

## Public Hearing and Regular Commission Meeting

### AGENDA

June 21, 2018, 2:30-4:30 p.m.

Mono County Office of Education Conference Room,  
451 Sierra Park Road, Mammoth Lakes, CA

1. **Public Comment** Members of the public are given the opportunity to address the Commission on items of interest and within the jurisdiction of the Commission as such items are discussed. This time is allowed for public input on any item not on the agenda. Time may be limited, depending on the number of speakers and items of business.
2. **Minutes** Consideration of minutes for the March 15, 2018 Commission meeting. **(ACTION)**
3. **Commissioner Reports** Commissioners may report about various matters; however, there will be no discussion except to ask questions. No action will be taken unless listed on a subsequent agenda. **(INFORMATION)**
4. **Director Report** This information may be reported elsewhere on agenda. **(INFORMATION)**
5. **Election of Officers** The Commission will elect officers to the following positions: Chair, Vice-Chair and Secretary. **(ACTION)**
6. **Commissioner Reappointment, Resignation, and Recruiting**
  - a. The Commission will take action to accept the Board of Supervisors' re-appointment of Commissioner Jeanne Sassin, to serve another 3 year term ending on March 16, 2021. **(ACTION)**
  - b. Staff will inform the Commission of Dr. Kristin Wilson's resignation from her service as a First 5 Commissioner. **(INFORMATION)**
  - c. The Commission will take action to direct staff on recruiting and selecting a new Commissioner to fill one of the following membership categories: **(ACTION)**
    - Persons responsible for management of the following county functions: children's services, public health services, behavioral health services, social services and tobacco and other substance abuse prevention and treatment services.
    - Recipients of project services included in the county strategic plan.
    - Representatives of a local child care resource or referral agencies or a local child care coordinating group.
    - Representatives of local organizations for prevention or early intervention for families at risk.
    - Representatives of community-based organizations that have the goal of promoting or nurturing early childhood development.
    - Representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies.
7. **First 5 Mono Support Letters** Staff will share the letters of support sent to the legislature regarding AB 2292 & the CalWorks Home Visiting Budget for Commission discussion. **(INFORMATION)**
8. **First 5 California Annual Report 2016-2017** Opportunity for the public to comment on the First 5 California Annual Report 2016-2017. **(PUBLIC HEARING)**

## 9. Contractual Agreements

Discussion and consideration of the following agreements. *The Commission shall first determine whether the subject matter of the proposed agreements are consistent with the Commission's strategic plan and fiscal plan. The Commission may then authorize the Director to sign and administer the agreements. (ACTION)*

- a. **Independent Fiscal Audit:** with Neely Accountancy Corp. in the amount of **\$6,000** for the provision of an independent fiscal audit of FY 2017-18. **(ACTION)**
- b. **Summer Bridge Renewal Letter:** with Eastern Sierra Unified School District (ESUSD) not to exceed **\$8,675** to ESUSD for the provision of Summer Bridge programs at each of their elementary schools in FY 2018-19. **(ACTION)**
- c. **Summer Bridge Contract:** with Mammoth Unified School District (MUSD) not to exceed **\$10,000** to MUSD for the provision of Summer Bridge programs at their elementary school in FY 2018-19. **(ACTION)**
- d. **Raising A Reader Renewal Letter:** with Mono County Library Authority (MCLA) in the amount of **\$38,000** to MCLA for the provision of Raising A Reader Services in FY 2018-19. **(ACTION)**
- e. **Mental Health Services Act Agreement:** agreement with Mono County Behavioral Health to grant **\$40,000** a year for the next three years for a total of **\$120,000** to First 5 for the provision of Peapod Playgroups across the county in FYs 2018-19, 2019-20, and 2020-21. **(ACTION)**
- f. **IMPACT Incentive Layer Local Area Agreement Amendment: update the** agreement with First 5 California to increase the IMPACT Local Area Agreement by **\$9,000** for exceeding site targets in FY 2016-17.
- g. **Certification Grant Extension:** grant extension from the California Department of Education to extend the grant period from March 31, 2018 to June 30, 2018 to support certifications related to the regional Quality Rating Improvement System. **(ACTION)**
- h. **Certification and Coordination Grant:** grant award in the amount of **\$2,625** for the period of July 1, 2017 to September 30, 2018 to support certification and coordination related to the regional Quality Rating Improvement System. **(ACTION)**
- i. **CDBG Intra-Agency Agreement Second Amendment with Mono County:** extending the grant period from ending June 30, 2018 to ending September 30, 2018. **(ACTION)**
- j. **CDBG Sub-Recipient Agreement Second Amendment with Eastern Sierra Unified School District:** extending the grant period from ending June 30, 2018 to ending September 30, 2018. **(ACTION)**
- k. **Wild Iris Memorandum of Understanding:** agreement with Wild Iris for the period of May 1, 2018 through April 30, 2021 including any county counsel approved changes. **(ACTION)**
- l. **Marine Corps Sponsorship Agreement:** authorize staff to sign the agreement with the Marine Corps to provide a stipend in the range of **\$2,000 to \$3,000** for participation in the Childcare Quality System in FY 2017-18 including any county counsel approved changes. **(ACTION)**

## 10. Childcare Quality System Update

Staff will report on the newly developed Childcare Quality System rating information. **(INFORMATION)**

## 11. Adverse Childhood Experiences (ACEs) Discussion

Staff and Commissioners will discuss Adverse Childhood Experiences from a community perspective. **(INFORMATION)**

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| 12. <b>FY 2016-17 Audit Revision</b>   | Staff will present revised page of the 2016-17 audit. <b>(INFORMATION)</b>   |
| 13. <b>FY 2017-18 Budget Amendment</b> | Staff will present the proposed FY 2017-18 budget amendment for consideration of approval by the Commission. <b>(ACTION)</b>   |
| 14. <b>Year-to-Date Budget</b>         | Staff will report on the First 5 Mono revenues and expenditures to-date. <b>(INFORMATION)</b>  |
| 15. <b>FY 2018-19 Proposed Budget</b>  | Staff will present the proposed FY 2018-19 budget for consideration of approval by the Commission. <b>(ACTION)</b>   |
| 16. <b>FY 2018-19 Meeting Schedule</b> | Staff will review the First 5 Commission proposed meeting schedule for approval. <b>(ACTION)</b>   |
| 17. <b>Program Updates</b>             | Staff and Commissioners will report on the following programs. <b>(INFORMATION)</b> <ul style="list-style-type: none"> <li>a. <i>Child Care Quality: IMPACT Program</i></li> <li>b. <i>Regional Child Care Quality: Quality Rating Improvement System (QRIS)</i></li> <li>c. <i>Home Visiting: Welcome Baby!, Parenting Partners (CAPIT Grant), and Child Care Provider Home Visitor</i></li> <li>d. <i>Breastfeeding Promotion and Outreach</i></li> <li>e. <i>Oral Health</i></li> <li>f. <i>Peapod Playgroups (Prop. 63 MHSA)</i></li> <li>g. <i>School Readiness Activities</i></li> </ul> |

**Next Commission Meeting: Thursday, September 20, 2018** Mono County Office of Education, Mammoth Lakes, Conference Room.

*Note: If you need disability modification or accommodation in order to participate in this meeting, please contact the Commission office at (760) 924-7626 at least 48 hours prior to the start of the meeting. Government Code Section 54954.2(a).*



Regular Commission Meeting

**Minutes**

**Thursday, March 15, 2018**

Mono County Office of Education Conference Room  
451 Sierra Park Rd., Mammoth Lakes, California

Commissioners Present: Bob Gardner, Chair  
Tom Boo, Vice Chair  
Stacey Adler, Secretary  
Jeanne Sassin  
Patricia Robertson  
Bertha Jimenez

Staff Present: Molly DesBaillets, Executive Director  
Kaylan Johnson, Administrative Assistant/Fiscal Specialist  
Jackie Miller, Peapod Leader

Guests: Kacee Mahler, Raising A Reader Coordinator  
Debie Schnadt, Safe Kids Coordinator

**Commission Chair Gardner calls the meeting to order at 2:33 pm.**

**---Public Hearing Begins 2:33 pm---**

**1. Public Comment**

Jackie Miller, the Mammoth & Crowley Peapod Leader introduces herself to the Commission. She has been in the position almost a year and has previous experience in childhood education.

**2. Welcome New Commissioner Dr. Boo**

Commissioners welcome Dr. Boo to the commission as Public Health Officer and to the Mono County Public Health Department.

**3. Minutes (ACTION)**

**ACTION:** Commissioners to approve the September 21, 2017 minutes and the December 21, 2017 minutes.

**MOTION:** Commissioner Robertson

**SECOND:** Commissioner Jimenez

**VOTE:** Unanimous



**ABSTENTIONS:** none

#### **4. Commissioner Reports (INFORMATION)**

Commissioner Gardner compliments Ms. DesBaillets on her recent presentation to the Board of Supervisors on the First 5 2016-17 Evaluation.

Commissioner Adler reports that MCOE just started a reading challenge using the Footsteps2Brilliance program at Lee Vining, Bridgeport, and Coleville schools. The challenge encourages kids to use the program 15 minutes per day three times a week, in and out of school. The classes who reach 80% achievement rate on the challenge will receive a pizza party.

Commissioner Sassin remarks that First 5 will be holding Kindergarten Roundup and the Health & Safety Fair at Lee Vining Elementary next week. She also has a staff member who is benefitting from First 5's Home Visiting program. Commissioner Sassin thanks Commissioner Adler for the Footsteps2Brilliance work.

Commissioner Robertson reports that Mammoth Lakes Housing held a successful Home Buyer Education Class in spanish. They are also working on a new grant for down payment assistance and recruiting new board members for Mammoth Lakes Housing.

#### **5. Director Report (INFORMATION)**

Ms. DesBaillets reports on upcoming legislation supported by First 5 Association.

- Quality Early Learning:* Funding for infant/toddler care was fulfilled in the recent budget. Locally and statewide, infant/toddler care availability fails to meet the needs of families. First 5 Association supports AB 2292 which aims to increase reimbursement rates for childcare sites that care for infants or toddlers.

- Family Resiliency:* The state has proposed funding Home Visiting through CalWorks. Families who are in the CalWorks program can receive Home Visiting as part of their eligibility requirements. However, the low amount of families receiving CalWorks in Mono County may result in less state funding.

- Developmental Screenings:* AB 11, co-sponsored by the First 5 Association, will require Pediatric offices to implement developmental screenings. Ms. DesBaillets submitted a letter of support to the legislature.

- Advocacy Day:* First 5 has reached 20 years of funding, to be celebrated on Advocacy Day on May 2 in Sacramento. Commissioners, community members, and birth to five children are invited to join.

#### **6. Safe Kids Presentation (INFORMATION)**

Debie Schnadt, the Safe Kids Coordinator, presents a PowerPoint on her Safe Kids Mono Partners work.

-Partners participating in the Safe Kids events and efforts: MMSA, Mono Sheriff, CHP, Public Health, State Farm Insurance, Mammoth Police Department, Community Service Solutions, First 5 Mono, IMACA, Town of Mammoth Parks & Recreation Department, Mammoth Fire Department, and Mammoth Hospital

-Ms. Schnadt has planned a car seat technician training in conjunction with Inyo County for August. She has seven people interested, including an employee at Mammoth Hospital.

-Lots of information is communicated at Safe Kids events, such as poison prevention, accident and death reports, potential risks in the home, etc.

-Goods are given to families including outlet plugs, cabinet and door handle locks, carbon monoxide detectors, car seats, bike helmets, and fingerprint ID kits.

-Safe Kids Mono will soon receive a donation of free helmets and life vests from Safe Kids Worldwide, via the CA Health Department.

-The Mammoth Fire Department has a Fire Setter Prevention and Intervention program to help remediate kids that get into trouble with fire.

-Ms. Schnadt is planning on purchasing booster seats with revenue from fines collected by police for car seat violations.

## **7. Raising A Reader Presentation (INFORMATION)**

Kacee Mahler presents her work as the Early Literacy Coordinator. Ms. Mahler runs the Raising A Reader (RAR) program, which loans red book-bags containing four age-appropriate books to sites in the community. She regularly visits sites from Coleville to Benton, doing literacy activities like rhyming, singing, clapping syllables, and reading at in-home childcare providers, childcare centers, preschools, and story-times. Families at each site can check out the book-bags to read at home. There are 371 book-bags currently in use throughout the county. Two parent involvement nights occur each year, where parents and kids participate in literacy activities. Mono County Probation also contributes Red Grant funding to help RAR purchase new books.

## **8. Contractual Agreements (ACTION)**

**a. Stipend Agreement:** with the US Marine Corps to provide stipends in return for completion of Childcare Quality System requirements for FY 2017-18 and FY 2018-19 not to exceed **\$3,000 for each program year for a total of \$6,000** including any County Counsel approved changes. Funding supported through the F5CA IMPACT agreement.

**b. Infant Toddler Block Grant:** authorize staff to sign grant award notification from the

California Department of Education in the amount of **\$6,587** for the period of July 1, 2017 - September 30, 2018 to support quality in licensed infant and toddler child care sites as related to the regional (Alpine, Inyo, Mono) Quality Counts (formerly QRIS) System.

**c. Coaching Contract:** with Jennifer Denzel for the provision of coaching 4 child care sites in Mono & Alpine Counties. Authorize staff to sign agreement not to exceed **\$10,000** for the period of April 1, 2018 - June 30, 2018. Funds supported through the First 5 CA Hub Grant and the California Department of Education Infant Toddler Block Grant.

**ACTION:** Commissioners to approve Contracts a, b, and c.

**MOTION:** Commissioner Adler

**SECOND:** Commissioner Boo

**VOTE:** Unanimous

**ABSTENTIONS:** None

#### **9. FY 2016-17 Five Year Fiscal Plan Drafts Presentation (PUBLIC HEARING)**

Ms. DesBaillets presents a realistic and a conservative draft of the five-year fiscal plan that is required to be submitted to the state. Previous Commission adopted versions have been conservative drafts which include funds through current contract end-dates. The realistic draft includes revenue assumed to continue beyond a contract end-dates. Ms. DesBaillets estimates that the fund balance would mirror the 2021-22 realistic draft.

Commissioner Gardner remarks that CDBG is currently slated to be eliminated in Congress's budget.

Prop 10 tax and Small County Augmentation funds make up 38% of revenue. Commissioners discuss the ongoing efforts to receive future funding for Early Childhood Education from the local marijuana tax revenues. Ms. DesBaillets and Commissioner Adler remark that after legalization, the state did not appropriately detail to where the 15% tax revenue would go, so all parties are advocating for funding at this point.

Ms. DesBaillets says larger counties are experiencing revenue declines from decreasing Prop 10 revenue, but smaller counties have yet to feel the effects due to the Small County Augmentation funds.

Commissioners agree on submitting the realistic draft to First 5 CA; however, Ms. DesBaillets will continue to prepare both the realistic and conservative draft for internal purposes.

#### **10. 2014-19 Strategic Plan Review (PUBLIC HEARING)**

Ms. DesBaillets asks Commissioners if they have any amendments to the Strategic Plan, as is required annually. Planning for the new Strategic Planning process will begin early next fiscal year at the first Commission meeting. Previously, community discussions and needs assessments were performed beforehand, compiled, and then the Commission discussed at an all day meeting. Commissioner Boo asks if First 5 Mono has ever hired consultants for this process. It has been discussed but not desired by the Commission.

Commissioner Robertson asks how Commissioners could better advocate for First 5, as discussed at the last meeting. Ms. DesBaillets agrees that Commissioners could participate in councils or taskforces such as ones referred to in the Strategic Plan, but also use the First 5 lens in their day to day work.

#### **11. AB 11 Support Letter (INFORMATION)**

First 5 Mono has submitted its letter of support for AB 11 to the legislature. AB 11 requires Pediatric offices to implement developmental screenings.

#### **12. Children Now 2018 Report Card (INFORMATION)**

Commission reviews Children Now's 2018 Report Card on child data in CA, including child well being, education, medical attention, and care. Commission would like to see similar county-level data, which Ms. DesBaillets will work on procuring. Commissioner Adler attends the CA County Superintendents Organization, which recently produced a report on teacher improvement, development, and retention, which she can share.

#### **13. Program Updates (INFORMATION)**

- a. *Child Care Quality: IMPACT Program:* The new IMPACT Coordinator, Annaliesa Calhoun, has taken over for Didi Tergeesen. She is also a Home Visitor and Peapod Leader and has an education background in Early Childhood. An Assessor just visited a couple sites to assess the Environmental Rating Scale. A Coach will be coming soon to coach around the teacher/child interaction tool. Alpine Early Learning Center and Mountain Warfare Training Center will be rated this year.
- b. *Regional Child Care Quality: Quality Counts California (formerly QRIS):* The Hub has had regional in-person meetings and meetings in Sacramento. The majority of funding has been going to a contracted Coordinator, but the collaboration and coordination has been positive and helpful. However, the region hopes to hire a local Coordinator in the future.
- c. *Home Visiting: Welcome Baby!, Parenting Partners (CAPIT Grant), and Child Care Provider Home Visitor:* There is discussion between First 5 Mono, First 5 Association and the state, and Mono Department of Social Services regarding the potential CalWorks Home Visiting funding. The Parents as Teachers model must

be completely implemented to receive the funding and a county must have families enrolled in CalWorks.

- d. *Breastfeeding Promotion and Outreach:* Our Home Visitors have experienced several breastfeeding challenges recently with families. The Café Mom breastfeeding group is being considered again if a location can be secured. The Wellness Center is offered by Commissioner Jimenez. Other topics in the Home Visiting world are using marijuana while breastfeeding, how to approach suspected use of marijuana while breastfeeding, and what is considered child endangerment under mandated reported requirements.
- e. *Peapod Playgroups (Prop. 63 MHSA):* The Mammoth group has had great attendance with newer leaders Jackie and Robin. There is no leader in Benton or Lee Vining, and we are hiring for a leader in Coleville. Commissioners discuss why there has never been Peapod participation in June Lake even though there are many kids who live there. Commissioner Gardner suggests contacting Little Loopers.
- f. *School Readiness Activities & CDBG:* Kindergarten Round Up at Mammoth Elementary was successful, with higher attendance than last year. The ESUSD Round Ups and Health & Safety Fairs are scheduled for the end of March.

---Public Hearing Closes 4:00 pm---

#### **14. FY 2017-18 Five Year Fiscal Plan Adoption (ACTION)**

**ACTION:** Commissioners to approve First 5 Mono Independent Fiscal Audit FY 2017-18

**MOTION:** Commissioner Boo

**SECOND:** Commissioner Sassin

**VOTE:** Unanimous

**ABSTENTIONS:** None

#### **15. 2014-19 Strategic Plan (ACTION)**

**ACTION:** Commissioners to approve First 5 Mono 2014-19 Strategic Plan

**MOTION:** Commissioner Adler

**SECOND:** Commissioner Robertson

**VOTE:** Unanimous

**ABSTENTIONS:** None

#### **16. Budget Update (ACTION)**

**ACTION:** Commissioners to approve First 5 Mono Fiscal Year 2017-18 Budget Update

**MOTION:** Commissioner Boo

**SECOND:** Commissioner Jimenez

**VOTE:** Unanimous

**ABSTENTIONS:** None

#### **17. Year to Date Budget (INFORMATION)**

Ms. Johnson reports on the Year to Date Budget. Revenue from Quarters 1 and 2 Peapod, CAPIT/CBCAP, and Raising A Reader has been received. Revenue for IMPACT and T&TA Hub are yet to be received from First 5 CA, but have been invoiced. Expenses are on target for this time of year.

**Meeting adjourned at 4:04 pm.**

**Next meeting scheduled for June 21, 2018, 2:30 – 4:30 pm, in the Mono County Office of Education, Mammoth Lakes, Conference Room.**

Date: March 27, 2018

The Honorable Blanca Rubio  
Assembly Human Services  
1020 N Street, Room 124  
Sacramento, CA 95814

RE: SUPPORT OF ASSEMBLY BILL 2292 (AGUIAR-CURRY)

Dear Assemblymember Rubio:

On behalf of First 5 Mono County, I urge you to support AB 2292 (Aguiar-Curry), which will develop crucial infrastructure for California's child care system by increasing state funding rates for infant and toddler care, creating a grant program to fund implementation and startup costs of new child care facilities, and expanding a fund to recruit a new generation of family child care providers.

Ground-breaking early brain science from the Harvard Center for the Developing Child and the University of Washington demonstrates the first years of life lay the foundation for a successful future. The brain science shows why high-quality infant and toddler child care, in particular, are a major benefit to school readiness and enhance a child's success throughout school and life. However, less than 14 percent of eligible infants and toddlers have access to subsidized care in our great state.

Mono County has seen significant decreases over the last 8 years in child care availability, specifically infant and toddler slots. In the 2014-2019 First 5 Mono Strategic Plan, reliable affordable high-quality child care is identified as an unmet need. While we continue to develop local mechanisms to address the need for more infant and toddler slots, AB 2292, if enacted, will address an issue we have been grappling with: how to develop a program that will increase the number of available infant and toddler slots.

AB 2292 will improve access to quality infant and toddler care in California by increasing the adjustment factors for the Standard Reimbursement Rate so more providers can afford to provide high-quality care to families with infants and toddlers.

This bill also will create the "Classroom Planning and Implementation Grant Program" to fund start-up costs for opening new classrooms and centers, as well as converting existing classrooms to serve a different age group. The program will enable child care providers to purchase age-appropriate facilities and infrastructure, start-up support, and professional development for all care settings. Proper training, facilities, and

infrastructure will ensure infants and toddlers receive the best adult-child interaction to support their brain development when they are away from their parents.

Additionally, AB 2292 will codify and expand the "Family Child Care Recruitment and Training Fund," dedicating \$6 million over 5 years to targeted outreach, recruitment, training, supplies, and resources for startup costs to recruit a new generation of family child care providers. Basic licensed care capacity in California continues to decline. Expanding this Fund will support expansion of licensed care capacity for babies, preschoolers, and school-age children.

For these reasons, First 5 Mono County respectfully requests your "Aye" vote on AB 2292. If you have questions, please contact Molly DesBaillets at 760-924-7626.

Sincerely,



Molly DesBaillets, Executive Director  
First 5 Mono County



April 4, 2018

To: The Honorable Dr. Richard Pan  
Chair, Senate Budget Subcommittee No. 3  
The Honorable Dr. Joaquin Arambula  
Chair, Assembly Budget Subcommittee No. 1

**RE: CalWORKs Home Visiting Initiative – SUPPORT**

Dear Chairpersons Pan and Arambula,

**We respectfully urge your Committees to adopt Governor Brown’s proposed CalWORKs Home Visiting Initiative and fund an additional \$50 Million annual investment in the program in order to enhance and expand voluntary, evidence-based home visiting for CalWORKs families.**

The *CalWORKs Home Visiting Initiative* will cost-effectively strengthen the youngest Californians and their families, while also enhancing the impacts of the California Work Opportunity and Responsibility to Kids (CalWORKs) program. Although unmet basic needs, adverse experiences, and circumstances of economic hardship can undermine the health and well-being of families, voluntary evidence-based home visiting programs (such as Healthy Families America, Nurse-Family Partnership, Parents as Teachers, SafeCare and Early Head Start Home-Based Option) are backed by decades of research demonstrating that they improve outcomes for both parents and children in myriad ways. When implemented with fidelity to their model standards, these programs can generate public savings by increasing healthy births, boosting positive parenting practices, reducing child maltreatment, and increasing family self-sufficiency in the forms of adult educational attainment, career training and employment.

The *CalWORKs Home Visiting Initiative*, as proposed by the Administration, would allow County Human Services Agencies to partner with other public agencies and community providers to offer evidence-based home visiting programs on a voluntary basis to first-time parents under age 25 participating in CalWORKs who are pregnant or parenting a child under two years of age.

We urge your support for this proposal and additionally urge you to adopt the following items to expand and enhance the *CalWORKs Home Visiting Initiative*.

- Allocate an additional \$50 million to extend and enhance the reach of these services to CalWORKs families beyond first-time parents under age 25.
- Provide one-time allowances of \$500 per participating family in the form of a “New Parent Support” for the purpose of assisting families with one-time costs such as cribs, car seats, childproofing supplies for the home, etc.
- Ensure that home visitors are well-trained in principles of strengths-based practice, cultural competencies, and in supporting families to navigate the CalWORKs program and utilize the array of supports and services available to them.
- Build in adequate start-up time and cost allowances for counties, in order to maximize the success of the Initiative.
- Make this program a permanent feature of the CalWORKs program, and allow for open and continuous enrollment of eligible, interested families.

Voluntary, evidence-based home visiting programs are one of the best investments California can make to ensure children and families living in poverty have the opportunity to succeed. California can and should join the 30+ states that are already investing General Funds and/or federal TANF dollars in voluntary, evidence-based home visiting programs to strengthen and support children and families.

**We thank you for your work on these important issues and urge your support for this item.**

Sincerely,

cc: Members and Staff of the Senate Budget Subcommittee No. 3  
Members and Staff of the Assembly Budget Subcommittee No. 1  
Senator Holly Mitchell, Chair, Senate Budget Committee  
Assembly Member Phil Ting, Chair, Assembly Budget Committee



## 2016-17 | FIRST 5 CALIFORNIA ANNUAL REPORT

# Building a Quality Early Childhood System Together

## Our Mission

Convene, partner in, support, and help lead the movement to create and implement a comprehensive, integrated, and coordinated system for California's children prenatal through 5 and their families. Promote, support, and optimize early childhood development.



## Building a Quality Early Childhood System Together

### 2016–17 | First 5 California Annual Report

#### FIRST 5 CALIFORNIA COMMISSION MEMBERS

**George Halvorson**, Chair  
*Appointed by Governor*

**Joyce Iseri**, Vice Chair  
*Appointed by Senate Rules Committee*

**Conway Collis**  
*Appointed by Speaker of Assembly*

**Muntu Davis**  
*Appointed by Governor*

**Erin K. Pak (Member until January 30, 2017)**  
*Appointed by Senate Rules Committee*

**Alejandra Campoverdi**  
*Appointed by Senate Rules Committee*

**Lupe Jaime**  
*Appointed by Governor*

**Shana Hazan**  
*Appointed by Speaker of Assembly*

**Ex-Officio Member:**  
**Diana Dooley**  
*Secretary of the California Health and Human Services Agency*

**Jim Suennen, Ex-Officio Designee**





# Building a Quality Early Childhood System Together

## MESSAGE FROM THE EXECUTIVE DIRECTOR

As California continues to evolve a system of early learning and care, First 5 California is encouraged to see the continuous strides we've made to support children and families this past year. Our mission is to "convene, partner in, support, and help lead the movement to create and implement a comprehensive, integrated, and coordinated system for California's children prenatal through 5 and their families." This mission forms the foundation for everything we do.

As the theme of this year's Annual Report will suggest, the past year has been focused on our continued investments to: 1) inform and support families on the early brain science around the power of talking, reading, and singing to their children; 2) advocate at the local, state, and federal levels for policies and funding to support the states youngest families and their children; and 3) develop a system of quality early childhood education and care. Significant advancements in this ambitious effort could not have happened without our continued partnerships with local First 5 county commissions and the mutual goals and vision we share for a brighter future.

Highlighted throughout this report are the accomplishments and collaborative efforts at both the state and local levels. They include:

- The launch of the fourth year of the *Talk. Read. Sing.*® public education and outreach campaign to inform parents and the public about the importance of early brain development through positive verbal engagement with young children; it continues to reach millions of Californians through television and radio ads, social media, and the First 5 California Parent Website
- Two pieces of First 5 California-sponsored legislation signed into law to expand opportunities for parents and caregivers to talk, read, and sing to babies in nurturing environments: Senate Bill 63 by Senator Hannah Beth Jackson, will extend job protections to 2.6 million more Californians when they take family leave with their new baby, and Assembly Bill 60 by Assemblymember Miguel Santiago was adopted in the 2017-18 Budget Act to expand subsidized child care eligibility and allow children to remain in their early learning setting for a minimum of one year—regardless of parent income changes.
- A successful second year of First 5 IMPACT (Improve and Maximize Programs so All Children Thrive), which included strides in local implementation of a quality rating and improvement system (QRIS) throughout all 58 counties, as well as increased participation from various early learning sites (e.g., centers; family child care homes; family, friend, and neighbor care; family resource centers; libraries, etc.) partaking in quality improvement activities
- Continued collaboration with state and local partners to administer California's locally-implemented QRIS, which adopted a new name in 2017: *Quality Counts California—Raising the Quality of Early Learning and Care* (formerly California QRIS)
- Development of a Dual Language Learner pilot, which will examine culturally and linguistically responsive and effective teaching practices and strategies for the development of DLL children ages 0 to 5 in early learning settings

We look forward to our ongoing partnerships with the First 5 county commissions and other state and local stakeholder groups as we move ahead with renewed optimism and commitment to invest in quality programs, resources, and support in early learning and health for our youngest children and their families.



**CAMILLE MABEN**  
EXECUTIVE DIRECTOR, FIRST 5 CALIFORNIA

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## Exhibits for Fiscal Year 2015-16

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## Ensuring California's Children Receive the Best Possible Start in Life and Thrive

### PROPOSITION 10 AND THE LEGACY OF FIRST 5 CALIFORNIA

In 1998, California voters passed Proposition 10—the California Children and Families Act (the Act)—and declared the importance of investing in a better future for California's youngest children. For nearly two decades, the California Children and Families Commission (First 5 California) has established standards of quality child care and invested in the development of programs and services emphasizing improvement in early education, child care, child health and development, research, and community awareness.

### STRATEGIC PLAN

First 5 California's Strategic Plan serves as an important compass for the Commission's deliberations on how best to plan future work, investments, and partnerships. The Strategic Plan establishes a vision, mission, and values for the agency, along with strategic priority areas and goals for how First 5 California will act as a leader in its field. The vision of First 5 California is for all of the state's children to receive the best possible start in life and thrive. The agency seeks to realize this vision by working on behalf of California's children prenatal through age 5 and their families to create a comprehensive, integrated, culturally competent, and coordinated

system that optimizes early childhood development. First 5 California's mission is to serve as a convener and partner that both supports and leads the movement to create and implement this system.

The agency's work is driven by its values, including, but not limited to, its commitment to collaboration, civic engagement, accountability, and sustainability. The agency's efforts are focused within the Plan on four strategic priority areas: creating child- and family-centered systems; providing leadership across networks and from a systems-approach; developing organizational capacity through strong internal systems and team members; and engaging the general public, and state and federal government to build public will and investment around its vision and mission.

The current Strategic Plan was revised by the Commission in April 2017, and will guide and focus First 5 California's endeavors over five years from 2014 to 2019. For more information about the Strategic Plan, please go to [http://www.cafc.ca.gov/about/pdf/commission/resources/F5CA\\_Strategic\\_Plan.pdf](http://www.cafc.ca.gov/about/pdf/commission/resources/F5CA_Strategic_Plan.pdf).

### BUILDING PUBLIC WILL AND INVESTMENT

First 5 California's Children's State Policy Agenda guides the agency's efforts to advocate before the state Legislature for a comprehensive, integrated, culturally competent, and coordinated system to support California's youngest children. The



Commission's 2017–18 Policy Agenda reflects First 5 California's commitment in its Strategic Plan to participate and lead in the area of civic engagement, and the recognition of the Commission's responsibility to the people of California to ensure the wise and effective use of public funds.

In its Strategic Plan, First 5 California commits to engage and lead in building public will and investment to support the optimal wellbeing and development of children prenatal through age 5, their families, and communities. The Strategic Plan also recognizes that in order to advocate and influence policy change, First 5 California must engage in partnerships with First 5 county commissions, stakeholders, and other allies from local to federal levels in order to be successful in institutionalizing efforts to advance child-centered policies and increase these crucial investments.

First 5 California seeks to serve as a convener and partner in state policy conversations, working with First

5 county commissions, state agencies, stakeholders, and other advocates to convene, align, collaborate on, support, and strengthen statewide advocacy efforts to realize shared goals. First 5 California continued to expand its policy and advocacy engagement in 2017, guided by its Policy Agenda which focused on the following four areas the Commission identified as its top state policy priorities, including targeted goals within each priority area to achieve a seamless statewide system of integrated and comprehensive programs for children and families:

### Strong and Engaged Families and Communities

- Support evidence-based parent education and engagement, including parent engagement on child brain development and *Talk. Read. Sing.*®
- Support sustainability of family resource centers and other community hubs for integrated services for children and families
- Increase supports for breastfeeding, family leave, and baby-friendly policies in all settings
- Expand voluntary home visit programs

### Child Health

- Protect children and families' access to health care, and support coordination across the health care system to ensure every pregnant mother and child age 0 to 5 has affordable and comprehensive health insurance coverage
- Support and promote universal developmental screenings, assessment, referral, and treatment

### Early Learning

- Expand access to quality early care and education programs for children ages 0 to 3
- Support implementation of high-quality universal preschool access for all low-income four-year-old children, and high-quality transitional kindergarten and kindergarten state-wide
- Support a high-quality early learning workforce through strengthened qualifications, compensation, stability, diversity, and robust professional development systems



- Promote statewide access to and participation in successful Quality Rating and Improvement Systems

### First 5 Revenue

- Promote inclusion of funding for children ages 0 to 5 and their families in existing and new revenue policy discussions
- Promote regulation of tobacco-related products, including electronic cigarettes, and sustainability of licensing and enforcement programs

## ACCOUNTABILITY: FUNDING AND AUDIT RESULTS

Under the Act, the State Board of Equalization collects an excise tax levied on all tobacco products and deposits the revenue into the California Children and Families Trust Fund, allocating 20 percent to First 5 California and 80 percent to county commissions. In FY 2016–17, First 5 California received \$79.9 million and county commissions received \$318.9 million.

The amount of funding allocated annually to each county commission is based on the annual number of births in the county relative to the total number in the state. Each county must prepare an annual independent audit subject to guidelines prepared by the State Controller's Office. The counties invest their dollars in locally designed programs, as well as in First 5 California's statewide programs as match funding. First 5 county commissions use their funds to support local programs in four result areas:

- Improved Family Functioning
- Improved Child Development
- Improved Child Health
- Improved Systems of Care

First 5 California's Program Management Division and Administrative Services, Evaluation, Executive, Communications, External and Governmental Affairs, Fiscal Services, Contracts and Procurement, and Information Technology Offices provide staff support for the following functions, operations, and systems:

- Fiscal management of the California Children and Families Trust Fund
- Tax revenue disbursements to county commissions



- Audits and annual fiscal reports
- Local agreement and program disbursement management
- Public education and outreach
- Evaluation of First 5 California programs
- Procurement and contract management
- Workforce recruitment and development
- Information technology
- Business services
- Legislative advocacy efforts

The administration of these and other programs is consistent with all applicable State and Federal laws, rules, and regulations. The State Controller's Office conducts an annual review of the 58 county commissions' independent audits. In October 2016, the Controller published its review of the counties' audits for FY 2014–15, summarizing several findings contained in the local audits, but did not deem any of them significant enough to withhold funding. The audit can be viewed on First 5 California's website at [http://www.cafc.ca.gov/research/research\\_reporting\\_tools.html](http://www.cafc.ca.gov/research/research_reporting_tools.html).



## FIRST 5 SUMMIT

As part of First 5 California's commitment to convene, align, collaborate, and support statewide efforts and initiatives to improve outcomes for children, First 5 California hosted the 2016 Child Health, Education, and Care Summit in November.

First 5 California partnered with departments in the Health and Human Services agency, as well as the California Department of Education and California Community Colleges, to hold the event. Approximately 700 early care and education professionals attended the 3-day Summit, which included breakout sessions, keynote addresses, and an evening reception featuring the documentary, *The Beginning of Life*.

The Summit highlighted a special strand focusing on California's Quality Rating and Improvement System implementation across all types of early childhood settings.

According to a Summit attendee, "This is becoming my favorite California conference to attend. This conference is top notch and I always come away with a wealth of "cutting edge" and relevant information to share with the early educators in my region."

## NEW LEGISLATION

First 5 California continued to garner awareness of the importance of First 5-funded programs and significant state-level support for its Children's Policy

Agenda goals from policymakers, advocacy partners, and other stakeholders during the 2017–18 state legislative and budget session. By expanding the reach of First 5 California's policy education efforts, deepening its advocacy partnerships, and continuing its commitment to shared priorities with its partners and leaders in the Legislature, significant gains were made in each priority area.

2017 was an active year for policies impacting young children, and First 5 California sponsored legislation for the first time in over a decade. First 5 California co-sponsored AB 60 (Santiago and Gonzalez-Fletcher) with Parent Voices and the Child Care Law Center, which was implemented and fully funded through the 2017-18 Budget Act. The policy provisions of AB 60 adopted in the Budget Act modernize how working parents become eligible for child care subsidies by updating eligibility criteria to 70 percent of the current state median income (SMI) for all child care programs, taking into account the increasing state minimum wage and cost of living in California, and creating a graduated exit threshold of 85 percent of the modern SMI. Prior to this year's Budget Act, the State Budget had frozen the eligibility threshold for state subsidized child care at 70 percent of the 2005 SMI. In addition, the policy also ensures families receive a minimum of 12 months of continuous care, even if they experience minor pay changes, so they will not be forced to decline a raise in order to retain care for their children. These historic changes to family eligibility will help put more families within reach of California's limited state-subsidized child care programs.

First 5 California also co-sponsored the New Parent Leave Act—SB 63 (Jackson)—with the California Employment Lawyers Association and Legal Aid at Work, which was signed into law on October 12, 2017. SB 63 provides up to 12 weeks of job-protected maternity and paternity leave for more California employees. Prior to the passage of SB 63, only those who worked for an employer of 50 or more employees were eligible for job-protected parental leave to bond with a newborn or newly adopted child. SB 63 extends these protections to those who work for an employer with 20-49 employees. Consistent with First 5 California's *Talk. Read. Sing.*® campaign, SB 63 is based on the social equity imperative that every parent needs and deserves the facts about early brain science and must understand their crucial role in nurturing



their young children. Parents who talk, read, and sing to their children are developing their children's brain capacity and thus, their futures. SB 63 helps more parents take this pivotal action.

In addition to the historic legislative wins the early care and education (ECE) field experienced in 2017, the year also provided significant budget wins for the state's youngest children and their families, which were achieved through shared advocacy efforts between First 5 California and its early childhood education and care partners and leaders in the Legislature. First 5 California and the ECE Coalition were successful in advocating to restore the "paused" multi-year budget agreement to increase reimbursement rates and preschool slots, resulting in almost a quarter of a billion dollars in increased funds for per-child funding rates for all child care programs.

First 5 California is committed to building on its 2017 advocacy achievements by continuing to strengthen its partnerships with stakeholders and its efforts to build policymakers' knowledge base, will, and investment in shared priorities. Capitalizing on the momentum and commitment to early childhood education and care in the Legislature, First 5 California staff and partners pledge to work with the Legislative Women's Caucus and the Assembly Speaker's Blue Ribbon Commission on a road map for building a stronger, more comprehensive, high-quality early learning system for all California's children, and on how to best invest scarce resources in this crucial foundation for lifelong success. In doing so, the agency will continue to build on this year's successes and

continue working toward the underlying Strategic Plan goal to ensure all children prenatal through age 5 have the resources, foundation, and systems of support they need to thrive.

## **PARTNERSHIPS AND COLLABORATIVE EFFORTS**

### **California Essentials for Childhood Initiative**

First 5 California participated with other state agencies in the California Essentials for Childhood Initiative. Under a competitive five-year grant from the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH) co-leads the initiative with the California Department of Social Services, Office of Child Abuse Prevention. Using a collective impact model to address child maltreatment as a public health issue, the project focuses on: 1) raising awareness and commitment to promote safe, stable, nurturing relationships and environments; 2) creating the context for healthy children and families by changing social norms, programs, and policies; and 3) using data to inform actions. The Shared Data and Outcomes Workgroup identified three sources of data about adverse childhood experiences (ACEs) and resilience as well as key life course indicators for most California counties. The information is located on the Lucile Packard Foundation for Children's Health website ([kidsdata.org](http://kidsdata.org)).





## Serving California's Young Children, Parents, and Teachers

### FOUR KEY RESULT AREAS

First 5 California tracks progress in four key result areas to support evidence-based funding decisions, program planning, and policies:

- Improved Family Functioning
- Improved Child Development
- Improved Child Health
- Improved Systems of Care

These result areas comprise a framework for reporting and assessing early childhood outcome data. Appendices A and B include descriptions of the result areas and services for First 5 California and 58 county commissions. This data reporting framework provides a statewide overview of the number, type, and costs of services provided to children and adults for a particular fiscal year.

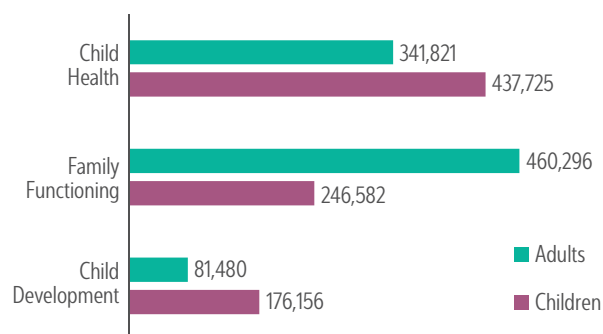
Stakeholders can use this information as one source to determine impact and resource allocation from First 5 statewide. Exhibit 1 contains the total numbers of services provided to children ages 0 to 5 and adults in FY 2016–17 for Improved Family Functioning, Improved Child Development, and Improved Child Health.

The distribution of total expenditures, \$361,376,215 for children ages 0 to 5 and adults receiving services in 2016–17, is presented by result area in Exhibit 2.

The result area, Improved Systems of Care (\$54,461,119), differs from the others; it consists of programs and initiatives that support program providers in the other three result areas.

#### Exhibit 1:

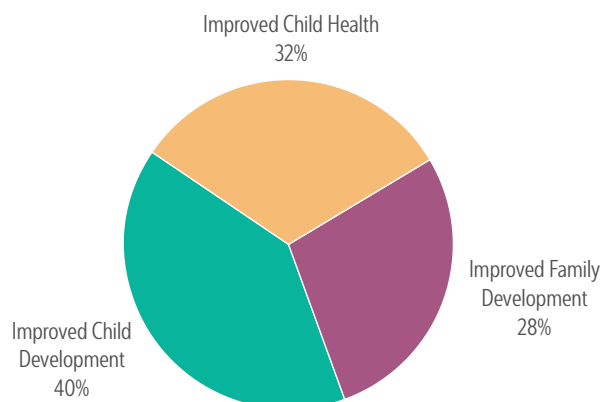
#### Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2016–17 Across Result Areas



\*Totals for Adults include both Adult and Provider counts

#### Exhibit 2:

#### Total Expenditures for Children Ages 0 to 5 and Adults in FY 2016–17 by Result Area



Source: County Revenue and Expenditure Summary, November 2017









## First 5 County Commission Program Result Areas

First 5 county commissions are required to report to First 5 California their annual expenditure and service data on their programs. In collaboration with the First 5 Association, First 5 California developed and adopted guidelines to standardize data collection. Counties report program service data under the four result areas. These data have been aggregated to the State level. Data reported are from programs that are funded by both local and State First 5 funds (Appendix A).

### IMPROVED FAMILY FUNCTIONING

Family Functioning services provide parents, families, and communities with timely, relevant, and culturally appropriate information, services, and support. Services include:

- Increasing parent education and literacy
- Providing referrals to community resources
- Supplying basic needs, such as food and clothing

In FY 2016–17, First 5 county commissions provided 246,582 services to improve family functioning for children ages 0 to 5, and 460,296 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 3 displays the numbers of services provided. For children served, 41 percent were under 3 years old.

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group (50 percent). For children reporting a primary language, services were provided to English speakers 62 percent of the time and to Spanish speakers 33 percent of the time.

In FY 2016–17, county commissions invested \$146 million to improve Family Functioning. Exhibit 4 shows the distribution of expenditures by service category. First 5 California provided support to schools and educational institutions, nonprofit community-based agencies, government agencies, and private institutions. First 5 county commissions provided services to children and adults in order to improve Family Functioning.

### IMPROVED CHILD DEVELOPMENT

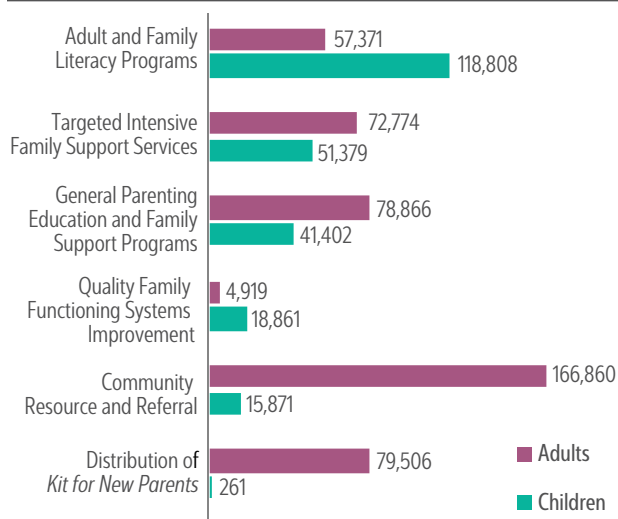
Child Development services are designed to increase access and quality of early education and learning. These services include free high-quality preschool, special needs assessment and intervention, and school readiness programs.

In FY 2016–17, First 5 county commissions delivered 176,156 child development services to children ages 0 to 5 and 81,480 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 5 displays the numbers of services provided. For children served, 35 percent were under 3 years old.

While children and adults from all ethnic groups received services, for those reporting an ethnicity, Latinos were the largest recipient group of services (70 percent). For children reporting a primary language, services were provided to English speakers 59 percent of the time and Spanish speakers 38 percent of the time.

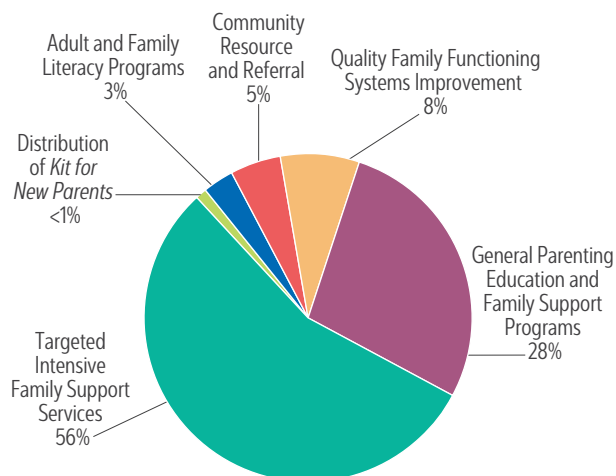
In FY 2016–17, county commissions expended \$100 million to improve Child Development. Exhibit 6 shows the distribution of expenditures by service category.

**Exhibit 3:** Family Functioning—Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2016–17 by Service



\*Totals for Adults include both Adult and Provider counts

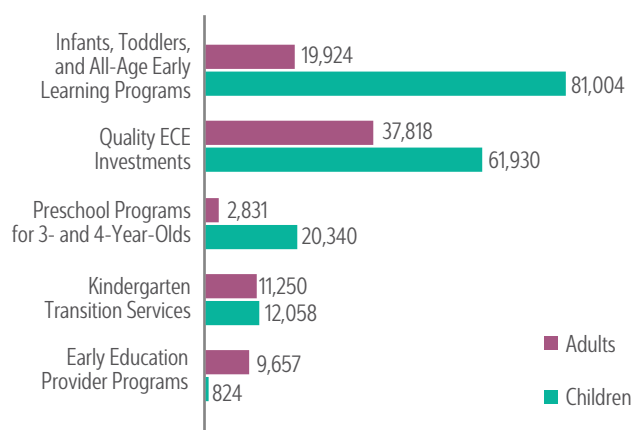
**Exhibit 4:** Family Functioning—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2016–17 by Service



Note: Does not add up to 100% due to rounding

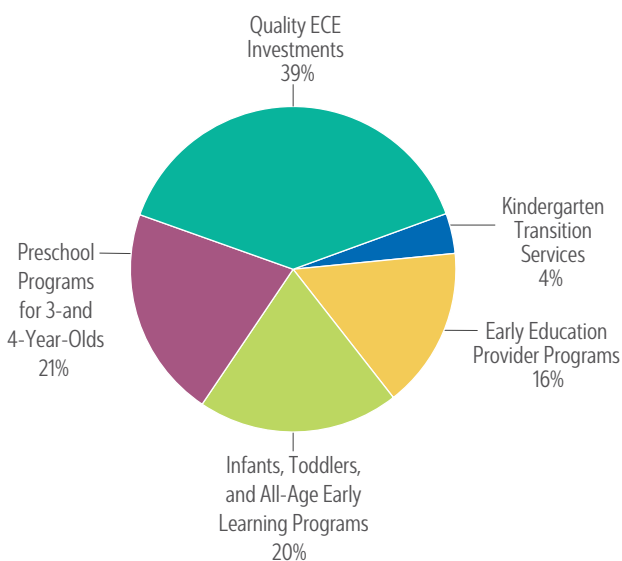
Source: County Revenue and Expenditure Summary, November 2017

**Exhibit 5:** Child Development—Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2016–17 by Service



\*Totals for Adults include both Adult and Provider counts

**Exhibit 6:** Child Development—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2016–17 by Service



Source: County Revenue and Expenditure Summary, November 2017

## IMPROVED CHILD HEALTH

First 5 county commissions fund a variety of Child Health services that promote health through identification, treatment, and elimination of risks that threaten health and cause developmental delays and disabilities. First 5 Child Health services are far-ranging and include prenatal care, oral health, nutrition and fitness, tobacco cessation support, and intervention for children with special needs.

In FY 2016–17, First 5 county commissions provided 437,725 services designed to improve Child Health to children ages 0 to 5, and 341,821 services to parents, guardians, primary caregivers, relatives, and providers. Exhibit 7 displays the numbers of services provided. For children served, 30 percent were under 3 years old.

While children and adults from all ethnic groups received services, for those reporting an ethnicity,

Latinos were the largest recipient group of services (65 percent). For children reporting a primary language, services were provided to English speakers 54 percent of the time and Spanish speakers 41 percent of the time.

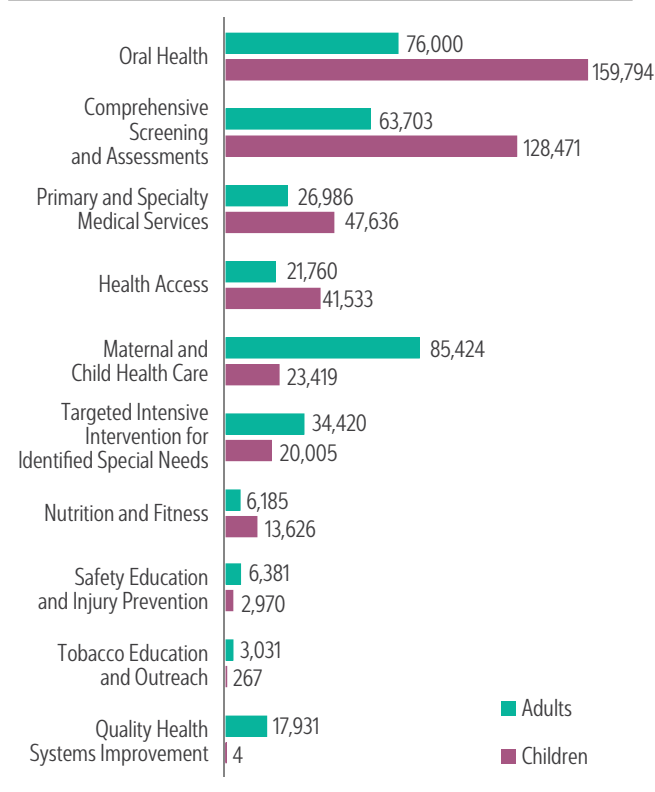
In FY 2016–17, county commissions expended \$116 million to improve Child Health. Exhibit 8 shows the distribution of expenditures by service category.

## IMPROVED SYSTEMS OF CARE

Systems of Care addresses system-wide structural supports as county commissions effectively work toward achievement in the result areas of Family Functioning, Child Health, and Child Development. For example, interagency collaboration allows coordinated wrap-around efforts from multiple organizations providing targeted services. Since this result area is

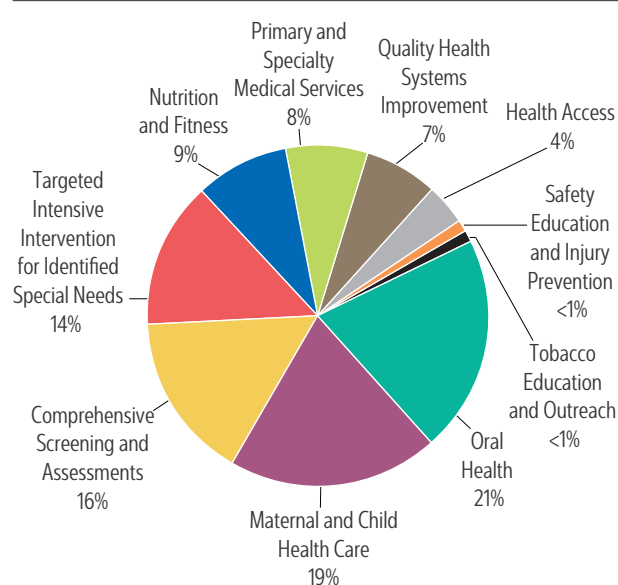
### Exhibit 7:

**Child Health—Total Number of Services Provided to Children Ages 0 to 5 and Adults in FY 2016–17 by Service**



### Exhibit 8:

**Child Health—Distribution of Expenditures for Children Ages 0 to 5 and Adults in FY 2016–17 by Service**



Note: May not add up to 100% due to rounding

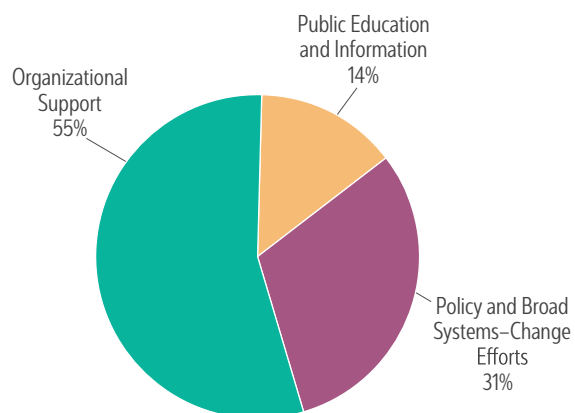
Source: County Revenue and Expenditure Summary, November 2017

at a systems level, counties do not report numbers of children and adults served. Expenditure data indicate that for FY 2016–17, county commissions expended \$54 million to improve Systems of Care (Exhibit 9). In FY 2016–17, 14 percent of expenditures went toward Public Education and Information, 31 percent toward Policy and Broad Systems-Change Efforts, and 55 percent toward organizational support.

**Exhibit**

**9:**

**Systems of Care—Distribution of Expenditures in FY 2016–17 by Service**







## Child Development Focus

### FIRST 5 IMPACT

First 5 California (F5CA) completed the second year of a five-year, \$190 million investment in First 5 IMPACT (Improve and Maximize Programs so All Children Thrive) supporting a statewide network of local quality rating and improvement systems (QRIS). QRIS is a research-based strategy to improve the quality of early learning settings across the entire continuum—from alternative settings and family, friend, and neighbor care, to family child care homes, centers, and preschools. First 5 IMPACT builds on a successful network of local quality improvement efforts, forges partnerships with all 58 counties, builds on past F5CA programs, and aligns with and leverages federal, state, and local investments.

Local county consortia participating in First 5 IMPACT reported many implementation accomplishments and lessons learned. During fiscal year 2016–17, nearly 6,000 sites participated in QRIS in California and of those, approximately 72 percent were supported in full or in part with First 5 IMPACT funding. The most frequently cited lesson learned is implementing QRIS takes time and commitment. Core to a successful QRIS is building partnerships across consortia with a common vision, goals, and plan to improve quality for all children in all settings. Many consortia also found particular success in building and maintaining partnerships with key agencies, creating outreach materials and messaging strategies to engage participants, and in establishing data systems.

A central source of support for consortia is a network of Regional Coordination and Training and Technical Assistance Hubs (Hubs). Funded through First 5 IMPACT, ten (10) regions covering the entire state support efficiencies in data collection and data systems, assessor management for rating and assessment tools, and provide training and technical assistance to maximize investments by focusing on the needs within a geographic region. Hubs meet regularly with consortia representatives in their region to address regional efficiencies, and with the State Support Team (cross-agency staff from F5CA and the California Department of Education) to discuss issues pertaining to Hub-related activities and gain support through technical assistance.

Support for the implementation of First 5 IMPACT is provided in large part through a contract with the WestEd Center for Child and Family Studies. The scope of this contract includes systems building and support for the work of the Hubs, the State Support Team, topical workgroups, as well as small counties and consortia newer to implementing QRIS. This contract provides training and technical assistance to counties based on local and regional needs and facilitates an annual peer networking forum focused on QRIS and systems building.

### QUALITY COUNTS CALIFORNIA

First 5 IMPACT lead agencies fall under a wider umbrella of quality improvement efforts in California known as the Quality Counts California (formerly

CA–QRIS) Consortium. This is a decision-making and peer networking structure that collectively implements QRIS statewide. Its membership includes those lead agencies participating in First 5 IMPACT and CDE's California State Preschool Program (CSPP) and Infant/Toddler (I/T) QRIS Block Grants.

The Consortium has met biannually since its inception in early 2016, and one of the major tasks during the past fiscal year was the development of a communications brand in order to create messaging around QRIS efforts statewide. As a part of this movement, the Consortium has adopted a new name and tagline: Quality Counts California—Raising the Quality of Early Learning and Care. A logo is forthcoming that will complete the branding process. A state QRIS website will follow in 2018 to begin more formal messaging around the importance of quality early learning to audiences including parents, providers, and policy makers.

In FY 2016–17, F5CA and CDE agreed through a memorandum of understanding that all data derived from sites participating in First 5 IMPACT and/or the QRIS Block Grants will be reported using a statewide common data file. This major accomplishment allows local consortia to submit one data file inclusive of all of the state's QRIS funding streams, and provides F5CA and CDE an efficient and collaborative method for receiving data for each county participating in QRIS. As of June 30, 2017, there were a total of 5,926 participating QRIS sites across the state. Of the total, 3,527 were centers, 2,025 were family child care homes, and 374 were alternative sites such as libraries, home visiting programs, family resource centers, and family, friend, and neighbor providers.

In the upcoming fiscal year, the Consortium will be looking to increase their implementation capacity in order to include additional local providers into QRIS, increase efforts to message locally and statewide about the importance of high-quality programs, and refine other aspects of the system to maximize available funding and create efficiencies statewide.

## RACE TO THE TOP–EARLY LEARNING CHALLENGE FINAL EVALUATION

In August 2016, the American Institutes for Research finalized an independent evaluation of the federally funded Race to the Top–Early Learning Challenge Quality Rating and Improvement System (QRIS) in California.<sup>1</sup> A cumulative technical report summarized how well the QRIS performed as a measure of quality, how the QRIS differentiated programs based on quality, the validity of rating elements, and how ratings could be refined in the future. Study highlights included: 1) Implementation of the QRIS was in an early stage at the time the study began, but significant progress was made over the course of the system's development during 2012 through 2015. By the end of the study term, there were 2,746 rated sites in 18 participating counties (2,022 centers and 724 family childcare homes). Each site was rated according to five tier levels, with Tier 5 indicating the highest quality. At the end of the study term, 4 percent of sites were Tier 1, 17 percent at Tier 2, 25 percent at Tier 3, 46 percent at Tier 4, and 8 percent at Tier 5. 2) The dissemination of QRIS ratings was limited, but analyses of the ratings as well as community input suggest that providing detailed quality element





scores may be beneficial for parents. 3) There is some evidence of the validity of California's QRIS ratings, though it was too early in the system's implementation to draw strong conclusions. 4) Analyses revealed high levels of participation in quality improvement activities by program staff and point to coaching as a promising approach. Separate from the study, the California Department of Education was pleased to find that counties participating in RTT–ELC exceeded planned targets by nearly 1,400 QRIS sites (or 57 percent) to reach 3,862 sites by the end of 2016.

## CHILD SIGNATURE PROGRAM EVALUATION

In February 2017, First 5 California released the final evaluation report for the Child Signature Program, 2012 through 2015. The report documented program successes including serving more than 72,000 children, assessment of high quality in physical environments and teacher-child interactions, and child development gains for children served. Analyses showed program classrooms implemented high-quality practices and benefited at-risk children and families.<sup>2</sup>

## FIRST 5 CALIFORNIA DUAL LANGUAGE LEARNER PILOT

First 5 California's investment in the Dual Language Learner (DLL) Pilot will examine culturally and linguistically responsive and effective teaching practices and strategies for the development of DLL children ages 0 to 5 in early learning settings. This effort is aimed to better support DLLs across California and to recommend scalable, implementable, and effective models and practices. First 5 California's DLL Pilot will increase early educators', families', and the general public's awareness about the benefits of bilingualism and home language through the participation Pilot sites, the *Talk. Read. Sing.*<sup>®</sup> campaign, and parent website. It also will share assessments of effective DLL practices and provide content for early childhood education preparation programs.

During the DLL Pilot development, First 5 California convened early childhood professionals and met with advocates, national experts, funders, and other stakeholders from the field for input on the pilot design. Based on survey data and feedback from the DLL Pilot Input Group and others, it was determined the primary goal of the pilot is to build the capacity of early educators, caregivers, and administrators to effectively serve DLL children through intentional and focused professional development. The DLL Pilot's priorities include professional development encompassing family engagement strategies, best practices and teaching strategies, assessment of effective DLL practices, and positive messaging about the benefits of bilingualism. The DLL Pilot will engage and work in partnership with the First 5 Association, county commissions, and other stakeholders to engage in a collective effort to support DLLs and early educators.

In September 2017, First 5 California executed a contract with American Institutes for Research to carry out the DLL Pilot. This is not a traditional pilot where an investment is made in new programs, which are then evaluated. This pilot is designed to study the feasibility and effectiveness of existing strategies implemented in early learning settings with young DLLs and their families, and the conditions under which they are effective. First 5 California will use findings to disseminate information about effective, scalable, and



implementable DLL strategies employed in diverse early learning settings across California.

First 5 California's investment in the DLL Pilot is approximately \$20 million over five years (FY 2017-18 through 2020-21). The evaluation is funded at \$7.5 million, and \$12.5 million will be used to support the counties and regions that will be chosen to participate in the evaluation.

## EDUCARE

The Educare Quality Early Learning Model provides the comprehensive early learning services beginning at birth that early brain science shows are necessary to narrow the achievement gap for at-risk children so they have the foundation they need to thrive in school and beyond. Research on early brain development demonstrates poverty and toxic stress can negatively impact a child's cognitive development and ability to learn.<sup>3</sup>

California children from low-income families typically enter kindergarten 12 to 14 months behind the national average in pre-reading and language skills.<sup>4</sup> A study conducted by the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill indicates low-income children (including children who are dual language learners) who enroll in Educare as infants or toddlers enter kindergarten with the same skills as their middle-income peers.<sup>5</sup> The Educare model also focuses on intensive family engagement to foster strong parent-child relationships, family well-being, and ongoing learning and development for both parents and children.

In 2010, the First 5 California State Commission voted to become one of several public funders in bringing the public-private Educare Quality Early Learning Model to California. The Commission has now dedicated \$6 million to support the launch, operation, and evaluation of the first California Educare centers in Santa Clara and Los Angeles counties. First 5 California's investment in California's two Educare sites specifically supports the costs of high-quality elements in the classroom in order to meet the Educare Core Features program requirements that have been proven to increase the quality of early learning programs through improved teacher-child interactions.

Through funding from First 5 California and other national, state, and local public and private partners, Educare California at Silicon Valley opened its doors and began serving Santa Clara County-area children and families in the 2015–16 school year. The center is co-located with Santee Elementary School, and operates in partnership with First 5 Santa Clara, the Santa Clara County Office of Education Early/Head Start and State Preschool programs, and the East Side Union High School Child Development Program.<sup>6</sup>

Educare of Los Angeles at Long Beach, a public-private partnership lead by Long Beach Unified School District and the Los Angeles Chamber of Commerce, is currently in the planning, fundraising, and construction phase of its stand-alone facility located on the Barton Elementary School campus in the Long Beach Unified School District. The Educare of Los Angeles at Long Beach site soft-launched the 2017–18 school year in its temporary facility for preschool students. A full site





launch at the new facility is anticipated for the 2018–19 school year.<sup>7,8</sup>

## FUNDED RESEARCH

Two research projects funded by First 5 California were completed during FY 2016–17 relating to child education and health.

The American Institutes for Research completed its study of Transitional Kindergarten (TK) supported by a co-funded partnership of the Heising-Simons Foundation, the David and Lucile Packard Foundation, and F5CA. The cost of the completed study, shared among funding partners, totaled approximately \$7.4 million. The final report, released June 2017, assessed impact of TK on two cohorts: students in kindergarten during 2014–15 and students in kindergarten during 2015–16.<sup>9</sup> The final report analyzed data for more than 6,000 students in 20 California school districts. Key findings included:

- TK improves kindergarten readiness skills, including language, literacy, math, and student engagement for all students.
- TK improves kindergarten readiness skills, including English language proficiency for English learners from all language groups.

- TK students show continued growth in the kindergarten year, but there is less of an impact of the TK program on end-of-kindergarten outcomes.
- Most TK classrooms are stand-alone and full day, have CLASS scores typical of Pre-K and kindergarten settings, and spend more time on didactic instruction than scaffolding student learning.
- TK has an impact on student outcomes regardless of program structure and small variations in instructional approaches. The impact of TK may be due to having highly qualified teachers, a universal program, and alignment with kindergarten.
- Districts provide some wrap-around services to TK students and families and would like to provide more, if funds were available.

Multiple research briefs and reports for the TK study are available online at <http://tkstudy.airprojects.org>.

The UCLA Center for Health Policy Research released the report: *Families with Young Children in California: Findings from the California Health Interview Survey, 2011-2014*, by Geography and Home Language. The study describes families based on 6,600 survey responses by adults with young children (infants through 5 years of age). The report summarized socio-economic characteristics of these families within three frames of analysis: 1) a statewide overview; 2) regional differences by urban, suburban, and rural residence; and 3) families speaking a language other than English in the home (i.e., families with a dual language learner child). The report identified strengths and challenges of families with young children in California. Strengths include high levels of trust and compatibility with neighbors, and a new generation of young children who speak both English and another language. Challenges include improving these families' perceived neighborhood safety in California's cities, and enhancing school readiness for dual language learners so that benefits of being multilingual can be optimized. The report was one deliverable of a \$1.7 million contract supporting the California Health Interview Survey during 2015–17.<sup>10</sup>



## Parent Support Focus

### PARENT WEBSITE

While [first5california.com](http://first5california.com) has historically served as the main portal for health, education, literacy, smoking cessation, it has expanded to include more information about early brain development, including activities, downloadable resources, and links to organizations that support families. In early 2017, new content was integrated into the site to support the launch of the "Smarter Birds" campaign, including tips and information about *Talk. Read. Sing.*® and an array of new activities for babies, toddlers, and preschoolers. During FY 2016–17, [first5california.com](http://first5california.com) received more than 552,111 visits and nearly 1.1 million page views.

### SOCIAL MEDIA

The parent website also links to multiple social media channels, including Facebook, Instagram, Pinterest, and YouTube. Across most platforms, followers receive regular posts that highlight simple, actionable tips and ideas surrounding early brain development and beyond—everything from reading tips to words of encouragement. As of June 30, 2017, First 5 California's Facebook page has over 213,000 page likes and Instagram has more than 4,200 followers. In Spring of 2017, First 5 California underwent a collaboration involving Univision personality Argelia Atilano taking over First 5 California's Instagram Stories for a day. Argelia drove her followers to First 5 California's channel to learn how she integrates dual-language learning into her

everyday life with her children, resulting in hundreds of new followers for First 5 California.

### KIT FOR NEW PARENTS

The award-winning *Kit for New Parents* targets hard-to-reach and low-income populations, providing information and tips for first-time parents, grandparents, and caregivers.

Since 2001, First 5 California has distributed the *Kit* free-of-charge to local hospitals, physicians, and community groups to reach new parents. The *Kits* are available in English, Spanish, Cantonese, Korean, Mandarin, and Vietnamese, and include a health handbook, an early brain development brochure and tip card, and other important information on literacy and learning, child safety, developmental milestones, finding quality child care, and more. First 5 county commissions are encouraged to add local references and resources to the *Kit* to help inform parents about services in their own communities.

To date, over 5 million *Kits* have been distributed throughout California since 2001, with 175,000 distributed this fiscal year alone.

### FIRST 5 EXPRESS

Since 2006, First 5 California's mobile outreach tour has traveled to every corner of the state, reaching out to families and caregivers of children ages 0 to 5 in all 58 counties. This interactive exhibit called the First 5 Express features "Edutainers" who educate





parents and caregivers and entertain children. The Express teaches families about a wide variety of topics, including nutrition, physical activity, oral health, literacy, and most recently, early brain development. In FY 2016–17, the exhibit traveled to 134 schools, libraries, resource centers, community festivals, county fairs, and other family oriented events. The Edutainers directly engaged with more than 43,791 people who walked away with helpful First 5 resources. Over 142,293 newly designed resources were distributed, including a branded hand puppet to give parents and caregivers a tool to spark conversation with their young children, bilingual storybooks to help make reading a regular routine, a healthy portions plate to encourage a balanced diet, and age-appropriate musical instruments to bring out the joy of song. Together with the already established *Kit for New Parents*, “Fast, Fresh, and Fun Food from First 5” cookbooks, and brain development information, families were provided resources to reinforce the healthy behaviors they experienced.

## TOBACCO CESSATION

Through First 5 California’s investment in the California Smokers’ Helpline, parents and caregivers receive information and tools to help them quit smoking and using other tobacco products—especially around children or while pregnant. Parental smoking and secondhand smoke exposure has been linked to a range of ailments in babies and young children, including asthma, ear infections, pneumonia, bronchitis, and Sudden Infant Death Syndrome (SIDS). Smoking during pregnancy carries even greater risks. To reduce the incidence of these health problems and to help smokers quit, in FY 2016–17 First 5 California supported the California Smokers’ Helpline with \$1.4 million for tobacco cessation services for parents and caregivers of young children, as well as for training of pediatric care providers to screen for secondhand smoke exposure. First 5 California participants are provided with telephone counseling and also receive free nicotine patches sent directly to their homes.

The toll-free Helpline (1-800-NO-BUTTS) provides one-on-one telephone counseling, self-help materials, and referrals to local resources. Helpline counselors follow protocols that are scientifically proven to double the rate of successful long-term smoking cessation. Counselors and callers work together to develop a plan to quit, and continue interaction during the quitting process to increase the likelihood of long-term success. These services are provided in English, Spanish, Chinese (Mandarin and Cantonese), Korean, and Vietnamese. This year saw the publication of results from a large, randomized trial that proved the efficacy of a specialized Helpline counseling protocol for pregnant women that was supported in part by funds received from First 5 California.<sup>11</sup>

In FY 2016–17, First 5 California’s investment provided Helpline services for 4,578 participants, including 226 pregnant smokers and 4,352 tobacco-using parents or caregivers of children ages 0 to 5 (note: 90 were both pregnant and had a child age 0 to 5). Tobacco users with less education or of ethnic minority background were well represented among Helpline callers. (See Exhibits 10 and 11 for breakdowns by racial/ethnic background and education, respectively.)

First 5 California’s recognition of the important role that grandparents and other adults in the home play in protecting young children from secondhand smoke

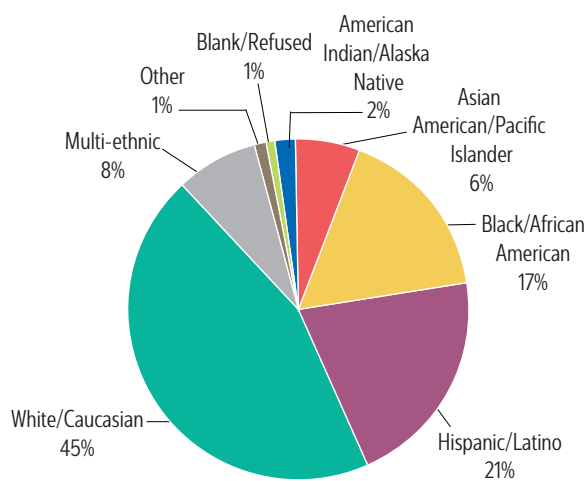
has been important to extending needed services to this population. Consider the case of a grandmother from Riverside who called the Helpline because she wanted to quit smoking. She lived with her very young grandchildren and was able to quit smoking using nicotine patches and counseling she received from the Helpline. She expressed gratitude for the help. She states that, despite having other smokers in the home, she is determined to not smoke and to prevent anyone from smoking inside the home in order to protect her grandchildren.

In addition to supporting direct services to tobacco users, First 5 California also supports the training of child care providers, preschool teachers, pediatric healthcare providers, and parents in the importance of quitting smoking and protecting children from exposure to secondhand smoke. Although no longer a requirement of First 5 California funded programs, the online tobacco training modules, “Kids and Smoke Don’t Mix” and “Los Niños y el Humo no se Mezclan,” available on the California Smokers’ Helpline website, continue to be used. The modules give child care providers, preschool teachers, and other classroom staff the knowledge and skills they need to encourage parents and caregivers who smoke to quit. In FY 2016–17, a total of 454 individuals completed the online training.

Again this year, First 5 California supported the ongoing Clinical Effort Against Secondhand Smoke Exposure (CEASE) California project. Through CEASE, pediatric care providers are trained to screen patients for secondhand smoke exposure and help parents who smoke to quit. CEASE now has champions at each of five University of California Medical centers (UC San Diego, UC Davis, UC Los Angeles, UC San Francisco, and UCSF’s Benioff Childrens’ Hospital in Oakland). These champions are overseeing the CEASE training for pediatric residents and working to integrate it into the electronic health record system to standardize delivery. The training emphasizes motivational interviewing techniques to counsel people about smoking cessation, and covers how to refer smokers to the Helpline, as well as the importance of prescribing nicotine replacement. The CEASE online training module was updated to include the latest recommendation from the American Academy of Pediatrics on e-cigarette usage; 35 providers have completed the online module thus far, with 21 more in progress. These efforts at the UC Medical Centers have generated over 300 referrals to the Helpline in FY 2016–17.

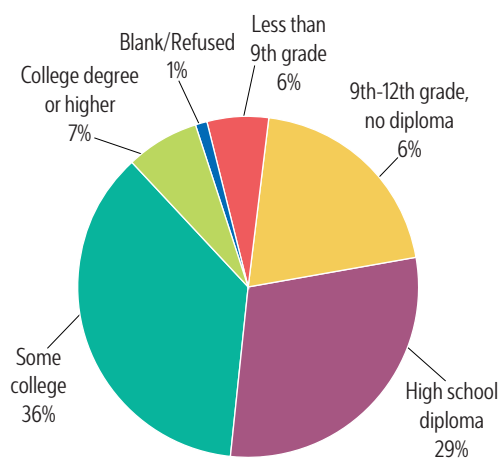
The Helpline is a collaborative effort with the California Department of Public Health and is operated by the University of California, San Diego.

**Exhibit 10:** California Smokers’ Helpline—  
Race/Ethnicity of Callers in FY 2016-17



\*The percentages in this chart do not add to 100 due to rounding

**Exhibit 11:** California Smokers’ Helpline—  
Education Level of Callers in FY 2016-17



\*The percentages in this chart do not add to 100 due to rounding





## Teacher Effectiveness Focus

The foundations for health and learning are built in the first years of a child's life. In addition to parents and families, teachers and early childhood caregivers are foundational to the health and education of young children. One of First 5 California's (F5CA) goals is to ensure all young children in all types of settings are cared for by a highly qualified, well-trained teacher/caregiver. To best support children's growth, we need to make sure the early childhood workforce is well trained and supported in their work.

### TRANSFORMING THE WORKFORCE FOR CHILDREN BIRTH THROUGH AGE 8

In 2015, the Institute of Medicine (IOM) and the National Research Council (NRC) released a seminal report, *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. The report offers extensive research about early childhood development, and the competencies and supports professionals working with young children need. Drawing on this and other national and California-specific reports, F5CA and the California Department of Education Early Education Support Division (CDE-EESD) set out to craft recommendations and specific objectives to address the key issues facing California's early childhood workforce.

In 2016, F5CA and CDE-EESD brought together a team of experts and leaders from across California to create an implementation plan (IP) to prepare and support our early childhood workforce throughout their careers. This IP pertains to providers who teach

in early learning classrooms to those who provide children with health, welfare, and social services. California's IP draws on extensive research and is rooted in the recommendations from the IOM's *Transforming the Workforce* report.

The IP calls for a system where professionals working with young children have the knowledge, skills, and abilities needed to support each child's learning and development. The system supports professionals to access and complete training, higher education programs, and ongoing professional development opportunities that enable them to progress along career pathways such as education, childcare, and health. The IP outlines priorities for improving California's early childhood workforce, and details specific next steps in three Priority Areas:

- **Permitting and Credentialing**—Current California requirements for early childhood professionals vary depending on funding, program type and age. The IP offers recommendations for developing appropriate certification standards, establishing a statewide professional development system, and strengthening preparation programs to help candidates meet certification standards.
- **Professional Pathways**—A challenge for California is to identify the early childhood career pathways that outline how to obtain the skills, knowledge, degrees, and experiences needed for different careers in the early childhood field. The IP offers recommendations for developing a career lattice

for the early childhood workforce, building on previous efforts; identifying challenges and solutions to career advancement; and increasing use of the California ECE Workforce Registry to more effectively track progress and answer key questions about the workforce.

- Higher Education and Ongoing Professional Learning—California’s higher education system must ensure future early childhood professionals have the skills and knowledge they need to help children thrive. The system also needs to build mentoring, coaching, and other programs to support lifelong learning at all levels of the early childhood workforce. The IP offers recommendations for:
  - Identifying needs and ways to support degree-granting institutions
  - Aligning training programs with new certification standards
  - Promoting faculty and administrators to develop and revise programs
  - Supporting institutional infrastructure.

## TRAINING AND TECHNICAL ASSISTANCE INFRASTRUCTURE DEVELOPMENT

Building a high-quality, effective early childhood workforce relies upon clear standards and a statewide delivery system that ensures all training and coaching meets those standards. In March 2017, First 5 California awarded a \$12 million contract (through June 2020) to WestEd for the creation and implementation of statewide training, infrastructure, and resources to promote evidence-based practices across California and within consortia implementing continuous quality improvement, including rating and monitoring activities as part of Quality Counts California (California Quality Rating and Improvement System [CA-QRIS]). The system includes two primary areas of focus—workforce development for continuous quality improvement (CQI) and tools and resources to communicate with early childhood educators about QRIS standards of quality.

Through this contract, F5CA, CDE-EESD, and WestEd are engaging University of Florida, University of Washington, Zero to Three, other national experts,

and state and local leaders, to develop workforce supports. Over the next several years, California will develop and implement:

- A coach certification process that includes basic training, assessment of coaching competency, and resources and ongoing supports.
- Trainer and training standards to ensure all early childhood providers have access to high quality training
- Family engagement training for early childhood educators to promote caregiver-parent relationships that improve child and family outcomes
- Quality Counts California training modules and resources to help faculty, trainers, coaches, and implementers understand and communicate about the California QRIS system
- Assessor and rating guidelines and supports that enable early learning settings across California to be assessed and rated using consistent standards



## SUPPORT FOR EFFECTIVE INTERACTIONS

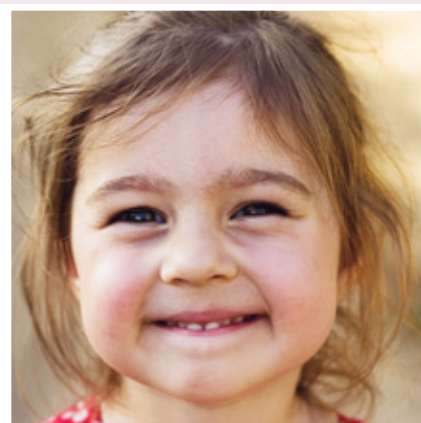
Quality teacher-child interactions are powerful contributors to children's learning and success. Children are supported and developed through meaningful teacher-child interactions with educators who have the knowledge and skills to identify and support the needs of specific groups of children, including dual language learners. Research shows early childhood educators with higher educational levels and specialized training have greater quality interactions with children that result in positive effects on learning. Unfortunately, one study indicates only 13 percent of California's low-income children are in high-quality early learning programs that support advanced thinking skills and language development.

Although the Comprehensive Approaches to Raising Educational Standards (CARES) Plus program sunset in June 2016, F5CA embedded lessons learned from that program into new supports for early childhood educators. Through CARES Plus, F5CA incorporated training and use of the Classroom

Assessment Scoring System® (CLASS®) into all its requirements. One of the most successful aspects of CARES Plus was MyTeachingPartner™ (MTP™), an evidence-based professional development tool focused on improving classroom interactions through intensive one-on-one coaching, classroom observation, and reflective analysis of teaching practice.<sup>12</sup> F5CA worked with Teachstone, the creator of CLASS, to develop and implement CLASS-Based Coaching, a similar one-on-one coaching program, but designed for coaches who support center-based teachers and administrators, family child care providers, and early educators who work with children in community-based settings. In the CLASS-Based Coaching Program, dedicated cohorts of coaches join together around one goal: to ensure children have access to high-quality adult interactions. Coaches receive one-on-one support from a Teachstone Specialist who helps them use CLASS as they help teachers focus on effective and culturally responsive interactions, anchoring coaching in educators' actual practice.







## First 5 County Commission Highlights

### Alameda County

The goal of First 5 Alameda County is to provide a network of early childhood services, professional development, and community supports to prepare children ages 0 to 5 for success in school and life so that children are ready for kindergarten and third grade success, and are free from abuse and neglect. As most of the families served by First 5 Alameda are very low income, the County Commission's investments took a special focus on identifying and connecting families to resources to meet immediate and emerging needs, ensuring that families have what they need to support their child's optimal development.

- 793 prenatal and postpartum families were immediately connected with Emergency Medi-Cal insurance to ensure families' health coverage did not lapse, and 173 families were linked with the Women, Infants, and Children Program for food and basic needs assistance. Almost 1,600 families were referred to available prenatal and newborn home visiting and lactation support programs.
- 2,844 families were connected with the *Help Me Grow* (HMG) Phone Line to discuss concerns they had about their child's development. With further family navigation support, 49 percent of HMG families were referred to an entitlement system (Early Start, Special Education, etc.), 10 percent

to play and learn/socialization playgroup/services, 9 percent to developmental services, 8 percent to mental health services, 8 percent to child care/early care and education, and 16 percent to other types of support.

- In a partnership with the Center for the Study of Social Policy, First 5 Alameda began implementation of one of the Developmental Understanding and Legal Collaboration for Everyone (DULCE) pilot projects. A Family Specialist connected families of newborns to a variety of supports, including legal and basic needs resources in the pediatric clinic setting while working in tandem with a pediatric care team. Almost 200 families were served. Legal issues surfaced as a large unmet need: 66 families received legal consultation on housing, public benefits denials, and immigration.
- Two major training events provided tips and resources to service providers on helping families to navigate financial assistance and to build financial literacy.

Another highlight that took place during FY 2016–17 was supports for developmentally vulnerable children were offered to 137 parents and caregivers who have concerns about their child's development but whose child may not be eligible for entitlement services through the regional center or the school district.

### Alpine County

During FY 2016–17, First 5 Alpine County emphasized improving family functioning. First 5 Alpine directed energy and resources toward advancing parent education and outreach to increase parents' knowledge and understanding of the Five Protector Factors, including healthy child development and new parenting strategies. Being in such a small, isolated county, providing access to effective, positive parenting information and tools is paramount for families living in such a rural community. First 5 Alpine made the commitment to enhancing partnerships with community agencies through parent education programs and weekly playgroups. First 5 Alpine joined the Alpine County Wellness Coalition and ignited an Early Learning Task Force in tandem with the local school district and county office of education in order to minimize barriers for children receiving early childhood education. This collaboration elevated work and the county is now prioritizing local systems of care to reach all families and their needs. Alpine County embodies the African proverb, "It takes a village to raise a child" and it aims to be a key player in supporting families and children ages 0 to 5 and the community at-large.

### Amador County

In order to sustain lasting improvements in the lives of Amador's youngest residents, First 5 Amador

partners with local organizations, private and public agencies, and families to promote the importance of the first 5 years. First 5 Amador continues to look for opportunities to improve systems that support children's health and well-being, and readiness for school and life. An important component is providing families and caregivers access to information and services for early literacy, connections to health care, and social and emotional development of children.

Examples of successful strategies include the integration of a preventive practice (screening and fluoride varnish application) during well-child checkups at the only pediatric office in Amador County. The success of Amador's Oral Health Task Force was recognized by the California State Association of Counties. Another successful initiative spearheaded by First 5 is the Amador/Calaveras Perinatal Wellness Coalition. To date, this successful collaborative has established a seamless system that includes outreach, education, and treatment for families experiencing perinatal mood and anxiety disorders.

A universal system for developmental screenings has been set in motion with the training of local service providers, including family child care and private preschools. Playgroups, family resource centers, newborn home visiting, etc. are now part of a unified system that will utilize a consistent tool for families with young children.

First 5 Amador continues to coordinate the Child Abuse Prevention Council, Oral Health Task Force, Perinatal Wellness Coalition, Children and Families Program Committee, and participates in the Domestic Violence Council as well as the Behavioral Health Advisory Council. By providing the forum for or participating in the discussions, First 5 Amador has been successful in leveraging resources for young children and their caregivers as well as helping to move the dial in addressing gaps in systems that affect families.

### Butte County

Supported by First 5 Butte County since 2011, Mothers Strong, a local group dedicated to bringing vital mental health information and resources to

mothers and families in Butte County, was awarded the best "Community Solutions Award" by the Maternal Mental Health Innovations Awards Program. This national award recognizes programs that are closing gaps in awareness, delivery of care, access to care, or prevention in innovative ways, and which should be lifted up for adoption across the country. Over 50 submissions from across the U.S. were judged on innovation, impact, sustainability, and replicability. The award enabled the Mothers Strong program to be presented at the 2017 Perinatal Mental Health Society's national conference in Chicago. The focus of Mothers Strong is the development of effective and sustainable systems of services for families struggling with Perinatal Mood and Anxiety Disorders (PMAD). Dedicated perinatal professionals from 12 agencies, private therapists, and champion moms within Butte County work to develop links between local resources, medical providers, and new mothers that help address challenges connected to PMAD.

First 5 Butte County has a successful Reach Out and Read (ROR) campaign throughout the county. In a desire to serve more families beyond the physician-oriented structure of ROR, First 5 staff began working with the local Women, Infants, Children (WIC) program to design and implement an early literacy project for WIC families. Children now receive a new, age-appropriate book at each of their WIC visits. WIC staff have enthusiastically embraced this new opportunity to enrich the lives of those children to whom they provide resources. Over 1600 children's books were distributed during the first four months of the program at the two primary WIC locations. Two new WIC offices are scheduled to open in early 2018, and the program will be expanded to serve these locations.

### Calaveras County

First 5 Calaveras successfully continues to facilitate partnerships and fund strategies that strengthen families and support them in raising healthy young children.

During FY 2016–17, one of the most significant accomplishments was the

continued collaboration with Behavioral Health Services which services families with children ages 0 to 17. Funding from the Mental Health Services Act provided 67 training sessions for over 430 adults on a variety of topics. Training focused in three areas: 1) classes for parents and educators; 2) Parent Café/Conversation Groups; and 3) Mindful Schools training for educators and other service providers. Parents attending had an estimated 400 children indirectly served, with 41 percent of children ages 0 to 5. Trainings were offered in English and Spanish and in many locations throughout the county, including isolated areas. Efforts were made to build upon the success of one rural elementary school where Mindful Schools was implemented in each classroom during the previous year. Mindful Schools is a neuroscience approach to teach skills to teachers and children that improve attention, emotional regulation, adaptability, compassion, calming, and resilience. Eighty-six educators attended local Mindful Schools training. As a result of the training, 62 teachers enrolled in a Mindful Schools fundamental class, with some advancing to Essential Curriculum. Intensive work was done at one rural elementary school as the entire faculty was engaged in implementing the Mindful Schools curriculum and philosophy throughout the school year. Parent Café/Conversation Groups doubled throughout six communities. Classes for incarcerated fathers and classes in Spanish continued to be successful.

Other highlights during this past fiscal year included:

- The Children's Dental Project provided screenings, cleanings, fluoride treatments, and/or oral health education to over 250 children in local Head Starts, state preschools, and private preschools in seven geographically isolated communities. Sixty-one Women, Infants, and Children parents received dental health education.
- The Kids Farmers Market provided nutrition education, hands-on cooking experiences, healthy recipes, and gave children in local preschools the opportunity to



choose their own vegetables and fruits. In addition, the 131 children together took home over 4,400 pounds (or over 2 tons!) of fresh produce to their families.

- School Readiness Expansion-Raising A Reader Home Visiting Program expanded access to quality early childhood education for 32 children that had transportation, financial, or other barriers preventing them from enrolling in local preschools. Sixty-two parents were taught about child development domains and their role as their child's primary teacher, using the Ages and Stages Questionnaire (ASQ) and other developmental assessments as the baseline of information. Parents increased their literacy activities with their children: reading regularly, going to the library, and adding interactive elements to their reading.
- The S.A.F.E. Self (Safe, Assertive, and Fit Education) Preschool Program taught personal safety and prevention skills to 226 preschoolers by means of stories, puppets, songs, and movement activities focusing on a variety of topics, including stranger danger, expression of feelings, and household, car, and gun safety.
- A grassroots collaborative, Talk. Read. Sing.<sup>®</sup> Calaveras, was established to: 1) Enhance quality interactions between parent and child; 2) Increase the number of quality, age-appropriate books in young children's homes; and 3) Encourage parents and older siblings to read to their child/sibling for 15 minutes per day. Through this effort nearly 400 children 5 years and younger applied for a special "frog" library card, over 800 new books were distributed to young children, and 6 Little Free Libraries were constructed and set up throughout the county.
- First 5 Calaveras partnered with Prevent Child Abuse Calaveras to administer developmental screenings (ASQ3) to assess the impact of trauma on 16 children in

the child welfare system. Referrals to early intervention services addressed children's mental health and developmental challenges. Twenty-five parents and 36 children were served through the Team Decision Making/Child Family Team Meetings in which family members and children are ensured a voice and a consensus decision that best provides safety and stability. Prevent Child Abuse Council Calaveras and partners brought a greater awareness of programs and activities for Child Abuse Prevention Month through community events, presentations, wear blue day, blue ribbon pins, and a proclamation to the Board of Supervisors. The 2017 Light of Hope Ceremony was attended by 59 people and included local youth singers, speakers, refreshments, and resources.

### Colusa County

The mission of First 5 Colusa Children and Families Commission is to enhance the lives of all children, prenatal to age 5, and their families through a countywide, comprehensive, integrated system of early childhood development.

First 5 Colusa County invested nearly \$466,958 in programs and services, benefiting a total of 2,149 children birth to age 5 and 4,371 parents, family members, and providers. A large percentage of the children and families served received services through First 5 Colusa Family Action Centers of Colusa County (FACCCs). Funded and operated by First 5 Colusa, the FACCCs provide a central hub of services to families located outside of the county seat, in the rural towns of Arbuckle and Williams. Both centers offer satellite services to the three additional towns that have limited access to county resources and services. Services and/or programs offered include various parent education classes, provisions of basic needs, application assistance, translation, and school readiness services.

First 5 Colusa collaborated with Colusa County Community Advocates for Parents & Children (CAPC) and the Colusa County Library to expand Family Resource Center (FRC) services

to the city of Colusa. With CAPC as the lead agency and funder, First 5 Colusa provided additional funding and resources to assist with the opening of an FRC in Colusa. With the opening of the Community in Unity FRC, all towns and cities in Colusa County now have access to FRC services.

Other First 5 Colusa investments and initiatives included:

- Child Passenger Safety Program (classes, certified check-up stations, low-cost car seats)
- Growing Start (evidence-based parent/child playgroups)
- Improve and Maximize Programs So All Children Thrive
- First 5 Service Corps/AmeriCorps (child development screenings and assessments)
- Health Access Services (Covered California and MediCal outreach, education, and enrollment)
- CalFresh Application and Enrollment Assistance
- Family Resource Centers in Arbuckle, Colusa, and Williams, and satellite services in Grimes, Maxwell, and Dunnigan
- Kindergarten Transition Programs (Kinder Camp and Backpack Program)
- Nutrition Services/Programs—Kids Farmers Market, Food Voucher Program (Community Services Block Grant), food distributions, Colusa County Grown Food



- Council, and nutrition classes, Rethink Your Drink Campaign)
- Adult and Family Literacy Services (Raising A Reader at all library branches, Sensory Storytime, and enhanced children's areas at branches)
- Family Strengthening Services (Family Hui, parenting classes, countywide trainings and workshops)
- Breastfeeding Initiative (Certified Lactation Counselors on site, warm-line funding, TriCounties Breastfeeding Alliance, The BIG Latch On)

### Contra Costa County

As a trusted partner to families for nearly 20 years, First 5 Contra Costa heard from families throughout the county about the fear and anxiety provoked by new federal policies in 2017. First 5 Contra Costa's Community Engagement and Family Support programs offered specialized trainings to ensure contractors had accurate information about immigrant rights and safe spaces, and offered first-hand support to parents and caregivers feeling the stress of aggressive deportation policies.

Additional highlights from the year include:

- First 5 Contra Costa's child care rating system shows quality is improving. Combined with last year's ratings, the ratings for 109 licensed child care programs. Of the 28 sites that were re-rated this year, 11 increased their score, many moving from a 4 to a 5.
- To address demographic changes in the county, First 5 Contra Costa assessed its First 5 Centers, which are innovative, place-based hubs where parents receive support, training and information, and connections to other parents and resources in their community. The assessment led First 5 Contra Costa to pursue the purchase of a new large regional site located in Pittsburg to better serve families in the eastern portion of the county. An additional site acquisition is planned.
- Two new playgrounds were built in Contra Costa as a result of the local

organizing work done by parent community leaders trained by First 5 Contra Costa's Community Engagement Program.

- Contra Costa's *Help Me Grow* (HMG) program continues to build: 19 low-income pediatric offices, over 50 child care sites, and a wide range of programs and providers that serve vulnerable families conducted developmental screenings for more than 3,000 low-income children. In addition, the centralized HMG phone line provided referrals and support to 250 families.

### Del Norte County

First 5 Del Norte (F5DN) works to promote and enhance the health, development, and wellness of children ages 0 to 5 and their families. FY 2016–17 was a year of new beginnings in Del Norte County. On July 1, 2016, the Family Resource Center of the Redwoods took over the management and programming of the family resource center building owned by F5DN. The change has brought new programming and services to families.

F5DN refreshed two programs this year, updating the local materials added to the *Kit for New Parents* and completely overhauling a packet given to new parents in the hospital. The updates were based on parent feedback gathered in multiple one-on-one and small group sessions. Public health nurses now give a gift bag with five high-quality board books to all new parents, funded jointly by F5DN and Sutter Coast Hospital.

F5DN continues to work with a team of local partners targeting early literacy. In January 2016, 27 in-depth empathy interviews were conducted with 27 families and 11 early childhood educators. One insight from this work is that parents need better connections to each other and to local resources, and that parents need more help understanding school readiness. F5DN is promoting Ready4K (R4K), a texting program to help parents prepare their children for kindergarten. F5DN also is pursuing funds from the Mental Health Services Act to expand R4K to include family strengthening, mental health,

and local resource information. The additional content is being co-designed by parents and providers.

As a small county, Del Norte is often included in with other counties or left out of data reporting for state- and nation-wide surveys. This raises difficulties for understanding local issues and pursuing funding. F5DN is working with state legislators to make sure small counties are able to access reliable data about Del Norte children and families.

F5DN is proud to work with a wide range of partners to achieve common goals to improve the health, development, and happiness of all children in Del Norte County.

### El Dorado County

The First 5 El Dorado Children and Families Commission has invested in areas of practice that support parents as their children's first teacher. These investments include:

- Ready to Read at Your Library, an early literacy program operated by local libraries
- Together We Grow, a program directed at providing families with structured activities to support their child's optimal development
- High 5 for Quality, a program focused on ensuring early care and education providers have the support needed to increase their quality of care
- Children's Health, a program that utilizes health advocates to support access to health and dental care for children and families

Each of these programs are required to operate within the structure of Community Hubs and to provide services which are aligned with the Strengthening Families Protective Factors framework.

During FY 2016–17, a total of 6,367 (duplicated across programs) individuals were provided with First 5 funded services, resulting in the following accomplishments:

- **Families are using positive strategies to guide and teach their children.** Seventy-eight percent of parents served who completed a family survey reported that they or another family member reads with their child each

day, a 13 percent increase from the previous year.

- **Children are receiving preventive health and dental care.** Ninety-seven percent of parents served who completed a family survey reported that their children birth through age five had received timely well child visits. Seventy-seven percent reported that their children had received a dental exam within the past 6 months, nearly doubling the percentage from the previous fiscal year at 39 percent.
- **Providers are focused on quality early care and education service provision.** The High 5 for Quality program served 63 percent of the county's licensed early care and education center-based sites.

## Fresno County

First 5 Fresno County (F5FC) works to create an accessible and effective network of quality services for children ages 0 to 5 and their families. Major highlights of the Commission's work in FY 2016–17 include investments of over \$5.1 million in Family Engagement efforts with the goal of expanding access to quality services for families ranging from universal to targeted interventions to promote optimal child and family development.

Highlights of some of our efforts are described below:

1. The Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO) Xi'na Navali (Children First) program targeting migrant farmworker indigenous families across the county participated in the parenting program using the Abriendo Puertas/Opening Doors evidence-based curriculum. The curriculum was provided in Mixteco, Spanish, and other native languages of Mexico. In response to the proposed punitive immigration policies at the national level, the program facilitated parent groups and offered individualized support to navigate education, health, and other services. This program through CBDIO has become a place for parents, feeling

vulnerable to the current political rhetoric, to share information, learn from one another, and be a support to each other in times of uncertainty and hardship.

2. In early 2017, F5FC commissioned a needs assessment to evaluate the effectiveness of the existing breastfeeding promotion efforts in Fresno County. The study identified challenges, barriers, gaps, and opportunities for improvement in breastfeeding promotion efforts in the county. This assessment brought to light the opportunity to explore new partnerships with the medical community to enhance collaboration and leverage efforts with existing resources. As a result, F5FC plans to implement the recommendations around breastfeeding promotion by partnering with a variety of health care organizations and medical providers.
3. Through the partnerships that emerged during the development of the African American Infant Mortality Assessment in 2015, F5FC was chosen as the recipient of a grant from UC San Francisco's Preterm Birth Initiative California (UCSF PTBi-CA) to serve as the lead agency for the implementation of a Group Prenatal Care (GPC) Demonstration Project in Fresno. GPC is a proven strategy to reduce the longstanding racial/ethnic disparities in maternal and child health outcomes by increasing social support for pregnant and parenting families. To improve the well-being of vulnerable mothers in Fresno County, this demonstration project launched in fall 2017 at the Lighthouse for Children located in downtown Fresno. In partnership with Fresno State Central Valley Health Policy Institute and the Yale School of Public Health, this presents the unique opportunity to demonstrate effectiveness of the group prenatal care model in addressing the social determinants of health and

promote policy change for women enrolled in private and government health insurance programs in Fresno County.

## Glenn County

Through its investments, the goals of First 5 Glenn County are to: 1) Improve Family Functioning: Strong Families; 2) Improve Child Development: Children Learning and Ready for School; 3) Improve Child Health: Healthy Children; and 4) Improve System Functioning.

During this past fiscal year, one of the most significant accomplishments of First 5 Glenn County was increasing parents' skills and reducing numbers at post testing for those who scored in the "high-risk" category through the Nurturing Parenting Curriculum facilitated through the Little Learners program. Almost all parents initially identified with high-risk behaviors had increased skills and knowledge because of program participation, and moved out of the high-risk category by the follow-up assessment. With a funding investment of \$180,000, this program/initiative provides an environment that is more sensitive and educated about the early mental health needs of its children by increasing awareness and capabilities of children, parents, and the broader community.

Other highlights that took place during FY 2016–17 included:

- A total of 27 children received developmental assessments.
- Four AmeriCorps supported First 5Glenn.
- 70 Nurturing Parenting classes were hosted in Glenn County.
- A four-week Summer Kinder Camp was provided in Orland.
- Professional training for 300 teachers and educators was provided in Glenn County.
- Dental packets and oral health education was provided to 1,788 children

## Humboldt County

First 5 Humboldt County's (F5H) vision is that all Humboldt County children thrive in healthy, supportive, nurturing families and neighborhoods, enter school ready to learn, and become active community participants.



Humboldt County, with Mendocino, has the highest percentage of residents with four or more Adverse Childhood Experiences (ACEs) which puts the county at high risk for negative physical and mental health outcomes. F5H promotes resilience by supporting 18 playgroups in communities throughout 3,600 county square miles, reaching families in remote areas. In FY 2016–17, there were at least 12,724 parent/caregiver visits, 10,643 visits by children ages 0 to 2, and 4,652 visits by children ages 3 to 5 at 959 playgroup events. Playgroup survey data collected in 2016 from parents/caregivers showed attendance is significantly related to improvements in parenting capacity (data was analyzed using a Spearman's Rank Order correlation test at a .05 level of significance). Playgroup attendance also appears to be correlated to school readiness; since 2012, the Humboldt County Office of Education's Kindergarten Screening Tool has shown that children attending playgroups score higher than those not attending.

F5H funds specialists certified in Infant-Family and Early Childhood Mental Health to provide support to playgroup families through activities such as parent support, informal screenings, support for mental health-related and developmental concerns, and referrals to early intervention services. Survey data collected in 2016 showed parents who talked with a specialist at playgroups knew more about where to get information about services, learned more about behaviors typical for their child's age, dealt better with parenting issues, felt more supported as a parent, and

were more likely to have someone to talk with about concerns/frustrations than parents who hadn't talked with a specialist. Results were statistically significant (results range from  $p=0.040$  to  $p=0.008$ ).

F5H funds the Paso a Paso Program and Nurse Family Partnership (NFP). Both programs work with pregnant women to get early prenatal care. In 2016, 89.3 percent of Paso a Paso clients and 83.2 percent of NFP clients received early prenatal care, surpassing the Healthy People 2020 goal of 77.9 percent.

With F5H's support, the 0-8 Mental Health Collaborative (MHC) focuses on further developing the local workforce through transdisciplinary training on trauma-informed and developmentally-appropriate practice, as well as the reflective practice model. In 2016, the 0-8 MHC offered 10 trainings with over 530 participants.

### Imperial County

First 5 Imperial County continues to enhance the lives of children ages 0 to 5 and their families with investments of approximately \$2.5 million for FY 2016–17. Projects funded included commitments to increasing the development of children ages 0 to 5, supporting parents/guardians and/or building capacity for providers. Through planning and capacity building, projects addressed strategic objectives by offering services that focused on health, family support, and early care and education. Projects designed to support families with young children included case management for at-risk families, family resource fairs in program improvement catchment areas with partnerships with over 30 health/human services agencies, and advocacy for children under the custody of the juvenile court system. Projects supporting improved child health ranged from programs to help increase prenatal care and lactation rates to intensive child asthma case management services, and nutrition and fitness activities that address childhood obesity. Early care and education projects ranged from mobile literacy activities at over 50 preschool sites or an intensive 30-week preschool home

instruction program to continuous quality improvement measures targeting childcare providers and subsidizing preschool slots for children that have a mild disability or are "at-risk" of developing a disability but do not qualify for special education services.

One of the outstanding benefits of investments in the community was grounded on the work of the First 5 Health Children: Healthy Lives Project, which provided an array of services to promote nutrition and fitness at 10 preschool and family childcare homes to address childhood obesity issues, which for the county are some of the highest in the State. Components included cooking classes, developing and sustaining a garden with fresh vegetables and herbs, physical activity, and training for childcare providers and parents. The Health Project conducted a child preference taste-testing before and after implementing activities in order to assess changes in the children's preferences for vegetables and herbs. Results from pre/post-intervention activities suggest that children did increase their preference in taste for 11 selected vegetables and herbs during the year. For example, there was an overall increase of 60 percent in the proportion of children stating that they "liked a lot" after the post-intervention. In addition, the proportion of children that were willing to try vegetables and herbs increased by 59 percent for those that "did not try" between interventions.

Other FY 2016–17 accomplishments for projects funded by First 5 Imperial are:

- Providing case management to the families of 127 children with asthma or asthma-like symptoms, where 90 percent of parents felt confident in managing their child's condition, and 85 percent worked to reduce triggers.
- Offering preschool inclusion services to 12 children with disabilities that were not eligible to receive special education services due to the level of the disability.
- Providing mobile child literacy services to 4,174 children in preschool centers, which included over 12,000 books given to children for their home libraries.



- Funding to support and training for volunteers providing advocacy and educational surrogacy for 49 new cases of children in the foster care system, resulting in increased preschool enrollment, immunizations, and developmental screening services.
- An increase in exclusive breastfeeding rates from one local hospital to 40 percent from the baseline of 5 percent.
- Providing a 30-week home instruction program to 87 children, where significant gains were achieved in a number of school readiness activities.
- The work to continue to strengthen the Childhood Obesity Prevention Alliance through a 25 percent increase in new members.

## Inyo County

First 5 Inyo County focused on strategies to improve early child health and family strengthening efforts in FY 2016–17, using evidence-based programs and evaluation tools for implementing services countywide. Activities to improve early child health focused on Ages and Stages universal screenings and efforts to support family strengthening focused on implementing Triple P (Positive Parenting Program).

One of the most significant accomplishments around Family Strengthening was parenting education efforts grew by leaps and bounds! First 5 Inyo staff taught six Triple P parenting classes to 54 parents in the community and county jail setting. Parents completing the classes shared that 93 percent learned encouragement skills and 73 percent learned new tools to manage misbehavior. To build a system of parent supports countywide, Triple P curriculum trainings were brought to Inyo County. Four trainings were offered with 43 partners attending, representing a diverse array of organizations and staff roles, including local hospital, clinic, preschool, school, probation, Child Protective Services, and health and human services staff. Through this countywide collaboration, a Triple P Network was formed, supporting individual and collective efforts in parenting education. In fall 2017, the first

of our trained partners offered Triple P education at their Head Start preschool site.

The second greatest accomplishment was in Child Health, laying the foundation for referral process after children are screened for developmental delays. In its second year of implementation locally, preschool and family child care providers completed 268 Ages & Stages developmental screenings. First 5 Inyo staff worked closely with schools and families to refer children to services. Through these efforts, 13 children from high-risk target families were offered intensive wrap-around services.

## Kern County

Kern County is the third largest county in California by land area and is equivalent to the size of New Jersey. With such a large reach, First 5 Kern County was strategic in the distribution of funds to ensure children across the diverse terrain of mountain, valley, and desert communities receive services. In FY 2016–17, the second year of a five-year funding cycle, First 5 Kern County funded 42 programs across three focus areas: 14 in Health and Wellness, 18 in Parent Education and Support Services, and 10 in Early Childcare and Education.

Funded programs achieved the following: 1) Programs completed 1,749 Ages and Stages Questionnaires to ensure children received a developmental screening and appropriate referrals were made; 2) The Differential Response program provided case management services to 1,447 at-risk parents and 2,141 children; 3) Approximately 253 parents/guardians attended Nurturing Parenting community-based workshops to increase knowledge and utilization of nurturing parenting techniques; 4) Pre- and post-test assessments showed improvement in school readiness among 362 children who participated in the Ready to Start summer bridge program; and 5) 295 families received case managed services. By the sixth month of case management services, families did not report any unmet childcare needs.

In addition to the accomplishments listed above, First 5 Kern held 12 town

hall meetings countywide, participated in the Kern Early Stars Consortium, promoted the Safe Sleep Initiative, and participated in 27 collaboratives/committees. Through its funding strategies and collaborative efforts, First 5 Kern strives to promote and accomplish its vision statement that “all Kern County children will be born into and thrive in supportive, safe, loving homes and neighborhoods and will enter school healthy and ready to learn.”

## Kings County

During this past fiscal year, one of the most significant accomplishments of First 5 Kings County was the First 5 Kings County Family Resource Centers (FRCs). With a funding investment of \$720,948, the Kings County FRCs provide early childhood education, home visitation, developmental screening, parent education, and referral services.

During FY 2016–2017, 1,224 children ages 0 to 5, and 1,158 parents, siblings, and caregivers who live in Kings County visited an FRC. The total number of services delivered by the 5 funded FRCs was 26,447.

Other highlights included:

- The Linkages 2 Learning project distributed 1,350 school readiness backpacks to incoming kindergarteners.
- The Kings County CARES About Quality (KCCAQ) project provided support, ranking, technical assistance, and materials to 62 preschool and childcare sites.
- The local CARES project provided training and professional growth advising to 262 professionals working in the early childhood education field.
- The United Cerebral Palsy Special Needs project provided 202 developmental assessments and 223 interventions to children ages 0 to 5.
- The United Cerebral Palsy Parent and Me project served 208 children ages 0 to 5 and 181 parents through weekly center-based early childhood activities.
- The Kettleman City FRC provided home visitation services; through this approach, 306 home visits were provided to 22 families.



## Lake County

Through its investments, First 5 Lake works to achieve its long term goal, as stated in its 2014–2019 Strategic Plan, *to inspire and promote healthy, safe, happy, and family-centered experiences for children 0-5 through partnerships with local families and service providers.* First 5 Lake has adopted a family and community strengthening protective factor framework as the basis for its current strategic planning, focusing on the conditions in families and communities that, when present, increase health and well-being.

In 2016–17, [www.firstfivelake.org](http://www.firstfivelake.org) was updated, and a Facebook page, radio ad campaign, and Before-the-Movie ad launched to educate the community about protective factors. During this past fiscal year, Lake County parents improved their social connections, knowledge, and skills, and received concrete support through participation in the Lake County Office of Education (LCOE) Hero Project, Imagination Library, and Nurturing Families programs. Parents improved in all five constructs of nurturing parenting that are critical to supporting their children's growth and development, with improvement especially in the area of understanding the need for empathy toward children's needs (43 percent increase) and parent-child roles and responsibilities (26 percent increase). Children were provided opportunities to learn self-regulation skills and improve their social emotional development through participation in Second Step lessons taught by trained LCOE AmeriCorps members. Children also received oral health and developmental screenings to ensure their good health and development. A total of 496 preschool and kindergarten children were screened through the LCOE Oral Health project with 64 percent having no immediate dental needs. Easter Seals provided 333 parents and children with developmental screening, education, and support for early identification of special needs. In addition, through an annual effort by First 5 Lake County and LCOE, children entering kindergarten in fall 2016 showed improved school readiness in the areas of language

comprehension, cognitive competency, and social-interpersonal skills.

## Lassen County

Through its investments, the goal of First 5 Lassen County is to fund programs aimed at ensuring all children enter school healthy and ready to learn. During FY 2016–17, the primary area of focus was home visiting, serving high risk populations, and startup funding for a preschool in a remote area of Lassen County.

**Home Visiting:** The most significant accomplishment of First 5 Lassen was its home visiting program implemented by Pathways to Child & Family Excellence, Inc. With a funding investment of \$265,000, this program/initiative provides home visiting services to high risk families. The program is designed to improve family support and strengthening as well as improvement in child development, health, and systems of care. Weekly parent education and child development lessons using the Parents as Teachers (PAT) curriculum are provided. Screenings and assessments are completed on both children and parents to determine an individualized approach to addressing child, parent, and family needs. The Home Visiting Program served 105 children ages 0 to 5 and 107 parents or caregivers. Another 34 children (siblings six years or older) participated in the program, increasing the total number of children served during the year to 139. The number of service units provided was 2,178.

**Preschool Development:** The northern most area of Lassen County had no preschool opportunities for young children. First 5 Lassen provided startup funding. Through extensive collaboration of key leaders in the community, a preschool solution was developed. Big Valley Preschool is now hosted on the elementary school campus. It is licensed to serve 24 children. With one teacher/director, they are currently providing preschool services to 12 children for 10 months of the year.

## Los Angeles County

First 5 Los Angeles (First 5 LA) continued to successfully implement the second year of its FY 2015–2020

Strategic Plan, placing a greater emphasis on promoting sustainable public financing, public policy, and systems-level change to make young children a priority and improve child outcomes. The plan also strengthens F5LA's reach and effectiveness through partnerships and collaboration with others that share their goals.

F5LA has refocused their work by committing to four interlinked outcome areas—Families, Communities, Early Care and Education, and Health-related Systems. Working together, these outcomes will help children in Los Angeles County enter kindergarten ready to succeed in school and life. They have made great strides in each of these areas and done so in partnership with parents, the County, the First 5 community, and diverse stakeholders.

Making sure F5LA's new emphasis guides all that they do is particularly evident in their long-standing investment in home visitation. Today, First 5 LA serves over 13,000 families a year in its Welcome Baby home visiting program. They are the single largest funder of home visiting in L.A. County, and the only funder of universally-offered services. Yet there still exists a large, unmet community need for home visiting. So they are collaborating with other partners to connect the current network of home visiting programs in the County, as well as providing for the long-term sustainability for these programs.

Highlights include:

- **County Agency Partnerships:** As part of First 5 LA's continued efforts to build strong partnerships in L.A. County, First 5 LA offered support to the newly established Los Angeles Office of Child Protection (OCP), including participation in its informal working group on prevention. They have supported the development of OCP's prevention work and the writing of the County prevention plan. Through their direct participation, First 5 LA helped ensure the voice of parents and communities was reflected in the County prevention plan in meetings with *Best Start* Community Partnership members, providers of prevention

and aftercare, and community-based organizations. This effort exemplifies First 5 LA's new strategic plan: to align systems and maximize their collective ability to improve outcomes for children and families in L.A. County.

- **Help Me Grow (HMG):** First 5 LA is a member of the HMG-LA Leadership Council and Workgroup tasked with leverage resources in place to develop and enhance a comprehensive, systems-level approach to support the success of young children by connecting them to timely developmental services and supports. A year-long design and planning process involved 124 individuals from more than 60 county departments, agencies, organizations, and programs who participated in a total of 32 planning sessions and convenings. This process has yielded a shared understanding of Los Angeles' early identification and intervention pathways, and system complexities and specific recommendations for implementing HMG-LA. These recommendations will guide the early implementation planning and rolling out of HMG-LA. First 5 LA will be partnering with Los Angeles County Department of Public Health to serve as the organizing entity for HMG-LA, providing support, oversight, and facilitation of broad system change activities to benefit kids.

- **Public Policy Outreach:** First 5 LA continued to leverage investments in advocacy to elevate and prioritize the needs of young children and their families in local, state, and federal policy discussions particularly in relation to health systems. Their advocacy with First 5 commissions and other partners resulted in the state Department of Health Care Service's decision to study developmental screening rates in California. The study highlights the wide disparity in developmental screening rates across the state, and recommends the state adopt new guidelines and reporting requirements which

encourage health plans to promote developmental screens for young children—consistent with coverage requirements.

- **State Funding:** Working with a statewide Early Care and Education (ECE) Coalition composed of nonprofit groups and First 5s throughout California, the Coalition urged Governor Brown to fulfill a promise to restore funding for early care and education opportunities for California's children. In a significant win for everyone, the final FY 2017–18 State Budget expanded and updated subsidized early care and education program eligibility requirements to better meet the needs of low-income working families, and developed much-needed emergency child care and navigation support for foster families.

As First 5 LA looks to the future, their work is going to continue to be done in partnership with the County, community organizations, and leaders that are all working to improve the health and development of L.A. County's young children.

## Madera County

First 5 Madera County aims to ensure that all children in the county are healthy, grow up in a strong family environment, and are continuously learning. It is the goal of the local county commission to fund meaningful and sustainable programs that will have a lasting positive impact in the community.

The Oral Health Initiative is a preventive program that provides oral dental screenings and referrals to preschool children. Through a collaboration with the Darin Camarena Health Center, a team of dental staff educates parents and children about the importance of good oral hygiene, demonstrates proper brushing and flossing techniques, and surprises the children with a visit by the "Tooth Fairy." The "Tooth Fairy" helps parents and children understand what to expect during a dental office visit, mitigating some of the concerns parent and child may have. At the end of the presentation, all children in attendance

receive a dental kit consisting of a toothbrush, stickers, two-minute timer, floss, toothpaste, and informational brochures. A total of 12 preschools participated in the program, 555 students received a dental kit, 210 parents attended the screenings, 499 students were screened by a dentist, 224 students received a referral, and 142 students required dental services. Seventeen percent of the participating schools met the Healthy People Objective 2020 of decreasing dental decay in children ages 0 to 5 years of age. The outcomes of this program have been consistent over the past few years: 1) steady increase in children receiving a dental kit, 2) steady increase in children screened, 3) increased parent participation during the screening, and 4) a steady decline in children requiring services without a dental home. The Oral Health Initiative continues to be a significant contributor in filling the pediatric dental gap in the community.

## Marin County

While First 5 Marin continues funding key programs and initiatives for children's health and school readiness, they also have focused on convening colleagues and community partners for free monthly educational presentations and workshops to inform, educate, and inspire the community serving children and families in Marin County. The program is called the "Marin Communications Forum." With thoughtful scheduling, First 5 Marin is able to respond to trending topics, such as "Adverse Childhood Experiences" as well as urgent community needs (immigration and detention).

First 5 Marin also works in partnership with multiple community organizations to address a variety of public health needs (childhood obesity, nutrition, oral health), early childhood/education issues (quality child care, preschool, social-emotional development) and community concerns (Spanish-language outreach, affordable housing, emergency preparedness and communications, and cannabis).

The response has been thoroughly positive, and the series is popular enough that community partners have asked for specific topics to be covered

or asked that their own programs be featured in future presentations. The Forum series has allowed First 5 Marin to be a part of critical discussions, to spark community interest, improve knowledge, and prompt response or action for the benefit of young children and families.

## Mariposa County

During this past year, one of the most significant accomplishments of First 5 Mariposa was the School Readiness Program, funded for \$152,909. The School Readiness Program serves three preschools (Catheys Valley, Greeley Hill and Lake Don Pedro) located throughout Mariposa County. The three preschools provide an outstanding play-based preschool program that prepares children for kindergarten. The facilities, curriculum, and activities are creative and educational, and focus on developmentally appropriate activities. This year there was a focus on Science, Technology, Engineering, and Math and more play-based activities.

In addition, First 5 Mariposa has several highly successful programs:

- Children's Dental Health Program. The program was funded for \$30,000. This program provided dental education by the Dental Hygienist, dental services for children with severe dental problems, and dental screenings. Three local dentists provided reduced cost dental services.
- Instructional aide hired to work in the Mariposa Elementary School Transitional Kindergarten classroom. The program was funded for \$16,882. The instructional aide worked with the reading program/assessments, and she provided extra assistance to children who were having difficulty. Having the aide in the classroom also provided time for the teacher to work with the children individually. The class had 21 TK students who ranged in age from 4 to 6, and having an aide made it possible for the students to work on enrichment projects and technology.
- Part-time instructional aide hired to work in the Kiwanis Preschool.

The program was funded for \$10,000. The instructional aide worked closely with the teacher in providing support, extra assistance, and one-on-one instruction.

- Yosemite Child Care Center for a trainer from University of California at Davis who provided developmentally appropriate activities with an emphasis on hand-on play-based instruction. The staff were observed and coaching was provided to help focus the training.
- Listening center for the Kid Korral Day Care Center. The center received \$1,000 for a listening center with headphones and books on tape.

## Mendocino County

First 5 Mendocino continued its transitional period from FY 2015–16 through FY 2016–17 with the hiring of Roseanne Ibarra as the new Executive Director.

The Family Resource Centers (FRCs) receive the majority of First 5 Mendocino's grant funding. Mendocino County is geographically diverse, making it difficult for FIRST 5 staff to effectively reach the remote areas of the county. The grants with the FRCs are used to reach the families in those areas through information and referrals to services and programs funded by First 5 Mendocino. This year, Triple P (Positive Parenting Program) was added as a contract requirement for FRCs. FRCs now are asked to offer Triple P groups and have at least one person trained in the basic level of Triple P at their site.

First 5 Mendocino joined Mendocino County's Community Health Improvement Plan, known locally as Healthy Mendocino. This is a collaborative effort among Mendocino County Health and Human Services, Adventist Health Ukiah Valley, and Howard Memorial Hospital, among others to implement strategies to improve outcomes for families. The targeted areas are Childhood Trauma, Poverty, Mental Health, Housing, and Childhood Obesity and Family Wellness.

To help build the professional skills of those who work in Mendocino County with the youngest and most vulnerable

(including young children in foster care), this past year, First 5 Mendocino administered several trainings targeted to decrease the negative effects on a child's brain from trauma. They have begun implementing Community Resiliency Skills® to the Inland County from Trauma Resource Institute. These skills are simple to use and build a connection with one's central nervous system with the goal of an individual learning to be calm when faced with stress.

## Merced County

Through its investments, the goal of First 5 Merced County has the following Desired Outcomes:

- Families raise their children in safe, stable nurturing homes
  - Enhance the system of effective family support and strengthening programs
  - Support families in building and enhancing the 5 protective factors that promote optimal development
- Children have access to high-quality early learning opportunities
  - Support and enhance local implementation of the California Quality Rating and Improvement System (CA-QRIS) Rating Matrix and Continuous Quality Improvement Pathways
  - Increase awareness of and support for high-quality Early Childhood Education (ECE) among parents and policymakers
  - Enhance or support existing efforts to communicate about the importance of high-quality ECE and levels of quality in ECE programs
- Children achieve optimal developmental, behavioral, and social-emotional health
  - Improve the system for identifying children's health and developmental concerns and linking families to early intervention services

In addition, First 5 Merced County:

- Funded University of California at Merced virtual resource center for families of children diagnosed with disabilities (<http://www.help4mychild.org>)

- Increased overall reach through Facebook
- 14<sup>th</sup> Annual Children's Summit with 322 participants featuring Dr. Michael Allshouse, discussing trauma and injury prevention and local panel of experts discussing the importance of Early Screening and Intervention
- Engaged 200 early educators in developing a conceptual understanding of Early Numeracy, and utilizing practical math activities in the classroom. Frog Street representative Marissa Russo presented on literacy and dual language learning
- Began IMPACT outreach and coaching
- Supported a cross-community coalition addressing early developmental screening
- Supported breastfeeding efforts at two local high schools, the County Fair, and the Department of Public Health
- Supported art and music education for young children
- Encouraged the community to value water safety for young children

## Modoc County

Through its investments, the goal of First 5 Modoc County is to ensure each and every child in Modoc County is in an environment that is conducive to optimal development, and to ensure parents and families have the first option to be primary caregivers and teachers for their children ages 0 to 5.

A critical area of need in the community is in the result area of Improved Child Development. Many families would not have access to a preschool program without the support from First 5 Modoc. With a funding investment of \$99,759, they were able to fund two separate programs, providing a high-quality preschool experience for 19 children throughout Modoc County. The success of these programs is partly due to a strong collaborative relationship with the Modoc County Office of Education and the Surprise Valley Joint Unified School District. Funding supports either the full cost or a share in the cost to attend preschool.

Families were provided additional support through a family support worker. Monthly parent meetings were held and information was shared on health, safety, nutrition, parenting skills, and on the preschool learning foundations. Weekly child observations and results to their DRDP assessments also were shared with parents. Parents responded in their survey the programs were excellent.

Other highlights that took place during FY 2016–17 with support from First 5 Modoc included:

- Improved Family Functioning: The Tulelake/Newell Family Resource Center provided services and activities that helped build families strength and capacity by providing quality services and support. Services included parenting classes, resource and referral, case management, community strengthening and support, and playgroups. 138 children and 93 parents received services.
- Improved Family Functioning: The Healthy Beginnings program is a Collaborative project between Public Health and Behavioral Health that provided families with access to case management and education on positive parenting, nutrition, and other health-related topics by a home visiting nurse. Mental health and alcohol and drug services also were also provided to families that were not able to afford these services otherwise. 43 children and 36 parents received services.
- Improved Family Functioning: The Dollywood Imagination Library provided age appropriate books to participating families free of charge. The program is designed to inspire a love of reading. Each month an age appropriate book is mailed directly to children enrolled in the program. 151 children were enrolled this year.
- Improved Child Health: The Increase Access to Preventative Oral Health program provided free dental screenings and fluoride varnish applications throughout Modoc County. 137 children received a free dental screening

and fluoride varnish application. Referrals were made for follow-up care when necessary.

## Mono County

First 5 Mono County's goal is to enhance the network of support services for families with children ages 0 to 5 years. To this end, the commission invested in school readiness, family behavioral health, oral health, child safety, and child care quality.

In FY 2016–17, First 5 Mono sustained existing levels of service in all investment areas by funding the following programs. The First 5 California Small Population County Funding Augmentation is a significant funding source. Without this, the majority of the programs could not be sustained.

- Home Visiting, with the Parents as Teachers curriculum supported parents in myriad ways. Home visiting continues to be the largest investment and served 51 percent of all births to Mono County residents.
- Countywide Transition to Kindergarten activities supported transition into the K-12 system with Kindergarten Round Up, Summer Bridge (a two-week program in the kindergarten classrooms for incoming kindergartners), and school readiness assessments.
- "First Book" books were given to families at no cost to support literacy.
- Raising a Reader supported early literacy.
- Peapod Playgroups served 24 percent of children ages 0 to 5. Playgroups provided children and parents an opportunity to socialize and supported child development.
- Topical fluoride varnish application was provided twice in early learning settings to support oral health.
- Countywide health & safety fairs provided families with connections to resources.
- Safe Kids California, Mono Partners provided helmets and car seats to families across the county to improve child safety.
- Improve and Maximize Programs so All Children Thrive supported completion of Ages and Stages



developmental screenings and alignment with state QRIS efforts.

- Due to funding applications completed by First 5 for Community Development Block Grant and State Preschool, two new childcare centers opened in communities with no other licensed care.

## Monterey County

First 5 Monterey County (F5MC) invested \$7.1 million in FY 2016–17, providing services to over 35,000 young children, parents, and providers. Of those receiving services, most were served by Parent Development programs (65 percent), and others were served by Child Health (18 percent) and Early Care and Education (17 percent) programs. F5MC also launched a new strategic plan that takes a more integrated, holistic approach to creating change at the systems and organization levels, beginning with awarding grants for collaboratives offering screening, referrals, and care coordination to facilitate family access to cohesive services. Additionally, systems alignment deepened, as F5MC and its countywide partners joined forces to launch a countywide Advisory Group comprised of cross-disciplinary experts in the county. The group is identifying the key drivers and strategies which will be the focus of the county's collective impact work. F5MC played a key role in leveraging the funding needed to support countywide work in Early Childhood Development. Four local foundations provided new funds for F5MC-supported and/or community-based early childhood programs. In response to parent advocacy, two school districts agreed to sustain parent-child playgroups that would no longer be funded by F5MC. In terms of policy that contributes to the possible financial sustainability of early childhood supports in Monterey County, F5MC sponsored AB 300, a bill that will allow the counties of Monterey, San Benito, and Santa Cruz to create their own county child care subsidy pilot programs. After a year of research, coordination, and advocacy efforts, AB 300 was signed by the Governor and helped to leverage statewide discussion on systems and policy change.

## Napa County

Through its investments, the goal of First 5 Napa County is to support a comprehensive system of services that ensures children ages 0 to 5 of Napa County will enter school healthy and ready to learn.

During FY 2016–17, First 5 Napa County made a \$44,900 investment in the Queen of the Valley Medical Center (QVMC) Community Outreach Mobile Dental Clinic. With this investment, QVMC aims to improve access to oral health services. This comprehensive oral health program serves low-income children six months to five years of age through on-site visits to preschools and kindergartens. Preventive dental care, oral health education services, and dental treatment services are provided in the mobile dental clinic.

Children are receiving appropriate and timely oral health visits:

- 857 children received dental exams, x-rays, cleanings and/or sealants.
- 93 percent of existing patients saw a dentist within six months to one year prior.
- 95 percent of patients presented with improved oral health on the dentist-completed oral health status checklist.
- 310 children received specialty services. Procedures performed include composite fillings, extractions, space maintainers, crowns, and root canals.

Parents report knowledge of recommended preventive dental care practices:

- Of the 34 first time clients to the mobile van, 53 percent reported their child brushes their teeth twice a day. However, of the 129 existing clients, 73 percent reported their child brushes their teeth twice a day.

## Nevada County

First 5 Nevada County fosters and supports programs that promote health, wellness, and child development for children ages 0 to 5 and their parents through four initiatives: early learning, family strengthening, communication and outreach, and capacity building and systems change.

Highlights from funded programs include:

- The number of college units earned by Early Childhood Educators in the county grew from nine units in FY 2015–16 to 221 units in FY 2016–17. The number of professional growth hours earned grew from 786 hours in FY 2015–16 to 1,512 hours in FY 2016–17.
- 127 early childhood educators and parents attended workshops with a board certified behavior analyst on supporting young children's social emotional development and all showed gains in knowledge, tools, and skills for supporting child development.
- Of 155 children and their caregivers enrolled in evidence-based, intensive home visiting services, 100 percent of the children received developmental screenings and 100 percent of the children identified as needing follow-up received needed services.
- 31 children and 24 parents received behavioral health care who were not otherwise eligible for services; a pre/post test showed parental distress improved by 20 percent after treatment and parent report of child difficult behavior decreased by 14 percent after treatment.
- 100 percent of clients in an in-home therapy program for postpartum depression who completed six or more sessions showed a reduction in their postpartum depression scores after services.
- 2,402 parents and children ages 0 to 5 received family support services at 4 family resource centers. 95 percent of those receiving case-management services for 15 hours or more were no longer rated as in immediate danger of abusing or neglecting their children.
- 120 family service providers participated in collaborative meetings in eastern Nevada County and 204 attended collaborative meetings in western Nevada County.

## Orange County

The Children and Families Commission of Orange County provides leadership and support for programs to achieve the vision that all children are healthy and ready to learn. This year, progress continued on sustaining Commission-funded initiatives that measurably contribute to children's healthy development and school readiness.

The California Department of Health Care Services awarded a grant for just over \$11 million to improve dental care for youth covered by Medi-Cal. Within the three-and-a-half-year grant period, 17 virtual dental homes will be established to provide onsite dental services for approximately 11,500 children at school and community sites throughout Orange County, significantly increasing access to prevention and early intervention. The Children and Families Commission is leading the program in partnership with Healthy Smiles for Kids of Orange County, the Coalition of Orange County Community Health Centers, six Federally Qualified Health Centers, and the University of the Pacific.

A cohort of eight community groups received a funding allocation to improve early learning outcomes for young children in the city of Santa Ana. The Santa Ana Early Learning Initiative used Early Development Index\* (EDI) data as the primary resource to develop a shared vision, set measurable goals, align and coordinate diverse stakeholders, and establish community ownership for ongoing collaboration and advocacy for early learning outcomes. The Santa Ana Early Learning Initiative is a replicable model that has generated interest in other communities.

*\*Developed over the course of nearly 30 years, the EDI is a population-based measure of early child development and school readiness in five key domains. Through rigorous, international testing, the EDI has been found to be a reliable indicator of a child's well-being.*

## Placer County

### Improved Child Development

Early childhood development services are a critical way to ensure children enter school ready to learn

and succeed. In FY 2016–2017, First 5 Placer invested \$441,000 in programs across the county that support child development. As a result:

- 689 parents and providers participated in early literacy trainings offered through Placer County Office of Education's Improved Reading Through Early Literacy program.
- 106 kindergarteners took part in afterschool enrichment at the Boys and Girls Club of North Lake Tahoe.
- 169 children and parents participated in school readiness programs through Tahoe Truckee Unified School District's Family Room.
- 3,842 children and families received art, literacy, and science enrichment through the KidZone Museum.
- 705 preschool and elementary children received music education from the Auburn Civic Symphony.

### Improved Family Functioning

Children benefit when caregivers receive education, referrals, and support to meet basic needs. In FY 2016–2017, First 5 Placer invested \$1.08 million in programs that improve family functioning. With this support:

- 1,712 children and families participated in family strengthening programs offered through the North Tahoe Family Resource Center and Lighthouse Counseling and Family Resource Center.
- 148 families received weekly home visits through the KidsFirst Parents as Teachers program.
- 54 families received legal assistance at the Family Resource Center of Truckee.
- 43 parents received support to achieve reunification with children in the foster care system through Child Advocates of Placer County.
- 21 children and their parents participated in safe exchange services at Parenting Time.
- 93 mothers received substance abuse treatment and child development support from Community Recovery Resources' Mothers in Recovery program.

### Improved Health

First 5 Placer is committed to programs that support the health and well-being of children and their families. In FY 2016–2017, First 5 Placer invested \$407,000 in programs that address maternal and child health, behavioral health, and oral health. As a result of this funding:

- 95 mothers received counseling for perinatal or postpartum depression through Insights Counseling Group's Mom Squad.
- 30 women received support from *promotores* at Latino Leadership Council to access prenatal and postnatal care.
- 147 children received free oral health screenings through the Placer County Health and Human Services Women Infants and Children (WIC) Dental Days.
- 166 children and families received advocate support from the Placer Multi-Disciplinary Interview Center following allegations of child maltreatment.

### Improved Systems of Care

In addition to services, children and families in Placer County need systems that work together effectively in order to succeed. First 5 Placer invested \$213,000 to support improvements in these systems, including:

- Community education and outreach activities to advocate for affordable housing, improved immunization rates, and trauma-informed care.
- Opportunities for agencies to share resources and build partnerships, such as the Community Collaborative of Tahoe Truckee and the Placer Community Foundation's Non-Profit Leadership Summit.

Furthermore, First 5 Placer has taken steps to develop its role as a catalyst, convener, and advocate for children's well-being in the county. This includes:

- Establishing a Strategic Plan and Evaluation Plan with explicit goals around this new aspect of its work.
- Taking steps towards a model that focus on collaboration and shared goals to achieve collective impact.



### Plumas County

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

Families are engaged in home visiting services:

- A total of 84 families were provided with home visiting services, 31 of which received
- integrated care. A total of 599 service contacts were made by home visitors in which 3,320 services were provided. 41 children were screened using the Ages and Stages Questionnaire (ASQ), while 9 were screened using the Social Emotional (SE) version of this tool. Families are stronger as a result of home visiting services. All of the home visiting programs identify outcomes achievement related to each of the five Strengthening Families™ Protective Factors. In each of the protective factors, there was an increase in parental perception of skills, supports, and knowledge after having received home visiting services.
- 100 percent of parents agreed that the program has helped them improve their parenting skills. 78 percent of parents agreed that the program has helped them

reduce the stress in their life. Families accessing services report a high level of satisfaction. The overwhelming majority of parents who completed the questions related to client satisfaction at the end of the Protective Factors survey were very satisfied with the home visiting program.

- 100 percent of parents agreed that their overall satisfaction with services was very good and that their ideas and opinions were welcomed and included in the program.

### Riverside County

First 5 Riverside County has made significant investments in Early Learning and Health so all children are healthy and thrive in supportive, nurturing, and loving environments and enter school ready to learn and embrace lifelong learning. One of the most significant accomplishments this past fiscal year was the implementation of Quality Start Riverside County (QSRC), funded by First 5 California and California Department of Education. Through a strategic partnership with Riverside County Office of Education, 155 sites were rated and 317 of these received site-based coaching. QSRC supports more than 102 family child care home providers, 128 state-funded preschool providers, and 31 private centers. In February and March 2017, on behalf of QSRC, VIVA Strategy + Communication conducted a survey in English and Spanish of 2,137 parents with children ages 0 to 5 years old, and 77 early learning educators participating in QSRC and not participating in QSRC to gain understanding of and opinions on quality early learning and quality improvement, awareness of the local QRIS, and to further understand communication preferences. Key findings: parents believe that child care plays a role in their child's learning and development. In fact, 92 percent of parents surveyed expressed confidence that their child care program was helping their child be ready for kindergarten.

Other highlights included:

- 828 children accessed quality child care services

- breastfeeding support services were delivered to over 11,000 mothers
- more than 5,292 children received mental health screenings
- 423 of these children received treatment services

### Sacramento County

Over the course of FY 2016–17, First 5 Sacramento County made significant accomplishments in support of its priority to ensure the sustainability of much needed programs and services. The Commission recognized that with fewer resources available to invest in the coming years, systems change efforts are necessary to continue to respond to community need. To support these efforts, the Commission created a Sustainability Committee, developed a Policy Platform, created a Policy and Advocacy Protocol, and integrated sustainability planning into its strategic direction. The Sustainability Committee was charged with developing a Systems Sustainability Plan (SSP) to outline ways that the Commission can act to sustain programs and services impacting children ages 0 to 5 and their families. The SSP outlines concrete strategies to support the sustainability of outcomes outlined in the Commission's Strategic Plan through more systemic, cost effective ways.

Additional accomplishments include the continuation and exceptional outcomes of the programs to reduce African American Child Deaths and the First 5-funded preschool programs.

#### **Reduction of African American Child Deaths:**

The Commission continues to support programs focused on the reduction of perinatal condition deaths, infant sleep related deaths, and child abuse and neglect homicides in the African American community. The cultural broker program served 415 pregnant women. There were 241 births; 85 percent of the babies were born at a healthy weight and born full-term. The infant pre-term rate of 8 percent is lower than Sacramento County's African American rate (13 percent), and low-birth weight is the same as Sacramento County's rate (12 percent).

Over 550 African American parents and caregivers received education on

how to safely sleep their infant through the Safe Sleep Education Campaign. If needed, they also received a free pack-and-play (crib). In addition, a multimedia perinatal education campaign, "Stress," generated over 85 million impressions delivered through digital, radio, transit, and convenience store ads.

#### **First 5 Sacramento-Funded**

**Preschool:** Across the First 5 Sacramento service region, incoming kindergarteners in 2016 were more likely to be ready for school if they had participated in any First 5 Sacramento services prior to kindergarten, but particularly if they had attended preschools supported directly by First 5 Sacramento. Forty-five percent of children who attended preschools supported by First 5 school readiness services were fully ready for kindergarten, as compared to 24 percent of children who did not attend preschool (adjusted for other child and family factors, such as family socioeconomic status, child gender, and English proficiency).

These results are based on an analysis of kindergarten teachers' observations of 1,874 students across the First 5 Sacramento service region, spanning 40 elementary schools across nine school districts. Data were collected in August and September 2016, and combined with First 5 service records and a parent background survey.

#### **San Benito County**

First 5 San Benito provided services, supports, and resources to children, families, and providers that addressed the First 5 California four result areas: Improved Family Functioning, Improved Child Development, Improved Child Health, and Improved Systems of Care.

Below are highlights of programs that contributed to these results:

##### **Improved Family Functioning:**

Parents in the Family Wellness Court parenting classes reported that by the end of the program, family members were significantly more likely to listen to one another, express their needs and feelings to one another, and communicate with the children in a clear and positive way. In addition, 206 parents participated in the Raising a Reader program, and showed a

significant increase in the number of positive literacy behaviors they engaged in with their child over time.

##### **Improved Child Development:**

Twenty-five Early Childhood Education providers enrolled in the Quality Rating and Improvement System program, and 24 providers attended Classroom Assessment Scoring System trainings on improving teacher-child interactions. After the program, 100 percent of participants surveyed rated their understanding of why teacher-child interactions are important as high or very high, compared to 53 percent who said their understanding was high or very high before the program.

**Improved Child Health:** Child health and safety outcomes in the community were addressed through the inspection of 95 car seats for safe and appropriate installation, and the distribution of 76 new car seats.

##### **Improved Systems of Care:**

Let's Play at the Park was a monthly community event at which 36 families, with 46 children ages 0 to 5, engaged in activities that encouraged quality child-parent interactions. Story and music time were provided for the children, and families learned about services and supports available to them.

#### **San Bernardino County**

FY 2016–17 yielded many notable accomplishments and positive outcomes for the youngest residents and their families in San Bernardino County. One of the most significant investments by First 5 San Bernardino was in the continued building and implementation of a Quality Rating Improvement System (QRIS). Quality Start San Bernardino (QSSB) was fully launched to capacity in FY 2016–2017 with 115 early care and education sites participating. Of those sites, 76 received a quality rating while 39 received quality improvement services to prepare them for a future rating. Forty-seven of the sites rated received a rating of 4 (Quality Plus) or 5 (Highest Quality).

Other highlights were:

- The continued Family and Community Support and Partnerships initiative served 1303 parents to minimize the risk of child maltreatment.

- The Launch of "Footsteps to Brilliance," an interactive mobile "app" designed to encourage and improve reading for young children. Through partnership with other stakeholders, Footsteps to Brilliance has been made available to EVERY child in San Bernardino County at no cost.
- The Launch of "Career Online High School" offering 100 parents of young children the opportunity to complete the requirements to earn a high school diploma online.
- Asthma screening, stabilization, and education provided to 604 children and their caregivers.
- Oral health screenings for 7,464 children and 759 pregnant women, education for their families around optimal oral health practice, and assistance with the establishment of a dental home.
- Successful literacy, water safety, and oral health campaigns.
- A successful "town hall" event for the community and local legislators to discuss early child education and quality childcare.
- Developmental screenings provided to 2,474 children countywide.

#### **San Diego County**

First 5 San Diego's KidSTART program was recognized as a Program of Excellence by Jackson Healthcare as part of the 2016 Hospital Charitable Services Awards program. KidSTART is an integrated program within First 5 San Diego and County of San Diego Behavioral Health Services to support children with complex needs. Through this collaboration, the program performs triage, assessment, referrals, and treatment for children with multiple, complex delays and disorders as well as comprehensive behavioral and social-emotional clinical treatment. KidSTART was one of 10 programs recognized nationally for setting new standards for health and wellness in the community through education, access, and delivery.

Prevent Child Abuse America fully accredited First 5 First Steps, the Healthy Families America (HFA) affiliate in San Diego, as an official HFA multi-site system. HFA accreditation marks



a successful milestone for the home visiting program, which has been serving families throughout San Diego County since October 2013 through four regional service networks that provide in-home family support services and a countywide coordinator that provides support to all four regional service providers. This model ensures high quality and cohesive services are offered regardless of what part of the county a family lives in.

First 5 San Diego's Offsite Oral Health Services received a 2017 Achievement Award from the National Association of Counties. The program provides preventive and restorative oral health services to an underserved child population, ages birth to 5, utilizing location-based portable services technology. By providing oral health services and education in a community setting, the program brings services to children who might not otherwise receive care.

### San Francisco County

First 5 San Francisco works to ensure all children birth to age 5 will thrive in supportive, nurturing, and loving families and communities by advancing systems of support for quality early childhood education, family well-being, and early intervention. Each of these systems reached new and important milestones.

With kindergarten enrollment topping 90 percent, First 5 San Francisco is placing a heightened emphasis on quality early childhood education by investing in the Quality Connections Quality Rating and Improvement System. Participation in Quality Connections has reached an all-time high of 218 sites serving 8,112 children. Over 1,800 providers received Quality Connections professional development, which helped to increase ratings for 83 percent of child care centers and 93 percent of family child care homes.

San Francisco's network of 26 Family Resource Centers secured renewed, five-year funding from First 5 San Francisco and three other departments, totaling nearly \$14 million annually and further ensuring the initiative's longevity. Results from core services reaching over

12,000 parents and children are notable. Surveys completed at the beginning and end of parent education classes showed improvements for 75 percent of parents who were initially above the risk threshold. Among families scoring in-crisis/at-risk at the start of case management, 85 percent had made progress in targeted areas of well-being by year-end assessment; 72 percent had moved up to stable/self-sufficient.

San Francisco's *Help Me Grow* Initiative continued to expand early intervention services. In 2016, 924 parents were provided information, and referral and/or care coordination in response to concerns about their child's development; 95 percent received the support they needed from the call-center or were successfully connected to a service.

### San Joaquin County

First 5 San Joaquin (F5SJ) has several key projects that focus on improving services across systems and addressing the gaps in, and barriers to, service access. The following describes some project activities:

- The Lucile Packard Foundation for Children's Health (LPFCH) funded the California Community Care Coordination Collaborative (5Cs) in San Joaquin County (SJC) in 2015 for an 18-month project. The SJC 5Cs addresses care coordination needs for the families of children with special health care needs (CSHCN). The SJC 5Cs Collaborative noted multiple requests for care coordination support caused by a need for specialty health care requiring travel outside of SJC, as there is no tertiary level hospital in SJC. In 2016, 5C's members engaged in committee work with the San Joaquin Council of Governments and the San Joaquin Regional Transit District. As a result, designated funding and planning for a public transportation system to provide non-emergency medical transportation for families of CSHCN to out-of-county medical centers has been established.

In collaboration with the San Joaquin County Human Services Agency—California Work Opportunity

and Responsibility to Kids (CalWORKs) Division, F5SJ implemented the CalWORKs Helping to Enhance Parent's Potential (CalHEPP) program. CalHEPP is funded entirely through CalWORKs Family Stabilization Funds. CalHEPP assists CalWORKs families with children ages 0 to 5 to strengthen job search and job readiness skills, improve health and nutrition, enhance early literacy skills, and improve financial management. In the first year of implementation, CalHEPP participants reported an increase in job readiness/self-sufficiency skills, increase in reading with their children and the number of books in the home, as well as an increase in knowledge and access to additional community services. High-risk children received early detection and intervention services that were identified through the Ages and Stage Questionnaire. This targeted program aligns with the F5SJ Strategic Plan 2015-2018 Goal Area "To Enhance Partnership and Community Support" and enables F5SJ to reach families that are of the highest need in SJC.

### San Luis Obispo County

This year launched a new four-year strategic plan at First 5 San Luis Obispo County (F5SLO), with investments and advocacy in four Priority Areas: Perinatal Readiness, Child Health and Development, Early Learning, and Family Strengthening.

- A variety of local F5SLO-funded programs provided critical supports for more than 17,000 children, family members, and providers in preschools, clinics, family resource centers, and homes throughout the county.
- *Talk. Read. Sing.*® continued to inspire the community through ongoing state level media messaging and with the First 5 Express Traveling Talk. Read. Sing.® Exhibit coupled with a complementary local campaign, including "Let's Talk About Food" grocery cart ads, movie ads, and thematic infusion into provider trainings; Women, Infants, and Children appointments; and parenting education classes.

- 2017 marked a new chapter in F5SLO County's celebratory tradition honoring local "Hands-on Heroes" who dedicate themselves to improving the lives of children, this year linking the program directly with the Children's Bill of Rights for San Luis Obispo County and broadening the reach of these two signature programs. Each monthly Hero embodied the essence of one of the Rights statements, and was featured in a multi-platform media campaign that included monthly print and video profiles plus social media.
- F5SLO mobilized community conversations and advocacy in two issue areas critical to young children's health and well-being. This Commission is one of the first in California to issue a Statement on the Impact of Climate Change on Young Children. Business and policy leaders teamed up with First 5 to begin crafting an outreach agenda on the subject of family-friendly workplaces.
- The events of 2016–17 that have contributed to an air of uncertainty and division across the nation have been met by F5SLO and local partners with a commitment to fostering communities of shared respect and care for all of our children. In this spirit, F5SLO County offered a workshop series called "Caring for Immigrant Families in Turbulent Times," and coordinated local participation in a national Multicultural Children's Book Day.
- A multi-agency planning dialogue began this year that has generated widespread enthusiasm for the launch of *Help Me Grow* in San Luis Obispo County.

## San Mateo County

First 5 San Mateo County (F5SMC) promotes positive outcomes for young children and their families through strategic investments, community leadership, and effective partnerships. F5SMC maintained its multifaceted investments in programs supporting all aspects of a child's early years, including Early Learning, Child Health and

Development, Family Engagement, and Policy, Advocacy, and Communications. Supported by \$6.3 million in community investments, funded partners provided over 14,453 services to children, parents, and providers, and distributed 2,934 *Kits for New Parents*.

Highlights of the year included:

- F5SMC's ongoing partnership with the Human Services Agency, County Office of Education, and Silicon Valley Community Foundation supporting a comprehensive look the role that a shortage of facilities plays in the county's child care gap. F5SMC has funded an Early Learning Facilities Task Force to explore policy approaches, propose funding mechanisms to support facilities, and build relationships across sectors that facilitate a common understanding and sense of purpose around this issue. This year, the fiscal forecasting and analysis aspect of the project was completed. Not including the price of land, costs for creating one child care space ranged from \$25,000 (for portables) to \$53,800 (for repurposing existing commercial space), with an average cost per space of \$40,717. This is comparable to the cost of creating a new parking space in Silicon Valley and San Francisco, which runs anywhere from \$25,000 to \$48,000. With a shortage of over 10,000 spaces as of 2015, this cost estimate suggests that it would take over \$400 million to meet the current need for child care in San Mateo County.
- Implementation of "Friday Cafés:" These monthly professional development events for service providers working in family support and engagement emphasize the principles of authentic family engagement. They incorporate invited speakers, small group activities, networking, and self-care. Because family support service providers work in a sector that is frequently less systematized than those of health or early learning, they may lack formal professional developmental opportunities and

local peer support networks. The Friday Cafés are an important step toward meeting this critical need.

- Continued expansion of the Quality Rating and Improvement System: By the end of this fiscal year, approximately 10 percent of the early learning programs in San Mateo County had enrolled in IMPACT and been rated. Of rated programs, 10 percent received a 5; 47 percent received a 4; 28 percent received a 3; and 15 percent received a 2.
- Establishing the only center-based parent-participation early learning program for toddlers in the South Coast region: This area of the county is home to a population of Spanish-speaking agricultural workers who are often linguistically and geographically isolated. This year, F5SMC funded two agencies to start a parent participation program for toddlers. Family Connections, an F5SMC grantee that runs a similar program in an urban area, provided training and technical assistance to Puente de la Costa Sur, a family resource center in the South Coast. The new program is called Sueños Unidos, and provides full-time care for toddlers as well as resource and referral services, parent workshops, support groups, and family social activities.

## Santa Barbara County

First 5 Santa Barbara County (F5SBC) devotes its funding and organizational capacity in the following two primary areas: 1) Family Support; and 2) Early Care and Education. This past fiscal year within Early Care and Education, F5SBC achieved several noteworthy results in improving the quality of child care setting for children:

- In FY 2016-17, 144 sites participated in the Santa Barbara County Quality Rating and Improvement System (QRIS), which included 95 childcare centers and 49 family childcare homes. Baseline and post-assessment information was available for 92 of the participating centers and 29 of the participating family childcare homes. For both

centers and family childcare homes, there was a statistically significant improvement in the overall quality of the program over time (i.e., from baseline to latest post-assessment),  $t(91) = -26.89$ ,  $p < .001$  for centers and  $t(28) = -19.48$ ,  $p < .001$  for family childcare homes.

Within Family Strengthening, the following was achieved:

- Family Support (FS) partners monitored the growth of case managed families across several important family functioning domains using the evidence-informed Family Development Matrix (FDM). Parents who had at least two assessments (i.e., an intake and a first follow-up) on the FDM ( $n = 123$ ) showed statistically significant improvements in the four major areas of access to services, parenting, basic needs, and emotional health. In particular, families significantly improved their functioning on the following FDM indicators that form the basis of some of the four major areas: knowledge of community resources, health services, parenting skills, employment, childcare, support system, emotional well-being/sense of life value, budgeting, and clothing.
- Family Support programs made a total of 2,839 referrals for children and families for additional support and services. The majority of referrals (86 percent) addressed the area of concrete support, which covers referrals concerning basic needs, childcare, education, job training, financial assistance, or health and wellness. At follow-up, the vast majority of the referrals made were successful (77 percent) or services were still in progress (10 percent).

## Santa Clara County

### Universal Developmental Screening and KidConnections/Help Me Grow System Overview

In January 2013, Santa Clara County Supervisor Ken Yeager identified the need for universal and more frequent developmental screenings for young children during their well-child pediatric

visits. Supervisor Yeager asked that pediatric health clinics perform routine developmental screenings for all children according to the American Academy of Pediatrics' guidelines. Once children are identified through a standardized developmental and behavioral health screening tool (i.e., Ages and Stages Questionnaires-3<sup>rd</sup> Edition and Ages and Stages Questionnaires: Social-Emotional-2<sup>nd</sup> Edition) with a potential developmental and/or behavioral health concern, they and their families are connected to the KidConnections(KCN)/Help Me Grow System of Care for follow-up services.

The KidConnections/Help Me Grow system is a comprehensive system of care for children under the age of six and their families, including a centralized call center and robust workforce development and evaluation system. The aim is to provide high quality, specialized developmental and behavioral health screening, assessment, and early intervention services (that are culturally and linguistically responsive) for young children and their families within a network of established community-based organizations that is sustained through leveraging of Medi-Cal's Early Periodic Screening, Diagnosis, and Treatment Program revenue and blended funding provided jointly by Behavioral Health Services Department and First 5 Santa Clara.

The following are evaluation highlights:

- Universal Developmental Screening is taking hold.
  - Valley Medical Center has committed to sustaining developmental screening efforts by hiring licensed vocational nurses to make certain all county-funded pediatric health clinics have the capacity to ensure routine developmental screening.
  - FIRST 5 and its partners conducted 13,003 developmental and behavioral health screenings.
  - 40 percent of the 1,767 children served in KCNs were referred from pediatric health settings.
- **KCN is reaching a high-risk population.**
  - Of the 1,767 children served, 71 percent of children in KCNs are from the highest risk zip codes in Santa Clara County.
  - 56 percent of parents/caregivers report making \$30,000 or less a year, and 40 percent report being unemployed.
- KCN services are having a positive impact on the lives of young children and their families.
  - Parents/caregivers improved their parenting skills.
  - Parent/caregiver-reported child behavior issues improved.
  - Children improved their ability to cope with trauma.
- KCN providers are connecting families to needed resources.
  - 1,730 referrals were made to community resources and services, such as, but not limited to, FIRST 5 Family Resource Centers, school districts, Early Start, and San Andreas Regional Center.

## Santa Cruz County

### VisionFirst Program—First 5 Santa

Cruz County is helping preschool children get critical early vision screenings. Following the completion of a successful pilot program in summer 2015, VisionFirst has now been integrated into the First 5 Santa Cruz Reading Corps program, as well as select early care and education settings throughout the county, which has increased the program's reach. VisionFirst provides children as young as six months with a simple and efficient vision screening using the Spot Vision Camera that quickly detects common vision problems. Parents of children found to have possible vision issues are assisted in getting a full vision exam for their child with a local optometrist. Of the 988 children screened, 176 (18 percent) had possible vision problems identified, and to date, 126 of those children have received a full vision exam. Of these children, 109 (87 percent) have been prescribed eye glasses or are being monitored.

**Baby Gateway Program**—First 5 Santa Cruz County is connecting newborns to medical care. The goals of First 5's Baby Gateway Program are

to visit mothers who have given birth in local hospitals and provide health insurance enrollment assistance, First 5's Kit for New Parents, and information on using primary care appropriately. This program reached 91 percent of all mothers while in the hospital. Baby Gateway also assisted 96 percent of all mothers who had Medi-Cal births to complete a Medi-Cal application for their newborns, and 93 percent of these mothers identified a preferred primary care provider or clinic for their child before discharge from the hospital. This program also may be having an effect on the use of the Emergency Department (ED) for very young infants, and particularly those who are covered by Medi-Cal. Since the launch of this program, the number of infants (under age one) on Medi-Cal who visited the ED at one hospital has dropped 38 percent.

## Shasta County

First 5 Shasta's investment in early childhood is guided by its strategic framework and five Pathway Goals, which include Healthy, Well-Timed Births; Health and Development on Track; Supported and Supportive Families, High-Quality Childcare and Early Education, and Continuity in Early Childhood Experiences. Highlights of activities included:

- Increasing community awareness of Adverse Childhood Experiences (ACEs) by holding a successful town hall focused on ACEs and continued work with Strengthening Families Collaborative and community partners around ACEs education, prevention, and intervention throughout the county. This is accomplished with trainers going into the community, media spots addressing ACEs, and support of programs addressing the impacts of trauma.
- Support for the redevelopment of the Kids Kingdom at Enterprise Park by replacing a play area in significant disrepair with an inclusively-designed playground to meet the needs of all Shasta County children, including those with disabilities.
- Assessment of over 1,300 Shasta County kindergarteners with the Kindergarten Readiness Snapshot,

an App that provides teachers with an easy-to-use assessment tool in the domains of literacy and numeracy skills, as well as social-emotional and physical development.

- Funding community education activities, including Community Baby Showers, which provide a fun and educational baby shower experience for pregnant women and their support partners; information on healthy pregnancy, safe sleep, and maternal mental health along with hospital tours; and opportunities to connect with further resources.
- Supporting the Healthy Babies Program, which provides mental health services for pregnant women and mothers of children ages 0 to 2 experiencing depression or anxiety during the postpartum period. Mothers who otherwise wouldn't be able to access services are able to receive counseling for maternal mood and anxiety disorders that, left untreated, could impact the health and development of their children.
- Coordination of 40 parent-child events and community activities for children ages 0 to 5 during the annual Week of the Young Child (WOYC). A total of 2,737 children ages 0 to 5 attended WOYC events.
- Distribution of over 23,000 children's books through a wide range of community partners and at a variety of community events.

## Sierra County

The vision of First 5 Sierra is to ensure a continuum of appropriate and integrated health, education, and recreational support services for a balanced and sustainable Sierra County community. First 5 Sierra focuses investments on accessible, high-quality early learning opportunities for families, family support programs, maternal health, dental health screenings, child safety, and family literacy. First 5 Sierra's strongest and most successful program supports families through preschool tuition subsidies. Sierra County experienced the highest rate of preschool attendance, with 94 percent of students having attended

high-quality preschool prior to entering kindergarten. Kindergarten readiness assessments validated the level of academic skills students develop through the preschool experience. Many of the children who attend local preschools come from families who would not be able to send their children to preschool without tuition assistance. The 94 percent preschool attendance rate is one of First 5 Sierra's greatest accomplishments in providing all of Sierra County's youngest children with early educational opportunities. First 5 Sierra continued to provide preschools with curriculum enrichment programs designed to serve multiple functions—the music program is taught by a behavior specialist who consults with parents and teachers, the Strider Bike program combines science and math activities with developing healthy exercise habits, the gymnastics program teaches students movements that support early literacy development. First 5 Sierra's Provider Network program continued its successful collaboration with Sonoma State University's Professor deKorsak and provided 15 hours of professional development trainings held locally and well-attended by providers. First 5 Sierra's investment in the High Sierra Family Resource Center supported the development of Nurturing Parenting programs offered locally and one-on-one for families in remote areas of the county with no transportation. New parents were supported through provision of prenatal vitamins and distribution of the *Kit for New Parents*. Many children received oral health screenings and fluoride varnish treatments at the annual Dental Health Fair.





## First 5 Siskiyou

First 5 Siskiyou's primary focus remains on building systems to advance community-based programs and resources that strengthen families and enhance capacity, skills, and knowledge for those that work with them. Their goal is to build public will and sustainable investments to help parents raise children who thrive. Commitment toward innovation and collective impact continue to be critical cornerstones of its success. Through civic engagement, networking, collaboration, high-quality standards, and accountability, they have leveraged nearly 100 percent in additional funds. Furthermore, they collaborated with Ford Family Foundation to host community meetings and coordinate interviews for a County Snapshot. The findings from this process has and will help them target their strategic efforts. Their Snapshot of assets and resources includes recognized leadership; planning and coordination; local service capacity, including community-based Family Resource Centers (FRCs); policy and influence including understanding of the policy landscape; advocacy partners; and business champion for kids. Often, First 5 Siskiyou is the backbone of the early childhood family support systems. Highlights of First 5 Siskiyou investments include:

- Partnerships with nearly all school districts to implement first countywide standardized kindergarten readiness assessments in nearly 20 kindergarten classrooms in fall 2017.
- FRCs, located in communities throughout the county, offer essential services and support to families with children birth to age 5 and beyond. The centers provide over 12,000 hours of drop-in services, resources, and referrals.
- Siskiyou Reads! Family Literacy Initiative: Over 80 special reading events were held in one day for the Tenth Annual Read Across Siskiyou to promote daily reading, talking, playing, and singing with children. In January 2017, in partnership with Delta Kappa Gamma and Yreka Community Resource Center, they

became Dolly Parton's Imagination Library Partner. Over 600 children now receive monthly books delivered to their home.

- Parenting Education System: First 5 provided support and coordination for a multi-agency collaborative to offer over 250 evidence-based parenting education and classes.
- *Help Me Grow* Systems: Local system under way to increase resources for education, vision, dental, and hearing screenings, and case management for children in need of treatment.
- Siskiyou Professional Development Partnership: Worked with partners to offer multiple no-cost trainings in the county.
- Systems Change Efforts: The partnership with First 5 California on IMPACT and Small Population County Funding Augmentation programs have provided the means to leverage other resources and influence advocacy for sustainable systems.

## Solano County

First 5 Solano County implemented the first year of its Systems Change Action Plan with the goals of strengthening, expanding, integrating, and sustaining early childhood systems.

Highlights of activities in the first year include:

- Conducted outreach to Bay Area funders and supported nine funding requests for over \$3 million. Four grants were awarded for a total of \$1,752,000 to support children and families in the community.
  - Grants included \$40,000 from Zellerbach Family Foundation to fund a cohort of Solano nonprofits to attend the University of California Berkeley Extension Fundraising and Volunteer Management Program.
- Partnered to convene a Children and Youth Leadership Council to identify and address systemic barriers to services for children and youth.
- Adopted a First 5 Solano Legislative Platform.

Other highlights included:

- Over 7,300 Solano residents were served by First 5 Solano.
- Enrolled 43 early care and education sites in QRIS.
- Provided 856 children and families case management, including connection to basic needs, financial literacy skills, and parent education. 100 percent of 184 children receiving assessments from a Child Welfare Social Worker remained safely in their home.
- Secured health insurance for 1,027 expectant mothers and children.
- Screened 326 high-risk children for developmental and social-emotional concerns. Provided 230 children with mental health treatment.
- Provided 392 children a Pre-kindergarten Academy to prepare them to transition to kindergarten.
- Opened a Head Start/Early Head Start center co-located with Solano County Health & Social Services.
- Conducted an evaluation of *Help Me Grow* Solano which has been shared with *Help Me Grow* California and National.

## Sonoma County

First 5 Sonoma County engaged in an extensive and participatory strategic planning process. Through this process, the Commission sought to establish a plan for sustaining impact while reducing investments in light of uncertain and diminishing resources.

The Strategic Planning Advisory Workgroup included equal representation from the Commission, funded partners, and community stakeholders. This group engaged in an intensive review of current research literature on child development and return on investment; community needs assessments and inventories of community assets; summary of funding strategies taken by other First 5 Commissions; grantee data and performance summaries prepared jointly by First 5 staff and grantees; and results from a stakeholder survey of over 100 First 5 Sonoma County stakeholders on community needs and how the Commission should prioritize its remaining investments to have the most sustainable impact.

Over a period of six months, the workgroup gave public updates at Commission meetings and shared proposed strategic plan updates and allocation recommendations. A public hearing was held to allow all interested agencies and community members to speak and inform the Commission before a vote was taken on the strategic plan update. The three-year funding guidelines that emerged from this process were as follows:

- Prioritize existing programs and approaches that have shown strong outcomes, are scalable and sustainable, and are foundational to critical systems of care for children ages 0 to 5 and their caregivers.
- Gradually scale down First 5 Sonoma operational costs, while sustaining organizational human capital and institutional knowledge.
- Strengthen the infrastructure and operational practices of local community-based organizations to support their long-term sustainability.
- Intensify advocacy efforts and leverage First 5 Association's advocacy agenda to effect legislative change at the state and federal levels.
- Seek local public and private funding partnerships to align and leverage investments whenever possible.
- Require grantees to match cash and in-kind resources to First 5 funding.
- Support the development of innovative financing mechanisms and initiatives that may generate dedicated revenue for children's service.
- Expand community engagement and communication efforts to increase public awareness of the critical first five years.

New allocations follow these guidelines and include innovative investments that will build the capacity of community-based organizations to advocate, secure funding, and operate collaboratively and efficiently. By building and strengthening systems of care and diversifying the partners investing in young children, the

Commission can have a lasting impact on the lives of children and families in Sonoma County.

## Stanislaus County

The goal of First 5 Stanislaus County Children and Families Commission is to promote the development and well-being of children ages 0 to 5 through its investments in family support, child safety, health, and early learning.

During this past fiscal year, one of the most significant accomplishments of First 5 Stanislaus was the operation of the family resource centers/ differential response program. With a funding investment of \$2,059,357 from First 5 Stanislaus and the Stanislaus Community Services Agency, this program provided intensive family support and child protection services to families when a child maltreatment report was filed. Since the start of the program in 2005, the rate of recurrence of additional maltreatment reports, within six months of the first report, has remained below the rates existing prior to the program's initiation. In two quarters and for the first time ever, the rate of recurrence of additional maltreatment reports within six months of the first report has been below the national goal of 5.4 percent.

Other highlights included:

- Parents of 10,400 children received family support services through countywide Family Resource Centers or other programs.
- Parents of 2,373 children received more intensive services focused on improving child abuse risk factors.
- 418 children experienced improvements in their family environment after being enrolled in respite childcare.
- The families of 1,698 children increased the time spent reading with their children at home after receiving literacy services.
- Families of 6,561 children have increased knowledge and utilization of community resources.
- Proposition 10-funded programs brought in more than \$8.7 million from other funding sources during FY 2016–17, increasing the level of services for children ages 0 to 5 and their families. Of that \$8.7

million, nearly \$5.7 million came from funding sources outside of Stanislaus County.

## Sutter County

In the *2016 Hospital Breastfeeding Rates Fact Sheets* published by the California Women, Infants, and Children (WIC) Association and University of California, Davis Human Lactation Center, three counties were ranked the lowest: Sutter and Yuba County came in 48<sup>th</sup> and Colusa ranked 50<sup>th</sup> out of 50 counties included. From 2011 to 2015, these rankings had not changed. Despite the low breastfeeding rates in their region, the TriCounties Breastfeeding Alliance (TCBA), which includes Colusa, Sutter, and Yuba counties, and partnering agencies, including Sutter County Children and Families Commission, are hard at work to improve them.

To address these low rates, the TCBA, all three county public health departments, Rideout Health (the only local delivering hospital), Ampla Health, Sutter County WIC Programs and Sutter County Children and Families Commission, partnered together to host a 2-day "Best Practices in Breastfeeding" conference. The TCBA received funding from First 5 Colusa, First 5 Yuba County, and the Sutter County Children and Families Commission to conduct the conference for the three partnering counties.

The goal was to increase local health care provider's knowledge and skills toward advancing breastfeeding as a cultural norm and develop evidence-based practices. It had been six years since an educational forum like this had been offered in the region. A nationwide search led them to secure Dr. Todd Wolynn, a board-certified pediatrician and International Board of Lactation Consultant Examiner (IBLCE) from Pittsburgh, PA, as the event's dynamic and energetic speaker.

Aiming for at least 100 attendees, the partners invited maternal and infant service providers, pediatricians, obstetricians and supporting office staff, hospital and home health nurses, breastfeeding counselors, lactation consultants, and others directly involved in the care of new mothers and infants.

To ensure the conference fit attendees' work schedules, three repeated sessions were offered: morning, afternoon, and at the lunch hour for medical providers. Funding from Sutter County Children and Families Commission and its neighboring First 5 Yuba and Colusa counties enabled the TCBA to provide continuing education credits for RNs, MDs, and IBLCEs at no cost. Rideout Health furnished the use of their conference center in Yuba City free of charge.

The planning committee was ecstatic to surpass their initial goal and registered 121 attendees. The evaluations were very positive. The conference, and especially Dr. Todd Wolynn, brought rekindled interest and determination to implement better breastfeeding care practices in the region. The partners knew this conference was just a start and convened a follow-up meeting in June. Their Collective Impact forum focused on action steps in hospital maternity care practices, community and public health programs and support, lactation training, and advocacy. Other issues needing to be addressed included limited access to breastfeeding support and supplies, and lactation accommodation for all moms. The tri-county partners' efforts are already paying off. As of late August, the local hospital no longer was giving formula-supplied "diaper bags" to new parents. A second conference is already planned in 2018, with nationally known pharmacologist, Dr. Thomas Hale, set to speak. Funding has already been secured from a grant through Sutter County Children and Families Commission. The TCBA will continue to collaborate and track their breastfeeding data so that, down the road, Sutter, Yuba, and Colusa won't come in last again!

### Tehama County

First 5 Tehama investments in programs focus resources on ensuring children birth through age 5 are healthy, thriving, and enter school ready to learn. Three funded programs work toward this goal: 1) the School Readiness Program is a multi-faceted array of supports, including "Parents as Teachers" home visits, playgroups,

KinderCamp, developmental screenings, and case management implemented in school districts around the county; 2) the Corning Family Resource Center serves low income, primarily Spanish speaking families in Corning; and 3) the Strengthening Families Initiative which includes community education, system integration, and capacity building activities.

One of the most significant accomplishments of First 5 Tehama was its School Readiness Program. With an investment of \$316,711 and serving 799 children and 566 adults, this program:

- Conducted over 1780 home visits, 244 case management services, screened 287 children for kindergarten readiness or developmental milestones, and identified 68 three- and four-year-old children in need of preschool and referred them to early learning programs.
- Conducted 155 playgroups and 66 KinderCamp sessions.
- Continued to utilize and help meet the needs of parents and children in the county by providing essential information regarding available support services and referrals to partner agencies.
- Parents using the Parents as Teachers home visiting model and curriculum had positive increases in targeted behaviors.
- Children served in the School Readiness Program are more likely to have access to oral health care and more likely to participate in formal early childhood education programs than children in school districts not served by the program.

First 5 Tehama County continued School Readiness Program expansion efforts due to its strong partnerships and the use of Tehama County Department of Education Local Control and Accountability Plan funding, the First 5 California Small Population County Funding Augmentation, and leveraged AmeriCorps funding by utilizing AmeriCorps members as home visitors.

First 5 Tehama County also spearheads the Early Intervention Partnership, the prevention committee of the Blue Ribbon Commission on

Children, which provided a venue for developing integrated support services that promote the best outcomes for children and families. Partner agencies shared best-practices, collaborated through organizational systems, and shared efforts that maximize positive impacts. The efforts include implementing the Strengthening Families Framework, a major component of its action plan. This year's activities included an asset mapping project and the development of a formalized 0 to 5 program referral system with stakeholders ensuring no child or family has a waiting period for early care and education services.

### Trinity County

Trinity County is the fourth least-populous county in California encompassing 3,208 square miles of rural terrain in California's Northwest Territory with a population of 13,373 persons at a growth rate of less than three percent over a 15-year period. There are an estimated 650 children under the age of 5 in Trinity County and approximately 20 percent of those children live in poverty with little access to community resources.

The Commission modified the existing five-year strategic plan to address the continued need for evaluation and accountability, as well as to address issues relevant to a remote community and the lack of access to resources. As a result, the Commission approved the release of a Request for Proposals to solicit the assistance of a consultant to provide guidance on program evaluation for next fiscal year.

Trinity County lacks any dental services for children ages 0 to 5, which, with the additional travel time for dental care, becomes prohibitive for most Trinity County families. Highlights include for the second year, an increase in the investment in mobile dental van services to serve children, so that services could be provided to them without leaving the county. This investment allowed 216 children, ages 3 to 6, to receive dental services and referrals. Although this mobile clinic was highly successful, the county will no longer be able to take advantage of the service because of the size and

remoteness of the county; it is too costly for the provider.

Local stakeholders and Commissioners developed a Wellness and Prevention Pilot Project which has engaged key stakeholders that have the need to address local barriers, needs, outcomes, and collaboration of ideas on a regional level so that First 5 Trinity makes the best use of limited resources and staffing capacity.

First 5 Trinity continues to focus on building the capacity within its small community to address the needs of children and families to help them further succeed in school and beyond.

## Tulare County

Through its investments, First 5 Tulare County's mission is that it will enhance the early development of Tulare County's children by providing direct services, funding partner organizations, and strengthening an integrated system of care serving children prenatal through age 5 and their families without regard to income. First 5 Tulare County funded 4 school readiness programs. The programs served 1,108 children and 569 parents, and offered 567 hours of professional development opportunities. One of the school readiness sites realized an opportunity for growth via the Desired Results Developmental Profile. Through review of the scores it was found that children needed more opportunities to increase their knowledge in the area of science. The program began with a baseline of 50 percent with an end goal of 60 percent at the "building middle" or "higher range." The program applied for additional funding via First 5 Special Project Grant to secure Science, Technology, Engineering, and Math kits. These kits served to provide engaging opportunities for students to explore, predict, and hypothesize. The teachers benefited from the kits meaningful lesson plan/guides to assistant students with activities. As a system, the district recognized the importance of cross-collaboration with other grade levels. Within Tulare City School District, "early childhood" is under one umbrella (preschool through first grade). This past year, the preschool curriculum specialist and kindergarten teacher collaborated

throughout the year to create a continuum of science lessons activities that build on and support one another.

## Tuolumne County

Tuolumne County invested \$544,333 in grants and programs to support direct services for children, parents, and teachers. Five focus areas were supported:

4. Parent Education and Support for parents at risk of child abuse and neglect
5. Social-Emotional Consultation to preschool teachers and direct help for children struggling in preschool settings
6. Children's Oral Health through education, screening, and fluoride treatments
7. Family Learning and Literacy to promote family stability and early learning
8. Public Health Nurse outreach

In addition, First 5 Tuolumne partnered with First 5 California in IMPACT, supporting early childhood educators with professional development.

Outcomes measured in FY 2016–17 included:

- Parents at high risk for child neglect and abuse improved their parenting skills and knowledge.
- Teachers learned how to support children's social-emotional development in their preschool classrooms, and how to better communicate with parents.
- Fewer young children had cavities or dental disease.
- More children received developmental screening, and their parents learned about appropriate developmental expectations.
- Children with behavioral issues were helped to succeed in their preschool setting.

Linkages between community programs, services, and systems continued to contribute to a more comprehensive approach to serving families.

## Ventura County

First 5 Ventura County (F5VC) implemented the first funding year of its new five-year strategic plan that was

adopted in June 2015. The plan builds on the significant accomplishments realized for young children and their families in Ventura County and addresses declining resources in future years. For funding years one through three (FY 2016–19), investments in strategies and programs largely remain the same. For years four and five (FY 2019–21), strategic investments will shift toward advocacy and capacity building efforts to support and build the overall early childhood system of services that promote parent engagement, build best practices and quality standards, engage partners in cross-system governance, and increase the alignment of resources for improved outcomes for young children.

F5VC's major initiatives were continued in FY 2016–17. The Neighborhoods for Learning (NfL) initiative, a nationally recognized, community-based service delivery model and the Commission's largest programmatic investment, represents 11 place-based NfL programs, with a total of 25 family resource centers, bringing together early learning, health, and family supports to families in their neighborhoods. Programs funded under countywide strategies continued to play a critical role in the delivery of regional-based family strengthening and health-focused programming. Ventura County's Quality Rating and Improvement System (QRIS) continued to be expanded through blending local funds, First 5 California Improve and Maximize Program so All Children Thrive (IMPACT) and CA QRIS block grants. F5VC also serves as the lead for F5CA's IMPACT Hubs, building capacity for QRIS implementation throughout the region.

The Commission advanced evaluation efforts for Parent and Child Together (PACT) programming with funding from the Center for the Study of Social Policy's national EC-LINC (Early Childhood Learning & Innovation Network for Communities) initiative in collaboration with other EC-LINC partners from Alameda County, Boston, and Orange County. F5VC also participated in other EC-LINC projects for measuring the impact of early childhood systems and parent engagement. F5VC explored



opportunities for resource development to mitigate the substantial decline in funds available for programming by FY 2019-20. A local firm conducted a resource development assessment and provided a series of strategies to the Commission for consideration, including fund raising, corporate sponsorships, leveraging of existing public revenues, and grant writing.

## Yolo

The investments and work of First 5 Yolo support the mission to assist the community to raise children who are healthy, safe, and ready to learn. The three-year strategic plan, launched in FY 2015–16, focuses Proposition 10 funds on both supporting and sustaining results-oriented programs and services supporting child health and development, family functioning, and improved systems. Funded program highlights include:

- Successful attainment of the Mental Health Services Act Prevention and Early Intervention funding to match First 5 Yolo funding (beginning FY 2017–18) for the expansion and enhancement of *Help Me Grow* Yolo.
- Early childhood education programs, including Play School Experience targeted for families in need, partnership with IMPACT and quality preschool efforts, preschool enhancement of the arts for high-risk children, an early intervention preschool pilot, and countywide family literacy efforts.
- Child abuse prevention, parent education, and family support programs, including successful re-build of emergency overnight care at the Yolo Crisis Nursery, evidence-based AVANCE pilot in rural areas, and the initiation of Family Hui parent empowerment groups.
- Successful continuation of the nationally accredited Healthy Families America Home Visiting Program, Step-by-Step/Paso-a-Paso in partnership with Yolo County Health and Human Services Agency, to a sustainable and more robust model with blended funding

streams, with viable future options for scale up.

- Sustained system improvement in foster care in Yolo County through highly effective Parent Education, Recruitment and Retention Program.

FY 2016–17 was a year of significant work toward advancement to the next phase of action and tactical planning for First 5 Yolo. Personnel reorganization and operational cost savings were implemented to address the decrease in state funding and the conclusion of other grants. The Commission's budget reflects expenditures in alignment with current year revenues, and staff abilities cross a wide range of skills.

First 5 Yolo streamlined reporting and evaluation activities to a Friedman Results-Based Accountability format, and adopted Clear Impact performance measure software for improved reporting and evaluation and increased capacity of funded partners. Together with each funded program, First 5 Yolo refined specific, meaningful performance measures reflective of a defined program purpose, with the goal of using data to continuously improve impact. First 5 Yolo also began Funded Partners Roundtable meetings to encourage system-wide review as well as individual program evaluation.

In the interest of sustaining effective programs and services, First 5 Yolo also directed time and attention to the development of a new approach to convening community leaders and other funding agencies. The inaugural convening of the First 5 Yolo *Champions for Children* Development Advisory, a group of private and public funders interested in collaborative work in support of young children and families, was held in FY 2016–17. This group will inform the new Strategic Plan.

## Yuba County

Camptonville Community Partnership offered 1, 2, 3 Grow parent education and child enrichment activities for families in the rural community of Camptonville. The parent education component focused on school readiness topics, including physical, cognitive, and social-emotional development. In addition, all children

received health screenings and referral to services as needed.

Parents in the classes completed both a pre- and a post-survey on their knowledge and beliefs of parenting and child development. A greater percentage of parents at exit compared to entry agreed that children learn more doing activities with an adult than just playing alone. They know what children should be able to do at each developmental stage, and children who see or hear domestic violence can have problems later. Nearly all parents said they learned a lot about child development from the classes, including how children learn and grow, how to access community resources, and how to develop the child's school readiness skills.

Comments from parents echoed this example: "My 4-year-old, who has participated in 1, 2, 3 Grow since she was born, graduated from the program this year. She is more than ready to head to kindergarten this fall. As a child whose fall birthday makes her a transitional kindergartner, 1, 2, 3 Grow was so important for our family as a preparation for the next stage of her education. She knows her letters, her numbers, a song for every action, and most importantly, she has the best social skills to continue on to her next classroom of friends and learning opportunities."

From the provider's side, "...success can be summed up in one word—Fathers. Maybe it's the weather, maybe something in the water, but this year fathers are present in the classroom, in the garden, and on the playground in unprecedented numbers. Their patient, loving, mischievous, and skilled contributions are immeasurably valuable and, I believe, will have far-reaching consequences for all the children who just as a matter of course seek their help.

## Appendix A: Number of Services and Expenditures by Result Area and Service Type, 2016–17

Result Area and Service Type	Children 0 to 5 Services	Parent Services	Provider Services	Total Adult and Provider Services	Total Number of Services	Percent of Services in Result Area	Total Expenditures for Services	Percent of Services in Result Area	Percent of Total Expenditures
<b>Improved Family Functioning *</b>									
Community Resource and Referral	15,871	166,576	284	166,860	182,731	26%	\$6,976,255	5%	
Distribution of <i>Kit for New Parents</i>	261	79,464	42	79,506	79,767	11%	\$317,572	<1%	
Adult and Family Literacy Programs	118,808	56,245	1,126	57,371	176,179	25%	\$3,918,930	3%	
Targeted Intensive Family Support Services	51,379	71,479	1,295	72,774	124,153	18%	\$81,675,135	56%	
General Parenting Education and Family Support Programs	41,402	76,902	1,964	78,866	120,268	17%	\$41,510,955	28%	
Quality Family Functioning Systems Improvement	18,861	1,723	3,196	4,919	23,780	3%	\$11,545,685	8%	
<b>Subtotal</b>	<b>246,582</b>	<b>452,389</b>	<b>7,907</b>	<b>460,296</b>	<b>706,878</b>	<b>100%</b>	<b>\$145,944,532</b>	<b>100%</b>	<b>40%</b>
<b>Improved Child Development *</b>									
Preschool Programs for 3- and 4-Year-Olds	20,340	2,401	430	2,831	23,171	9%	\$20,595,393	21%	
Infants, Toddlers, and All-Age Early Learning Programs	81,004	19,714	210	19,924	100,928	39%	\$20,257,516	20%	
Early Education Provider Programs	824	857	8,800	9,657	10,481	4%	\$16,241,617	16%	
Kindergarten Transition Services	12,058	10,851	399	11,250	23,308	9%	\$3,889,074	4%	
Quality ECE Investments	61,930	17,629	20,189	37,818	99,748	39%	\$38,656,663	39%	
<b>Subtotal</b>	<b>176,156</b>	<b>51,452</b>	<b>30,028</b>	<b>81,480</b>	<b>257,636</b>	<b>100%</b>	<b>\$99,640,263</b>	<b>100%</b>	<b>28%</b>
<b>Improved Child Health *</b>									
Nutrition and Fitness	20,005	33,088	1,332	34,420	54,425	7%	\$10,102,491	9%	
Health Access	41,533	21,373	387	21,760	63,293	8%	\$4,773,577	4%	
Maternal and Child Health Care	23,419	85,101	323	85,424	108,843	14%	\$21,732,637	19%	
Oral Health	159,794	71,723	4,277	76,000	235,794	30%	\$24,607,913	21%	
Primary and Specialty Medical Services	47,636	21,143	5,843	26,986	74,622	10%	\$9,604,356	8%	
Comprehensive Screening and Assessments	128,471	57,994	5,709	63,703	192,174	25%	\$18,710,012	16%	
Targeted Intensive Intervention for Identified Special Needs	13,626	4,807	1,378	6,185	19,811	3%	\$16,785,791	14%	
Safety Education and Injury Prevention	2,970	5,562	819	6,381	9,351	1%	\$1,057,112	1%	
Tobacco Education and Outreach	267	2,961	70	3,031	3,298	<1%	\$426,263	1%	
Quality Health Systems Improvement	4	11,094	6,837	17,931	17,935	2%	\$7,991,268	7%	
<b>Subtotal</b>	<b>437,725</b>	<b>314,846</b>	<b>26,975</b>	<b>341,821</b>	<b>779,546</b>	<b>100%</b>	<b>\$115,791,420</b>	<b>100%</b>	<b>32%</b>
<b>Total</b>	<b>860,463</b>	<b>818,687</b>	<b>64,910</b>	<b>883,597</b>	<b>1,744,060</b>		<b>\$361,376,215</b>		<b>100%</b>
<b>Improved Systems of Care **</b>									
Policy and Broad Systems-Change Efforts	–	–	–	–	–		\$16,606,704	31%	
Organizational Support	–	–	–	–	–		\$30,032,725	55%	
Public Education and Information	–	–	–	–	–		\$7,821,690	14%	
<b>Total</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>		<b>\$54,461,119</b>	<b>100%</b>	
<b>Grand Total</b>	<b>860,463</b>	<b>818,687</b>	<b>64,910</b>	<b>883,597</b>	<b>1,744,060</b>		<b>\$415,837,334</b>		

\* Counts may include individuals in more than one Result Area or Service Type.

\*\* Improved Systems of Care does not list counts of individuals served because it supports services in the other Result Areas.

Note: Services and expenditures are for 58 county commissions reporting in November and December 2017.

**RETURN TO AGENDA**

## Appendix B: First 5 California Result Areas and Services

### Result 1: Improved Family Functioning

Providing parents, families, and communities with relevant, timely and culturally appropriate information, education, services and support.

#### Services

##### a. Community Resource and Referral

Programs providing referrals or service information about various community resources, such as medical facilities, counseling programs, family resource centers, and other supports for families with young children. This includes 2-1-1 services or other general helplines and services that are designed as a broad strategy for linking families with community services.

##### b. Distribution of Kit for New Parents

Programs providing and/or augmenting the First 5 California Kit for New Parents to new and expectant parents.

##### c. Adult and Family Literacy Programs

Programs designed to increase the amount of reading that parents do with their children, as well as educate parents about the benefits of reading or looking at books together (e.g., Even Start, Reach Out and Read, Raising a Reader). Family literacy may include adult education programs that provide English as a Second Language and literacy classes, and/or a General Equivalence Diploma.

##### d. Targeted Intensive Family Support Services

Programs providing intensive and/or clinical services by a paraprofessional and/or professional, as well as one-to-one services in family support settings. Programs are generally evidence-based, and are designed to support at-risk expectant parents and families with young children to increase knowledge and skills related to parenting and improved family functioning (e.g., home visiting, counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This category also includes comprehensive and/or intensive services to homeless populations.

##### e. General Parenting Education and Family Support Programs

Programs providing short-term, non-intensive instruction on general parenting topics, and/or support for basic family needs and related case management (e.g., meals, groceries, clothing, emergency funding or household goods acquisition

assistance, and temporary or permanent housing acquisition assistance). Fatherhood programs are also included here. In general, these programs are designed to provide less intense and shorter term ("lighter touch") support services and classes for families by non-clinical staff (e.g., Family Resource Centers).

##### f. Quality Family Functioning Systems Improvement

Family functioning system efforts are designed to support the implementation and integration of services primarily in Result Area 1. This may include use of the Family Strengthening approach, Protective Factors planning or implementation, service outreach, planning and management, inter-agency collaboration, support services to diverse populations, database management and development, technical assistance, and provider capacity building. Provider loan forgiveness programs for which child or provider counts are not measured are included in this category.

### Result 2: Improved Child Development

Increasing the quality of and access to early learning and education for young children.

#### Services

##### a. Preschool Programs for 3- and 4- Year-Olds

Programs providing preschool services, preschool spaces, and comprehensive preschool initiatives primarily targeting three and four year-olds. Child Signature Programs (CSP) 1 and 3 are included in this category, as well as county programs which mirror the quality and intensity of the CSP.

##### b. Infants, Toddlers, and All-Age Early Learning Programs

Programmatic investments in early learning programs for infants and toddlers, as well as all-age programs. Examples of all-age programs that may be included here are child related early literacy and Science, Technology, Engineering, and Math (STEM) programs; programs for homeless children; migrant programs; and similar investments.

##### c. Early Education Provider Programs

Programs providing training and educational services, supports, and funding to improve the quality of care. This includes Comprehensive Approaches to Raising Education Standards (CARES) Plus and workforce development programs.

##### d. Kindergarten Transition Services

Programs of all types (e.g., classes, home visits, summer bridge programs) that are designed to support the kindergarten transition for children and families.

##### e. Quality Early Childhood Education Investments

Improvement efforts designed to support the implementation and integration of services primarily in Result Area 2. This may include Race to the Top—Early Learning Challenge and other Quality Rating and Improvement System investments. This category includes early literacy and STEM systems-building projects. This also could include interagency collaboration, facility grants and supply grants to providers, support services to diverse populations, and database management and development. CSP 2 is reported in this category.

### Result 3: Improved Child Health

Promoting optimal health through identification, treatment, and elimination of the risks that threaten children's health and lead to development delays and disabilities in young children.

#### Services

##### a. Nutrition and Fitness

Programs providing strategies to promote children's healthy development through nutrition and fitness, including programs to teach the facts about healthy weight, basic principles of healthy eating, safe food handling and preparation, and tools to help organizations incorporate physical activity and nutrition. Recognized strategies include "Let's Move" Campaign, MyPyramid for Preschoolers, and sugar-sweetened beverage initiatives.

##### b. Health Access

Programs designed to increase access to health/dental/vision insurance coverage and connection to services, such as health insurance enrollment and retention assistance, programs that ensure use of a health home, and investments in local "Children's Health Initiative" partnerships. Providers may be participating in Medi-Cal Administrative Activities to generate reimbursements.

##### c. Maternal and Child Health Care

Programs designed to improve the health and well-being of women to achieve healthy pregnancies and improve their child's life course. Voluntary strategies may include prenatal care/education to promote healthy

pregnancies, breastfeeding assistance to ensure that the experience is positive, screening for maternal depression, and home visiting to promote and monitor the development of children from prenatal to two years of age. Providers may be participating in Medi-Cal Administrative Activities to generate reimbursements.

#### **d. Oral Health**

Programs providing an array of services that can include dental screening, assessment, cleaning and preventive care, treatment, fluoride varnish, and parent education on the importance of oral health care. This may include provider training and care coordination of services.

#### **e. Primary and Specialty Medical Services**

Programs designed to expand and enhance primary and specialty care in the community to ensure the capacity to serve children. Services include preventive, diagnostic, therapeutic, and specialty medical care provided by licensed health-care professionals/organizations. Services may include immunizations, well child check-ups, care coordination, asthma services, vision services, services for autism/attention-deficit hyperactivity disorder, other neurodevelopmental disorders, and other specialty care.

#### **f. Comprehensive Screening and Assessments**

Programs providing screening, assessment, and diagnostic services, including developmental, behavioral, mental health, physical health, body mass index, and vision. Screening may be performed in a medical, education, or community setting. These services determine the nature and extent of a problem and recommend a course of treatment and care. This may include strategies to connect children to services which promote health development, such as *Help Me Grow*.

#### **g. Targeted Intensive Intervention for Identified Special Needs**

Programs providing early intervention or intensive services to children with disabilities and other special needs, or at-risk for special needs. May include strategies targeting language and communication skills, social and emotional development, developmental delays, and related parent education. Mental Health Consultations in ECE settings are included in this category. "Special Needs" refers to those children who are between birth and five years of age and meet the definition of "Special Needs."

#### **h. Safety Education and Injury Prevention**

Programs disseminating information about child passenger and car safety; safe sleep; fire, water, home (childproofing) safety; and the dangers of shaking babies. Includes education on when and how to dial 9-1-1, domestic violence prevention, and intentional injury prevention. Referrals to community resources that specifically focus on these issues also may be included in this category.

#### **i. Tobacco Education and Outreach**

Education on tobacco-related issues and abstinence support for people using tobacco products. Includes providing information on reducing young children's exposure to tobacco smoke.

#### **j. Quality Health Systems Improvement**

Efforts designed to support the implementation and integration of services primarily in Result Area 3. This may include service outreach, planning and management (general planning and coordination activities, interagency collaboration, support services to diverse populations, database management and development, technical assistance and support, contracts administration, and oversight activities), and provider capacity building (provider training and support, contractor workshops, educational events, and large community conferences). Provider loan forgiveness programs for which child or provider counts are not measured are included here. Includes Baby Friendly Hospital investments, projects for cross-sector data integration, and designing a community-endorsed developmental screening framework.

#### **b. Organizational Support**

Training and support provided to organizations that does not apply to one of the three programmatic Result Areas, but instead has a more general impact. Other examples of organizational support include business planning, grant writing workshops, sustainability workshops, and assistance in planning and promoting large community conferences or forums. Database management and other cross-agency systems evaluation support, and general First 5 program staff time are included in this category.

#### **c. Public Education and Information**

Investments in community awareness and educational events on a specific early childhood topic that does not apply to one of the three programmatic Result Areas, or promoting broad awareness of the importance of early childhood development.

### **Result 4: Improved Systems of Care**

Implementing integrated, comprehensive, inclusive, and culturally and linguistically appropriate services to achieve improvements in one of more of the other Result Areas.

#### **Services**

##### **a. Policy and Broad Systems—Change Efforts**

Investments in broad systems-change efforts, including inter-agency collaboration, work with local and statewide stakeholders, policy development, and related efforts. This category includes county investment and work with The Children's Movement and/or on grassroots advocacy efforts.



## References

- <sup>1</sup> Heather Quick, Jill Cannon, et al. (2016). *Independent Evaluation of California's Race to the Top-Early Learning Challenge Quality Rating and Improvement System: Cumulative Technical Report*. San Mateo, CA: American Institutes for Research.
- <sup>2</sup> First 5 California. (2017). *Evaluation of the Child Signature Program: Summary Report, 2012–15*. Sacramento, CA: First 5 California.
- <sup>3</sup> Center on the Developing Child at Harvard University (2007). *A ScienceBased Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*. Cambridge, MA.
- <sup>4</sup> Shonkoff, J. and Phillips, D. (2000). *Neurons to Neighborhoods. The Science of Early Childhood Development*. Washington, D.C.: National Academy Press.
- <sup>5</sup> Yazejian, N., Bryant, D., Freel, K., Burchinal, M., and the Educare Learning Network (ELN) Investigative Team. (2015). High-quality early education: Age of entry and time in care differences in student outcomes for English-only and dual language learners. *Early Childhood Research Quarterly*, 32, 23-39
- <sup>6</sup> Educare California at Silicon Valley. <http://educaresv.org/>
- <sup>7</sup> Long Beach Unified School District. <http://www.lbusd.k12.ca.us>
- <sup>8</sup> Long Beach Unified School District. [http://www.lbusd.k12.ca.us/Departments/Education\\_Foundation/educare.cfm](http://www.lbusd.k12.ca.us/Departments/Education_Foundation/educare.cfm)
- <sup>9</sup> Karen Manship, Aleksandra Holod, et al. 2017. *The Impact of Transitional Kindergarten on California Students*. San Mateo, CA: American Institutes for Research.
- <sup>10</sup> Sue Holtby, Nicole Lordi, et al. 2017. *Families with Young Children in California: Findings from California Health Interview Survey, 2011-2014, by Geography and Home Language*. Los Angeles, CA: UCLA Center for Health Policy Research.
- <sup>11</sup> Cummins SE, Tedeschi GJ, Anderson C, Zhu SH. (2016). Telephone intervention for pregnant smokers: A randomized controlled trial. *American Journal of Preventive Medicine*; 51(3):318-26.
- <sup>12</sup> First 5 California. (2017). *Evaluation of Comprehensive Approaches to Raising Educational Standards (CARES) Plus Program, 2011–2016*. Sacramento, CA: First 5 California.



## Our Vision

California's children receive the  
best possible start in life and thrive.



**First 5 California**  
**California Children and Families Commission**  
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Sacramento, California 95833  
P: (916) 263-1050 F: (916) 263-1360  
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**NEELY ACCOUNTANCY CORP**  
**Certified Public Accountant**  
**17037 Chatsworth St., Suite 208A**  
**Granada Hills, CA 91344**

**818-360-9800**

April 13, 2018

Mono County Children & Families Commission  
PO Box 130  
Mammoth Lakes, CA 93546

We are pleased to confirm our understanding of the services we are to provide Mono County Children & Families Commission for the year ended June 30, 2018. We will audit the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information, including the related notes to the financial statements, which collectively comprise the basic financial statements of Mono County Children & Families Commission as of and for the year ended June 30, 2018. Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement Mono County Children & Families Commission's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to Mono County Children & Families Commission's RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

- 1) Management's Discussion and Analysis.
- 2) Schedule of Revenues, Expenditures and Changes in Fund Balance, Budget and Actual

**Audit Objectives**

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America and the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and will include tests of the accounting records of Mono County Children & Families Commission and other procedures we consider necessary to enable us to express such opinions. We will issue a written report upon completion of our audit of Mono County Children & Families Commission's financial statements. Our report will be addressed to commissioners of Mono County Children & Families Commission. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions on the financial statements are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or may withdraw from this engagement.

We will also provide a report (that does not include an opinion) on internal control related to the financial statements and compliance with the provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a material effect on the financial statements as required by *Government Auditing Standards*. The report on internal control and on compliance and other matters will include a paragraph that states (1) that the purpose of the report is solely to describe the scope of testing of internal control and compliance, and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control on compliance, and (2) that the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in



considering the entity's internal control and compliance. The paragraph will also state that the report is not suitable for any other purpose. If during our audit we become aware that Mono County Children & Families Commission is subject to an audit requirement that is not encompassed in the terms of this engagement, we will communicate to management and those charged with governance that an audit in accordance with U.S. generally accepted auditing standards and the standards for financial audits contained in *Government Auditing Standards* may not satisfy the relevant legal, regulatory, or contractual requirements.

#### **Audit Procedures—General**

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government. Because the determination of abuse is subjective, *Government Auditing Standards* do not expect auditors to provide reasonable assurance of detecting abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential, and of any material abuse that comes to our attention. Our responsibility as auditors is limited to the period covered by our audit and does not extend to later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about your responsibilities for the financial statements; compliance with laws, regulations, contracts, and grant agreements; and other responsibilities required by generally accepted auditing standards.

#### **Audit Procedures—Internal Control**

Our audit will include obtaining an understanding of the government and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards and *Government Auditing Standards*.

#### **Audit Procedures—Compliance**

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of Mono County Children & Families Commission's compliance with the provisions of applicable laws, regulations, contracts, agreements, and grants. However, the objective of our audit will not be to



provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

### **Other Services**

We will also assist in preparing the financial statements and related notes of Mono County Children & Families Commission in conformity with U.S. generally accepted accounting principles based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

### **Management Responsibilities**

Management is responsible for establishing and maintaining effective internal controls, including evaluating and monitoring ongoing activities, to help ensure that appropriate goals and objectives are met; following laws and regulations; and ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles, for the preparation and fair presentation of the financial statements and all accompanying information in conformity with U.S. generally accepted accounting principles, and for compliance with applicable laws and regulations and the provisions of contracts and grant agreements.

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and for confirming to us in the written representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws, regulations, contracts, agreements, and grants and for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts or grant agreements, or abuse that we report.

You are responsible for the preparation of the supplementary information, which we have been engaged to report on, in conformity with U.S. general accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to make the audited financial statements readily available to users of the supplementary information no later than the day the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period or, if they have changed, the reasons for such changes; and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits or other studies related to the objectives discussed in the Audit Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or other studies. You are also responsible for providing management's views on our current findings, conclusions,



and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the financial statements and related notes and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements and related notes and that you have reviewed and approved the financial statements and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

### **Engagement Administration, Fees, and Other**

We may from time to time, and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers, but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

We understand that your employees will prepare all cash or other confirmations we request and will locate any documents selected by us for testing.

We will provide copies of our reports to California Children & Families Commission and the California State Controller; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Neely Accountancy Corp. and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to California Children & Families Commission and the California State Controller or their designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Neely Accountancy Corp. personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of seven years after the report release date or for any additional period requested by the California Children & Families Commission and California State Controller. If we are aware that a federal awarding agency or auditee is contesting an audit finding, we will contact the parties contesting the audit finding for guidance prior to destroying the audit documentation.

We expect to begin our audit on approximately July 15, 2018 and to issue our reports no later than October 15, 2018. Thomas Neely, CPA is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them.

Our fee for these services will be \$6,000. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 30 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.



We appreciate the opportunity to be of service to Mono County Children & Families Commission and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,



Neely Accountancy Corp.

RESPONSE:

This letter correctly sets forth the understanding of Mono County Children & Families Commission

Management signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Governance signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



June 21, 2018

**Bob Gardner**  
Commission Chair  
Mono County Board of  
Supervisors

**Dr. Tom Boo**  
Commission Vice-Chair  
Mono County Health Officer

**Jeanne Sassin**  
Commission Secretary  
Teacher  
Lee Vining Elementary School

**Stacey Adler, PhD**  
Mono County Superintendent of  
Schools

**Bertha Jimenez**  
Case Manager III  
Mono County Behavioral Health

**Patricia Robertson**  
Grant and Financial Associate  
Mammoth Lakes Housing

Don Clark, PhD  
Superintendent  
Eastern Sierra Unified School District  
PO Box 575  
Bridgeport, California 93517

**RE: Fiscal Year 2018-19 Agreement Extension for School Readiness Services**

Dear Dr. Clark:

The purpose of this letter is to offer a one year extension of the Agreement between First 5 Mono County and the Eastern Sierra Unified School District for the provision of school readiness services. As provided in Paragraph 4 of the Agreement dated July 1, 2016, the Agreement may be extended for subsequent one-year terms pursuant to the same terms and conditions set forth in the Agreement, by mutual agreement of the Parties. Please sign below to reflect your agreement.

**APPROVED BY:**

**Mono County Children & Families Commission**

**Eastern Sierra Unified School District**

By: \_\_\_\_\_  
Commission Chair

By: \_\_\_\_\_  
Don Clark, Superintendent

**APPROVED AS TO FORM:**

\_\_\_\_\_  
County Counsel for Commission

Attachment: Agreement #CFC-ESUSD-16-17 Jul 1-Jun 30

## **Mono County Children and Families Commission GRANT AGREEMENT**

---

**THIS AGREEMENT** is made this July 1, 2018, by and between the **Mono County Children and Families Commission** ("Commission") and the **Mammoth Unified School District** ("Grantee").

### **RECITALS:**

**WHEREAS**, Grantee is an organization working together with parents and the community to educate and motivate all students to achieve their individual academic, physical, emotional and social potential, in a caring, safe environment; and

**WHEREAS**, Grantee has proposed Strategies to further the Vision, Goals and Objectives in the Mono County Children and Families Commission current strategic plan; and

**WHEREAS**, the Grantee is willing and able to continue to provide kindergarten transition services in exchange for compensation from the Commission in the form of a grant;

**NOW, THEREFORE**, for and in consideration of the agreement made, and the payments to be made by Commission for the services rendered by Grantee, the parties agree to the following:

**1. SCOPE OF WORK:** Grantee agrees to provide all of the work described in the Scope of Work, which is set forth in Exhibit A, attached hereto and incorporated by this reference. In addition, the Grantee agrees to cooperate with Commission to complete program evaluation as set forth in Exhibit D, attached hereto and incorporated by this reference.

Substandard performance as determined by Commission staff will constitute non-compliance with this Agreement. If action to correct such substandard performance is not taken by Grantee within a reasonable period of time after notification by Commission staff, the Commission may initiate Agreement termination procedures in accordance with paragraph 14A.

**2. REPORTING REQUIREMENT:** Grantee shall submit written reports required by this Agreement by the deadlines set forth in Exhibit A. Program evaluation components, as set forth in the Program Narrative (Exhibit D), may be modified by Grantee with prior approval of Commission staff.

**3. PAYMENT:** The maximum grant award is \$10,000 for the initial term of one year and \$10,000 for each additional year that this agreement is extended by the Commission in accordance with Paragraph 4. Grantee agrees that all funds awarded to Grantee shall be made in accordance with the following:

A. Grantee will invoice the Commission annually, based on actual expenses incurred during the previous 12 months. The Expenditure Report, attached as Exhibit C and incorporated herein by this reference, and substantiating documentation in the form of receipts, time sheets, etc., must accompany the invoice. In addition, Grantee shall cooperate with Commission to prepare the Program Narrative (Exhibit D) for submission with each year-end invoice (due no later than July 31). The reporting schedule is contained in the Performance Standards, Exhibit B. The Grantee will be approved to receive the total amount invoiced upon satisfactory completion of the appropriate reports. The Commission shall forward payment requests to the County Auditor/Controller within five days of approving reports.

B. Grantee agrees to expend Commission funds as outlined in the Agreement Budget, attached as Exhibit C and by this reference made a part hereof. The Commission will not pay for unauthorized services rendered by the Grantee, nor for claimed services which Commission Agreement monitoring shows have not been provided as authorized. If Commission has advanced funds for services which, following consultation with Grantee, it later determines to have not been provided, Grantee shall refund requested amounts within thirty days of demand by Commission. The Commission has the option of offsetting such amounts against future payments due to Grantee.

C. Grantee is permitted a budget variation of up to ten percent (10%) for each major budget line item for the Agreement period. Any larger budget variation must receive prior Commission approval.

D. Expenditure Reports (Exhibit C) to the Commission shall be submitted with full documentation of all work performed and all reimbursable expenses incurred. Labor expenditures need documentation to support time, subsistence, travel and field expenses. No expense will be credited toward Agreement performance without adequate documentation. This documentation will include, but not be limited to, receipts for material purchases, rental equipment and subcontractor work.

**4. AGREEMENT TERM:** The term of this Agreement shall be from July 1, 2018, to June 30, 2019, unless sooner terminated as provided below. By mutual agreement of the Parties, this Agreement may be extended for subsequent one-year terms pursuant to the same terms and conditions set forth herein. Any extension pursuant to this paragraph shall be agreed-upon prior to the expiration of the then-existing term.

**5. MAXIMUM COST TO COMMISSION:** Notwithstanding any other provision of this Agreement, in no event will the cost to Commission for the work to be provided herein exceed \$10,000 per year that this Agreement remains in effect.

**6. STATE REQUIREMENTS AND NONAPPROPRIATION:** This Agreement is funded by a Mono County Children and Families Commission Grant with monies from the California Children and Families Trust Fund (Health & Safety Code §§ 130100-

130155). The State of California, may, through the California Children and Families Commission, enact requirements that affect the performance of the Grantee. If the State does impose new obligations affecting the performance of this Agreement, Commission reserves the right to amend the Agreement as necessary to comply with state requirements. Grantee will be notified at least thirty (30) days in advance if new requirements are to be imposed. Grantee may terminate this Agreement during that thirty-day notice period if it determines the new requirements to be infeasible to perform.

Commission reasonably believes that California Children and Families Trust Fund monies will be available to fully fund this Agreement for its term. In the event, however, no funds or insufficient funds are available for payment, then the Commission will immediately notify Grantee of such occurrence and the Agreement may be terminated upon twenty (20) days notice. After this Agreement is terminated under these provisions, Commission shall have no obligation to make further payments except that Commission shall pay Grantee for all services rendered and costs incurred in the performance of its duties hereunder prior to the date of termination.

## **7. INSURANCE:**

**A. General Liability.** Grantee shall procure and maintain, during the entire term of this Agreement, a policy of Comprehensive General Liability Insurance which covers all the work and services, including operations, products, and completed operations as applicable, to be performed by Grantee under this Agreement. Such policy shall provide limits of not less than one million dollars (\$1,000,000.00) combined single limit (CSL) per occurrence. Such policy will not exclude or except from coverage any of the services and work required to be performed by Grantee under this Agreement. The required policy of insurance shall be issued by an insurer authorized to sell such insurance by the State of California, and have at least a Best's policyholder's rating of AA or AA+. Prior to commencing any work under this agreement, Grantee shall provide the Mono County Children and Families Commission: 1) a certificate of insurance evidencing the coverage required; (2) an additional insured endorsement applying to Mono County and the Mono County Children and Families Commission, their agents, officers and employees; and 3) a notice of cancellation or change of coverage endorsement indicating that the policy will not be modified, terminated, or canceled without thirty (30) days written notice to the Mono County Children and Families Commission .

**B. Automobile/Aircraft/Watercraft Liability Insurance.** Grantee shall provide Comprehensive Automobile/Aircraft/Watercraft Liability Insurance for bodily injury (including death) and property damage which provides total limits of not less than \$1,000,000.00 combined single limit per occurrence applicable to all owned, non-owned and hired vehicles/aircraft/watercraft. This coverage may be waived by Mono County Risk Management in writing if it is determined there is no significant exposure to these risks.



C. Professional Errors and Omissions Liability Insurance. Grantee shall provide professional liability insurance in an amount of not less than one million dollars \$1,000,000.00 each occurrence/one million (\$1,000,000.00) policy aggregate.

If professional liability coverage is written on a claims-made form:

1. The "Retro Date" must be shown, and must be before the date of the Agreement or the beginning of Agreement work. 2. Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of the Agreement work. 3. If coverage is cancelled or non-renewed, and not replaced with another claims-made policy form with a "Retro Date" prior to the Agreement effective date, the Grantee must purchase "extended reporting" coverage for a minimum of five (5) years after completion of Agreement work.

D. Deductible and Self-Insured Retentions. Any deductibles or self-insured retentions must be declared and approved by Mono County. If possible, the Insurer shall reduce or eliminate such deductibles or self-insured retentions with respect to Mono County and Mono County Children and Families Commission, their agents, officers, employees and volunteers; or the Grantee shall provide evidence satisfactory to Mono County guaranteeing payment of losses and related investigations, claim administration, and defense expenses.

Failure to provide and maintain the insurance required by this Agreement will constitute a material breach of the agreement. In addition to any other available remedies, the Commission may suspend or recover payments to the Grantee for any work conducted during any time that insurance was not in effect and until such time as the Grantee provides adequate evidence that Grantee has obtained the required coverage.

**8. WORKER'S COMPENSATION:** The Grantee acknowledges that it is aware of the provisions of the Labor Code of the State of California which require every employer to be insured against liability for worker's compensation or to undertake self insurance in accordance with the provisions of that Code and it certifies that it will comply with such provisions before commencing the performance of the work of this Agreement.

**9. NONDISCRIMINATORY EMPLOYMENT:** In connection with the execution of this Agreement, the Grantee shall not discriminate against any employee or applicant for employment because of race, color, religion, age, sex, national origin, political affiliation, ancestry, marital status or disability or on any other basis prohibited by state or federal law. This policy does not require the employment of unqualified persons.

**10. SUBAGREEMENTS:** The Grantee shall not subcontract any portion of the work required by this Agreement without prior written approval of the Commission except for any subcontract work identified herein.

**11. ASSIGNMENT:** The rights, responsibilities and duties under this Agreement are personal to the Grantee and may not be transferred or assigned without the express prior written consent of the Commission.

**12. BOOKS OF RECORD AND AUDIT PROVISION:** Grantee shall maintain on a current basis, complete books and records relating to this Agreement. Such records shall include, but not be limited to, documents supporting all bids, all income and all expenditures. These documents and records shall be retained for at least three years following expiration of this Agreement, including all extensions. Grantee will permit Commission to audit all books, accounts or records relating to this Agreement including all books, accounts or records of any business entities controlled by Grantee and any subcontractors for the Agreement.

Upon reasonable notice to Grantee by Commission, an audit may be conducted on Grantee's premises or, at Commission's option, Grantee shall provide all books and records pertaining to its performance of this Agreement within fifteen (15) working days upon receipt of written notice from Commission. Grantee shall additionally make itself available to the auditor to answer any questions regarding Grantee's performance of this agreement that auditor feels are necessary in order to conduct or expedite the audit. Grantee shall refund any moneys found by the auditor to have been erroneously charged, but only if Grantee is first given reasonable notice of, and a full and fair opportunity to explain, the circumstances giving rise to the auditor's belief that the moneys were erroneously charged. If Commission requires an audit due to errors on the part of the Grantee, and if that audit reveals that Grantee has erroneously received moneys from the Commission which it must refund in accordance with this paragraph, Grantee shall be liable for the reasonable costs of the audit in addition to any other penalty required by law to be imposed.

**13. TIME OF COMPLETION:** Time is of the essence with respect to this Agreement. Grantee agrees to commence and to complete the work within the time schedules outlined within this Agreement.

**14. TERMINATION:**

A. If the Grantee fails to provide in any manner the services required under this Agreement or otherwise fails to comply with the terms of this Agreement or violates any ordinance, regulation or other law which applies to its performance hereunder, then the Commission may, after giving written notice to Grantee, and fifteen (15) calendar days to cure or correct the failure, terminate this Agreement. Such time to cure shall not be required, if the Commission determines that immediate termination is necessary for the protection of public health or safety. In the event of termination pursuant to this subsection, the Commission reserves the right to withhold payment for services not satisfactorily performed and/or to demand repayment of funds paid in advance for services not performed or not satisfactorily performed. Repayment shall be made within thirty (30) calendar days of a written request by Commission and Grantee's repayment obligation shall survive termination of this Agreement.

C. Either party may terminate this Agreement with or without cause and for any reason whatsoever by giving the other party thirty (30) calendar days written notice.

D. In the event of termination of this agreement, other than termination pursuant to Paragraph A, the Grantee shall be paid for services performed to the date of termination in accordance with the terms of this Agreement. Grantee shall refund any moneys advanced to it by the Commission which moneys have not been spent by Grantee or which constitute prepayment for services that have not been performed. Such repayment shall be made by Grantee within thirty (30) calendar days of termination.

E. For purposes of this paragraph, calendar days shall be counted from the date of mailing.

**15. RELATIONSHIP BETWEEN THE PARTIES:** It is expressly understood that in performance of the work under this Agreement, the Grantee, and the agents and employees thereof, shall act as an independent Contractor and not as officers, employees or agents of the Mono County Children and Families Commission.

Except as expressly provided in Attachment A, Grantee has no authority or responsibility to exercise any rights or power vested in the Commission. No agent, officer, or employee of the Commission is to be considered an employee of Grantee. It is understood by both Grantee and Commission that this Agreement shall not, under any circumstances, be construed or considered to create an employer-employee relationship or a joint venture.

Grantee, its agents, officers, and employees are, and at all times during the term of this Agreement shall, represent and conduct themselves as an independent Contractor, and not as employees of the Commission.

**16. TITLE TO PROPERTY:** At the conclusion of this Agreement, title to all expendable and nonexpendable personal or real property purchased with Commission funds shall vest with the Grantee if written certification is made to the Commission that the property will continue to be used for grant-related purposes and the Commission approves such certification in writing.

If the above-noted certification is not made or the Commission disapproves such certification, title to all property with an aggregate or individual value of \$1,500 or more shall vest with the Commission; in that event, the Grantee shall await and follow specific written instructions from the Commission regarding transfer of title or disposition of the property.

**17. AMENDMENT:** This Agreement may be amended or modified only by written agreement of all parties.

**18. AUTHORITY TO AGREEMENT:** The undersigned person warrants that he or she has the authority to enter into this Agreement on behalf of the Grantee.

**19. JURISDICTION AND VENUE:** This Agreement shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue shall be in Mono County, California.

**20. INDEMNIFICATION:**

Grantee shall defend with counsel acceptable to County, indemnify, and hold harmless, Mono County and the Mono County Children and Families Commission and their agents, officers, and employees, from and against all claims, damages, losses, judgments, liabilities, expenses, and other costs, including litigation costs and attorney's fees, arising out of, resulting from or in connection with, the performance of this Agreement by Grantee, or Grantee's agents, officers, or employees. Grantee's obligation to defend, indemnify, and hold the County, of Mono and the Commission, their agents, officers, and employees harmless applies to any actual or alleged personal injury, death, damage or destruction to tangible or intangible property, including the loss of use. Grantee's obligation under this paragraph extends to any claim, damage, loss, liability, expense, or other costs that are caused in whole or in part by any act or omission of the Grantee, its agents, employees, supplier, or anyone directly or indirectly employed by any of them, or anyone for whose acts or omissions any of them may be liable.

Grantee's obligation to defend, indemnify, and hold the County of Mono and the Mono County Children and Families Commission, their agents, officers, and employees harmless under the provisions of this paragraph is not limited to, or restricted by, any requirement in this Agreement for Grantee to procure and maintain a policy of insurance.

**21. COMPLIANCE WITH APPLICABLE LAWS:** The Grantee shall comply with any and all state and local laws affecting the services covered by this Agreement.

**22. NOTICES:** Notices shall be sent, first class mail, to Commission at the following location:

**Mono County Children and Families Commission  
P.O. Box 130  
Mammoth Lakes, California 93546**

Notices shall be sent, first class mail, to Grantee at the following address:

**Mammoth Unified School District Superintendent  
P.O. Box 3209  
Mammoth Lakes, California 93546**

**23. TAX STATUS:** A Grantee, which is a nonprofit organization, shall possess a "Letter of Good Standing" from the Secretary of State's Office and covenants that it will keep such status in effect during the full term of this agreement.



**24. ACKNOWLEDGEMENT OF FUNDS:** Grantee shall acknowledge the grant from the Mono County Children and Families Commission in all statements or printed materials funded with grant monies. The acknowledgement shall be worded as follows: *Made possible by a grant from First 5 Mono County.*

**25. ENTIRE AGREEMENT AND AMENDMENT:** This Agreement and its attachments contain the entire understanding and agreement of the parties and there have been no promises, representations, agreements, warranties or undertakings by any of the parties, either oral or written, of any character or nature hereafter binding except as set for herein. This Agreement may be altered, amended or modified by writing signed by both of the parties and by no other means.

**26. EXECUTION OF COUNTERPARTS:** This Agreement may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original, and all such counterparts, or as many of them as the parties shall preserve, shall together constitute one and the same instrument.

**APPROVED BY:**

**Mono County Children & Families Commission**

**Mammoth Unified School District**

By: \_\_\_\_\_  
Commission Chair

By: \_\_\_\_\_  
Lois Klein, Superintendent

*APPROVED AS TO FORM:*

\_\_\_\_\_  
County Counsel for Commission

## Exhibit A

### **SCOPE OF WORK: MAMMOTH ELEMENTARY SCHOOL**

It is the mission of Mammoth Elementary School (MES) to work together with parents and community to educate and motivate all students to achieve their individual academic, physical, emotional and social potential, in a caring, safe environment. It is Mammoth Elementary School's responsibility to educate children from kindergarten through grade five.

**Through Commission Funding, Mammoth Elementary School will continue its transition to kindergarten activities with parents and preschools and provide data and supporting documentation for local evaluation.**

#### **Service Delivery:**

- Provide annual Kindergarten Round-Up at MES, presenting information on registration and school requirements in English and Spanish.
- Apply a kindergarten assessment tool in the fall of each school-year within one month of the first day of school, to screen assess the success of school readiness programs.
- Implement a formal pre-kindergarten Summer Bridge Transition Program on site at Mammoth Elementary School, consisting of up to five (5) 2-week classes per session, with a maximum of 15 students per class. Each 2-week class shall consist of not less than nine (9) days and not more than ten (10) days. Each day shall consist of approximately three (3) to three and one half (3.5) hours of instruction time. Variations may be permitted with the express permission of the Commission.
- The purpose of the Summer Bridge Transition Program is to help children and their parents prepare for kindergarten entry. Children who are deemed, via a pre-kindergarten assessment tool, to demonstrate a lack of kindergarten readiness will receive priority enrollment in Summer Bridge. All other children may be eligible to attend based upon space available.
- Coordinate with Commission to maximize outreach to young children and their families.
- Work with Commission to improve outreach to parents and others in pre-kindergarten settings, with information and educational materials related to kindergarten readiness and transition. In particular, emphasize expanded outreach for Kindergarten Round-up.

#### **Evaluation:**

- Offer an annual Kindergarten assessment to all children within one month of entry into kindergarten.
- Participate in tracking the impact of Kindergarten Round-up and the Summer Bridge Transition Program through teacher feedback surveys.
- Where appropriate, collect and assist in the longitudinal analysis of academic assessment data on MES second-graders (via standardized tests) to determine the difference in academic performance of those who participated in school readiness activities versus those who did not.

## Exhibit B

### **Performance Standards**

The Grantee shall carry out this agreement in accordance with the following standards:

1. The Grantee will maintain timely and accurate records reflecting service levels, participant characteristics, service outcomes and expenditures under the terms of this Agreement.
2. The Mono County Children and Families Commission staff will provide the Grantee assistance and guidance in the performance of this Agreement.
3. The Grantee lead program contact will be the Mammoth Elementary School Principal who will be responsible for carrying out and reporting achievement of project expectations and outcomes.
4. The Grantee will work with the Commission in its evaluation of the project activities.
5. The Grantee will report on project progress, outcomes and expenses using the following reports due to the CFC office on the indicated dates:

Report	Due Date
	Annually
• Submission of kindergarten Student Rosters to First 5 staff.	<i>Sept. 30</i>
• Submission of In-Kindergarten Teacher Surveys to First 5 staff.	<i>Sept. 30</i>
• Submission of Kindergarten Assessment data to First 5 staff.	<i>Sept 30</i>
• Submission of Academic Performance results of second graders, as appropriate and in consultation with Commission	<i>May 30</i>
• Submission of Summer Bridge Student Rosters and Program Surveys to First 5 staff.	<i>July 15</i>
• Annual Expenditure Report (Exhibit C)	<i>July 31</i>
• Annual Program Narrative (Exhibit D)	<i>July 31</i>

## Exhibit C

### ANNUAL PROJECT BUDGET

(July 1 through June 30)

#### Personnel Expenses

**Commission Funds:** **\$8,825**

<i>Teachers to conduct Fall K Assessments</i>	
• <i>Teacher salary and benefits for conducting school readiness assessments</i>	<i>\$2,025</i>
<i>Teachers for Summer Bridge Transition Program</i>	
• <i>Teacher salary and benefits, including up to 8 prep hours per teacher, not to exceed \$1,700 per teacher</i>	<i>\$6,8000</i>
•	

#### Operating Expenses

**Commission Funds:** **\$1,175**

• <i>Supplies/curriculum/books/materials or Transportation for Summer Transition Program</i>	<i>\$1,175</i>
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### TOTAL EXPENSES

Commission Funds: **\$10,000**



## Exhibit C

### EXPENDITURE REPORT

**FOR FISCAL YEAR:** \_\_\_\_\_

*This page to accompany each report submitted*

### MAMMOTH UNIFIED SCHOOL DISTRICT - GRANT EXPENSES

*For Commission Funds expended this period, please provide a justification/description of your expenses for each item below.*

Expense Item A	Justification/Description B	Actual SR Expenses C
<b>Personnel</b>		\$
Teacher salary and benefits or substitute cost for k assessments		\$
Teacher salary and benefits for Summer Bridge		\$
<b>Operating/Supplies</b>		\$
Supplies/Curriculum/Books/Materials for Summer Bridge		\$
<b>Total</b>		\$

Please submit substantiating documentation alongside this report to the Commission. When an expense item exceeds \$1,000, please submit receipts or invoices.

***I certify the information above to be true and correct:***

\_\_\_\_\_  
*Program Officer*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

## Exhibit D

### ANNUAL PROGRAM NARRATIVE

#### MUSD - Mammoth Elementary School

Person(s) Completing this data \_\_\_\_\_ for Fiscal Year: \_\_\_\_\_

1. Please work with the Commission staff to provide a summary of funded activities that occurred during the year and any notes or comments on these activities:

<b>Provide annual Kindergarten Round-Up at MES.</b>
<i>Dates of events, including number of participants, what went well, and recommendations for future Round-Ups</i>
<b>Implement a pre-Kindergarten Summer Bridge Transition Program.</b> <ul style="list-style-type: none"><li>▪ <b>Work with Commission on transitioning children into kindergarten.</b></li><li>▪ <b>Implement a follow-up readiness assessment to gauge the impact of the transition program.</b></li></ul>
<i>Dates of program; # children identified to participate in Bridge program and # who actually participated; comments on effectiveness of Bridge Program; recommendations for changes and improvements.</i>
<b>Implement annual SR Kindergarten Assessments for all children within 1 month of entry into kindergarten.</b>
<ul style="list-style-type: none"><li>▪ # children assessed and any comments on assessment process(es).</li><li>▪ Please submit the K Assessments to the First 5 Office, with identifying information deleted, for compilation and analysis of results.</li></ul>
<b>Track impact of Kindergarten Round-up and Summer Bridge Program.</b>
<ul style="list-style-type: none"><li>▪ Assist Commission in the implementation and analysis of Teachers surveys.</li><li>▪ Where appropriate, collect and assist in the longitudinal analysis of academic assessment data on MES third-graders (via standardized tests) to determine the difference in academic performance of those who participated in school readiness activities versus those who did not.</li></ul>



**Bob Gardner**  
Commission Chair  
Mono County Board of  
Supervisors

**Dr. Tom Boo**  
Commission Vice-Chair  
Mono County Health Officer

**Jeanne Sassin**  
Commission Secretary  
Teacher  
Lee Vining Elementary School

**Stacey Adler, PhD**  
Mono County Superintendent of  
Schools

**Bertha Jimenez**  
Case Manager III  
Mono County Behavioral Health

**Patricia Robertson**  
Grant and Financial Associate  
Mammoth Lakes Housing

June 21, 2018

Anastasia Danielson  
Mono County Library Director  
Mammoth Lakes Library  
PO Box 1120  
Mammoth Lakes, California 93546

**RE: Fiscal Year 2018-19 Agreement Extension for Raising A Reader Services**

Dear Ms. Danielson:

The purpose of this letter is to offer a one year extension of the Agreement between First 5 Mono County and the Mono County Library Authority for the provision of Raising A Reader early literacy services. As provided in Paragraph 4 of the Agreement dated June 3, 2016, the Agreement may be extended for subsequent one-year terms pursuant to the same terms and conditions set forth in the Agreement, by mutual agreement of the Parties. Please sign below to reflect your agreement.

**APPROVED BY:**

**Mono County Children & Families Commission**

**Mono County Library Authority**

By: \_\_\_\_\_  
Commission Chair

By: \_\_\_\_\_  
Anastasia Danielson

**APPROVED AS TO FORM:**

\_\_\_\_\_  
County Counsel for Commission

Attachment: Agreement # CFC-MCLA-16-17 July 1– June 30

**AGREEMENT BETWEEN COUNTY OF MONO ON BEHALF OF ITS BEHAVIORAL HEALTH  
DEPARTMENT AND THE MONO COUNTY CHILDREN AND FAMILIES COMMISSION  
FOR THE PROVISION OF NEW PARENT SUPPORT GROUP SERVICES**

**INTRODUCTION**

WHEREAS, the County of Mono (hereinafter referred to as "County") may have the need for the NEW PARENT SUPPORT GROUP SERVICES of the MONO COUNTY CHILDREN AND FAMILIES COMMISSION of Mammoth Lakes, CA (hereinafter referred to as "Contractor"), and in consideration of the mutual promises, covenants, terms and conditions hereinafter contained, the parties hereby agree as follows:

**TERMS AND CONDITIONS**

**1. SCOPE OF WORK**

The Contractor shall furnish to the County, upon its request, those services and work set forth in Attachment A, attached hereto and by reference incorporated herein. Requests by the County to the Contractor to perform under this Agreement will be made by the Director of BEHAVIORAL HEALTH, or an authorized representative thereof. Requests to the Contractor for work or services to be performed under this Agreement will be based upon the County's need for such services. The County makes no guarantee or warranty, of any nature, that any minimum level or amount of services or work will be requested of the Contractor by the County under this Agreement. By this Agreement the County incurs no obligation or requirement to request from Contractor the performance of any services or work at all, even if the County should have some need for such services or work during the term of this Agreement.

Services and work provided by the Contractor at the County's request under this Agreement will be performed in a manner consistent with the requirements and standards established by applicable federal, state, and county laws, ordinances, and resolutions. Such laws, ordinances, regulations, and resolutions include, but are not limited to, those that are referred to in this Agreement.

This Agreement is subject to the following Exhibits (as noted) which are attached hereto, following all referenced Attachments, and incorporated by this reference. In the event of a conflict between the terms of an attached Exhibit and this Agreement, the terms of the Exhibit shall govern:

- ☐ **Exhibit 1:** General Conditions (Construction)
- ☐ **Exhibit 2:** Prevailing Wages
- ☐ **Exhibit 3:** Bond Requirements
- ☐ **Exhibit 4:** Invoicing, Payment, and Retention
- ☐ **Exhibit 5:** Trenching Requirements
- ☐ **Exhibit 6:** FHWA Requirements
- ☐ **Exhibit 7:** CDBG Requirements
- ☒ **Exhibit 8:** HIPAA Business Associate Agreement
- ☐ **Exhibit 9:** Other \_\_\_\_\_

**2. TERM**

The term of this Agreement shall be from JULY 1, 2018, to JUNE 30, 2021, unless sooner terminated as provided below.



### 3. CONSIDERATION

A. Compensation. County shall pay Contractor in accordance with the Schedule of Fees (set forth as Attachment B) for the services and work described in Attachment A that are performed by Contractor at County's request.

B. Travel and Per Diem. Contractor will not be paid or reimbursed for travel expenses or per diem that Contractor incurs in providing services and work requested by the County under this Agreement, unless otherwise provided for in Attachment B.

C. No Additional Consideration. Except as expressly provided in this Agreement, Contractor shall not be entitled to, nor receive, from County, any additional consideration, compensation, salary, wages, or other type of remuneration for services rendered under this Agreement. Specifically, Contractor shall not be entitled, by virtue of this Agreement, to consideration in the form of overtime, health insurance benefits, retirement benefits, disability retirement benefits, sick leave, vacation time, paid holidays, or other paid leaves of absence of any type or kind whatsoever.

D. Limit upon amount payable under Agreement. The total sum of all payments made by the County to Contractor for services and work performed under this Agreement shall not exceed \$40,000 in any 12 month period (hereinafter referred to as "Contract Limit"). County expressly reserves the right to deny any payment or reimbursement requested by Contractor for services or work performed that is in excess of the Contract Limit.

E. Billing and Payment. Contractor shall submit to the County, on a monthly basis, an itemized statement of all services and work described in Attachment A, which were done at the County's request. The statement to be submitted will cover the period from the first (1st) day of the preceding month through and including the last day of the preceding month. Alternatively, Contractor may submit a single request for payment corresponding to a single incident of service or work performed at the County's request. All statements submitted in request for payment shall identify the date on which the services and work were performed and describe the nature of the services and work which were performed on each day. Invoicing shall be informative but concise regarding services and work performed during that billing period. Upon finding that Contractor has satisfactorily completed the work and performed the services as requested, the County shall make payment to Contractor within 30 days of its receipt of the itemized statement. Should the County determine the services or work have not been completed or performed as requested and/or should Contractor produce an incorrect statement, the County shall withhold payment until the services and work are satisfactorily completed or performed and/or the statement is corrected and resubmitted.

F. Federal and State Taxes.

(1) Except as provided in subparagraph (2) below, County will not withhold any federal or state income taxes or social security from any payments made by County to Contractor under the terms and conditions of this Agreement.

(2) County shall withhold California state income taxes from payments made under this Agreement to non-California resident independent contractors when it is anticipated that total annual payments to Contractor under this Agreement will exceed one thousand four hundred ninety-nine dollars (\$1,499.00).

(3) Except as set forth above, County has no obligation to withhold any taxes or payments from sums paid by County to Contractor under this Agreement. Payment of all taxes and other assessments on

such sums is the sole responsibility of Contractor. County has no responsibility or liability for payment of Contractor's taxes or assessments.

(4) The total amounts paid by County to Contractor, and taxes withheld from payments to non-California residents, if any, will be reported annually to the Internal Revenue Service and the California State Franchise Tax Board.

#### **4. WORK SCHEDULE**

Contractor's obligation is to perform, in a timely manner, those services and work identified in Attachment A that are requested by the County. It is understood by Contractor that the performance of these services and work will require a varied schedule. Contractor, in arranging his/her schedule, will coordinate with County to ensure that all services and work requested by County under this Agreement will be performed within the time frame set forth by County.

#### **5. REQUIRED LICENSES, CERTIFICATES, AND PERMITS**

Any licenses, certificates, or permits required by the federal, state, county, or municipal governments, for Contractor to provide the services and work described in Attachment A must be procured by Contractor and be valid at the time Contractor enters into this Agreement. Further, during the term of this Agreement, Contractor must maintain such licenses, certificates, and permits in full force and effect. Licenses, certificates, and permits may include, but are not limited to, driver's licenses, professional licenses or certificates, and business licenses. Such licenses, certificates, and permits will be procured and maintained in force by Contractor at no expense to the County. Contractor will provide County, upon execution of this Agreement, with evidence of current and valid licenses, certificates and permits that are required to perform the services identified in Attachment A. Where there is a dispute between Contractor and County as to what licenses, certificates, and permits are required to perform the services identified in Attachment A, County reserves the right to make such determinations for purposes of this Agreement.

#### **6. OFFICE SPACE, SUPPLIES, EQUIPMENT, ETC**

The Contractor shall provide such office space, supplies, equipment, vehicles, reference materials, support services and telephone service as is necessary for Contractor to provide the services identified in Attachment A to this Agreement. County is not obligated to reimburse or pay Contractor for any expense or cost incurred by Contractor in procuring or maintaining such items. Responsibility for the costs and expenses incurred by Contractor in providing and maintaining such items is the sole responsibility and obligation of Contractor.

#### **7. COUNTY PROPERTY**

A. Personal Property of County. Any personal property such as, but not limited to, protective or safety devices, badges, identification cards, keys, uniforms, vehicles, reference materials, furniture, appliances, etc. provided to Contractor by County pursuant to this Agreement is, and at the termination of this Agreement remains, the sole and exclusive property of the County. Contractor will use reasonable care to protect, safeguard and maintain such items while they are in Contractor's possession. Contractor will be financially responsible for any loss or damage to such items, partial or total, that is the result of Contractor's negligence.

B. Products of Contractor's Work and Services. Any and all compositions, publications, plans, designs, specifications, blueprints, maps, formulas, processes, photographs, slides, videotapes, computer programs, computer disks, computer tapes, memory chips, soundtracks, audio recordings, films, audio-visual presentations, exhibits, reports, studies, works of art, inventions, patents, trademarks, copyrights, or intellectual properties of any kind that are created, produced, assembled, compiled by, or are the result,

product, or manifestation of, Contractor's services or work under this Agreement are, and at the termination of this Agreement remain, the sole and exclusive property of the County. At the termination of the Agreement, Contractor will convey possession and title to all such properties to County.

## 8. WORKERS' COMPENSATION

Contractor shall provide Statutory Workers' Compensation insurance coverage and Employer's Liability coverage for not less than \$1 million (\$1,000,000.00) per occurrence for all employees engaged in services or operations under this Agreement. Any insurance policy limits in excess of the specified minimum limits and coverage shall be made available to County as an additional insured. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of County for all work performed by Contractor, its employees, agents, and subcontractors.

## 9. INSURANCE

A. Contractor shall procure and maintain, during the entire term of this Agreement or, if work or services do not begin as of the effective date of this Agreement, commencing at such other time as may be authorized in writing by the County Risk Manager, the following insurance (as noted) against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by Contractor, its agents, representatives, employees, or subcontractors:

- ☒ General Liability. A policy of Comprehensive General Liability Insurance which covers all the work and services to be performed by Contractor under this Agreement, including operations, products and completed operations, property damage, bodily injury (including death) and personal and advertising injury. Such policy shall provide limits of not less than \$1,000,000.00 per claim or occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project or the general aggregate limit shall be twice the required occurrence limit.
- ☒ Automobile/Aircraft/Watercraft Liability Insurance. A policy of Comprehensive Automobile/Aircraft/Watercraft Liability Insurance for bodily injury (including death) and property damage which provides total limits of not less than \$1,000,000.00 per claim or occurrence applicable to all owned, non-owned and hired vehicles/aircraft/watercraft. If the services provided under this Agreement include the transportation of hazardous materials/wastes, then the Automobile Liability policy shall be endorsed to include Transportation Pollution Liability insurance covering materials/wastes to be transported by Contractor pursuant to this Agreement. Alternatively, such coverage may be provided in Contractor's Pollution Liability policy.
- ☐ Professional Errors and Omissions Liability Insurance. A policy of Professional Errors and Omissions Liability Insurance appropriate to Contractor's profession in an amount of not less than \$1,000,000.00 per claim or occurrence/ \$2,000,000.00 general aggregate. If coverage is written on a claims-made form then: (1) the "retro date" must be shown, and must be before the beginning of contract work; (2) insurance must be maintained and evidence of insurance must be provided for at least five years after completion of the contract work; and (3) if coverage is cancelled or non-renewed, and not replaced with another claims-made policy form with a "retro date" prior to the contract effective date, then Contractor must purchase "extended reporting" coverage for a minimum of five years after completion of contract work.

- ☐ Pollution Liability Insurance. A policy of Comprehensive Contractors Pollution Liability coverage applicable to the work being performed and covering Contractor's liability for bodily injury (including death), property damage, and environmental damage resulting from "sudden accidental" or "gradual" pollution and related cleanup costs arising out of the work or services to be performed under this Agreement. Coverage shall provide a limit no less than \$1,000,000.00 per claim or occurrence/ \$2,000,000.00 general aggregate. If the services provided involve lead-based paint or asbestos identification/remediation, the Pollution Liability policy shall not contain lead-based paint or asbestos exclusions.

B. Coverage and Provider Requirements. Insurance policies shall not exclude or except from coverage any of the services and work required to be performed by Contractor under this Agreement. The required polic(ies) of insurance shall be issued by an insurer authorized to sell such insurance by the State of California, and have at least a "Best's" policyholder's rating of "A" or "A+". Prior to commencing any work under this agreement, Contractor shall provide County: (1) a certificate of insurance evidencing the coverage required; (2) an additional insured endorsement for general liability applying to the County of Mono, its agents, officers and employees made on ISO form CG 20 10 11 85, or providing equivalent coverage; and (3) a notice of cancellation or change of coverage endorsement indicating that the policy will not be modified, terminated, or canceled without thirty (30) days written notice to the County.

C. Deductible, Self-Insured Retentions, and Excess Coverage. Any deductibles or self-insured retentions must be declared and approved by Mono County. If possible, the Insurer shall reduce or eliminate such deductibles or self-insured retentions with respect to Mono County, its officials, officers, employees, and volunteers; or the Contractor shall provide evidence satisfactory to Mono County guaranteeing payment of losses and related investigations, claim administration, and defense expenses. Any insurance policy limits in excess of the specified minimum limits and coverage shall be made available to County as an additional insured.

D. Subcontractors. Contractor shall require and verify that all subcontractors maintain insurance (including Workers' Compensation) meeting all the requirements stated herein and that County is an additional insured on insurance required of subcontractors.

## 10. STATUS OF CONTRACTOR

All acts of Contractor, its agents, officers, and employees, relating to the performance of this Agreement, shall be performed as an independent contractor, and not as an agent, officer, or employee of the County. Contractor, by virtue of this Agreement, has no authority to bind or incur any obligation on behalf of, or exercise any right or power vested in, the County, except as expressly provided by law or set forth in Attachment A. No agent, officer, or employee of the County is to be considered an employee of Contractor. It is understood by both Contractor and County that this Agreement shall not, under any circumstances, be construed to create an employer-employee relationship or a joint venture. As an independent contractor:

A. Contractor shall determine the method, details, and means of performing the work and services to be provided by Contractor under this Agreement.

B. Contractor shall be responsible to County only for the requirements and results specified in this Agreement, and except as expressly provided in this Agreement, shall not be subjected to County's control with respect to the physical action or activities of Contractor in fulfillment of this Agreement.

C. Contractor, its agents, officers and employees are, and at all times during the term of this Agreement shall represent and conduct themselves as, independent contractors, and not employees of County.



## **11. DEFENSE AND INDEMNIFICATION**

Contractor shall defend with counsel acceptable to County, indemnify, and hold harmless County, its agents, officers, and employees from and against all claims, damages, losses, judgments, liabilities, expenses, and other costs, including litigation costs and attorney's fees, arising out of, resulting from or in connection with, the performance of this Agreement by Contractor, or Contractor's agents, officers, or employees. Contractor's obligation to defend, indemnify, and hold the County, its agents, officers, and employees harmless applies to any actual or alleged personal injury, death, damage or destruction to tangible or intangible property, including the loss of use. Contractor's obligation under this paragraph extends to any claim, damage, loss, liability, expense, or other costs that are caused in whole or in part by any act or omission of the Contractor, its agents, employees, supplier, or anyone directly or indirectly employed by any of them, or anyone for whose acts or omissions any of them may be liable.

Contractor's obligation to defend, indemnify, and hold the County, its agents, officers, and employees harmless under the provisions of this paragraph is not limited to, or restricted by, any requirement in this Agreement for Contractor to procure and maintain a policy of insurance and shall survive any termination or expiration of this Agreement.

## **12. RECORDS AND AUDIT**

A. Records. Contractor shall prepare and maintain all records required by the various provisions of this Agreement, federal, state, county, municipal, ordinances, regulations, and directions. Contractor shall maintain these records for a minimum of four (4) years from the termination or completion of this Agreement. Contractor may fulfill its obligation to maintain records as required by this paragraph by substitute photographs, micrographs, or other authentic reproduction of such records.

B. Inspections and Audits. Any authorized representative of County shall have access to any books, documents, papers, records, including, but not limited to, financial records of Contractor, that County determines to be pertinent to this Agreement, for the purposes of making audit, evaluation, examination, excerpts, and transcripts during the period such records are to be maintained by Contractor. Further, County has the right, at all reasonable times, to audit, inspect, or otherwise evaluate the work performed or being performed under this Agreement.

## **13. NONDISCRIMINATION**

During the performance of this Agreement, Contractor, its agents, officers, and employees shall not unlawfully discriminate in violation of any federal, state, or local law, against any employee, or applicant for employment, or person receiving services under this Agreement, because of race, religious creed, color, ancestry, national origin, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation. Contractor and its agents, officers, and employees shall comply with the provisions of the Fair Employment and Housing Act (Government Code section 12900, et seq.), and the applicable regulations promulgated thereunder in the California Code of Regulations. Contractor shall also abide by the Federal Civil Rights Act of 1964 (P.L. 88-352) and all amendments thereto, and all administrative rules and regulations issued pursuant to said Act.

## **14. TERMINATION**

This Agreement may be terminated by County without cause, and at will, for any reason by giving to Contractor thirty (30) calendar days written notice of such intent to terminate. Contractor may terminate this Agreement without cause, and at will, for any reason whatsoever by giving to County thirty (30) calendar days written notice of such intent to terminate.

Notwithstanding the foregoing, if this Agreement is subject to General Conditions (set forth as an Exhibit hereto), then termination shall be in accordance with the General Conditions and this paragraph 14 shall not apply.

## **15. ASSIGNMENT**

This is an agreement for the personal services of Contractor. County has relied upon the skills, knowledge, experience, and training of Contractor as an inducement to enter into this Agreement. Contractor shall not assign or subcontract this Agreement, or any part of it, without the express written consent of the County. Further, Contractor shall not assign any moneys due or to become due under this Agreement without the prior written consent of the County.

## **16. DEFAULT**

If the Contractor abandons the work, or fails to proceed with the work and services requested by the County in a timely manner, or fails in any way as required to conduct the work and services as required by the County, the County may declare the Contractor in default and terminate this Agreement upon five (5) days written notice to Contractor. Upon such termination by default, County will pay to Contractor all amounts owing to Contractor for services and work satisfactorily performed to the date of termination.

## **17. WAIVER OF DEFAULT**

Waiver of any default by either party to this Agreement shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of this Agreement shall not be deemed to be a waiver of any other or subsequent breach, and shall not be construed to be a modification of the terms of this Agreement unless this Agreement is modified as provided in paragraph 23 below.

## **18. CONFIDENTIALITY**

Contractor agrees to comply with various provisions of the federal, state, and county laws, regulations, and ordinances providing that information and records kept, maintained, or accessible by Contractor in the course of providing services and work under this Agreement, shall be privileged, restricted, or confidential. Contractor agrees to keep confidential, all such privileged, restricted or confidential information and records obtained in the course of providing the work and services under this Agreement. Disclosure of such information or records shall be made by Contractor only with the express written consent of the County.

## **19. CONFLICTS**

Contractor agrees that he/she has no interest, and shall not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance of the work and services under this Agreement. Contractor agrees to complete and file a conflict-of-interest statement.

## **20. POST-AGREEMENT COVENANT**

Contractor agrees not to use any confidential, protected, or privileged information that is gained from the County in the course of providing services and work under this Agreement, for any personal benefit, gain, or enhancement. Further, Contractor agrees for a period of two (2) years after the termination of this Agreement, not to seek or accept any employment with any entity, association, corporation, or person who, during the term of this Agreement, has had an adverse or conflicting interest with the County, or who has been an

adverse party in litigation with the County, and concerning such, Contractor by virtue of this Agreement has gained access to the County's confidential, privileged, protected, or proprietary information.

## **21. SEVERABILITY**

If any portion of this Agreement or application thereof to any person or circumstance shall be declared invalid by a court of competent jurisdiction, or if it is found in contravention of any federal, state, or county statute, ordinance, or regulation, the remaining provisions of this Agreement, or the application thereof, shall not be invalidated thereby, and shall remain in full force and effect to the extent that the provisions of this Agreement are severable.

## **22. FUNDING LIMITATION**

The ability of the County to enter into this Agreement is based upon available funding from various sources. In the event that such funding fails, is reduced, or is modified, from one or more sources, County has the option to terminate, reduce, or modify this Agreement, or any of its terms within ten (10) days of notifying Contractor of the termination, reduction, or modification of available funding. Any reduction or modification of this Agreement effective pursuant to this provision must comply with the requirements of paragraph 23.

## **23. AMENDMENT**

This Agreement may be modified, amended, changed, added to, or subtracted from, by the mutual consent of the parties hereto, if such amendment or change order is in written form, and executed with the same formalities as this Agreement or in accordance with delegated authority therefor, and attached to the original Agreement to maintain continuity.

## **24. NOTICE**

Any notice, communication, amendments, additions or deletions to this Agreement, including change of address of any party during the term of this Agreement, which Contractor or County shall be required, or may desire to make, shall be in writing and may be personally served, or sent by prepaid first-class mail or email (if included below) to the respective parties as follows:

County of Mono:

Behavioral Health Department  
Attn: Robin K. Roberts, MFT - Behavioral Health Director  
P.O. Box 2619  
Mammoth Lakes, Ca. 93546

Contractor:

The Mono County Children and Families Commission  
Attn: Molly DesBaillets, Director  
P.O. Box 130  
Mammoth Lakes, CA 93546

## **25. ENTIRE AGREEMENT**

This Agreement contains the entire agreement of the parties, and no representations, inducements, promises, or agreements otherwise between the parties not embodied herein or incorporated herein by reference, shall

be of any force or effect. Further, no term or provision hereof may be changed, waived, discharged, or terminated, unless executed in writing by the parties hereto.

**IN WITNESS THEREOF, THE PARTIES HERETO HAVE SET THEIR HANDS AND  
SEALS THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.**

**COUNTY OF MONO**

**CONTRACTOR**

By: \_\_\_\_\_

By: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Taxpayer's Identification or Social Security  
Number: \_\_\_\_\_

APPROVED AS TO FORM:

\_\_\_\_\_  
County Counsel

APPROVED BY RISK MANAGEMENT:

\_\_\_\_\_  
Risk Manager



## **ATTACHMENT A**

### **AGREEMENT BETWEEN COUNTY OF MONO ON BEHALF OF ITS BEHAVIORAL HEALTH DEPARTMENT AND THE MONO COUNTY CHILDREN AND FAMILIES COMMISSION FOR THE PROVISION OF NEW PARENT SUPPORT GROUP SERVICES**

#### **TERM:**

**FROM: July 1, 2018**

**TO: June 30, 2021**

#### **SCOPE OF WORK:**

Contractor shall perform the following work and services upon County's request:

Contractor shall hire, train, and provide administrative oversight to group facilitators, who will provide services including the establishment, facilitation, coordination, and development of new parent support groups (hereinafter referred to as "Support Groups" or "Peapod Playgroups") in a manner that is consistent with the Mono County's Mental Health Services Act ("MHSA") Innovation Project.

The focus of the project is on the development of Support Groups countywide to enhance the mental health and stability of new parents. The learning goal will be to discover which strategies are most effective at encouraging utilization of local mental health services for various populations. The project will seek to increase the access to, and provide a forum for, "underserved" groups of new parents in all areas of Mono County by providing support groups to these persons. The identification of such persons shall be made by Contractor in consultation with the Mono County Behavioral Health Department.

The Support Groups will contribute to learning in a variety of ways, including fostering early recognition of emergent post-partum and other mental disorders and through provision of a forum for open and frank discussion of mental health issues (de-stigmatization), where seeking assistance for mental health problems/issues is encouraged and normalized. The program will also provide a safe and secure setting for these parents to engage in discussion of mental health issues and issues facing new parents; work to increase the knowledge and confidence of new parents; and provide a forum to encourage new parents to gain stronger ties and connection to their community.

Topics that will be covered in each new parent support group will include: basic mental health issues, parenting skills and strategies, how to incorporate an infant into existing family structure, breastfeeding support, how to recognize the early signs of depression and other pre- and post-partum mental health issues, nutrition, and discussion of area resources for assistance. By presenting information about mental health within the same context that information is provided about parenting issues, the project seeks to de-stigmatize the use of local mental health services.

County shall provide mental health training for Contractor's staff or subcontractors providing these services, as needed to meet the terms and conditions of the MHSA project. In addition, Funding will be available via the County to provide mental health support for individuals identified in the Support Groups as needing mental health services and who have no other identified payor source. Contractor will work with individuals identified through the Support Groups as persons needing mental health services by referring and encouraging them to contact Mono County Behavioral Health. Any such contact and referral shall be kept confidential from other group members, if

communicated to Contractor outside of a group session. It is understood that contact and referral information made during a group session will be communicated to all group participants.

While providing these services, Contractor will also be evaluating Support Group participants for mental health and other service referral and observing and reporting on the success of the group setting for distribution of, and information about, mental health services.

It is expected that Contractor will collaborate with Mono County Behavioral Health, Mono County Public Health, Mono County Department of Social Services, Mammoth Hospital, and the Mono County Superintendent of Schools. Contractor shall establish primary contacts with each of these agencies to facilitate the goals of this program.

### **Frequency of Groups**

Contractor shall ensure that each Support Group is administered for a minimum of ten (10) sessions of at least one (1) hour each. Support Groups may continue beyond ten sessions if Contractor and County determine that the Support Group is effectively furthering the goals of the Peapod project and that such continuation is not in conflict with the administration of other Support Groups required under this Agreement.

The goal of this Agreement is that Contractor will conduct the following number of Support Groups, in the location and in the language specified, unless a lack of need or other circumstances prevents this specific goal from being reached. At a minimum, the following groups will occur:

- Four (4) ten-session English speaking Support Groups will be administered in Mammoth Lakes.
- Four (4) ten-session Spanish speaking Support Groups will be administered in Mammoth Lakes.
- Four (4) ten-session English Support Groups will be administered in the Northern part of Mono County, serving Walker/Coleville, Bridgeport, Lee Vining, and/or June Lake.
- Four (4) ten-session English Support Groups will be administered in the Southeastern part of Mono County, to include Crowley Lake, Chalfant, and/or Benton.

Contractor shall secure adequate space for Support Group meetings and shall provide all materials, supplies, and food for each Support Group. North County Support Groups may use the Antelope Valley Wellness Center, owned and managed by County, provided that Support Groups do not conflict with other scheduled activities.

Contractor shall collect and maintain data from both weekly and Support-Group-end participant surveys and evaluate it locally to determine trends. During the span of this project, Contractor will use feedback from group leaders and participants to alter the Support Groups so that they come as close as possible to meeting participant needs.

Contractor will collect and maintain data, on designated meeting-record forms, on all referrals made during the group session including the agency the client was referred to, the reason for the referral, and, whenever possible, whether or not the referral was accessed. (e.g.: Public Health, Behavioral

Health, Mammoth Hospital, etc.) Contractor will determine if there are strategies that work better with certain participants to encourage continued attendance at the Support Groups, as well as utilization of mental health resources. Feedback from group leaders and participants will be used to alter Support Groups, as needed, so that they come as close as possible to meeting participant needs.

Data shall be turned submitted to County twice annually, along with the Contractor's request for payment for the second and fourth quarters.

## **ATTACHMENT B**

### **AGREEMENT BETWEEN COUNTY OF MONO ON BEHALF OF ITS BEHAVIORAL HEALTH DEPARTMENT AND THE MONO COUNTY CHILDREN AND FAMILIES COMMISSION FOR THE PROVISION OF NEW PARENT SUPPORT GROUP SERVICES**

#### **TERM:**

**FROM: July 1, 2018**

**TO: June 30, 2021**

#### **SCHEDULE OF FEES:**

Contractor shall be paid up to \$40,000 per fiscal year for services performed pursuant to this Agreement.

Verification and certification that this work was performed will be made by the County and payment will be made thereafter pursuant to paragraph 3.E of the Agreement. Verification may include a review of invoices, proof of payment made to facilitators and group leaders, training expenses, rent, and other ancillary and related expenses, including but not limited to overhead and coordination fees not to exceed 15% of expenditures for the quarter, unless otherwise approved in writing by the Behavioral Health Director, in furtherance of the Scope of Work.

Contractor is responsible for managing the amount of funds in a manner that all of the required work and services are performed within the contract limit. It is expected that Contractor will pay customary and reasonable amounts or stipends for services, equipment, supplies, and related expenses necessary to fulfill the terms of this Agreement.

All bills shall be accompanied by documentation that each expense was incurred by Contractor. Documentation may include actual invoices, pay records for stipends paid to staff or independent contractors, etc.



## **HIPAA BUSINESS ASSOCIATE PROVISIONS**

### **Attachment A to Attachment 8**

As provided in Paragraph 5 of this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity for the purposes specified below, or as otherwise specified in the Master Agreement authorizing functions, activities, or services for, or on behalf of, Covered Entity, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity.

Authorized Purposes (in any in addition to the purposes set forth in the Scope of Work):

**THIS IS AN OPTIONAL COMPONENT TO THE AGREEMENT AND DEFAULTS TO THE MASTER AGREEMENT SCOPE IF NOT USED.**

**To:** First 5 IMPACT Consortia Lead Agencies

**Topic:** First 5 IMPACT Incentive Layer Funding Award

**Action Required:** Information Only

Greetings Molly DesBaillets:

The purpose of this e-mail is to inform **First 5 Mono** on behalf of Mono and Alpine counties that its FY 2016–17 Quality Counts California Common Data File has been reviewed with respect to its First 5 IMPACT Incentive Layer Funding Letter of Intent. Based on the data submission, we are pleased to inform you that First 5 Mono has met IMPACT RFA requirements and met or exceeded participating site (or rated site) targets, consistent with the information provided in your Letter of Intent. We have determined First 5 Mono is eligible for Incentive Layer funds in the amount of **\$9,000**.

First 5 California will disburse funds to your lead agency in a lump sum 3–4 weeks from the date of this e-mail. Please note, this award disbursement is not based on the First 5 IMPACT Consortium reimbursement schedule.

If you have questions about your award, please contact the First 5 IMPACT Team at [IMPACT@first5.ca.gov](mailto:IMPACT@first5.ca.gov).

Best,

First 5 IMPACT Team

***"Improve and Maximize Programs so All Children Thrive"***

Phone: (916) 263-1050

Fax: (916) 263-1360

Email: [IMPACT@first5.ca.gov](mailto:IMPACT@first5.ca.gov)

Website: <http://www.ccfc.ca.gov/partners/gris.html#impact>





DATE: March 1, 2018  
PROGRAM: First 5 IMPACT (Improve and Maximize Programs so All Children Thrive )  
CONTROL NO.: LAA-First 5 IMPACT 2015-22 A03  
Amendment 3

### AMENDED LOCAL AREA AGREEMENT FOR FIRST 5 CALIFORNIA FUNDS

This Agreement is entered into between First 5 California (F5CA) and the Lead Agency named below:

Name of Lead Agency	First 5 Mono County		
The term of this Agreement is	July 1, 2015	through	June 30, 2020
The maximum amount of this Agreement is:	\$310,213.00		

The parties mutually agree to this Amendment as follows: In accordance with First 5 IMPACT RFA (Request for Application), the Contractor has met requirements to receive Incentive Layer Funding in the amount of \$9,000.00. Therefore, the amount of this agreement is increased to \$310,213.00.

Exhibit B, is revised as follows:

Exhibit B. 1. Budget (First Paragraph) The Contractor is authorized to expend up to \$310,213.00 for the term of this Agreement.

Exhibit B. 5. Cost Limitation (A) The total amount of this Agreement shall not exceed \$310,213.00.

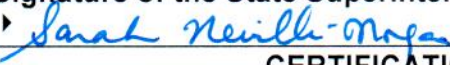

All other terms and conditions shall remain the same and in full force and effect.

In Witness Whereof, this agreement has been executed by the parties identified below:				
STATE OF CALIFORNIA		LEAD AGENCY		
AGENCY NAME First 5 California		LEAD AGENCY NAME First 5 Mono County		
BY (Authorized Signature) 	DATE SIGNED	BY (Authorized Signature) 	DATE SIGNED	
PRINTED NAME AND TITLE OF PERSON SIGNING Frank Furtek, Chief Deputy Director & Counsel		PRINTED NAME AND TITLE OF PERSON SIGNING Molly DesBaillets, Executive Director		
ADDRESS 2389 Gateway Oaks Drive, Suite 260 Sacramento, CA 95833-4247		ADDRESS 365 Sierra Park Road, Building M Mammoth Lakes, CA 93546		
First 5 California Office Use Only:				
Fund Title	ITEM	F.Y.	Projected Allocation	Amount Encumbered by this Document
Unallocated	4250-5432000.922.0639	2015/16	22,212.00	\$310,213.00
Unallocated	4250-5432000.922.0639	2016/17	57,145.00	
Unallocated	4250-5432000.922.0639	2017/18	79,767.00	
Unallocated	4250-5432000.922.0639	2018/19	74,462.00	
Unallocated	4250-5432000.922.0639	2019/20	76,627.00	
				Object Code-PCA
AGREEMENT TOTAL:			\$310,213.00	4250-5432000.922-99916
I CERTIFY upon my own personal knowledge that funds are available in the current budget year for the period and purpose of the expenditure stated above.				
ACCOUNTING OFFICER'S SIGNATURE			DATE SIGNED	

Any provision of this Agreement found to be in violation of federal and/or state statute or regulation shall be invalid, but such finding shall not affect the remaining provisions of this Agreement.



## Grant Award Notification

<b>GRANTEE NAME AND ADDRESS</b> Mono County Children and Families Commission 365 Sierra Park Road, Building M Box 130 Mammoth Lakes, CA 93546				<b>CDE GRANT NUMBER</b>			
				<b>FY</b>	<b>PCA</b>	<b>Vendor Number</b>	<b>Suffix</b>
				16-17	14869	2680	00
<b>Attention</b> Molly DesBaillets, Executive Director				<b>STANDARDIZED ACCOUNT CODE STRUCTURE</b>			<b>COUNTY</b>
<b>Program Office</b>				<b>Resource Code</b>		<b>Revenue Object</b>	26
<b>Telephone</b>				5035		8290	<b>INDEX</b>
<b>Name of Grant Program</b>							0656
California Quality Rating and Improvement System Certification Grant							
<b>GRANT DETAILS</b>	<b>Original/Prior Amendments</b>	<b>Amendment Amount</b>	<b>Total</b>	<b>Amend. No.</b>	<b>Award Starting Date</b>	<b>Award Ending Date</b>	
	\$3,500		\$3,500	02	7/01/2016	06/30/2018	
<b>CFDA Number</b>	<b>Federal Grant Number</b>	<b>Federal Grant Name</b>			<b>Federal Agency</b>		
93.575	G1601CACCDF	Child Care and Development Fund			USDHHS		
This notification is to confirm your California Quality Rating and Improvement System (CA-QRIS) Certification Grant is being amended to extend the Award Ending Date.							
This award is made contingent upon the availability of funds. If the Legislature takes action to reduce or defer the funding upon which this award is based, then this award will be amended accordingly.							
Please return the original, signed Grant Award Notification (AO-400) within 10 days to:							
Kim Taniguchi, Child Development Consultant Early Education and Support Division California Department of Education 1430 N Street, Suite 3410 Sacramento, CA 95814-5901							
<b>California Department of Education Contact</b>				<b>Job Title</b>			
Kim Taniguchi				Child Development Consultant			
<b>E-mail Address</b>					<b>Telephone</b>		
ktaniguchi@cde.ca.gov					916-323-1301		
<b>Signature of the State Superintendent of Public Instruction or Designee</b>					<b>Date</b>		
					March 29, 2018		
<b>CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS</b>							
On behalf of the grantee named above, I accept this grant award. I have read the applicable certifications, assurances, terms, and conditions identified on the grant application (for grants with an application process) or in this document or both; and I agree to comply with all requirements as a condition of funding.							
<b>Printed Name of Authorized Agent</b>				<b>Title</b>			
<b>E-mail Address</b>					<b>Telephone</b>		
<b>Signature</b>					<b>Date</b>		
							



## Grant Award Notification (Continued)

### Assurances and Certifications

These grant funds originate from part of the Child Care Development Block Grant (CCDBG) funding and are subject to the terms and conditions of CCDBG Program Cost Account 14869.

The following Assurances and Certifications are requirements of applicants and grantees as a condition of receiving funds. Applicants do not need to sign and return the general assurances and certification; instead, they must download them from the California Department of Education (CDE) Funding Forms Web page at <http://www.cde.ca.gov/fq/fo/fm/ff.asp> and keep them on file to be available for compliance reviews, complaint investigations, or audits.

### Fiscal Issues:

- Applicants agree to follow any applicable federal or state law relating to this grant and will meet all fiscal and auditing standards required by the CDE.
- Any consortium receiving CA-QRIS Certification Grant funds is required to use the funds only for the intended purposes of this grant.
- Ninety percent of each grant award will be disbursed when all Grant Award Notifications have been signed and returned to the CDE.
- The reporting period due dates are as follows:

#### Reporting Period

July 1, 2016 – June 30, 2018

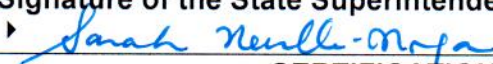

#### Due to the CDE by:

September 30, 2018

- Upon receipt of the close-out expenditure report, which should reflect expenditures of the entire grant award amount, the final 10 percent will be paid. If there are expenditures that do not equal the remaining 10 percent, the grantee will be reimbursed for only the balance of expenditures beyond the initial 90 percent as reflected on the final report. The total amount of **all** expenditures cannot exceed the grant award amount. If the reports reflect any unspent funds of the original 90 percent advanced, the CDE may invoice for any remaining unspent balance.



## Grant Award Notification

<b>GRANTEE NAME AND ADDRESS</b> Mono County Children and Families Commission 365 Sierra Park Road, Building M Box 130 Mammoth Lakes, CA 93546				<b>CDE GRANT NUMBER</b>			
<b>FY</b>		<b>PCA</b>		<b>Vendor Number</b>	<b>Suffix</b>		
16-17		14092		2680	00		
<b>Attention</b> Molly DesBaillets, Executive Director				<b>STANDARDIZED ACCOUNT CODE STRUCTURE</b>		<b>COUNTY</b>	
<b>Program Office</b>				<b>Resource Code</b>		<b>Revenue Object</b> 26	
<b>Telephone</b>				5035		8290 <b>INDEX</b>	
<b>Name of Grant Program</b>						0656	
California Quality Rating and Improvement System Certification Grant							
<b>GRANT DETAILS</b>	<b>Original/Prior Amendments</b>	<b>Amendment Amount</b>	<b>Total</b>	<b>Amend. No.</b>	<b>Award Starting Date</b>	<b>Award Ending Date</b>	
	\$3,500		\$3,500	02	10/01/2016	06/30/2018	
<b>CFDA Number</b>	<b>Federal Grant Number</b>	<b>Federal Grant Name</b>			<b>Federal Agency</b>		
93.575	G1701CACCDF	Child Care and Development Fund			USDHHS		
This notification is to confirm your California Quality Rating and Improvement System (CA-QRIS) Certification Grant is being amended to extend the Award Ending Date.							
This award is made contingent upon the availability of funds. If the Legislature takes action to reduce or defer the funding upon which this award is based, then this award will be amended accordingly.							
Please return the original, signed Grant Award Notification (AO-400) within 10 days to:							
Kim Taniguchi, Child Development Consultant Early Education and Support Division California Department of Education 1430 N Street, Suite 3410 Sacramento, CA 95814-5901							
<b>California Department of Education Contact</b>				<b>Job Title</b>			
Kim Taniguchi				Child Development Consultant			
<b>E-mail Address</b>					<b>Telephone</b>		
ktaniguchi@cde.ca.gov					916-323-1301		
<b>Signature of the State Superintendent of Public Instruction or Designee</b>					<b>Date</b>		
					March 29, 2018		
<b>CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS</b>							
On behalf of the grantee named above, I accept this grant award. I have read the applicable certifications, assurances, terms, and conditions identified on the grant application (for grants with an application process) or in this document or both; and I agree to comply with all requirements as a condition of funding.							
<b>Printed Name of Authorized Agent</b>				<b>Title</b>			
<b>E-mail Address</b>					<b>Telephone</b>		
<b>Signature</b>					<b>Date</b>		
							



## Grant Award Notification (Continued)

### Assurances and Certifications

These grant funds originate from part of the Child Care Development Block Grant (CCDBG) funding and are subject to the terms and conditions of CCDBG Program Cost Account 14092.

The following Assurances and Certifications are requirements of applicants and grantees as a condition of receiving funds. Applicants do not need to sign and return the general assurances and certification; instead, they must download them from the California Department of Education (CDE) Funding Forms Web page at <http://www.cde.ca.gov/fg/fo/fm/ff.asp> and keep them on file to be available for compliance reviews, complaint investigations, or audits.

### Fiscal Issues:

- Applicants agree to follow any applicable federal or state law relating to this grant and will meet all fiscal and auditing standards required by the CDE.
- Any consortium receiving CA-QRIS Certification Grant funds is required to use the funds only for the intended purposes of this grant.
- Ninety percent of each grant award will be disbursed when all Grant Award Notifications have been signed and returned to the CDE.
- The reporting period due dates are as follows:

#### Reporting Period

October 1, 2016 – June 30, 2018

#### Due to the CDE by:

September 30, 2018

- Upon receipt of the close-out expenditure report, which should reflect expenditures of the entire grant award amount, the final 10 percent will be paid. If there are expenditures that do not equal the remaining 10 percent, the grantee will be reimbursed for only the balance of expenditures beyond the initial 90 percent as reflected on the final report. The total amount of **all** expenditures cannot exceed the grant award amount. If the reports reflect any unspent funds of the original 90 percent advanced, the CDE may invoice for any remaining unspent balance.



## Grant Award Notification

<b>GRANTEE NAME AND ADDRESS</b> Mono County Children and Families Commission 365 Sierra Park Road, Building M Box 130 Mammoth Lakes, CA 93546	<b>CDE GRANT NUMBER</b>			
	<b>FY</b>	<b>PCA</b>	<b>Vendor Number</b>	<b>Suffix</b>
	17	14130 14092	2680	03
<b>Attention</b> Molly DesBaillets, Executive Director	<b>STANDARDIZED ACCOUNT CODE STRUCTURE</b>			<b>COUNTY</b>
<b>Program Office</b>	<b>Resource Code</b>		<b>Revenue Object</b>	26
<b>Telephone</b> 760-924-7626	5035		8290	<b>INDEX</b>

**Name of Grant Program**  
Quality Counts California Regional Certification and Coordination Grant

<b>GRANT DETAILS</b>	<b>Original/Prior Amendments</b>	<b>Amendment Amount</b>	<b>Total</b>	<b>Amend. No.</b>	<b>Award Starting Date</b>	<b>Award Ending Date</b>
	\$1,750 \$875		\$2,625		07/01/2017	09/30/2018
<b>CFDA Number</b>	<b>Federal Grant Number</b>	<b>Federal Grant Name</b>			<b>Federal Agency</b>	
93.575	G1701CACCDF G1801CACCDF	Child Care and Development Fund			USDHHS	

I am pleased to inform you that you have been funded for the Quality Counts California Regional Certification and Coordination Grant for fiscal year 2017-18.

This award is made contingent upon the availability of funds. If the Legislature takes action to reduce or defer the funding upon which this award is based, then this award will be amended accordingly.

Please return the original, signed Grant Award Notification (AO-400) within 10 days to:

Kim Taniguchi, Child Development Consultant  
Early Education and Support Division  
California Department of Education  
1430 N Street, Suite 3410  
Sacramento, CA 95814-5901

<b>California Department of Education Contact</b> Kim Taniguchi	<b>Job Title</b> Child Development Consultant
<b>E-mail Address</b> <a href="mailto:ktaniguchi@cde.ca.gov">ktaniguchi@cde.ca.gov</a>	<b>Telephone</b> 916-323-1301
<b>Signature of the State Superintendent of Public Instruction or Designee</b> Tom Torlakson	<b>Date</b> May 8, 2018

### CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS

On behalf of the grantee named above, I accept this grant award. I have read the applicable certifications, assurances, terms, and conditions identified on the grant application (for grants with an application process) or in this document or both; and I agree to comply with all requirements as a condition of funding.

<b>Printed Name of Authorized Agent</b>	<b>Title</b>
<b>E-mail Address</b>	<b>Telephone</b>
<b>Signature</b>	<b>Date</b>

**AGREEMENT AND SECOND AMENDMENT TO INTER-AGENCY AGREEMENT  
BETWEEN FIRST 5 MONO COUNTY AND THE COUNTY OF MONO FOR THE USE OF  
CDBG FUNDS (GRANT # 15-CDBG-1576) FOR THE PROVISION OF CHILD CARE  
SERVICES IN BRIDGEPORT AND BENTON, CALIFORNIA**

This Agreement and Second Amendment is entered into on June 1, 2018, by and between First 5 Mono County (an agency of Mono County charged with planning, developing, and implementing programs on behalf of the County that support early development of children up to five years of age in Mono County ("First 5")) and the County of Mono (the "Grantee") for the purpose of amending the Inter-agency Agreement between First 5 Mono County and Mono County for the use of CDBG Funds (Grant #15-CDBG-1576) for the Provision of Child Care Services in Bridgeport and Benton California, dated April 5, 2016 (the "Agreement"). First 5 and Mono County are sometimes referred to herein collectively as the "Parties".

NOW, THEREFORE, the parties agree as follows:

1. The term of the agreement shall be extended from June 30, 2018 to September 30, 2018.

IN WITNESS of the foregoing, the parties have signed this Agreement and Second Amendment through their duly-authorized representatives, as set forth below:

**First Five Mono County:**

By: \_\_\_\_\_  
Name: Molly DesBaillets  
Title: Executive Director

Date: \_\_\_\_\_

Approved as to Form:

\_\_\_\_\_  
Christian Milovich Date  
Assistant County Counsel

\_\_\_\_\_  
Risk Manager Date

**Mono County:**

By: \_\_\_\_\_  
Name: Leslie Chapman  
Title: CAO

Date: \_\_\_\_\_

**AGREEMENT AND SECOND AMENDMENT TO SUBRECIPIENT AGREEMENT  
BETWEEN FIRST 5 MONO COUNTY AND EASTERN SIERRA UNIFIED SCHOOL  
DISTRICT FOR THE USE OF CDBG FUNDS (GRANT # 15-CDBG-1576) FOR THE  
PROVISION OF CHILD CARE SERVICES IN BRIDGEPORT AND BENTON, CALIFORNIA**

This Agreement and Second Amendment is entered into on June 1, 2018, by and between First 5 Mono County (an agency of Mono County charged with planning, developing, and implementing programs on behalf of the County that support early development of children up to five years of age in Mono County ("First 5" or collectively with Mono County, the "Grantee")) and Eastern Sierra Unified School District (the "Subrecipient" or "ESUSD") for the purpose of amending the Subrecipient Agreement between First 5 Mono County and Eastern Sierra Unified School District for the use of CDBG Funds (Grant #15-CDBG-1576) for the Provision of Child Care Services in Bridgeport and Benton California, dated April 5, 2016 (the "Agreement"). First 5 and ESUSD are sometimes referred to herein collectively as the "Parties".

NOW, THEREFORE, the parties agree as follows:

1. The term of the agreement shall be extended from June 30, 2018 to September 30, 2018.

IN WITNESS of the foregoing, the parties have signed this Agreement and Second Amendment through their duly-authorized representatives, as set forth below:

**First Five Mono County:**

By: \_\_\_\_\_

Name: Molly DesBaillets

Title: Executive Director

Date: \_\_\_\_\_

**Eastern Sierra Unified School District:**

By: \_\_\_\_\_

Name: Don Clark

Title: Superintendent of Schools

Firm: Eastern Sierra Unified School District

Date: \_\_\_\_\_

Approved as to Form:

\_\_\_\_\_  
Christian Milovich Date  
Assistant County Counsel

\_\_\_\_\_  
Risk Manager Date



**MEMORANDUM OF UNDERSTANDING BETWEEN FIRST 5 MONO COUNTY AND WILD IRIS  
FAMILY COUNSELING & CRISIS CENTER FOR THE PROVISION OF JOINT SERVICES  
RELATED TO VICTIMS OF  
DOMESTIC VIOLENCE AND SEXUAL ASSAULT**

THIS MEMORANDUM OF UNDERSTANDING (MOU) is made this **21<sup>st</sup> day of June 2018**, by and between First 5 Mono County (First 5) and Wild Iris Family Counseling & Crisis Center (Wild Iris). The County and Wild Iris are sometimes collectively referred to herein as “the parties.”

It is expressly understood and agreed upon by the parties that the purpose of this MOU is to set the terms for a cooperative project wherein both parties work toward the mutual goal of providing maximum available assistance for those affected by domestic violence and sexual assault.

**NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:**

1. The term of this MOU shall be from **May 1, 2018** through **April 30, 2021**, unless sooner terminated by either party, for any reason, in writing.
2. The County agrees to provide the following services:
  - Refer all domestic violence and sexual assault survivors to Wild Iris as appropriate.
  - At the request of the victim, Wild Iris staff/volunteer may be allowed to be present at interviews to provide support to victims.
  - Work together on task force(s) in order to ensure compassionate, effective, and complete response to victims.
  - Work together on task force(s) and other community outreach programs to enhance community education and outreach for increased project awareness.
  - Coordinate services to victims to avoid overlap, duplication, and gaps in services.
  - Make available to County staff opportunities to receive domestic violence/sexual assault education from Wild Iris staff/volunteers.
  - Make available to Wild Iris staff/volunteers training on the County’s procedures & policies regarding domestic violence/sexual assault victims/survivors, and services and resources available for clients when asked.
  - Accept referrals from Wild Iris staff/volunteers, with client’s permission, for appropriate services from the County.
  - Provide those services as appropriate to the needs of the client.
3. Wild Iris agrees to provide the following services:
  - Ensure that crisis counseling staff and volunteers will be readily available to provide supportive services to survivors of domestic violence and sexual assault. These services shall be provided through Wild Iris’s 24-hour crisis hotline and direct request during regular business hours. Services may include but are not limited to: immediate crisis intervention; emergency safe haven; individual and group counseling; advocacy and accompaniment to legal, medical, and

social service appointments, law enforcement interviews and other agencies as appropriate; parenting and co-parenting classes, emergency food, clothing and transportation.

- Provide in-service training and community awareness about Wild Iris and its services, at the request of the County.
- Work together on task force(s) in order to ensure compassionate, effective and complete response to survivors.
- Work together on task force(s) and other community outreach programs to enhance community education and outreach for increased project awareness.

4. This MOU may be amended by a writing signed by each parties' authorized representatives.

5. This MOU shall be administered on behalf of the two parties by the following persons, to whom any notices or correspondence concerning the MOU shall be directed:

First5 Mono Count:

Molly DesBaillets, Executive Director  
P.O. Box 130  
Mammoth Lakes, CA 93546  
760.924.7626  
mdesbaillets@monocoe.org

Wild Iris Family Counseling and Crisis Center:

Trina Toby, Executive Director  
150 N. Main Street  
Bishop, Ca 93515  
760.873.6601  
ttobey@wild-iris.org

By the signatures of their authorized representatives appearing below, the parties agree to work jointly to achieve the mutual goals stated herein.

Mono County Department of Public Health:

Wild Iris Family Counseling and Crisis Center:

\_\_\_\_\_  
Molly DesBaillets  
Executive Director, First 5 Mono County

\_\_\_\_\_  
Trina Tobey  
Executive Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Susi Bains  
Director of Programs

Date: \_\_\_\_\_



April 30, 2018

Molly DesBaillets  
First 5 Mono  
County  
365 Sierra Park Road, Bldg. M  
PO Box 130  
Mammoth Lakes, CA  
93546 760-924-7626  
mdesbaillets@monocoe.org

## **MARINE CORPS COMMUNITY SERVICES SPONSORSHIP AGREEMENT**

- 1. Parties in Agreement.** This Agreement is between Marine Corps Community Services, Marine Corps Community Services, located at Bridgeport, CA hereinafter referred to as “MCCS” and First 5 Mono County (an agency of Mono County, CA charged with planning, developing, and implementing programs on behalf of the County that support early development of children up to five years of age within Mono County, CA), located at 365 Sierra Park Road, Bldg. M, Mammoth Lakes, CA 93546 hereinafter referred to as “SPONSOR.”
- 2. Authority and Legal Status.** MCCS Morale, Welfare and Recreation (MWR) activities are an integral part of the Department of Defense (DoD), and Non-Appropriated Fund (NAF) Instrumentalities of the United States Government. DoD Instruction 1015.10 and Marine Corps Order P1700.27B authorize MCCS to engage in commercial sponsorship. Commercial sponsorship is the act of providing assistance, funding, goods, equipment (including fixed assets), or services to MCCS MWR programs and events by an individual, agency, association, company or corporation, or other entity for a specific period of time in return for public recognition or advertising promotions. Governing law under this Agreement is that of the United States Government.
- 3. Event or Program to be Sponsored.** SPONSOR agrees to support the Child Development Center, IMPACT Program hereinafter referred to as the “Program” located aboard the Marine Corps Mountain Warfare Training Center (MCMWTC) in Bridgeport, California

beginning August 1, 2017 ending June 30, 2018.

**4. Scope of the Agreement.**

a. **SPONSOR** agrees to provide:

- 1) Up to Three Thousand Dollars (\$3000.00) with a minimum of Two Thousand Dollars (\$2,000.00) for the continuing education of the staff and children at the Child Development Center involved in the IMPACT program for the remaining 2017-2018 school year.
- 2) All necessary information to produce the marketing materials for the IMPACT program.

b. **MCCS** agrees to provide the following recognition and promotion opportunities:

- 1) Completion of all required trainings, surveys, and educational classes as outlined in the IMPACT program.
- 2) Distribution of 2017-2018 school years' Ages and Stages Questionnaire results to all installation families.
- 3) End of 2017-2018 school year documentation of completed trainings, education, and other activities as decided upon in the site plan at the beginning of the school year.
- 4) Completion of IMPACT program requirements and determination by the First 5 IMPACT Program Coordinator that MCCS has met the requirements of the Childcare Quality Program for FY 2018, which is, at a minimum: 21 hours of professional development per school year for a minimum of 50% of the teaching staff and providing all families an Ages and Stages Questionnaire in August-September of each school year.

**5. Payment Terms:** **SPONSOR** agrees to provide Up to Three Thousand Dollars (\$3000.00) with a minimum of Two Thousand Dollars (\$2,000.00) as stated in Agreement Section 4.a., as follows:

- a. Up to Three Thousand Dollars (\$3000.00) with a minimum of Two Thousand Dollars (\$2,000.00) due on or before July 31, 2018.

**The SPONSOR is to make any and all checks payable to MCCS. Please include SP 18-023 on the Memo or Reference line of your check. Payment shall only be mailed to the address provided below:**

MCCS Marketing – Bldg. 6002

MCMWTC – Box 788150  
Bridgeport, CA 96107  
Attention: Accounting Barbra Stone

6. **Cost of Sponsorship.** **SPONSOR** agrees that no amount of its cost of sponsoring the Event described in this Agreement will be charged to any entity or subdivision of the Federal Government under any circumstances. By entering into this Agreement, **SPONSOR** understands that there is no implication or promise on the part of **MCCS** or the United States Marine Corps to obligate or award appropriated funds for future business with **SPONSOR**.

7. **Disclaimer.** The United States Marine Corps and the Federal Government, including **MCCS**, are prohibited from officially endorsing or favoring sponsors. The parties agree that **MCCS** is required to disclaim official endorsement in any public recognition or media associated with a sponsored event.

8. **Insurance.** **SPONSOR** certifies that it has a standard Comprehensive General Liability Policy. If requested, **SPONSOR** shall supply Organizer with such evidence of coverage. Organizer assumes no responsibility for loss or damage to **SPONSOR**'s goods or products while aboard the installation. **SPONSOR** certifies that it has automobile bodily injury and property damage insurance in an amount sufficient to comply with state insurance requirements.

9. **Indemnity.** **SPONSOR** agrees to indemnify, defend, and hold harmless **MCCS**, the U.S. Government, the U.S. Marine Corps, and their officers and employees, agents, successors, and assigns, from and against any and all claims, damages, liabilities, losses, government proceedings, and costs and expenses, including reasonable attorneys' fees and costs of suit, arising out of the negligent or intentional act of Sponsor, its agents, representatives employees, or anyone acting on Sponsors' behalf, with respect to any or all aspects of this Agreement and Event. Third parties will look solely to **SPONSOR** for payment and satisfaction of an obligation or claim arising out of the negligent or intentional act of Sponsor arising from this event, or breach of any warranty or representations made by it, or any act or omission by the Sponsor's performance of the Event outlined in this Agreement.

10. **SPONSOR's Trademark.** **SPONSOR's** trademarks, label designs, product identifications, artwork, and other symbols and devices associated with **SPONSOR's** products or services are and shall remain **SPONSOR's** property. **SPONSOR** hereby authorizes **MCCS** to use **SPONSOR's** trademarks in promotions during the term of this agreement. The right to use **SPONSOR's** trademark is non-exclusive, non-assignable and non-transferable. All uses by **MCCS** of **SPONSOR's** trademarks shall inure solely to the benefit of the **SPONSOR**.

- a. This Agreement does not authorize **SPONSOR** to make use of any Marine Corps trademarks, including but not limited to those connected to **MCCS** programs.  
**SPONSOR** may make factual statements in reference to the sponsored Events.



Example: On **SPONSOR's** media, **SPONSOR** could state, "A proud **Sponsor** of Child Development Center 2017/2018," however **SPONSOR** may not display any Marine Corps or MCCS logo, emblem, seal, trademark, or other protected mark. Marine Corps and MCCS trademarks are regulated by the U.S. Marine Corps Trademark Licensing Program. Information on this program, including FAQs, guidance on obtaining a license, and contact information for the Marine Corps Trademark and Licensing Office is available at [www.marines.mil/trademark](http://www.marines.mil/trademark).

11. **Non-Exclusivity**. This Agreement does not confer to **SPONSOR** an exclusive right to promote its products in the **MCCS** Commercial Sponsorship Program. **MCCS** reserves the right to accept sponsorships from entities competitive to **SPONSOR**.
12. **Non-Exclusivity**. This Agreement does not confer to **SPONSOR** an exclusive right to promote its products in the **MCCS** Commercial Sponsorship Program. **MCCS** reserves the right to accept sponsorships from entities competitive to **SPONSOR**.
13. **Assignment**. This Agreement is not assignable in whole or in part by any party hereto in the absence of prior written consent by the other party.
14. **Termination**. Either party may immediately terminate the Agreement as follows:
  - a. Upon a material breach of Agreement terms
  - b. If the Event must be cancelled due to circumstances beyond reasonable control of either party such as an act of God, weather delays, Government restrictions and mission requirements, or unforeseen commercial delays. If the event is cancelled in whole or in part due to such reasons, **MCCS** may either refund sponsorship fees and in-kind items provided or reschedule the Event and provide all of the advertising and sponsorship rights set forth in this Agreement at no additional charge to **SPONSOR**.
  - c. Upon twenty-one (21) days written notice to the other party for any reason. If **MCCS** terminates this Agreement by written notice, it shall be without penalty. Should **SPONSOR** terminate this Agreement by written notice, **SPONSOR** agrees to compensate **MCCS** for reasonable costs incurred.
15. **Disputes**. This Agreement is not subject to the Contract Disputes Act of 1978 (41 U.S.C. §§601-613). All disputes arising under or relating to this Agreement shall be resolved under this clause. All disputes relating to this agreement will be decided by the **MCCS** Contracting Officer, who will issue a written Final Decision and mail or otherwise furnish a copy thereof to **SPONSOR**. The Contracting Officer's decision will be final and conclusive unless within 90 (ninety) days from the date of **SPONSOR's** receipt of the Contracting Officer's Final Decision, **SPONSOR** mails or otherwise furnishes the Contracting Officer a written appeal (two copies) addressed to the Director, **MCCS**, Twentynine Palms, CA. The decision of the Director

is final and conclusive and not subject to further appeal.



Item #91  
Mtg Date 6/21/2018  
MCCS Bridgeport  
SP 18-023

**Note:** Please return the signed copy (SIGNATURE PAGE ONLY)  
by email to [Kassandra.Pemberton@usmc-mccs.org](mailto:Kassandra.Pemberton@usmc-mccs.org)



# Quality Counts Ratings Overview

## WHAT IS A QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS)?

QRIS is a system that helps early learning programs provide high quality care for children. Programs that join QRIS are committed to delivering the highest quality of care and early learning experiences for kids. In California, QRIS is called Quality Counts.

*In California, the QRIS is called Quality Counts California. We are so excited that you are joining our work!*



## WHAT TO EXPECT AS A QRIS PARTICIPANT

Participating providers receive an orientation to QRIS and are asked to submit a portfolio with specific documents. Then, providers have access to quality improvement services, which could include trainings, technical assistance, assessments and coaching. Some classrooms will also receive a visit from an assessor who uses the Environmental Rating Scales (ERS) and the Classroom Assessment Scoring System (CLASS) to observe the classroom.

Using both the portfolio and assessment, a rating is assigned. Once a program receives their rating, they work on a quality improvement plan and have access to other resources that help improve their quality.

## WHAT IS A QRIS RATING?

In California, programs that participate in QRIS are licensed, exempt, and in good standing. In addition, the programs are assessed and rated between one and five points in the following areas:

- **The interactions between the teacher and children**
- **The teacher's assessment of children's learning needs and how they support those needs in the classroom**
- **The health and safety of the classroom environment**
- **The qualifications and training of teachers, and director (if relevant)**
- **The ratio of children to teachers**
- **The frequency of health and developmental screenings children receive, and appropriate referrals made when needed**

Partnership Between

## WHAT IS A QRIS RATING?

Programs then receive an overall program rating that can be shared with families. Possible ratings are:

	<b>COMMITTED TO QUALITY</b> – participating in quality improvement efforts
	<b>RAISING QUALITY</b> – meeting some quality standards
	<b>ACHIEVING QUALITY</b> – meeting multiple quality standards
	<b>EXCEEDING QUALITY</b> – meeting quality standards in all areas
	<b>HIGHEST QUALITY</b> – exceeding quality standards in all areas

## JOIN QRIS!

If you would like to learn more about how you can get involved in QRIS, and to receive an application, contact your local agencies supporting QRIS below:

### Mono County

First 5 Mono County  
(760) 924-7626  
[monokids.org/childcare-quality/](http://monokids.org/childcare-quality/)

### Alpine County

First 5 Alpine County  
(530) 830-2845  
[first5alpine.com](http://first5alpine.com)

### Inyo County

Inyo County Superintendent of Schools  
(760) 873-5123 ext. 0  
[icsos.us/child-development/](http://icsos.us/child-development/)



Partnership Between

# Adverse childhood experiences and trauma informed care: the future of health care

Resmiye Oral<sup>1</sup>, Marizen Ramirez<sup>2</sup>, Carol Coohy<sup>3</sup>, Stephanie Nakada<sup>4</sup>, Amy Walz<sup>4</sup>, Angela Kuntz<sup>4</sup>, Jenna Benoit<sup>1</sup> and Corinne Peek-Asa<sup>2</sup>

Adverse childhood experiences (ACEs) are related to short- and long-term negative physical and mental health consequences among children and adults. Studies of the last three decades on ACEs and traumatic stress have emphasized their impact and the importance of preventing and addressing trauma across all service systems utilizing universal systemic approaches. Current developments on the implementation of trauma informed care (TIC) in a variety of service systems call for the surveillance of trauma, resiliency, functional capacity, and health impact of ACEs. Despite such efforts in adult medical care, early identification of childhood trauma in children still remains a significant public health need. This article reviews childhood adversity and traumatic toxic stress, presents epidemiologic data on the prevalence of ACEs and their physical and mental health impacts, and discusses intervention modalities for prevention.

## CHILDHOOD ADVERSITY: DEFINITION AND SCOPE

Childhood adversity may potentially have detrimental effects on long-term health (1). Adversity may include discrete events or ongoing circumstances that are outside of the child's control and are perceived as negative by the child (1,2). The cumulative burden of adverse experiences has been shown to cause negative effects on physiological, cognitive, behavioral, and psychological functions (2).

The Adverse Childhood Experiences (ACEs) study focused on most common types of adversity that are encountered in the United States. These 10 ACEs included child abuse (emotional, physical, or sexual), child neglect (emotional or physical), and household dysfunction (domestic violence, substance abuse, mental illness or criminal activity, or parental absence) (3,4). Subsequently, extreme economic adversity, bullying, school violence, and community violence have been described to be other commonly encountered ACEs (5). Other forms of adversity described in the literature include traumatic loss of a loved one, sudden and frequent relocations, serious accidents, life-threatening childhood illness/injury, pornography (exposure or participation), prostitution, natural disaster, kidnapping, torture, war, refugee camps, and terrorism (3–7). Other studies specifically focused on identifying ACEs in children in real

time and reported that major childhood adversities, including growing up in poverty, peer rejection and lack of friends, poor school performance, property crime, and witnessing community violence, are associated with increased lifelong risk for negative life events and negative health outcomes as well. Measuring childhood adversities during childhood has been shown to offer improvements to the original ACE scale by examining more short-term behavioral and emotional symptoms that may serve as a link between ACEs and long-term health problems (8,9).

## TRAUMATIC TOXIC STRESS: HOW ACES AFFECT NEUROLOGICAL FUNCTIONING

Health care professionals are becoming continually more aware of the social and environmental determinants of health, and the multiple effects of the environment on health outcomes are becoming increasingly better defined.

### Physiologic/Positive Stress, Tolerable Stress, and Traumatic Toxic Stress

Stressors encountered throughout life may be experienced in different ways (1,2): When a dog barks at a child, or when preparing for an examination, “fight or flight” reaction may help the child generate the inner resources to deal with the stressor, which helps survival and growth. Such stressors are positive/physiological stressors. When a child experiences an illness that requires multiple invasive interventions, this stressor may be perceived as tolerable stress in the presence of supporting environmental factors such as nurturing relationships. Chronic/sustained stressors in the absence of a supportive environment on the other hand may lead to toxic stress as follows:

Stress response involves engagement of two primary systems: the hypothalamic–pituitary–adrenal (HPA) axis and the sympathetic nervous system (1,2,10,11). These systems work in collaboration to respond to both acute stressors and chronic/sustained stressors. The activation of the HPA axis begins in the hypothalamus by the release of proinflammatory cytokines that trigger corticotrophin-releasing hormone, which stimulates the release of adrenocorticotropin-releasing hormone

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from the anterior pituitary. Adrenocorticotropin-releasing hormone leads to the release of cortisol, norepinephrine, and epinephrine from the adrenal cortex. These stress hormones stimulate a myriad of responses from various organ systems including hepatic (gluconeogenesis), cardiovascular (increasing heart rate and blood pressure), respiratory (dilating the bronchioles), and many others (11,12). Once the HPA axis is activated and cortisol is released, a negative feedback loop works to mediate the response. This feedback loop acts as a moderator to keep the stress response from becoming harmful. In physiologic and tolerable stress response, this feedback loop, as well as the elimination of the environmental stressor, helps the spike in stress hormones return to baseline quickly and easily (11,12).

In traumatic toxic stress (TTS) however, chronic negative environmental factors can lead to chronic or sustained stress response system activation. This chronic activation has the ability to lead to the disruption of the structure and function of the neuroendocrine and immune systems (10). Thus, excess cortisol level in the circulation is sustained with subsequent chronic activation of the HPA axis (3). In the short term, this overactivation can result in an overload of cortisol, and in the long term, a relative lack of cortisol (2).

Both of these deviations may lead to negative health consequences (10). Too much cortisol suppresses the immune response and increases the chance of infection, while too little cortisol leads to the inflammatory response persisting after it is no longer needed (3). Animal studies have linked poorly responsive HPA axis to a variety of autoimmune diseases including rheumatoid arthritis, systemic lupus erythematosus, Sjogren's syndrome, fibromyalgia, and chronic fatigue syndrome. In humans, TTS has been linked to prolonged wound healing, decreased antibody production after vaccination, and susceptibility to viral infection (2,13).

### Neurologic Remodeling in the Context of TTS

The dysregulation of the HPA axis can also lead to long-term modifications on multiple organ systems, most notably in the brain (1,14). TTS has been shown to lead to changes, especially in the more susceptible young brain, which can lead to long-term effects on both physiology and behavior (2,14,15). The genes that determine how the body responds to stress are highly subject to epigenetic modifications (16). Epigenetic changes may occur via DNA methylation and histone acetylation that modify gene expression. While some of these modifications are transient, others are programmed early in life and will remain embedded throughout the child's lifetime with the potential to be passed on to the next generation (16). It was also shown that the three regions of the brain that are most prominently affected by TTS are laden with glucocorticoid receptors. These regions are the hippocampus, the prefrontal cortex, and the amygdala (10,11,13,14).

The hippocampus, intimately involved in the formation of new memories and learning, undergoes proliferation throughout childhood. When the brain is subjected to remodeling via TTS in animals, hippocampal neuronal proliferation is

significantly suppressed, which leads to significant long-term impairments in learning and new memory formation (11,14,15).

Children who are victims of chronic abuse may experience remodeling in the amygdala as well. The amygdala, part of the limbic system, is activated in response to stress and has been shown to generate impulsive behaviors (11,15). In the context of TTS, dendritic growth and proliferation in the amygdala lead to an increase in impulsive behavior (11,14). Conversely, TTS causes the prefrontal cortex, the part of the brain that is dedicated to planning and impulse control, to be underdeveloped and have fewer synaptic connections leading to poor impulse control (14,15).

These regional brain alterations can ultimately convert an individual's physiologic stress responses into toxic stress responses, through which the person perceives benign experiences as life-threatening events (2). These alterations in brain architecture may also promote the development of social and behavioral coping "skills" that are maladaptive with subsequent health consequences (1,2,17).

### EPIDEMIOLOGY OF CHILDHOOD ADVERSITY

The original ACEs study on more than 17,000 adult participants showed 64% of the population surveyed reported at least one ACE (4). In 2010, five states, including Arkansas, Louisiana, New Mexico, Tennessee, and Washington, found similar results (18): Of 26,229 subjects that were surveyed, 59% reported having experienced at least one ACE. A 2012 survey of Iowans revealed that 55% of Iowa adult population had experienced at least one ACE (19).

Studies also showed that ACEs are likely to co-occur (4,18–20). The original ACEs study revealed that 13% of the respondents had four or more ACEs during childhood compared to 15% of the respondents in both the 2010 Centers for Disease Control and Prevention multistate study and the Iowa study (4,18,19).

The International Society for the Prevention of Child Abuse and Neglect created child abuse screening tools for global use, which provide opportunity to screen for ACEs as well (21,22). These tools were used in the multinational Balkan Epidemiology of Child Abuse and Neglect study, which revealed the presence of at least one ACE in 65–83% of the 42,272 children surveyed in nine Balkan countries (22).

### IMPACT OF CHILDHOOD ADVERSITY AND TTS ON HEALTH

The original ACEs study by Felitti *et al.* in 1998 set out to test the cumulative and long-term effect of several types of ACEs, not just one type of childhood victimization, on adult well-being. This study, which has led to over 50 publications, has profoundly changed the focus of the child maltreatment field by shifting the focus from the effect of individual types of childhood victimization to the cumulative effect of ACEs on child and adult well-being (3,4,20,23–33).

Other researchers have also shown that ACEs predict higher rates of negative health outcome (3,4,20,24–32,34–44). These outcomes can be loosely divided into (i) health risk behaviors



- (ii) leading causes of death and other chronic health problems,
- (iii) poor mental health, and (iv) other impacts (4,18,42).

### Health Risk Behaviors

The number of ACEs has been found to be related to several health-risk behaviors, including substance abuse (alcohol and illicit substances) (4,18–20,28–30), tobacco use (4,18,19,28,30), sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (28,32), and obesity (4,18,20,33). Having experienced four or more ACEs increases the rate of smoking (2.2 times), alcoholism (7.4 times), substance abuse (4.2 times), intravenous illicit substance abuse (11.3 times), severe obesity (1.6 times), and sexual intercourse with 50 or more partners (3.2 times) with a clear dose–response relationship between the number of ACEs and the adoption of these high-risk behaviors (4,18–20). These behaviors have been referred to as a “trauma organized” lifestyle and predispose individuals to mental and physical illness throughout life (23,45). Thus, the neurological changes that are mediated by TTS, a “trauma organized lifestyle,” and the circumstances that are associated with limited access to health care, together are believed to lead to increased risk of morbidity and mortality (4,34,44).

### Leading Causes of Disease and Other Chronic Diseases

Childhood trauma can also lead to several leading causes of death among adults, including heart disease and stroke (25,28), liver disease (28), lung cancer (34), and chronic obstructive pulmonary disease (26,28), the relationship becoming more apparent with four or more ACEs. An increasing number of ACEs has also been found to be related to autoimmune diseases, such as rheumatoid arthritis (27,28), frequent headaches (35,40), primary insomnia (36), and several metabolic risk biomarkers (obesity, high blood pressure, high total cholesterol, low high-density lipoprotein cholesterol, high glycated hemoglobin) (37). Some of these health outcomes have also been found to be associated with changes in immune function as a result of TTS (2,3,13).

### Mental Health

There is an extensive empirical literature on the relationship between the cumulative number of ACEs and mental health challenges. Researchers have found a relationship between the number of ACEs and learning and behavioral problems among children and adolescents (20,23,28–31), and somatic disorders (39,40), hallucinations (3,28), anxiety and obsessive–compulsive disorders (30,41), depression, and suicide attempts (28–31) among adults. Specifically, four or more ACEs increased the risk of depression (4.5 times) and suicide attempts (12.2 to 15.3 times) (4,19).

Individuals who have experienced multiple traumas and resultant emotional dysregulation may present with post-traumatic stress disorder characterized with dissociation and increased automatic reactivity (46–49). Patients with dissociative posttraumatic stress disorder also exhibit emotional under-engagement creating barriers in establishing and maintaining healthy and supportive relationships, which is the basis

for recovery from stress. Thus, these individuals may have difficulties in responding to traditional treatment (47).

### Other Impacts

Finally, researchers have found that people who reported more ACEs were more likely to report poor or fair health (33,42), or a lower sense of well-being (43), have poorer access to medical/mental health services (4,19,42), be less satisfied with their lives (30), have higher work-related problems/unemployment (4), and die prematurely by as much as 20 years earlier (4,34,43) than people who reported fewer ACEs. Finally, an increasing number of ACEs was found to be related to an increase in health care utilization/costs (28,42).

### APPROACHES TO REDUCING THE BURDEN OF ACEs

The high population prevalence of ACEs and their association with a wide variety of negative outcomes support the need to prioritize ACEs prevention. Given the complex interplay between the individual, the family, the community, and the larger socio-political structure, the socio-ecological model provides a good conceptual framework to guide prevention. To have the desired multilevel effect, strategies to prevent the occurrence of ACEs and their adverse impacts are needed at every level (50).

Following the general public health approach, primary prevention includes efforts to prevent ACEs so that children grow up with less exposure to adversity and are less likely to have children of their own who experience ACEs (Table 1) (51). Secondary prevention includes efforts immediately after an ACE to reduce the immediate and short-term consequences. Tertiary prevention includes efforts to treat and reduce long-term consequences of ACEs (51).

Understanding ACE prevalence and risk factors as well as identifying individuals who have experienced ACEs is a critical element in a comprehensive approach to prevention. However, a focus on primary prevention of ACEs, in which the incidence of ACEs is reduced at the population level, will have the greatest individual and societal impact (52,53). In order to accomplish this, the interventions should focus on strengthening individual and community resilience rather than solely identifying and responding to individual ACEs by strengthening communities and reducing resource disparity. For example, child abuse prevention programs such as emergency nurseries, programs that provide referrals to services such as homeless shelters and food pantries, and increased availability of mental health and substance abuse treatment can reduce the risk for ACE events at the population level.

An increasing number of prevention and intervention approaches are becoming available at various levels: At the individual and family levels, primary prevention programs such as Circle of Security that improve parent–child attachment can reduce ACE experiences such as child abuse and neglect (54). Other programs, such as the Period of Purple Crying prevent specific types of abuse, such as shaken baby syndrome (55).

Targeted primary prevention programs at the community and societal levels are rare. Three of 17 studies evaluating

**Table 1.** Primary, secondary, and tertiary response to adverse childhood events

Phase	Goal	Examples
Primary prevention	Prevent the occurrence of adverse childhood events so that fewer children experience ACEs	<ul style="list-style-type: none"> <li>• Programs that prevent child abuse and neglect</li> <li>• Programs that increase family and community stability and resilience</li> <li>• Programs that teach positive and effective parenting skills</li> </ul>
Secondary prevention	Reduce the severity and acute consequences of the child adverse experience, thereby reducing the incidence of adverse outcomes associated with ACEs	<ul style="list-style-type: none"> <li>• Programs that identify and intervene on families experiencing violence and abuse</li> <li>• Trauma informed care to identify and immediately intervene on ACEs</li> <li>• Psychological first aid that reduces psychological impact of trauma</li> </ul>
Tertiary prevention	Treat and reduce the long-term consequences of ACEs	<ul style="list-style-type: none"> <li>• Trauma informed care in health care and service agencies that integrate past traumatic experiences into, for example, care for chronic illnesses</li> <li>• Programs that identify and reduce risky health behaviors associated with ACEs</li> <li>• Social marketing campaigns that build empathy with ACE consequences</li> </ul>

These phases are cyclical and can influence each other. For example, an individual who has an ACE-related health outcome may be less likely to introduce ACEs into the life of their child if they have received trauma informed care to reduce the consequences of their health outcome.  
ACE, adverse childhood experience.

universal campaigns measured child abuse as an outcome, and of these, two of the three studies found significant decreases (52). Triple-P or Positive Parenting Program is an example of a universal program that supports positive parenting at the individual, family, community, and societal levels through targeted education and social campaigns (1).

Secondary strategies have been primarily focused at the individual and family levels. Child protective service agencies are one example, which are widespread but vary markedly in different countries and states and often address the most severe cases of child maltreatment. New programs that attempt to identify and respond to adverse experiences earlier, and before they are severe enough to require hospital treatment or an official agency response, are growing in priority such as home visiting programs that are found to be effective in reducing child abuse and neglect and improving family function (56).

Interventions such as psychological first aid (PFA) implemented in nonfamily settings, such as schools or health facilities, may provide the opportunity to identify effected children early and to increase program reach. Although originally developed as a response to disasters, PFA provides a framework that has been applied to other personal adverse experiences such as interpersonal violence and family trauma (57). PFA identifies children and their caregivers immediately after a life stressor and provides information, education, comfort, and support, which results in acceleration of recovery, promotion of mental health, and increased resiliency (58,59). Recently, the World Health Organization published “Psychological first aid: Guide for field workers,” which describes crises ranging from “war to natural disasters, accidents, fires, and interpersonal violence.” (60). Adults trained in PFA report increased knowledge, skills, and self-efficacy in applying skills to support youth with histories of trauma (61,62). One study also reported PFA being effective in improving connectedness and stress among youth traumatized by a disaster, bullying, death or illness of a family member, or injury (59). Thus, PFA is an ideal program that may be delivered by all members of a trauma-informed organization, even by those without advanced mental health training.

In addition, parent-child interaction therapy (PCIT) and child parent psychotherapy (CPP) are also emerging evidence-based treatment modalities to prevent and manage ACEs and their impact on the intrafamilial relationships as early as possible via a two-generational approach (63,64).

Cognitive behavioral therapy is the most common approach to reduce psychological symptoms from trauma that can be directed at all family members. Systematic reviews of the effectiveness of cognitive behavioral therapy on adults show that it has some effect on reducing symptoms of posttraumatic stress disorder, depression, and anxiety and has the potential to change dysfunctions of the nervous system (65,66). New evidence suggests that family approaches are best (67). Evidence for cognitive behavioral therapy for children is mixed, and increasing knowledge about the pediatric brain may help inform child-based approaches (68).

Other tertiary approaches are found predominantly in educational, medical, child welfare, and justice settings. TIC, which is being integrated in settings such as health care, service agencies for high-risk families, and in correctional facilities, help service providers become aware of the effects of ACEs and how to integrate compassionate care. Although TIC is among the most prevalent strategies to address ACEs, few outcome evaluation studies have been conducted (51,69–71).

Critical gaps exist in the evidence base for responding to ACEs, especially for primary prevention at the community and sociopolitical levels. Gaps in our foundational knowledge about the global prevalence and cultural differences in response to ACEs also hinder prevention.

## TRAUMA INFORMED CARE

TIC is considered a comprehensive multilevel approach that shifts the way organizations view and approach trauma. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (72),

“A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands

potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

The impetus for TIC stems from a realization that systems of care that serve children are often unaware of trauma experiences of their clientele, which may lead to re-traumatization and failure to provide appropriate referrals (73,74). TIC involves validation and recognition of the effects of traumatic events, common coping strategies, and effective treatments. Transforming organizations into trauma-informed systems entails organizational changes and the development of culturally sensitive infrastructure that is responsive to the needs of traumatized individuals (74).

The SAMHSA promotes the use of six broad principles for TIC (74):

1. Safety. Promoting a sense of safety involves a conscious effort to ensure that all members and clients of an organization are physically and emotionally safe.
2. Trustworthiness and transparency. Organizations must approach decisions with transparency and engender trust of staff and their clientele.
3. Peer support. Peers, which include family of traumatized children as well as individuals who have lived with histories of trauma, can be critical resources for support.
4. Collaboration and mutuality. All members of an organization can equally contribute to the healing of children impacted by adverse experiences.
5. Empowerment, voice, and choice. Developing plans of action for clients requires patient-centered approaches that empower clients.
6. Cultural, historical and gender issues. Efforts must be culturally sensitive and free of prejudices based on biases and stereotypes.

Efforts to integrate these principles require support at the top levels of an organization and the implementation of policies and protocols to assure that trauma-informed activities are carried out by staff (51). As an example, the architecture of patient rooms and the physical environment must be inviting and pose no risk for re-traumatization.

Another essential component of TIC identified by SAMHSA and other researchers is the implementation of screening, assessment, and trauma treatment services to identify children who have experienced adversity (72,74). Adoption of trauma-screening procedures should be coupled with screening for resiliency, family functional capacity, community-based resources, behavioral and neuropsychological assessments, and previous interventions for trauma (74).

Trauma-informed organizations must adopt trauma-specific interventions that work in concert with screening for trauma. Although SAMHSA provides a list of known trauma-specific interventions, most of which are based on psychosocial

educational empowerment principals and require professional therapists for delivery, none are currently being endorsed as for use in concert with TIC (75). Others, however, are discussing the need for integrating specific evidence-based strategies such as parent-child interaction therapy and child parent psychotherapy into trauma-informed systems that service youth who may have histories of trauma (64,72).

#### Implementation of TIC

A number of communities have embraced TIC to support children with adverse experiences. In 2000, Tarrant County in Texas formed a “mental health connection” collaboration of medical, county, city, and child health agencies and developed a strategic plan that involved the development of “learning communities” engaged in implementing local efforts in prevention, which included education and training; screening and referral through service agencies; and implementation of trauma-focused cognitive behavioral therapy sessions (33). The community State agencies are now beginning to adopt trauma-informed approaches, including the Oregon Health Authority and New York’s juvenile justice system (72).

In 2005, the National Center for Trauma Informed Care was created by SAMHSA to provide training and technical assistance to support communities and organizations interested in becoming trauma-informed via in-person consultation and through virtual networks, and by providing materials, curricula, and resources (75). The Child Welfare Information Gateway is another agency providing support specifically to child welfare agencies to develop trauma-informed systems (76).

New research is emerging on the effectiveness of TIC in improving health care delivery. One study reported that primary care providers trained in TIC had increased patient-centered interactions and patient satisfaction (69). Suarez *et al.* (77) reported early results of improved outcomes among at-risk girls serviced by Project Kealeahou in Hawaii. Centers from California, Massachusetts, Ohio, Wisconsin, Iowa, among others, are also implementing TIC in medical setting with promising positive outcome results (64). Additional research is needed to fully understand the impacts of trauma informed approaches on children.

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May 16, 2018

Molly DesBaillets

The state controller has requested a revision. Attached is a revised audit (of page 1) for the Mono County Children and Families Commission.

Please contact me if you require any additional information.

Sincerely,



Thomas Neely, CPA

**NEELY ACCOUNTANCY CORP.  
CERTIFIED PUBLIC ACCOUNTANT  
17037 Chatsworth St, Suite 208A  
Granada Hills, CA 91344**

**818-360-9800**

**INDEPENDENT AUDITOR'S REPORT**

Board of Commissioners  
Mono County Children and Families Commission  
Mammoth Lakes, California 93546

**Report on the Financial Statements**

We have audited the accompanying financial statements of the governmental activities and each major fund of the Mono County Children and Families Commission (Commission), as of and for the year ended June 30, 2017, and the related notes to the financial statements, which collectively comprise the Commission's basic financial statements as listed in the table of contents.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Commission's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Commission's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

**Opinions**

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and each major fund of the Mono County Children and Families Commission as of June 30, 2017, and the respective changes in financial position thereof for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

**First 5 Mono**  
**2017-18 Budget Amendments**

Item #13  
Mtg Date 6/21/2018

	<b>Budget</b>	<b>Proposed Amendments 6/21/18</b>
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
Prop 10 Tax Revenue	85,586.00	
Small County Augmentation	264,414.00	
SMIF (Surplus Money Inv Fund)	51.00	
IMPACT	68,788.00	
Region 6 T&TA Hub	126,387.00	
CDE Certification Grant	6,285.00	
<b>CDE Certification &amp; Coordination Grant</b>		<b>2,625.00</b>
Infant Toddler Block Grant	6,587.00	
CDBG Administration	6,921.00	
CDBG	262,478.00	
CAPIT/CBCAP (Home Visiting)	33,000.00	
Peapod Program (Prop 63 Funds)	40,000.00	
Raising A Reader	2,170.00	
Misc Inc	140.00	
Interest on F5 Mono Fund Bal	8,567.00	
<b>Total Income</b>	<b>911,374.00</b>	<b>913,999.00</b>
<b>Expense</b>		
Home Visiting (Resource 9037)	163,507.00	
School Readiness	102,292.00	
Peapod (Resource 9039)	40,000.00	
Child Care Quality		
IMPACT	81,253.00	
Region 6 T&TA Hub	126,387.00	
CDE Certification Grant	6,285.00	
<b>CDE Certification &amp; Coordination Grant</b>		<b>2,625.00</b>
Infant Toddler Block Grant	6,587.00	
<b>Total Child Care Quality</b>	<b>220,512.00</b>	<b>223,137.00</b>
Oral Health (Resource 9038)	4,024.00	
Safe Kids Coalition	7,000.00	
CDBG Admin Expense	6,921.00	
CDBG-ESUSD	262,478.00	
Evaluation	1,320.00	
F5 Operations	101,954.00	
Miscellaneous	12,113.00	
<b>Total Expense</b>	<b>922,121.00</b>	<b>924,746.00</b>
<b>Net Ordinary Income</b>	<b>-10,747.00</b>	<b>-10,747.00</b>
<b>Net Income</b>	<b>-10,747.00</b>	



**First 5 Mono**  
**2017-18 YTD**  
July 1, 2017 through June 4, 2018

Item #14  
Mtg Date 6/21/2018

	Year to Date: July 1 - June 4	17-18 Budget	\$ Over Budget	% of Budget	Encumbered as of 6/4	Projected Revenue	Receipt Timeline
<b>Ordinary Income/Expense</b>							
<b>Income</b>							
Prop 10 Tax Revenue	63,253.29	85,586.00	-22,332.71	74%		22,332.71	8/30
Small County Augmentation	198,310.31	264,414.00	-66,103.69	75%		66,103.69	9/30
SMIF (Surplus Money Inv Fund)	0.00	51.00	-51.00	0%		51.00	9/30
IMPACT	25,336.16	68,788.00	-43,451.84	37%		43,451.84	Invoice for Q3&4, receive by 9/30
Region 6 T&TA Hub	40,930.76	126,387.00	-85,456.24	32%		61,496.69	Invoice for Q3&4, receive by 9/30
CDE Certification Grant	5,584.85	6,285.00	-700.15	89%		700.15	9/30
Infant Toddler Block Grant	5,928.30	6,587.00	-658.70	90%		658.70	9/30
CDBG Administration	549.17	6,921.00	-6,371.83	8%	974.81	600.00	Invoice for Q4, receive by 9/30
CDBG	110,990.99	262,478.00	-151,487.01	42%	56,371.35	55,000.00	Invoice for Q4, receive by 9/30
CAPIT/CBCAP (Home Visiting)	26,205.00	33,000.00	-6,795.00	79%		6,795.00	Invoice for Q4, receive by 7/31
Peapod Program (Prop 63 Funds)	24,333.35	40,000.00	-15,666.65	61%		15,666.65	Invoice for Q4, receive by 7/31
Raising A Reader	593.09	2,170.00	-1,576.91	27%		159.00	Invoice for Q3&4, receive by 7/31
Misc Inc							
Breast Pump Attachments	70.00	0.00	70.00	100%		-	
Misc Inc - Other	1,336.12	140.00	1,196.12	954%		-	
Total Misc Inc	1,406.12	140.00	1,266.12	1,004%		-	
Interest on F5 Mono Fund Bal	6,768.54	8,567.00	-1,798.46	79%		1,798.46	9/30
<b>Total Income</b>	<b>510,189.93</b>	<b>911,374.00</b>	<b>-401,184.07</b>	<b>56%</b>			
<b>Gross Profit</b>	<b>510,189.93</b>	<b>911,374.00</b>	<b>-401,184.07</b>	<b>56%</b>		<b>842,349.98</b>	
<b>Expense</b>							
Home Visiting (Resource 9037)	139,387.51	163,507.00	-24,119.49	85%			
School Readiness	67,285.98	102,292.00	-35,006.02	66%			
Peapod (Resource 9039)	32,534.93	40,000.00	-7,465.07	81%			
Child Care Quality							
IMPACT	67,594.61	81,253.00	-13,658.39	83%			
Region 6 T&TA Hub	90,065.03	126,387.00	-36,321.97	71%			
CDE Certification Grant	5,625.56	6,285.00	-659.44	90%			
Infant Toddler Block Grant	1,527.00	6,587.00	-5,060.00	23%			
Total Child Care Quality	164,812.20	220,512.00	-55,699.80	75%			
Oral Health (Resource 9038)	4,030.46	4,024.00	6.46	100%			
Safe Kids Coalition	0.00	7,000.00	-7,000.00	0%			
CDBG Admin Expense	1,523.98	6,921.00	-5,397.02	22%			
CDBG-ESUSD	166,387.53	262,478.00	-96,090.47	63%			
Evaluation	1,279.28	1,320.00	-40.72	97%			
F5 Operations	88,621.93	101,954.00	-13,332.07	87%			
Miscellaneous	9,113.00	12,113.00	-3,000.00	75%			
<b>Total Expense</b>	<b>674,976.80</b>	<b>922,121.00</b>	<b>-247,144.20</b>	<b>73%</b>			
<b>Net Ordinary Income</b>	<b>-164,786.87</b>	<b>-10,747.00</b>	<b>-154,039.87</b>	<b>1,533%</b>			
<b>Net Income</b>	<b>-164,786.87</b>	<b>-10,747.00</b>	<b>-154,039.87</b>	<b>1,533%</b>			

**First 5 Mono**  
**2018-19 Proposed Budget**

Item #15  
Mtg Date 6/21/2018

**Ordinary Income/Expense**

**Income**

Prop 10 Tax Revenue	85,191
Small County Augmentation	264,809
SMIF (Surplus Money Inv Fund)	65
IMPACT	83,462
Region 6 T&TA Hub	130,059
CDBG Administration	5,000
CDBG-ESUSD	40,000
CAPIT/CBCAP (Home Visiting)	33,000
Peapod Program (Prop 63 Funds)	40,000
Misc Inc	1,000
Interest on F5 Mono Fund Bal	8,995

<b>Gross Income</b>	691,581
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**Expense**

**Home Visiting**

Home Visiting Program	
Director Salary	16,880
Director Benefits	1,025
Home Visitors Salary	90,000
Home Visitors Benefits	20,000
Admin Assistant Salary	7,985
Admin Assistant Benefits	1,500
Office Supplies & Rent	1,000
Postage	200
Counseling	1,000
Training & Travel	15,000
Educational Support Materials	500
Lactation Counseling/Childbirth	500
MCOE Indirect	14,740
<b>Total Home Visiting (Resource 9037)</b>	<b>170,330</b>

**School Readiness**

Director Salary	7,275
Director Benefits	3,940
Admin Assistant Salary	8,465
Admin Assistant Benefits	1,500
Office Supplies/Postage	1,000
Motorpool	180
Preschool to K Transition	3,500
Promotional Messaging	200
Early Literacy	2,000
ESUSD Transition to School	8,675
MUSD Transition to School	10,000
Raising A Reader	38,000
MCOE Indirect	2,118
<b>Total School Readiness (Resource 9310)</b>	<b>86,853</b>

**First 5 Mono**  
**2018-19 Proposed Budget**

Item #15  
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**Peapod**

Director Salary	1,620
Director Benefits	875
Admin Assistant Salary	7,985
Admin Assistant Benefits	1,500
Peapod Leaders Salary	19,000
Peapod Leaders Benefits	3,100
Office Supplies	100
Advertising	770
Training & Travel	1,000
Playgoup Materials	740
MCOE Indirect	3,310
<b>Total Peapod (Resource 9039)</b>	<b>40,000</b>

**Child Care Quality**

**IMPACT**

Director Salary	5,820
Director Benefits	3,150
Coordinator Salary	24,740
Coordinator Benefits	9,620
Materials & Supplies	900
Equipment	500
Travel	1,000
Incentives	19,157
Contractual	8,500
Coaching	9,000
Indirect	
MCOE Indirect	4,360
First 5 Indirect	7,215
<b>Total Indirect</b>	<b>11,575</b>
<b>Total IMPACT (Resource 9036)</b>	<b>93,962</b>

**Region 6 T&TA Hub**

Materials & Supplies	1,250
Travel	11,511
Contractual	94,587
ELNAT	3,200
Data System	8,824
First 5 Indirect	10,687
<b>Total Region 6 T&amp;TA Hub</b>	<b>130,059</b>

<b>Total Child Care Quality</b>	<b>224,021</b>
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**Oral Health**

Director Salary	1,615
Director Benefits	875
Tooth Tutor Salary	1,215
Tooth Tutor Benefits	85
Educational Support Materials	200
MCOE Indirect	380
<b>Total Oral Health (Resource 9038)</b>	<b>4,370</b>

**First 5 Mono**  
**2018-19 Proposed Budget**

Item #15  
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Safe Kids Coalition	7,000
CDBG Admin Expense	5,000
CDBG-ESUSD	40,000
Evaluation	1,500
F5 Operations	
Director Salary	34,665
Director Benefits	29,720
Admin Assistant Salary	20,335
Admin Assistant Benefits	3,815
Office Supplies/Postage	1,500
Advertising	500
Rent	4,900
Phones	350
Commissioner Travel	300
Staff Training & Travel	3,000
MCOE Indirect	9,400
Total F5 Operations (Resource 9300)	108,485
Miscellaneous	
F5 Association Dues	3,163
Fiscal Audit	6,000
Mono County Counsel	1,000
Total Miscellaneous	10,163
Total Expense	697,722
Net Ordinary Income	-6,141



## First 5 Mono Commission Meeting Schedule FY 2018-19

Meetings will be held in the MCOE Conference Room in Mammoth Lakes from 2:30 pm-4:30 pm unless otherwise indicated.

- September 20<sup>th</sup>, 2018
- December 20<sup>th</sup>, 2018
- January 17<sup>th</sup>, 2019
  - Strategic Planning Retreat, 10:00 am - 3:00 pm, location TBD
- March 21<sup>st</sup>, 2019
- June 20<sup>th</sup>, 2019