-informed and address risk factors for vulnerable children that have experienced adverse events.

Accountability

We are transparent and adhere to high standards to ensure that our funds are utilized effectively, in accordance with all laws.

Social Equity

We ensure all children and families have equal opportunities to lead healthy, productive lives.

Strategic Priorities and Goals

The First 5 San Benito Commission has renewed its commitment to the following priorities and goals, which are aligned with First 5 California's strategic plan and will guide the Commission's investments and activities.

SPA 1: Children and Families

- Enhance the system and delivery of services to meet child health, early learning and family and community support needs.

SPA 2: System and Network

- Provide leadership to ensure that First 5 San Benito's investments result in meaningful, measurable and sustainable impacts.

SPA 3: Public Will and Investment

- Build the community's engagement, investment in and support of First 5 San Benito's mission.

SPA 4: Institutional Development

- Strengthen First 5 San Benito's internal capacity to realize its mission and achieve greater impact.

Strategic Initiatives

Over the past several years, First 5 San Benito has intentionally shifted away from funding grants for individual programs to investing in initiatives that address multiple priority areas through coordinated systems and services. This funding strategy has broadened the reach and impact of the Commission's investments and enabled First 5 SB to leverage its resources through new partnerships and funding opportunities. This has become increasingly important, given the projected decline in Prop 10 revenue.

The Commission remains committed to focusing on strategic initiatives as its primary investment approach. In addition, the Commission may allocate a portion of its funds each year for "Community Response Grants." This will give the Commission the flexibility to respond to emergent community needs that may not fit within one of the strategic initiatives. The Commission adopted the following guidelines for determining what constitutes a Strategic Initiative (versus a Community Response Grant). These guidelines help the Commission invest its resources in the most strategic, impactful manner. First 5 San Benito's Strategic Initiatives will:

- Address the strategic priority areas adopted by the Commission.
- Identify a broad goal, outcomes, key strategies, and activities.
- Utilize a trauma-informed prevention framework that draws from evidence-based models and best practices.
- Enhance collaboration among multiple sectors and organizations that serve First 5 SB's target population.
- Provide opportunities to leverage and maximize the impact of First 5 SB's investments.
- Create systems changes that promote social equity.

Utilizing these criteria, the Commission adopted these initiatives for the 2018-22 strategic plan and allocated its investments across the initiatives.



STRATEGIC INITIATIVE: FAMILY WELLNESS PROGRAM (FWP)	
ANNUAL INVESTMENT: \$700,000	
GOAL: Improve the physical health and development, social-emotional well-being, and family environments of children prenatal through age 5.	
OUTCOMES:	
<ol style="list-style-type: none"> 1. Families of children prenatal through age 5 have access to services and resources to support optimal child development and healthy parenting. 2. Families have access to comprehensive preventative and primary health care. 3. Families are aware of the importance of child health and development. 4. Children live in safe and nurturing environments, free from neglect and abuse. 	
STRATEGIES	F5 SB ACTIVITIES
<ul style="list-style-type: none"> • Evidence-based <i>Parents as Teachers</i> home visits • Parent education and play groups focused on parent/child interactions • Preventative health and wellness services • Outreach at health fairs • Injury prevention programs • Screenings and referrals to community resources • Professional development • Training and technical assistance on the Five Protective Factors, reflective practice, and neurodevelopment • Resource exchange and stewardship • Evaluation • Communications • Legislative engagement and leadership • Advocacy 	<ul style="list-style-type: none"> • Convene and lead network of FWP partners. • Provide services to families served by FWP sites. • Provide parent education services. • Connect families to community resources. • Fund or provide professional development opportunities for FWP partners. • Build partnerships to align and leverage resources that support child health and development and positive parenting. • Facilitate the exchange of information and best practices in child health and development and parenting. • Evaluate the FWP Initiative and share outcomes with strategic partners. • Build public and political commitment to invest in early childhood and family support by communicating the link between child health, social-emotional well-being, positive parenting, and family support. • Advocate for and influence local, regional, state and federal policies that increase investments in early childhood and family support.

INDICATORS OF SUCCESS

- Percent of parents with increased parental efficacy.
- Percent of parents who value reading aloud to children.
- Percent of children at healthy weight.
- Percent of children on track with health care.
- Percent of children meeting developmental milestones.

Rationale for Investing in the Family Wellness Program

In FY 2011-12, First 5 San Benito restructured the way it invested in programs that targeted children ages prenatal through five years and their families. Funding was used to establish the Family Wellness Program (FWP), a new service delivery system designed with the following goals in mind:

1. Build the capacity of community agencies/organizations serving children and families.
2. Promote the integration of services for children and families.
3. Enhance the delivery of services to meet the child’s development, educational, and health needs.

The FWP is comprised of a coordinated network of agencies and programs that provide resources and services to early childhood education partner sites, including home visits, consultants, professional development and technical assistance, the Raising a Reader lending library, and mindfulness, nutrition and exercise programs. The FWP system and services are aligned with the evidence-based Strengthening Families framework, which promotes five protective factors:

1. Parental resilience
2. An array of social connections
3. Adequate knowledge of parent and child development
4. Concrete support in times of need
5. Access to quality early learning opportunities

Research demonstrates that these protective factors can form a buffer around the family, which builds resiliency and can reduce the incidence, as well as mitigate the effects of, chronic stress and adverse childhood experiences such as child abuse, neglect, parental incarceration, parental mental illness, and poverty.

During the 2018-22 strategic plan, First 5 SB will focus its efforts and investments in the Family Wellness Program on deepening and strengthening the continuum of care through these strategies:

- **Promotion** – create and disseminate community messaging about the importance of positive caregiver-child interactions, resiliency, parent-child attunement, and literacy skills;
- **Prevention** – coordinate and enhance programs that promote early childhood education, healthy child development, and social-emotional well-being; and
- **Intervention** – establish a “warm hand-off” referral network and Community Navigator approach to connect community with appropriate resources and services.

STRATEGIC INITIATIVE: LITERACY PROGRAMS	
ANNUAL INVESTMENT: \$300,000	
GOAL: Increase opportunities for children prenatal through age 5 to develop early language and literacy skills that are the foundation of reading fluency by 3 rd grade.	
OUTCOMES:	
<ol style="list-style-type: none"> 1. Early educators utilize evidence-based approaches to teaching early literacy skills. 2. Families provide children with literacy-rich environments and routines that instill a love of reading. 3. Children enter kindergarten with literacy skills that will prepare them for grade-level reading. 	
STRATEGIES	F5 SB ACTIVITIES
<ul style="list-style-type: none"> • Professional development • Literacy campaign • Literacy programs for families • Literacy support in early childhood education settings • Prevention and early detection of barriers to learning • Linkages to K-12 school system • Coordination of existing literacy programs • Resource exchange and stewardship • Evaluation • Communications • Legislative engagement and leadership • Advocacy 	<ul style="list-style-type: none"> • Fund literacy programs that demonstrate evidence of increasing early language and literacy skills, including but not limited to: Raising a Reader, StoryTime, and Mis Historias (La Lectura). • Build partnerships to align and leverage resources that support literacy development. • Support adult literacy programs for English learners. • Facilitate the exchange of information and best practices in literacy development. • Evaluate the Literacy Programs Initiative and share outcomes with strategic partners. • Build public commitment to invest in early literacy by communicating the link between early literacy, 3rd grade reading and future success. • Advocate for and influence local, regional, state and federal policies that increase investments in early literacy and adult literacy.
INDICATORS OF SUCCESS	
<ul style="list-style-type: none"> • Participant perceptions about the benefits of Story Time • Percent of parents utilizing library services • Frequency of pre-literacy activities reported by families • Percent of participants with knowledge of family reading skills 	

Rationale for Investing in Literacy Programs

First 5 San Benito believes that learning begins at birth, and that all children deserve the opportunity to reach their full potential in school and life. However, exposure to Adverse Childhood Experiences (ACEs)—such as poverty, cultural and linguistic isolation, discrimination, unstable housing, barriers to accessing health care, lack of access to high-quality early learning experiences, substance use, mental illness, and family or community violence—can disrupt the developing brain and threaten children’s lifelong health and well-being. As the number of adverse experiences in a child’s life increases, so does the risk for developmental delays, behavioral problems, and poor health outcomes later in life, such as heart disease, diabetes, substance abuse and depression.

Young children who experience adversity in their homes and neighborhoods are at greater risk of entering school without the foundational social-emotional and academic skills they need to succeed in school. This “readiness gap” can manifest later on as the “achievement gap” – or disparities in educational outcomes such as reading and math proficiency and high school graduation. Lower educational attainment, in turn, increases the difficulty of finding good-paying jobs, which contributes to the intergenerational cycles of stress and adversity that set the stage for the achievement gap in the next generation of children.

For these reasons, First 5 SB will continue to invest in effective, culturally-sensitive programs that enhance the language and literacy skills of child and adult learners. This two-generation approach recognizes parents and caregivers as children’s first and most important teachers and offers tools and support to teach children language and literacy skills that are essential building blocks of school readiness. Offering literacy programs for both children and adult English Learners helps boost family literacy skills and foster a lifelong love of reading and learning together.

First 5’s direct investments in literacy programs will help ensure that all young children in San Benito county have access to books, language- and literacy-rich environments, and high-quality early learning experiences at home and in their communities, prior to entering kindergarten. These intentional investments are an important aspect of ensuring that all children – regardless of race, ethnicity, language, income, or other socio-cultural characteristics – are socially, emotionally, and academically ready for school and have equitable opportunities to succeed in school and life.

STRATEGIC INITIATIVE: SAN BENITO COUNTY CHILDREN, YOUTH & FAMILIES IMPACT CENTER	
ANNUAL INVESTMENT BY 2022: \$1,000,000	
GOAL: Co-create a trauma-informed Children, Youth & Families Impact Center that demonstrates the effectiveness of therapeutic approaches within an early education and intervention program for children and families who have experienced trauma and adversity.	
OUTCOMES:	
<ol style="list-style-type: none"> 1. First 5 SB and community partners develop local evidence of effective approaches and interventions in each of F5 SB’s strategic initiatives. 2. Multi-system, cross-sector partners establish a continuum of care across the spectrum of promotion, prevention and intervention 3. First 5 SB and community partners utilize local evidence and community-level outcomes to influence systems and policy changes and create opportunities to access funds from diverse funding streams. 4. The San Benito County Children, Youth & Families Impact Council is established and advocates for a designated Children, Youth & Families Impact Fund. 5. F5 SB staff and community partners deepen their practice and increase their capacity to meet the needs of the most vulnerable families in the community, including teen parents, welfare and foster children, food insecure families, and those who have suffered abuse and neglect. 	
STRATEGIES	F5 SB ACTIVITIES
<ul style="list-style-type: none"> • Multi-system, cross-sector partnerships • Demonstration site offering high-quality early learning opportunities with integrated health, wellness and family support services • Developmental screenings and assessments • Professional Development • Training on social-emotional development, self-regulation, neurodevelopment • Resource exchange and stewardship • Evaluation • Communications 	<ul style="list-style-type: none"> • Convene partners across systems and sectors • Establish an interagency San Benito County Children, Youth & Families Impact Council • Establish the San Benito County Children, Youth & Families Impact Center as a demonstration site, in partnership with the Impact Council • Provide opportunities and incentives for early childhood educators to participate in collaborative, reflective learning processes at the demonstration site. • Fund programs and/or align partnerships and resources that foster high-quality early care and education and are grounded in: Infant mental health, Cultural

STRATEGIC INITIATIVE: SAN BENITO COUNTY CHILDREN, YOUTH & FAMILIES IMPACT CENTER	
<ul style="list-style-type: none"> • Legislative engagement and leadership • Advocacy 	<p>responsiveness, Reflective practice, Attuned interactions, and Trauma-informed care.</p> <ul style="list-style-type: none"> • Facilitate integration of neurodevelopment into Impact Center programs and practices. • Evaluate Impact Center Initiative and share outcomes with strategic stakeholders. • Build public and political will to establish a dedicated children and youth fund in San Benito county • Advocate for and influence local, regional, state and federal policies that increase investments in a trauma-informed family and child services system in San Benito county.
INDICATORS OF SUCCESS	
<ul style="list-style-type: none"> • San Benito County Children, Youth & Families Impact Center established. • Other indicators TBD with partners 	

Rationale for Investing in the San Benito County Children, Youth, and Families Impact Center

The first five years of life – starting prenatally – are vitally important for building a strong foundation for lifelong health and well-being. During this critical period of development, a healthy brain forms 700 new neural connections every second, reaching 80% of the size of an adult’s brain by age three. Responsive, nurturing caregiving in safe, engaging environments fosters healthy brain development, creating a strong foundation for children to develop the social, emotional, cognitive and physical skills needed to thrive in school and throughout life.

However, not all children begin life with the same strong foundation. Many children live in families and communities experiencing tremendous social, economic, and environmental challenges – such as poverty, cultural and linguistic isolation, discrimination, unstable housing, barriers to accessing health care, lack of access to high-quality early learning experiences, substance use, mental illness, and family or community violence. Chronic stress and adversity disrupts healthy brain development

and increases the risk for developmental delays, social-emotional or behavioral problems, low educational attainment, and poor health outcomes later in life, such as heart disease, diabetes, substance abuse and depression.

This does not have to be the reality for San Benito's children, though. A growing body of research by scientists and economists, such as Nobel prize-winner James Heckman, demonstrates that investing in high-quality early childhood development programs – such as early care and education, developmental and behavioral health services, and parenting and family support – yields the greatest benefits to children, families and society. In fact, investments in high-quality early childhood development programs for disadvantaged children can deliver a 13% annual return on investment by improving life outcomes related to health, education, employment, and social behaviors, which in turn decreases the need for costly treatment and remediation services.^{xii} Heckman states, “The highest rate of return... comes from investing as early as possible. Starting at age three or four is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years [of childhood] for the greatest efficiency and effectiveness.”^{xiii}

While the level of knowledge about the importance of early childhood and the impact of trauma and adversity in childhood is growing among local, state, and national leaders, the service environments that address children's early developmental needs are often fragmented, under-resourced, and reflect a “one-size-fits-all” approach designed to meet the needs of the service provider or system, rather than the needs of the child or family. As a result, the systems that intend to support children and families often end up reinforcing or perpetuating the effects of trauma, rather than facilitating healing and resiliency.

In recognition of this dynamic, First 5 SB has organized local leaders around building a sustainable, outcome-based collaborative planning effort as part of its strategy to strengthen systems and networks. Members of the Hollister Literacy Collaborative (the Collaborative) have worked together on past efforts to resolve social equity barriers in a local park and understand the need for deeper systemic work to address the underlying issues that exist within the community.

Partners in the Hollister Literacy Collaborative share a value of investing in early education and prevention and determining the potency and developmental window for intervention strategies that keep children and youth in school and away from the juvenile

justice system. When the Collaborative was initially established (during First 5's 2014-17 strategic plan), the partners adopted third grade literacy scores as a common indicator to measure, as it is a key predictor of later outcomes, such as high school graduation rates or involvement in the justice system.

Soon after selecting this common indicator, a fact-finding process that included one-on-one stakeholder interviews and a review of data and studies led the Collaborative to re-examine common assumptions about the presence and extent of gaps in academic outcomes based on language, ethnicity, and socioeconomic status. Countywide data revealed that although there were differences between student groups in academic outcomes such as graduation rates and completion of required courses for admission to a UC and/or CSU, the differences were not as stark as originally believed. However, a deeper look at other countywide school data revealed some concerning patterns, such as among students who were suspended, 155 were Hispanic or Latino, 46 were White, and three were Asian. Of those students, only Hispanic/Latino students were suspended for "defiance" both in school and out.

These findings led the Collaborative to further explore the impact of historical and cultural trauma, and acknowledge the tendency of educators, service providers, and policymakers alike to treat differences in outcomes as shortfalls and lay the responsibility for school success in the lived experiences of children, rather than on the education system itself (Shields, 2004).^{xiv} This, in turn, led the Collaborative to shift away from focusing on third grade reading proficiency as the main predictor of future educational outcomes, and instead adopt a shared goal of building a responsive, coordinated, trauma-informed child and family service system, "in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, caregivers and service providers."^{xv}

To this end, First 5 San Benito will invest in this strategic initiative and work with partners to establish the San Benito County Children, Youth & Families Impact Center as a framework for creating the desired:

- **Impact** on outcomes related to the health and well-being of children, families, and the community;
- **Influence**, or changes in policies, systems, and public opinion that are necessary to create and sustain investments in a trauma-informed family and child services system;

- **Leverage**, or changes in the way that service providers, funders, policymakers, and community members work together to utilize existing resources and attract additional investments in children and families.

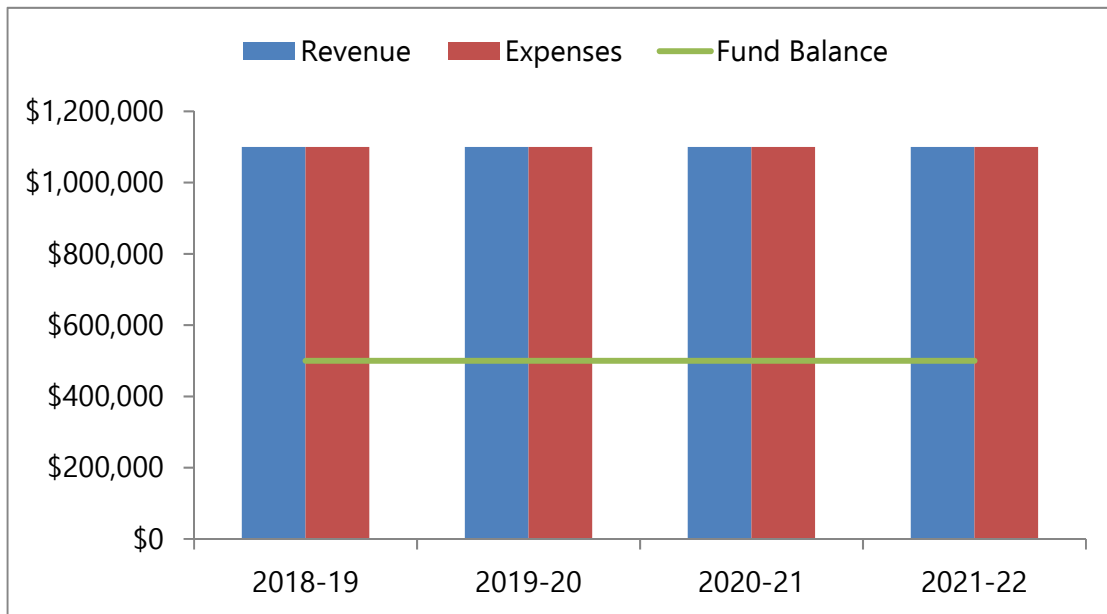
The partnerships, programs, and practices of the San Benito County Children, Youth & Families Impact Center will be grounded in the best available science and local wisdom regarding:

- Infant mental health
- Cultural responsiveness
- Reflective practice
- Attuned interactions
- Trauma-informed family and child services systems

The ultimate goal of the Children, Youth & Families Impact Center is to create a healthier and more equitable community. Implementing a continuum of promotion, prevention, and intervention strategies in First 5 SB's other strategic initiatives can lead to positive changes in parental knowledge, skills, behaviors, health, or conditions for children, youth, adults, and the community. First 5 SB is dedicated to evaluating and measuring which of these strategies creates the most change and positive impacts for individuals and families. Through scientific research, First 5 SB and community partners will demonstrate the effectiveness of various strategies and build a local "evidence base" of effective programs and practices. These results will then be disseminated and used as leverage to influence macro-level systems changes and advocate for policy changes that ensure the changes at the individual and family level are sustained.

Long-Term Financial Plan

First 5 San Benito’s Prop 10 revenue is projected to remain stable for the duration of this strategic plan, thanks to the small-county allocation funding formula adopted by First 5 California. First 5 SB will receive a baseline allocation of \$650,000 per fiscal year, enabling the Commission to continue making strategic investments while maintaining a healthy fund balance. Additional revenue from Prop 56 and other sources will bring First 5 SB’s annual revenue to approximately \$1.1 million. The chart below reflects the Commission’s updated financial plan.



Evaluation Plan

First 5 San Benito will contract with an evaluation firm to update its evaluation plan that is aligned with the strategic plan. The Executive Director will support regional and state efforts aimed at shared fiscal and evaluation services among other First 5 counties resulting in lowering costs.

Endnotes

- ⁱ 2012-2016 American Community Survey (ACS), 5-year estimates, U.S. Census Bureau.
- ⁱⁱ Ibid
- ⁱⁱⁱ California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control and Prevention, Natality data on CDC WONDER; Martin, J. A., et al. (2015). Births: Final data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015).
- ^{iv} Children Now, 2016-17 California County Scorecard of Children's Well-Being, San Benito County. Retrieved from <http://pub.childrennow.org/2016/county/san-benito/>
- ^v Children Now, 2016-17 California County Scorecard of Children's Well-Being, San Benito County.
- ^{vi} California Department of Education, Data Reporting Office. English Learners Students by Language and Grade, 2017-18. Retrieved from <https://dq.cde.ca.gov/dataquest/content.asp>
- ^{vii} Children Now, 2016-17 California County Scorecard of Children's Well-Being, San Benito County.
- ^{viii} Children Now, 2012-13 California County Scorecard of Children's Well-Being, San Benito County. Retrieved from https://www.childrennow.org/files/CN/2012-CN-CaCountyScorecard_complete.pdf
- ^{ix} 2017 Child Care Portfolio, California Child Care Resource and Referral Network. Retrieved from https://www.rnnetwork.org/2017_portfolio
- ^x Ibid
- ^{xi} Robert Wood Johnson Foundation County Health Rankings and Roadmaps, San Benito County, 2018. Retrieved from <http://www.countyhealthrankings.org/app/california/2018/rankings/san-benito/county/outcomes/overall/snapshot>
- ^{xii} Heckman, J. 2014. Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy. www.heckmanequation.org
- ^{xiii} García, Jorge Luis, James J. Heckman, Duncan Ermini Leaf, and María José Prados. "The Life-cycle Benefits of an Influential Early Childhood Program." (2016). www.heckmanequation.org
- ^{xiv} Shields, Carolyn M. 2004. "Dialogic Leadership for Social Justice: Overcoming Pathologies of Silence." Educational Administration Quarterly, Vol 40, Issue 1, pp. 109 – 132.
- ^{xv} <http://www.nctsn.org/resources/topics/creating-trauma-informed-systems>