

Regular Commission Meeting and Public Hearing

AGENDA

As authorized by Governor Newsom's Executive Order, dated March 4, 2020 and the pending the adoption of the finding in agenda item 1, the meeting will be held via teleconferencing with members of the Commission attending from separate remote locations. The meeting can be accessed through <https://us06web.zoom.us/j/89935084431>, or by phone at: 1 720 707 2699, Meeting ID: 899 3508 4431 where members of the public shall have the right to observe/listen. If you are interested in submitting public comment on any item on the agenda, or not on the agenda over which the board has jurisdiction, please send the written comment to the following email address in advance of the meeting mdesbaillets@monocoe.org. This altered format is in observance of recent recommendations by state and local officials that certain precautions be taken, including social distancing, to address the threat of COVID-19.

In compliance with the Americans with Disabilities Act if you need special assistance to participate in this meeting, please contact mdesbaillets@monocoe.org. Notification 48 hours prior to the meeting will enable the Commission to make reasonable arrangements to ensure accessibility to this meeting (See 42 USCS 12132, 28CFR 35.130)

January 20, 2022, 2:00-4:30 p.m.

The meeting can be accessed through

<https://us06web.zoom.us/j/89935084431> Meeting ID: 899 3508 4431 or dial 1 720 707 2699

1. **Findings Relating to the Holding of Remote Meetings Under AB 361** Find that: (1) The Proclamation of State of Emergency issued by Governor Newsom on March 4, 2020, in response to the COVID-19 pandemic remains in effect; (2) Local Public Health Officials have recommended measures to promote social distancing; and (3) As a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees. Accordingly, meetings of the First 5 Commission may be held remotely in accordance with the requirements set forth in subdivision (e) of Section 54953 of the California Government Code. **(ACTION)**
2. **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.
3. **Minutes** The Commission will consider approving Commission Meeting Minutes from the **September 16th, 2021** Commission meeting. **(ACTION)**
4. **Childcare Ad-Hoc Committee** Staff will seek Commission action to form a Childcare Ad Hoc Committee to support planning for the planned summer Children's Summit. **(ACTION)**
5. **Childcare in Mammoth Lakes** Staff will seek Commission direction and discussion on continuing progress towards increasing childcare slots in Mammoth Lakes. **(INFORMATION)**
6. **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.*
 - Revenue**
 - a. **California Family Resource Association, from the date of execution to 6/30/2022:** up to **\$5,174.40**, to provide direct support to families in need. **(ACTION)**
 - b. **Mono County Behavioral Health, 7/1/2021 to 6/30/2024:** renewal letter for up to **\$120,000**, or \$40,000 per contracted year to implement the Family Behavioral Health Support Groups (also known as Peapod Playgroups) Countywide to include and County Counsel approved changes. **(ACTION)**

Expenses

- c. **Sacramento County Office of Education, from the date of execution to 6/30/2022:** up to **\$1,320** to conduct a virtual childcare provider social emotional training through the California Preschool Instructional Network in English and Spanish. **(ACTION)**

---open public hearing---

7. **2020-21 Evaluation** Staff will present to the Commission:
a. 2020-21 Annual Report to First 5 California **(PUBLIC HEARING)**
b. 2020-21 Evaluation Report **(PUBLIC HEARING)**
8. **2020-21 Audit** Staff will present to the Commission the 2019-20 Annual Audit. **(PUBLIC HEARING)**
9. **Children's Summit** Staff and chair will share updates on the planned July 13, 2022 Mono County Children's Summit, which may be noticed as a First 5 Commission meeting pending County Counsel guidance. **(INFORMATION)**
10. **Program Updates** Staff will report on the following Commission programs. **(INFORMATION)**
a. Childcare Quality System
b. Home Visiting
c. Family Behavioral Health, Peapod
d. School Readiness: Universal Pre-Kindergarten
e. Community Development Block Grant
f. Systems Building
g. Emergency Fund
11. **Budget** Staff will present the year to date budget. **(INFORMATION)**
- end public hearing----
12. **Adoptions** The Commission will consider adopting the following:
a. 2020-21 Evaluation Report **(ACTION)**
b. 2020-21 Audit **(ACTION)**
13. **Ordinance Amendment** The Commission will consider approving draft changes to the First 5 portions of the Mono County Ordinance Chapter 7.90 for submission to the Board of Supervisors for approval. **(ACTION)**
14. **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)**
15. **Director Report** This information may be reported elsewhere on agenda. **(INFORMATION)**

Next Commission Meeting: March 17, 2022, 2:00 p.m. – 4:30 p.m., via Zoom, or at the Mono County Office of Education Conference Room, 451 Sierra Park Road, Mammoth Lakes, CA

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).

To: Board of Supervisors

From: Bryan Wheeler, Director of Public Health

Re: Recommendation regarding Social Distancing and Virtual Meetings

Both Mono County “covering” Health Officer Dr. Rick Johnson and I strongly recommend that physical/social distancing measures continue to be practiced throughout our Mono County communities, including at meetings of the Board of Supervisors and other County-related legislative bodies subject to the Brown Act, to minimize the spread of COVID-19.

Whether vaccinated or not, positive individuals are contracting the Delta variant and infecting others in our communities. Social distancing and masking are crucial mitigation measure to prevent the disease’s spread. Virtual board meetings allow for the participation of the community, county staff, presenters, and board members in a safe environment, with no risk of contagion. It is recommended that legislative bodies in Mono County implement fully-remote meetings to the extent possible.

If you have any questions regarding this recommendation, please do not hesitate to contact me. We will continue to evaluate this recommendation on an ongoing basis and will communicate when there is no longer such a recommendation with respect to meetings for public bodies.

RESOLUTION NO. 2021-03

A RESOLUTION OF THE MONO COUNTY BOARD OF EDUCATION PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY GOVERNOR NEWSOM'S ORDER DATED MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS FOR THE PERIOD OF OCTOBER 28, 2021 TO NOVEMBER 27, 2021

Recitals

WHEREAS, the Mono County Board of Education ("Board") is committed to preserving and nurturing public access and participation in its meetings; and

WHEREAS, all meetings the Board's legislative bodies are open and public, as required by the Ralph M. Brown Act (Gov. Code, §§ 54950 – 54963), so that any member of the public may attend, participate, and watch the Board's legislative bodies conduct their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the Board's boundaries, caused by natural, technological or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, such conditions now exist in the jurisdiction of the Board, specifically, the State of Emergency declared by Governor Newsom on March 4, 2020, due to COVID-19; and

WHEREAS, meeting in person presents an imminent risk to health and safety of attendees, including those who may not be vaccinated, are vulnerable, and those who are elderly or have underlying medical conditions; and

WHEREAS, the Board does hereby find that the rise in SARS-CoV-2 Delta Variant has caused, and will continue to cause, conditions of peril to the safety of persons within the Board's boundaries that are likely to be beyond the control of services, personnel, equipment, and facilities

of the Board, and desires to proclaim a local emergency exists and ratify the proclamation of state of emergency by the Governor of the State of California; and

WHEREAS, as a consequence of the local emergency, the Board does hereby find that the legislative bodies of the Board shall conduct their meetings without following with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and that such legislative bodies shall comply with the requirements to provide the public with access to meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, the Board will ensure that the public has access to meetings and the opportunity to participate in meetings in the interest of transparency and as required by the Government Code and AB 361. Individuals wishing to provide public comment in real time will be able to do so. Public comment is allowed on both agendized and non-agendized matters. In addition to oral public comment, written public comment can also be submitted and will be considered. All written public comments will be forwarded to the Board of Education members. All written public comment received shall become part of the official record. In the event of a service disruption that prevents broadcasting the meeting or in the event of a disruption within the Board's control that prevents public comment for members of the public using the call-in option or internet-based option, the Board will stop the meeting and take no further action on agenda items until public access is restored.

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Mono County Board of Education, as follows:

1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.
2. Proclamation of Local Emergency. The Board hereby proclaims that a local emergency now exists throughout its boundaries, and COVID-19 has caused, and will continue to cause, conditions of peril to the safety of persons within the Board's boundaries that are likely to be beyond the control of services, personnel, equipment, and facilities of the Board. Meeting in person presents an imminent risk to health and safety of attendees, especially those who may not be vaccinated, are vulnerable, or have underlying health conditions. There is additionally a recommendation of social distancing.
3. Ratification of Governor's Proclamation of a State of Emergency. The Board hereby ratifies the Governor of the State of California's Proclamation of State of Emergency, effective as of its issuance date of March 4, 2020.
4. Remote Teleconference Meetings. The Superintendent and Staff of the Mono County Office of Education are hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

5. Effective Date of Resolution. This Resolution shall take effect on October 28, 2021, and shall be effective until the earlier of (i) November 27, 2021, or (ii) such time the Board of Education adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the legislative bodies of the Board of Education may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

ADOPTED by the Mono County Board of Education October 28, 2021, in Mammoth Lakes, California, by the following roll call votes:

AYES:

NOES:

ABSENT:

ABSTAINED:

Board President
Mono County Board of Education

ATTEST:

Board Clerk
Mono County Board of Education

**Mono County
First 5 Meeting
Virtual meeting via teleconference
Thursday, September 16th, 2021
2:00 pm**

As authorized by Governor Newsom's Executive Order, N-29-20, dated March 17, 2020, the meeting will be held via teleconferencing with members of the Commission attending from separate remote locations.

COMMISSIONERS PRESENT

Molly DesBaillets
Bob Gardner
Janice Mendez
Kristin Collins
Stacey Adler

COMMISSIONERS ABSENT

Patricia Robertson

Michelle Roust

I. CALL TO ORDER/ESTABLISH QUORUM

MOTION: Chair Gardner called the meeting to order at 2:00 pm, noting that a quorum had been met with five members present.

II. PUBLIC COMMENT

There was no public comment.

III. APPROVAL OF MEETING MINUTES

MOTION: Ms. Mendez **MOVED** to approve the March 18th and June 17th meeting minutes. The **MOTION** was **SECONDED** by Ms. Collins and **PASSED** by unanimous consent.

IV. CONTRACTUAL AGREEMENTS

Ms. DesBaillets updated the Commission on the renewal of contracts that was held in the past with no significant funding shifts or other changes. The two exceptions that she highlighted were on items 3E and 3F.

- 3E - Ms. DesBaillets, mentioned that there was significant discussion around this as a Commission and as an ad hoc committee for the Commission. She also reported that, the process got easier once, it started with the lawyers. Agreements were made between Chair Gardner and Commissioner Adler, and the contract has been updated with the County Office of Education for operational support services.

- 3F- Ms. DesBaillets updated the Commission that they have contracted with Child 360 in the past for training for the childcare providers in Mono. Trainings would be on cultural competency, culturally responsive practices, and trauma informed training.

Chair Gardner stated and reminded the Commission that the agreements are to be consistent with the strategic and fiscal plan.

MOTION: Chair Gardner **MOVED** to approve the seven contractual agreements. The **MOTION** was **SECONDED** by Ms. Mendez and **PASSED** by unanimous consent.

V. ORDINANCE AGREEMENT

Ms. DesBaillets wanted to consider the number of Commissioners, as the Commission currently has 7 members, but the amendment proposal allows 7-9. The other proposed change was the appointment limits from 3 years to 5 years for Commissioners.

Ms. Adler, concern was that by increasing the number of Commissioners, the harder it would be to arrange a quorum.

ACTION ITEM: Ms. DesBaillets agreed to make changes and present a new draft for review on the next Commission meeting. The changes are appointment limit for Commissioners are 5 years and the proposed number of Commissioners would remain at 7 members.

Ms. DesBaillets, brought to the attention of the Commission, that one required member of the Commission should be a either a public health officer **or** someone who manages services in the County.

ACTION ITEM: To recruit a public health officer **or** someone who manages services in the County.

VI. OFFICE SPACE FOR COMMISSIONERS' OFFICE

Ms. DesBaillets informed the Commission that their present office location at the high school in Mammoth Lakes would be going under construction in July 2022. A new office space for First Five is needed. The range of considerations is from not having an office to having one that has a play space that can hold play groups. She also mentions the vast difference in costs. She also informs the Commission, that she did some preliminary checks, and there is office space available on a month-to-month basis at Mammoth Mall, a much smaller space with double the cost. Ms. DesBaillets also shared that they have enough reserves in the trust fund account, if the need arises. The need for storage is important, which could be accommodated with a storage space, and since most staff are working from home, and having adapted to the hybrid setting, a smaller office setting would work. She also shares her concern on the importance of having a public face for First 5.

Ms. DesBaillets, requests the Commission's opinion on this matter: Chair Gardner, states that it is possible to have a public face with no office, he elaborates by saying that majority would speak of the work organized by First 5 rather than where it is located. He shared the idea of connecting to a preschool, so that when parents enter and exit a school facility, the focus would

be on First 5. He also states that looking at other options would be a better idea. Ms. Adler also offers her support, in arranging meeting or storage space, in case the need arises. She does add on to say, with regards to checking with Betsy Truax at Edison theatre or college for any space availability.

VII. PROGRAM UPDATES

Child Care: Ms. DesBaillets, informs the Commission she forwarded the letter to Childcare Council, hoping to receive a support letter for the CDBG application. She shares the interest in CDBG has gone a different route with Childcare Council, since there is an increase of interest in the GDBG funding for childcare. The chair of the Childcare Council has emphasized that the town wants to wait for a facility needs assessment before moving forward on any CDBG application.

Ms. DesBaillets, points out the role of the Childcare Council. The main statutory requirements are to come up with zip codes priorities, which is conducted annually. It is a data compilation of how many childcare slots are needed in each zip code. They also offer orientation night, appreciation night for childcare providers annually. They also advocate for people to become childcare providers, by providing training and other assistance.

Chair Gardner encouraged that the need for Childcare needs to be emphasized at the Children's Summit. He also points out the impact on the economy due to lack of childcare. This is not just a public, but also a private agency problem. He feels the support from private sector is needed the most. Ms. DesBaillets adds in that private sector issue would have to be addressed by private sector. CDBG is for low- and middle-income families, who can't afford childcare, and CDBG funding is to support these families. The town has not been eager in partnering on CDBG application, and not sure if the Children's Summit would help in addressing this issue. Ms. DesBaillets also shares what came up at the Child Care Council is that the town is seeking to partner with IMACA as the proposed partner to provide childcare at the parcel, it would add about 50 new slots. The drawback is that they have requested IMACA to finance the furnishing and the finishing of the room, but IMACA doesn't have the finances to support that. Discussions will continue with the Child Care Council on this matter.

VIII. EMERGENCY FUND REQUEST

Ms. DesBaillets, updated the Commission that CDBG funds for childcare in Bridgeport were held up due to a lag in the application from CDBG. This led to a lapse in the funding period, so the Eastern Sierra was not allowed to draw funds down. They applied for and were given \$10,000 from the Emergency Fund to cover the lapse to maintain their budget. Ms. DesBaillets, also mentioned that she and Christie Milovich from County Council reviewed the application, comparing it to the Emergency Fund guidelines, and it was accepted.

IX. CHILDCARE QUALITY SYSTEM

- Ms. DesBaillets shared that \$40,000 was given out in stipends last year to childcare sites.
- First 5 is now at the phase of the year conducting beginning of the year meetings and establishing quality improvement plans.

- Home visiting – The coordination work has been successful, lot of referrals primarily from women's clinic.
- Seeking to hire a North County home visitor.
- Home visiting staff is scheduled to go to Baltimore for the parents as Teachers annual conference.
- Family behavioral Health, is doing well with the limiting of the playgroups to 5 families. The group is more solid and forming of friendships, rather than the drop in situation. Groups are formed in Mammoth, and in Bridgeport.
- School readiness- Several kindergarten observation form trainings, and the new Brigance tool has been implemented. The social emotional component of school readiness is also taken into account.
- Health and Safety Fair was held, and the participation was good.
- Community Development Block Grant- An update was given to the Board of Supervisors about the closing of the 2017 funding cycle. The importance of bringing the community voice to the Board was appreciated. The enrollment is usually low at the beginning of the year, there is a capacity to serve 8 students. The students that are currently involved are from low- or moderate-income range and they qualify for this program.

X. BUDGET

Ms. DesBaillets, updated the 2021 budget, with the contribution of \$15,000 towards the trust fund. All the documents have submitted to the auditors. The year-to-year budget, Jitasa, hadn't received any salaries yet, and that is preliminary. She also mentioned that there hasn't been much of an expense, at this time of the year.

XI. DIRECTORS REPORT

Ms. DesBaillets reported the following:

- New Office Hours are from Monday through Wednesdays: 9AM – 2PM.
- Met with Bob Lawton, who was very supportive of collaborating with First 5.
- Requested for support from Supervisor Peters, with getting applicants for the Peapod leaders in Bridgeport and Walker, and progress has been made.
- The North County home visiting position is awaiting union approval. Also awaiting union approval for 2 other home visiting specialists (breast feeding specialist and infant mental health specialist).
- State legislation for 12 months medi-cal eligibility and continuous medical eligibility for children 0-5. This was referred to a committee, no progress yet on the bill enactment.

- Working on the donate button on the website. The concern that was raised from Janet Dutcher, Finance Director at the County was tha, there might be a tax liability associated with this, and the County Council hasn't had the time to look into it.
- 211 contributors are doing great. Lot of agencies input data into the 211.mono.org system, that can be accessed to refer families.
- Ms. DesBaillets mentions that a document is included in the Commission packet – It is the Quality Rating Improvement System framework. It outlines all of the elements that goes into the rating of a childcare facility.
- Ms. DesBaillets also mentions that she attended the Child Tribal Child Care Association of California's Annual Conference, and reached out to the Tribal Hub to learn if they wanted to provide some training. Instead, they invited First 5 to attend their annual conference, to see their way of framing things. It was a wonderful experience with a certain uniqueness.
- Ms. DesBaillets, mentions that she participated in the MCOE sponsored administrative retreat, a time for reflection and replenishment.
- Participated in the Child System of Care meetings with social services, public health and different county agencies. Also attended the cabinet meetings offered by MCOE, childcare council and child abuse prevention council.
- Submitted the Parents as Teachers affiliate report.

XII. COMMISSIONERS REPORT

Ms. Adler updated on the Children's Summit, to be held in July, 2022, waiting on the finalization of the date. She also mentions that she had a conversation with Katy Peterson from the Department of Social Services, and through a grant they support, had a meeting with Richard Knecht, and he would be the data master, who would be assisting in getting the data for the Children's Summit, and also data that's been collected throughout the County and various agencies. There would another meeting with Richard in couple of weeks.

XIII. ADJOURNMENT

Chair Gardner adjourned the meeting at 3:30pm.

Respectfully submitted by Minutes Services



Office of the Town Manager

P.O. Box 1609, Mammoth Lakes, CA, 93546

(760) 965-3601

www.townofmammothlakes.ca.gov

November 8, 2021

To: First 5 Mono County Commission

I am writing regarding Town efforts related to childcare needs and facilities within the Town of Mammoth Lakes. We appreciate your interest in this matter and share your concerns regarding the need for additional dependable childcare within the Town. Many of our own employees are impacted by a variety of challenges relating to childcare.

I also want to specifically address some concerns expressed by the Commission regarding a CDBG grant application for a childcare site feasibility study that the Town ultimately did not pursue. On April 21st, the Town Council approved the submission of a Planning & Technical Assistance CDBG grant application for a 'Child-Care Needs Assessment and Project Feasibility Study' in an amount not to exceed \$250,000. Town Planning staff then worked closely with Molly DesBaillets of First 5 on the grant application. A lot of work went into the application both on the part of the Town and First 5. The concept presented to Town Council proposed to conduct a childcare site feasibility study that would work to identify potential sites for a future childcare facility, and if a site was selected then work on plans to develop a "shovel ready" project would be considered.

The detailed project description written by First 5 was received the week before the grant application was due. When the Town reviewed the proposed scope, there were several concerns. One was that the proposal implied that a site had already been determined for a future childcare facility, although that site was not identified in the scope and the focus of the project description was on facility development plans. The Town was also confused as to why other childcare stakeholders in the community including IMACA and the Mono County Child Care Council (MCCCC) were not included in the development of the project scope or asked to provide information for the grant application. Additionally, given the Town's familiarity with capital projects, there were concerns that the proposed scope was not realistic or feasible within the proposed grant limit of up to \$250,000. The amount of staff time required to manage the proposed grant was also estimated to be beyond what the grant would fund.

Overall, there was not adequate time to develop the details needed to prepare a competitive grant application and for those reasons the decision was made not to submit the application. In the future, the Town and co-applicants will need to work together early in the process and allow adequate time before the submittal deadline to develop detailed project descriptions and deliverables to ensure a competitive application as well as the availability of resources to manage the grant.

Moving forward, the Town is working with MCCCC to have a broader childcare needs assessment conducted. We recognize there is a substantial need for childcare for infants, toddlers, preschool and even school aged children and are aware of previous studies completed by First 5 and other

agencies regarding childcare needs in Mammoth Lakes and Mono County. However, we feel that there is not enough current comprehensive or detailed data regarding the diversity of need by age, location, types of care desired, times/days needed, and existing barriers including but not limited to transportation and cost. Additional information on current childcare operators and options will also be beneficial, and we are aware that the Local Planning Council (LPC) Coordinator is already compiling some of this information. The data will help to inform decisions on facility and staffing needs and requirements and will support and strengthen any future grant applications, whether for CDBG or other funds.

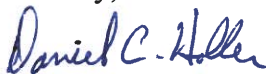
The MCCCC, which includes stakeholders representing at least six local agencies and organizations, is preparing to complete its five-year needs assessment as mandated by the state. We are working with the MCCCC on this detailed assessment. This framework follows state guidelines, and the Town of Mammoth Lakes has had discussions with the LPC Coordinator to determine how best to partner to include additional information to inform future projects.

In addition to the needs assessment being undertaken by MCCCC, the Town is working with The Pacific Companies (Pacific) and IMACA to build a new childcare center as part of the first phase of The Parcel (the Town's affordable housing development) scheduled to be open summer/fall 2023. The Town and Pacific are working closely with IMACA to ensure that the shell of the building will be designed to meet the needs of IMACA's future facility as well as working to plan for the build-out of the interior of the building and to secure funding required for that work. The Town is working with Pacific and IMACA to partner on potential funding opportunities. This will increase the number of spaces for infant, toddler, and preschool children.

The Town has also been working with the Mono County Office of Education (MCOE) about possible grant opportunities to reinvigorate its former plans for a childcare center. So far none of the opportunities reviewed have been the right fit for the project. We will continue to be mindful of future opportunities working with MCOE and the MCCCC, as well as other possible projects with other stakeholders including First 5.

We look forward to continuing to work together with childcare community stakeholders to fully understand the scope of childcare needs in our community and partner to increase childcare availability within Mammoth Lakes and Mono County. If you would like to discuss any of these items further, please feel free to contact me.

Sincerely,



Daniel C. Holler
Town Manager

cc: Town Council
Mono County Child Care Council



MEMORANDUM OF UNDERSTANDING

21-22-90

Funding Period

April 1, 2021 –June 30, 2022

COVID-19 California Family Resource Center Relief Fund

OVERVIEW

Family Resource Centers (FRCs) are uniquely positioned for rapid response to COVID-19. The California Family Resource Association (CFRA), an association of Prevent Child Abuse California (PCA CA), will work cooperatively with the California statewide network of FRCs to address the needs of the most vulnerable children and families in the State of California. With funding from the California Department of Social Services (CDSS), CFRA will serve as the lead agency and fiscal agent, provide programmatic oversight and coordinate the distribution of financial assistance to FRCs who will support families during California's mandated shelter-in-place order to ensure the safety of children and the well-being of families.

Organizations eligible for funding will include Family Resource Centers as defined by SB 436, "...an entity providing family-centered and family-strengthening services that are embedded in communities, culturally sensitive, and include cross-system collaboration to assist in transforming families and communities through reciprocity and asset development based on impact-driven and evidence-informed approaches with the goal of preventing child abuse and neglect and strengthening children and families. A family resource center may be located in, or administered by, different entities, including, but not limited to, a local educational agency, a community resource center, or a neighborhood resource center."

The purpose of the fund will be to address family needs and maintain continuity of services and operations during the COVID-19 crisis, with the understanding that there was a gap in prevention services and supports for families prior to COVID-19 that have been exacerbated by the COVID-19 virus. These funds are intended to help fill that gap and address the added stressors and dangers to children and families under the current conditions of isolation, health risks, and economic loss. FRCs play a critical role in preventing child abuse and neglect, strengthening children and families, and connecting families to an array of county support systems of care. During the COVID 19 pandemic and afterward, families need to be connected to community supports in spite of the stay at home order. "Social connections" is one of the most important of the protective factors that we can provide to our most vulnerable children and families.

CFRA funds to FRCs will provide direct support and services to families in need, including:

- Material items (e.g., food, diapers, cleaning supplies);
- Assistance with isolation needs (e.g., one-time costs for telehealth and remote case management technologies, staff time to provide phone/virtual home visits, connections through social media);
- Parenting resources (e.g., adaptations of parent education);
- Staff time to help link families to other local, state, and federal supports and benefits (e.g. food, housing, etc.); and
- Emergency funds to support the continued operation of FRCs and/or FRC Networks.

The FRC acknowledges that CFRA may, at its sole discretion, discontinue, modify or withhold project payments made under this Agreement if it determines that such action is necessary. The FRC acknowledges that failure to use the project funds as prescribed can result in cancellation of this Agreement by CFRA, the forfeiture by the FRC of any remaining CFRA project funds and the



requirement that the FRC refund to CFRA any project funds already spent in a manner other than as described in this Agreement within 30 days of receipt of a written termination notice.

FRC hereby acknowledges that it understands that this funding from CFRA is for the time period beginning April 1, 2021 and ending June 30, 2022 and additional funding is not implied nor guaranteed by this Agreement. The only commitment implied herein is for project funding in the amount based on CFRA funding to fund the award for the project in this Agreement. CFRA will provide the FRC with written notice of any changes in project funding at least 30 days in advance of making any such changes.

FRC hereby agrees to notify CFRA in writing in advance of any proposed changes, including but not limited to the services provided under this Agreement, the locations where the services are provided, populations to be served and, or the number of individuals to be served. The FRC hereby acknowledges that it must receive written permission from CFRA before implementing such changes. Failure to do so could result in withholding of project payments made under this Agreement.

TERMS OF MOU

I. FRC PROVISION OF SERVICES

The FRC agrees to support families at-risk during California's mandated shelter-in-place by providing an array of support to address service delivery gaps by providing direct support and services to families in need, including:

- Material items (e.g., food, diapers, cleaning supplies);
- Assistance with isolation needs (e.g., one-time costs for telehealth and remote case management technologies, staff time to provide phone/virtual home visits, connections through social media);
- Parenting resources (e.g., adaptations of parent education);
- Staff time to help link families to other local, state, and federal supports and benefits (e.g. food, housing, etc.); and
- Emergency funds to support the continued operation of FRCs and/or FRC Networks.

II. ROLE of CFRA

CFRA will perform the following activities related to the distribution of COVID-19 FRC Relief Funds:

- A. Develop procedures and application materials for a fund for FRCs;
- B. Create and distribute a Notice of Funding Availability and funding application for FRCs;
- C. Develop and execute a rubric for application review;
- D. Review applications submitted and select participating FRCs and/or FRC Networks,
- E. Distribute funds according to timely and equitable standards and procedures;
- F. Develop and execute Memoranda of Understanding (MOUs) with recipient FRCs;
- G. Monitor FRC and/or FRC Networks' compliance with project requirements and MOUs;
- H. Develop data measurements for fund recipients to document the usage of funds and numbers of families served.
- I. Develop and define data measurements, data collection tools for fund recipients to document the usage of funds and numbers of families serve and disseminate to FRCs and/or FRC Networks a data collection platform;
- J. Within the context of CFRA's own in-house expertise and capabilities, provide appropriate technical assistance, if needed, to the FRC for building or expanding its capacity as a high-performing organization or collaboration;
- K. Market the project throughout the state, highlighting the services provided and results achieved by the FRC;
- L. Assuming satisfactory or better performance by participating FRCs, and upon request by those agencies, provide references for the agency to other funders (i.e., foundations, governmental agencies and corporations).



III. PROVISIONS

In addition to providing the services to support children and families during COVID-19, FRC will be accountable for providing the following during the timeframe covered by this agreement:

- A. Fiscal Agent** FRC shall act as the fiscal agent for its assigned responsibilities under this Agreement and, if other organizations are incorporated into the process with CFRA's written approval, shall allocate all project funds as mutually agreed upon.
- B. Data Collection** FRC agrees to utilize the identified CFRA data collection platform, which will be provided for free by CFRA, to allocate funds and track results for the duration of the grant.
- C. Reporting** FRC agrees to provide all required reports, including reports on process and results, in an accurate and timely manner. This includes reporting results produced by any "sub-contracting" organizations. Data collected shall include but not limited to the number of foster family beneficiaries, Tribal/Native American beneficiaries served, number of individual beneficiaries receiving material goods, parenting resources, links to local, state, and federal benefits, mental health/counseling services, assistance with isolation needs and utilities. Additionally, descriptions of goods/services provided per service, the successes, and challenges in providing those services.

IV. PAYMENT PROVISIONS

- A.** The maximum amount payable under this Agreement shall not exceed \$5,174.40. Upon execution of this MOU and CFRA's receipt of funding from the California Department of Social Services, an initial advance payment will be issued to FRC in the amount equivalent to 40% of the FRC's total funding.

40% of total award \$2,069.76 will be paid within 5 business days of executed MOU including the budget.

Up to 50% of total award \$2,587.20 will be paid in monthly increments based on actual expenses, within 5 business days of approved invoices and data submission.

The last 10% of the total award \$517.44 will be paid in July 2022 within 5 business days of approved final invoice and final data submission.

FRC will use the provided Budget and Invoice template to submit an initial invoice for April through September 2021 and then submit invoices each month for October 2021 thru June 2022.

Invoices are due to CFRA no later than the 20th of the following month.

Funds advanced will be deducted from invoices until paid in full. Invoices are due to CFRA even if the advance is more than the invoiced amount. Funds advanced but not supported by invoices and data submission must be returned to CFRA no later than July 31, 2022.

- B.** For services satisfactorily rendered, and upon receipt and approval of invoice(s), CFRA agrees to pay the FRC for said services in accordance with the rates specified in EXHIBIT B.
- C.** Signed invoices along with the provided Budget/Invoice/Data Collection excel spreadsheets shall be submitted to CFRA for payment to: Madison York at myork@thecapcenter.org

V. TERMS AND CONDITIONS

FRC and CFRA agree to the terms and conditions for funding the work described in this Agreement:

FRC/Lead Name: **First 5 Mono**



FRC/Lead Primary Contact: **Molly DesBaillets**
FRC/Lead Secondary Contact: **Zoraya Cruz**
Phone: **760-924-7626**
E-mail: **mdesbaillets@monocoe.org**
Address (Street): **PO Box 130**
City, State, Zip: **Mammoth Lakes, CA 93546**

Project Period: April 1, 2021 to June 30, 2022

VI. GOAL SETTING AND REPORTING PROCEDURES

- A. FRC agrees to work with CFRA to establish reasonable, measurable outcomes to help determine the effectiveness of the project.

VII. PROHIBITED EXPENSES

- A. Capital Expenses (any expense \$5000 or more to buy, maintain or improve fixed assets such as buildings, vehicles, equipment or land) are not allowed.
- B. Expenses incurred outside the project period are not allowed.

VIII. MISCELLANEOUS

- A. FRC agrees to continue to maintain its eligibility for this project funding during the entire period covered by this Agreement. This includes, but is not limited to, maintaining its status as an organization qualified under 501 (c)(3) of the Internal Revenue Code, State of California Nonprofit registration, and maintaining its principal place of operation within California.
- B. CFRA cannot accept legal responsibility for the project. Accordingly, the FRC agrees to indemnify and hold harmless CFRA from any and all liability which may be incurred in connection with the FRC’s participation in and administration of this project. The FRC shall obtain and keep in force for the term of this MOU, comprehensive general liability insurance in an amount not less than \$1 million per occurrence insuring against bodily injury, personal injury and property damage. The FRC shall name CFRA as an additional insured party for the comprehensive general liability insurance and is responsible for guaranteeing that a copy of the Certificate of Insurance is submitted to the CFRA with this MOU.

IX. CERTIFICATION

I, the authorized representative of **First 5 Mono** certify in good faith, by initialing, that I agree to all terms and conditions as outlined in the Standard Agreement attached to this MOU.

IX. SIGNATORIES

In witness whereof, this MOU has been executed by the parties hereto.

A. First 5 Mono

Printed Name

Title



Signature

Date

A. California Family Resource Association

Sheila Boxley
Printed Name

President & Chief Executive Officer
Title



9/14/2021

Signature

Date



**AGREEMENT BETWEEN THE COUNTY OF MONO
AND THE MONO COUNTY CHILDREN AND FAMILIES COMMISSION FOR
THE PROVISION OF
FAMILY BEHAVIORAL HEALTH SUPPORT GROUP SERVICES**

INTRODUCTION

WHEREAS, the County of MONO (hereinafter referred to as "County") may have the need for FAMILY BEHAVIORAL HEALTH SUPPORT GROUPS provided by THE MONO COUNTY CHILDREN AND FAMILIES COMMISSION, (hereinafter referred to as "Contractor"). The following covenants, terms, and conditions are in consideration of the mutual promises:

TERMS AND CONDITIONS

1. SCOPE OF WORK.

Contractor shall furnish to 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 Mono County Behavioral Health Director, Robin K. Roberts. Requests to the Contractor for work or services to be performed under this Agreement will be based upon County's need for such services. 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 County under this Agreement. County by this Agreement incurs no obligation or requirement to request from Contractor the performance of any services or work at all, even if County should have some need for such services or work during the term of this Agreement.

Services and work provided by the Contractor at 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, regulations, and resolutions. Such laws, ordinances, regulations, and resolutions include, but are not limited to, those which are referred to in this Agreement.

2. TERM.

The term of this Agreement shall be from July 1, 2021 to June 30, 2024 unless sooner terminated as provided below.

3. CONSIDERATION.

- A. Compensation. County shall pay to Contractor in accordance with the Schedule of Fees (set forth as Attachment B) for the services and work described in the

Scope of Work (set forth as Attachment A) performed by Contractor at the County's request.

- B. Travel and Per Diem. Contractor will not be paid or reimbursed for travel expenses or per diem which Contractor incurs in providing services and work requested by County under this Agreement.
- 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, 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 \$120,000, or \$40,000 per contract year through June 30, 2024 (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 in excess of the contract limit.
- E. Billing and Payment. Contractor shall submit to the County, once each quarter, an itemized statement of all services and work described in the Scope of Work, which was provided at County's request. This statement will be submitted to the County not later than the fifth (5th) day of the first month of the succeeding quarter. The statement to be submitted will cover the period from the first (1st) day of the preceding quarter through and including the last day of the preceding quarter. This statement will identify the date on which the services and work were performed and describe the nature of the services and work that were performed on each day. Upon timely receipt of the statement by the fifth day of the first month of the succeeding quarter, County shall make payment to Contractor on the last day of the first month of the succeeding quarter.
- 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 will withhold California State income taxes from payments made under this Agreement to non-California 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. To facilitate this reporting, Contractor shall complete and submit to the County an Internal Revenue Service (IRS) Form W- 9.

4 WORK SCHEDULE.

Contractor's obligation is to perform, in a timely manner, those services and work identified in Attachment A which is requested by County. It is understood by Contractor that the performance of these services and work will require a varied schedule. Contractor will arrange his/her/its own schedule, but will coordinate with County to insure 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 County. At County's request, Contractor will provide County with evidence of current and valid licenses, certificates and permits which 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.

Contractor shall provide such office space, supplies, equipment, vehicles, reference materials, 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.

Personal Property of County. Any personal property such as, but not limited to, protective or safety devices, badges, identification cards, keys, etc. provided to Contractor by County pursuant to this Agreement are, and at the termination of this Agreement remain, the sole and exclusive property of 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, which is the result of Contractor's negligence or intentional act.

8. INSURANCE.

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:

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.

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 \$2,000,000.00 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 Liability Insurance.

A policy of Comprehensive Automobile 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. 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.

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 policy(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.

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.

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, hires, and employees, relating to the performance of this Agreement, shall be performed as independent contractors, and not as agents, officers, or employees of County. Contractor, by virtue of this Agreement, has no authority to bind or incur any obligation on behalf of County. Except as expressly provided in Attachment A, Contractor has no authority or responsibility to exercise any rights or power vested in the County. 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 or considered to create an employer-employee relationship or 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, hires, and employees are, and at all times during the term of this Agreement shall represent and conduct themselves as, independent contractors, and not as employees of County.

11. DEFENSE AND INDEMNIFICATION.

Contractor shall defend, 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, hires, 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, or 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 which is caused in whole or in part by any act or omission of the Contractor, its agents, employees, hires, suppliers, or any one 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.

12. RECORDS AND AUDIT.

- A. Records. Contractor shall prepare and maintain all records required by the various provisions of this Agreement, and as required pursuant to federal, state, county, municipal, ordinances, regulations, and/or 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, microphotographs, 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, which 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, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sexual orientation, age, or sex. 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 there under 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. CANCELLATION.

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

15. ASSIGNMENT.

This is an agreement for the 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 County, unless specified in the Scope of Work for the provision of support group facilitators. Further, Contractor shall not assign any monies due or to become due under this Agreement without prior written consent of County.

16. DEFAULT.

If the Contractor abandons the work, or fails to proceed with the work and services requested by County in a timely manner, or fails in any way as required to conduct the work and services as required by County, County may declare the Contractor in default and terminate this Agreement upon five (5) business 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 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 twenty-three (23) below.

18. CONFIDENTIALITY.

Contractor agrees to comply with the 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 require all persons hired by Contractor to facilitate the family behavioral health support groups to execute confidentiality agreements. Contractor agrees to keep confidential all such information and records. Disclosure of such confidential, privileged, or protected information shall be made by Contractor only with the express written consent of the County. Contractor agrees to abide by all Health Insurance Portability and Accountability Act (HIPAA) requirements set forth in Attachment C to this Agreement "HIPAA Business Associate Agreement." Notwithstanding the provisions of this paragraph, Contractor and its employees, agents, officers, and representatives shall ensure that all known or suspected instances of child abuse or neglect are reported to a child protective agency.

19. CONFLICTS.

Contractor agrees that it has no interest, and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of the work and services under this Agreement. Contractor agrees to require all persons hired by Contractor to declare they will comply with the provisions of this paragraph.

20. POST AGREEMENT COVENANT.

Contractor agrees not to use any confidential, protected, or privileged information which is gained from the County in the course of providing services and work under this Agreement, for any personal gain, or enhancement. Further, Contractor agrees for a period of two 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. Contractor agrees to require all persons hired by Contractor to facilitate the family behavioral health support groups to execute a post agreement covenant that complies with the terms of this paragraph.

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 County to enter this Agreement is based upon available funding from various sources, including Proposition 63 monies. In the event that such funding fails, is reduced, or is modified, from one or more sources, County has the option to cancel, reduce, or modify this Agreement, or any of its terms within twenty calendar (20) days of its notifying Contractor of the cancellation, reduction, or modification of available funding. Any reduction or modification of this Agreement made pursuant to this provision must comply with the requirements of paragraph 23 (Amendment).

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 is in written form and executed with the same formalities as this Agreement, 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 either party during the terms 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 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 _____ DATE OF _____ 2022.

COUNTY OF MONO

CONTRACTOR

By: _____
County Administrative Officer

By: _____

Dated: _____

Dated: _____

Taxpayer ID Number _____

APPROVED AS TO FORM:

County Counsel

County Counsel for Contractor

APPROVED AS TO INSURANCE

County Risk Manager

ATTACHMENT A

AGREEMENT BETWEEN THE COUNTY OF MONO AND THE MONO COUNTY CHILDREN AND FAMILIES COMMISSION FOR THE PROVISION OF FAMILY BEHAVIORAL HEALTH SUPPORT GROUP SERVICES TERM: 07/01/21 TO: 06/30/24 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 family behavioral health support groups (hereinafter referred to as "Support Groups" or "Peapod Playgroups") in a manner that is consistent with Mono County's Mental Health Services Act Prevention and Early Intervention Programs as outlined in the Mental Health Services Act Annual Update and/or Three-Year Plan.

The focus of the project is on the development of Support Groups countywide to enhance the mental health of families across the county. The project will seek to increase the access to, and provide a forum for, "underserved" groups of family behavioral health 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 expected outcomes/objectives of this program include: decreasing isolation by providing families with increase social supports, destigmatizing seeking behavioral health services, increasing awareness around mental health issues and resources, and linking families to community services.

The Support Groups will foster 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 families to engage in discussion of mental health issues and provide a forum to encourage family behavioral health to gain stronger ties and connection to their community.

Topics that will be covered in each family behavioral health support group may include: basic mental health issues, parenting skills and strategies, incorporating an infant into existing family structure, breastfeeding support, recognizing the early signs of depression and other pre- and post- partum mental health issues, nutrition, and community resources. 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.

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.

While providing these services, Contractor will identify Support Group participants who may need mental health or other services and will refer as needed. Referrals to Mono County Behavioral Health (MCBH) shall be reported by First 5 to MCBH using a system determined by the two

agencies. This process will allow MCBH to track such required PEI data as the number of referrals and the number of individuals who follow through on the referrals.

Contractor shall collect and maintain data from both weekly and Support-Group-end participant surveys and evaluate it locally to determine trends. The contractor will also collect attendance and demographic data (as outlined in the Mental Health Services Act Prevention and Early Intervention data collection requirements), as well as outcomes data regarding knowledge and attitudes around mental health services. Data shall be turned in to County twice annually, along with the Contractor's request for payment for the second and fourth quarters. 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. Additionally, the contractor will seek feedback on marketing and outreach strategies to grow the program in the different communities it serves.

The county shall provide mental health training for the Mono County Children and Families Commission staff or contractors providing these services as needed.

Frequency of Groups

Contractor shall ensure that each Support Group is run 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 run in Mammoth Lakes.

Four (4) ten-session Spanish speaking Support Groups will be run in Mammoth Lakes.

Four (4) ten-session English Support Groups will be run 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 run 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.

ATTACHMENT B

AGREEMENT BETWEEN COUNTY OF MONO AND THE MONO COUNTY CHILDREN AND FAMILIES COMMISSION FOR THE PROVISION OF FAMILY BEHAVIORAL HEALTH SUPPORT GROUP SERVICES TERM: 07/01/21 TO: 06/30/21

SCHEDULE OF FEES:

Contractor shall be paid an amount up to \$40,000 for services and for coordination of services as described in the Scope of Work and for administering and paying for the required Support Groups, data collection and reporting, and related activities required in the Scope of Work.

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 Mental 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 MCCFC. Documentation may include actual invoices, pay records for stipends paid to staff or independent contractors, etc.

ATTACHMENT C

COUNTY OF MONO HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) BUSINESS ASSOCIATE TERMS AND CONDITIONS

HIPAA BUSINESS ASSOCIATE AGREEMENT

This Attachment shall constitute the Business Associate Agreement (the "Agreement") between Contractor, (the "Business Associate") and the County of Mono (the "Covered Entity"), and applies to the functions Business Associate will perform on behalf of Covered Entity (collectively, "Services"), that are identified in the Master Agreement (as defined below).

1. Purpose.

This Agreement is intended to ensure that the Business Associate will establish and implement appropriate privacy and security safeguards with respect to "Protected Health Information" (as defined below) that the Business Associate may create, receive, use, or disclose in connection with the Services to be provided by the Business Associate to the Covered Entity, and that such safeguards will be consistent with the standards set forth in regulations promulgated under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") as amended by the Health Information Technology for Economic and Clinical Health Act as set forth in Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 ("HITECH Act").

2. Regulatory References.

All references to regulatory Sections, Parts and Subparts in this Agreement are to Title 45 of the Code of Federal Regulations as in effect or as amended, and for which compliance is required, unless otherwise specified.

3. Definitions.

Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms defined in Sections 160.103, 164.304 and 164.501.

- (a) Business Associate. "Business Associate" shall mean the party identified above as the "Business Associate".
- (b) Breach. "Breach" shall have the same meaning as the term "breach" in Section 164.402.
- (c) Covered Entity. "Covered Entity" shall mean the County of Mono, a hybrid entity, and its designated covered components, which are subject to the Standards for Privacy and Security of Individually Identifiable Health Information set forth in Parts 160 and 164.
- (d) Designated Record Set. "Designated Record Set" shall have the same meaning as the term "designated record set" in Section 164.501.
- (e) Electronic Protected Health Information. "Electronic Protected Health Information" ("EPHI") is a subset of Protected Health Information and means individually identifiable health information that is transmitted or maintained in electronic media, limited to the information created, received, maintained or transmitted by Business Associate from or on behalf of Covered Entity.

- (f) Individual. "Individual" shall have the same meaning as the term "Individual" in Section 160.103 and shall include a person who qualifies as a personal representative in accordance with Section 164.502(g).
- (g) Master Agreement. "Master Agreement" shall mean the contract or other agreement to which this Attachment is attached and made a part of.
- (h) Minimum Necessary. "Minimum Necessary" shall mean the minimum amount of Protected Health Information necessary for the intended purpose, as set forth at Section 164.514(d)(1): *Standard: Minimum Necessary Requirements*.
- (i) Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at Part 160 and Part 164, Subparts A and E.
 - a. G) Protected Health Information. "Protected Health Information" shall have the same meaning as the term "protected health information" in Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- (k) Required by Law. "Required by law" shall have the same meaning as the term
- (l) "required by law" in Section 164.103.
- (m) Secretary. "Secretary" shall mean the Secretary of the United States Department of Health and Human Services ("DHHS") or his/her designee.
- (n) Security Incident. "Security Incident" shall mean the attempted or successful
- (o) unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system, but does not include minor incidents that occur on a daily basis, such as scans, "pings", or unsuccessful random attempts to penetrate computer networks or servers maintained by Business Associate.
- (p) Security Rule. "Security Rule" shall mean the Security Standards for the Protection
- (q) of Electronic Protected Health Information at 45 CFR Part 160 and Part 164, Subparts A and C.
- (r) Unsecured Protected Health Information. "Unsecured Protected Health Information" shall have the same meaning as the term "unsecured protected health information" in Section 164.402, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

4. Compliance with the HIPAA Privacy and Security Rules.

- (a) Business Associate acknowledges that it is required by Sections 13401 and 13404 of the HITECH Act to comply with the HIPAA Security Rule, Sections 164.308 through 164.316, and the use and disclosure provisions of the HIPAA Privacy Rule, Sections 164.502 and 164.504.
- (b) Business Associate agrees not to use or further disclose Protected Health Information other than as permitted or required by this Agreement, or as required by law.

5. Permitted Uses and Disclosures.

- (a) Except as otherwise limited in 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 in Exhibit 1 to this Attachment, which if completed and attached hereto is incorporated by reference, or as otherwise specified in the Scope of Work (Attachment A) of the Master Agreement, subject to limiting use and disclosure to applicable minimum necessary rules, regulations and statutes and provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity.
- (b) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry

out the legal responsibilities of the Business Associate.

- (c) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (d) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by Section 164.504(e)(2)(i)(B).
- (e) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities consistent with Section 164.5020).

6. Appropriate Safeguards.

- (a) Business Associate agrees to use appropriate safeguards to prevent the use or disclosure of Protected Health Information other than as provided for by this Agreement. Appropriate safeguards shall include implementing administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Protected Health Information that is created, received, maintained or transmitted on behalf of the Covered Entity and limiting use and disclosure to applicable minimum necessary rules, regulations and statutes.
- (b) To the extent practicable, Business Associate will secure all Protected Health Information by technological means that render such information unusable, unreadable, or indecipherable to unauthorized individuals and in accordance with any applicable standards or guidance issued by the Department of Health and Human Services under Section 13402 of the HITECH Act.

7. Reporting Unauthorized Uses and Disclosures.

- (a) Business Associate agrees to notify Covered Entity of any breach, or security incident involving Unsecured Protected Health Information of which it becomes aware, including any access to, or use or disclosure of Protected Health Information not permitted by this Agreement. Such notification will be made within five (5) business days after discovery and will include, to the extent possible, the identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, used or disclosed, a description of the Protected Health Information involved, the nature of the unauthorized access, use or disclosure, the date of occurrence, and a description of any remedial action taken or proposed to be taken by Business Associate. Business Associate will also provide to Covered Entity any other available information that the Covered Entity is required to include in its notification to the Individual under Section 164.404(c) at the time of the initial report or promptly thereafter as the information becomes available.
- (b) In the event of a request by law enforcement under Section 164.412, Business Associate may delay notifying Covered Entity for the applicable timeframe.
- (c) A breach or unauthorized access, use, or disclosure shall be treated as discovered by the Business Associate on the first day on which such unauthorized access, use, or disclosure is known, or should reasonably have been known, to the Business Associate or to any person, other than the individual committing the unauthorized disclosure, that is an employee, officer, subcontractor, agent or other representative of the Business Associate.
- (d) In meeting its obligations under this section, it is understood that Business Associate is not acting as the Covered Entity's agent. In performance of the work, duties, and obligations and in the exercise of the rights granted under this Agreement, it is understood and agreed that Business Associate is at all times acting as an independent contractor in providing services

pursuant to this Agreement and the Master Agreement.

5. Mitigating the Effect of a Breach, Security Incident, or Unauthorized Access, Use or Disclosure of Unsecured Protected Health Information.

- (a) Business Associate agrees to mitigate, to the greatest extent possible, any harm that results from the breach, security incident, or unauthorized access, use or disclosure of Unsecured Protected Health Information by Business Associate or its employees, officers, subcontractors, agents, or other representatives.
- (b) Following a breach, security incident, or any unauthorized access, use or disclosure of Unsecured Protected Health Information, Business Associate agrees to take any and all
- (c) corrective action necessary to prevent recurrence, to document any such action, and to make said documentation available to Covered Entity.
- (d) Except as required by law, Business Associate agrees that it will not inform any third party of a breach or unauthorized access, use or disclosure of Unsecured Protected Health Information without obtaining the Covered Entity's prior written consent. Covered Entity hereby reserves the sole right to determine whether and how such notice is to be provided to any Individuals, regulatory agencies, or others as may be required by law, regulation or contract terms, as well as the contents of such notice.

9. Indemnification.

- (a) Business Associate agrees to hold harmless, defend at its own expense, and indemnify Covered Entity for the costs of any mitigation undertaken by Business Associate pursuant to Section 8, above.
- (b) Business Associate agrees to assume responsibility for any and all costs associated with the Covered Entity's notification of individuals affected by a breach or unauthorized access, use or disclosure by Business Associate or its employees, officers, subcontractors, agents or other representatives when such notification is required by any state or federal law or regulation, or under any applicable contract to which Covered Entity is a party.
- (c) Business Associate agrees to hold harmless, defend at its own expense and indemnify Covered Entity and its respective employees, directors, officers, subcontractors, agents or other members of its workforce (each of the foregoing hereinafter referred to as "Indemnified Party") against all actual and direct losses suffered by the Indemnified Party and all liability to third parties arising from or in connection with any breach of this Agreement or from any acts or omissions related to this Agreement by Business Associate or its employees, directors, officers, subcontractors, agents or other members of its workforce. Accordingly, on demand, Business Associate shall reimburse any Indemnified Party for any and all actual and direct losses, liabilities, lost profits, fines, penalties, costs or expenses (including reasonable attorneys' fees) which may for any reason be imposed upon any Indemnified Party by reason of any suit, claim, action, proceeding or demand by any third party which results from the Business Associate's acts or omissions hereunder. Business Associate's obligation to indemnify any Indemnified Party shall survive the expiration or termination of this Agreement.

10. Individuals' Rights.

- (a) Business Associate agrees to provide access, at the request of Covered Entity, and in the time and manner designated by the Covered Entity, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual, or a person or entity designated by the Individual in order to meet the requirements under Section 164.524 and HITECH Act Section 13405(e)(1).
- (b) Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to make pursuant to Section 164.526, at the request of Covered Entity or an Individual, and in the time and manner designated by the Covered Entity.
- (c) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with Section 164.528.
- (d) Business Associate agrees to provide to Covered Entity or an Individual, in the time and manner designated by Covered Entity, information collected in accordance with Section IO(c) of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with Section 164.528.
- (e) Business Associate agrees to comply with any restriction to the use or disclosure of Protected Health Information that Covered Entity agrees to in accordance with Section 164.522.

11. Obligations of Covered Entity.

- (a) Covered Entity shall provide Business Associate with the notice of privacy practices that Covered Entity produces in accordance with Section 164.520, as well as any changes to such notice.
- (b) Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect Business Associate's permitted or required uses and disclosures.
- (c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with Section 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

12. Agents and Subcontractors of Business Associate.

- (a) Business Associate agrees to ensure that any agent, subcontractor, or other representative to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees in writing to the same restrictions, conditions and requirements that apply through this Agreement to Business Associate with respect to such information, including the requirement to promptly notify the Business Associate of any instances of unauthorized access to or use or disclosure of Protected Health Information of which it becomes aware. Upon request, Business Associate shall provide copies of such agreements to Covered Entity.
- (b) Business Associate shall implement and maintain sanctions against any agent, subcontractor or other representative that violates such restrictions, conditions or requirements and shall mitigate the effects of any such violation.

13. Audit, Inspection, and Enforcement

(a) Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity, available to any state or federal agency, including the Secretary, for the purposes of determining compliance with HIPAA and any related regulations or official guidance.

(b) With reasonable notice, Covered Entity and its authorized agents or contractors may audit and/or examine Business Associate's facilities, systems, policies, procedures, and documentation relating to the security and privacy of Protected Health Information to determine compliance with the terms of this Agreement. Business Associate shall promptly correct any violation of this Agreement found by Covered Entity and shall certify in writing that the correction has been made. Covered Entity's failure to detect any unsatisfactory practice does not constitute acceptance of the practice or a waiver of Covered Entity's enforcement rights under this Agreement.

14. Permissible Requests by Covered Entity.

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

15. Term and Termination.

- (a) The terms of this Agreement shall remain in effect for the duration of all services provided by Business Associate under the Master Agreement and for so long as Business Associate remains in possession of any Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity unless Covered Entity has agreed in accordance with this section that it is not feasible to return or destroy all Protected Health Information.
- (b) Upon termination of the Master Agreement, Business Associate shall recover any Protected Health Information relating to the Master Agreement and this Agreement in its possession and in the possession of its subcontractors, agents or representatives. Business Associate shall return to Covered Entity, or destroy with the consent of Covered Entity, all such Protected Health Information, in any form, in its possession and shall retain no copies. If Business Associate believes it is not feasible to return or destroy the Protected Health Information, Business Associate shall so notify Covered Entity *in writing*. The notification shall include: (1) a statement that the Business Associate has determined that it is not feasible to return or destroy the Protected Health Information in its possession, and (2) the specific reasons for such determination. If Covered Entity agrees in its sole discretion that Business Associate cannot feasibly return or destroy the Protected Health Information, Business Associate shall ensure that any and all protections, requirements and restrictions contained in the Master Agreement and this Agreement shall be extended to any Protected Health Information for so long as Business Associate maintains such Protected Health Information, and that any further uses and/or disclosures will be limited to the purposes that make the return or destruction of the Protected Health Information infeasible.
- (c) Covered entity may immediately terminate the Master Agreement if it determines that Business Associate has violated a material term of this Agreement.

16. Amendment.

The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity and Business Associate to comply with the requirements of the HIPAA Privacy and Security Rules and the HITECH Act.

17. Entire Agreement.

This Attachment constitutes the entire HIPAA Business Associate Agreement between the parties, and supersedes any and all prior HIPAA Business Associate Agreements between them.

18. Notices.

- (a) All notices required or authorized by this Agreement shall be in writing and shall be delivered in person or by deposit in the United States mail, by certified mail, postage prepaid, return receipt requested. Any notice sent by mail in the manner prescribed by this paragraph shall be deemed to have been received on the date noted on the return receipt or five days following the date of deposit, whichever is earlier.
- (b) Any mailed notice, demand, request, consent, approval or communication that Covered Entity desires to give to Business Associate shall be addressed to Business Associate at the mailing address set forth in the Master Agreement.
- (c) Any mailed notice, demand, request, consent, approval or communication that Business Associate desires to give to Covered Entity shall be addressed to Covered Entity at the following address:

Mono County Privacy Officer
Office of County Counsel
P.O. Box 2415
Mammoth Lakes, CA 93546

- (d) For purposes of subparagraphs (b) and (c) above, either party may change its address by notifying the other party of the change of address.

19. Lost Revenues; Penalties/Fines.

- (a) Lost Revenues. Business Associate shall make Covered Entity whole for any revenues lost arising from an act or omission in billing practices by Business Associate.
- (b) Penalties/Fines for Failure to Comply with HIPAA. Business Associate shall pay any penalty or fine assessed against Covered Entity arising from Business Associate's failure to comply with the obligations imposed by HIPAA.
- (c) Penalties/Fines (other). Business Associate shall pay any penalty or fine assessed against Covered Entity arising from Business Associate's failure to comply with all applicable Federal or State Health Care Program Requirements, including, but not limited to any penalties or fines which may be assessed under a Federal or State False Claims Act provision.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
SACRAMENTO COUNTY OFFICE OF EDUCATION
AND FIRST 5 MONO COUNTY**

This Memorandum of Understanding (MOU) is entered into between the Sacramento County Office of Education (SCOE) and First 5 Mono County (First 5).

The purpose of this MOU is to detail the roles and responsibilities of SCOE and First 5 for participation in professional learning through the California Preschool Instructional Network (CPIN) funded by the California Department of Social Services (CDSS).

This MOU shall become effective upon the date of execution by both the parties and shall continue through June 30, 2022.

A. SCOE agrees to:

1. Provide a primary contact person for all work under this MOU.
2. Provide professional learning sessions for **Quality Counts California (QCC)** participants.
3. Provide and pay for presenters to deliver CPIN professional learning as described in the CPIN Scope of work.
4. Provide participant materials required for professional learning sessions.
5. Coordinate registration for all participants and provide registration confirmation within one week of professional learning sessions.
6. Provide a link to the California Early Care and Education Workforce Registry website for participants to register for CPIN professional learning sessions.
7. Collect and maintain attendance information for each participant and provide a copy to the First 5.
8. Verify attendance and provide a Certificate of Completion to each participant within two weeks after the sessions.

B. First 5 agrees to:

1. Provide a primary contact person for all work under this MOU.
2. Identify a First 5 designee responsible for communication with participants.
3. Inform participants of CPIN professional learning sessions with registration information provided upon receipt from SCOE.
4. Ensure participants use the California Early Care and Education Workforce Registry to register for CPIN professional learning sessions. A link to the registration site will be provided by SCOE.
5. Provide a minimum of 25 participants for each professional learning session. SCOE's Early Learning Department has the option of canceling the event if the minimum number of participants have not registered two weeks prior to the start of each session.

6. Ensure all participants have registered two weeks prior to a professional learning session. Return the session confirmation form with a list of participants to the SCOE designated contact person no later than two weeks prior to the session.
7. Provide a First 5 representative on-site to greet SCOE presenters upon arrival, assist with setup, and respond to any questions.
8. Arrival and pay for facilities, if applicable.
9. Arrange and pay for food, if applicable.

C. Fiscal

First 5 will pay SCOE a fee not to exceed \$1320.00 for one (1) virtual professional learning sessions. Session information is outlined in Exhibit A, attached hereto, and incorporated by reference. SCOE will invoice First 5 upon completion of the professional learning sessions and First 5 will submit payment to SCOE within 30 days of invoicing.

D. General Terms

1. Indemnity. Each party agrees to defend, indemnify, and hold harmless the other party (including its directors, agents, officers, and employees), from any claim, action, or proceeding arising from any actual or alleged act or omission of the indemnifying party, its director, agents, officers, or employees arising from the indemnifying party's duties and obligations described in this agreement or imposed bylaw.

It is the intention of the parties that the provisions of this paragraph be interpreted to impose on each party responsibility to the other for the acts and omissions of their respective elected and appointed officials, employees, representatives, agents, and subcontractors. It is also the intention of the parties that where comparative fault is determined to have been contributory, principles of comparative fault will be followed. This provision will survive the termination of this agreement.

2. Independent Agents. This MOU is by and between independent agents and does not create the relationship of agent, servant, employee, partnership, joint venture and/or association between the independent agents.
3. Nondiscrimination. Any service provided by the parties pursuant to this Agreement shall be without discrimination based on the actual or perceived race, religious creed, color, national origin, nationality, immigration status, ethnicity, ethnic group identification, ancestry, age, marital status, pregnancy, physical or mental disability, medical condition, genetic information, gender, gender identity, gender expression, sex, or sexual orientation, in accordance with all applicable Federal and State laws and regulations.

4. Insurance. All parties shall maintain in full force Commercial Liability Insurance with limits of no less than \$1,000,000 per occurrence. Such requirement may be satisfied by coverage through a joint powers' authority. Evidence of insurance coverage shall be furnished upon request by a party to this agreement.
5. Entire Agreement. This MOU constitutes the entire agreement and understanding of the parties. All prior understandings, terms or conditions are deemed merged into this MOU. Any changes to this MOU must be agreed to in writing by all parties.
6. Termination: Either party may terminate this agreement by providing written notice to the other party no later than 2 weeks prior to a training session. In the event of such determination, the SCOE may proceed with the work in any manner deemed proper by the SCOE. First 5 will pay SCOE for work completed prior to the date of receipt of the termination notice.
7. Execution. The undersigned represent that they are authorized representatives of the parties. This MOU may be executed in counterparts each of which shall be deemed an original, but all of which together shall constitute one and the same document. Photographic copies of the signed counterparts may be used in lieu of the originals for any purpose.

Sacramento County Office of Education

First 5 Mono County

Brent Malicote
Assistant Superintendent Educational
Services

Name
Title
Vendor Code for training (if applicable) _____

Signature and Date

Signature and Date

Exhibit A

Projected CPIN Professional Learning
provided by SCOE for First 5

Total Number of virtual Session. 1

Session Title	Length of Session
Social-Emotional Development: Social Interaction	3

Number of CPIN Certified Instructors per session: 3

Number of CPIN Certified Instructors charged for per session: 3

Estimated staff cost per session:

\$614.00

\$270.00

\$327.00

(Includes staff time for preparation and facilitation of session)

Estimated materials/postage/other resource cost per session: \$5.00

Resources and materials for 25 participants per session

Total estimated cost not to exceed \$1320.00

Estimated total includes all costs for all session(s) as outlined above

* Session titles may be adjusted based on agreement between agencies if there is no impact to the agreed financial terms outlined above.



Annual Report AR-1

Mono Revenue and Expenditure Summary

July 1, 2020 - June 30, 2021

Revenue Detail

Category	Amount
Tobacco Tax Funds	\$70,948
First 5 IMPACT 2020 Funds	\$88,505
Small Population County Augmentation Funds	\$279,052
DLL Pilot Funds	\$0
Other First 5 California Funds	\$99,638
Other First 5 California Funds Description Region 6 Training and Technical Assistance Hub funds, to coordinate regional efforts in Alpine Inyo and Mono Counties, 92,048; Home Visiting Coordination, \$7,590;	
Other Public Funds	\$111,710
Other Public Funds Description R&R and COE, training costs, \$1,600; Mono County, support evidence based home visiting, \$107,573; COE, Round Up Advertising \$2,000; Napa Infant Parent Mental health Fellowship, refund, 248; \$289	
Donations	\$0
Revenue From Interest Earned	\$7,233
Grants	\$268,336
Grants Description CAPIT, Home Visiting, 60,150; CalWORKS HVP, Home Visiting for CalWORKS recipients, \$4,077; Mono County Behavioral Health, playgroups, \$40,000; CSPP BG, State Preschool support for Quality Counts CA, \$22,409; CDBG Preschool, administer grant and contract to operate preschool, 87,156; PDGR, support childcare providers, \$26,739; prop 10, School Readiness, \$21,330; in-kind CAPIT 6,475	
Other Funds	\$0
Other Funds	
Total Revenue	\$925,422

Improved Family Functioning

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
General Family Support	First 5 County Commission	<ul style="list-style-type: none"> Playgroups 	19	19	0	\$41,914
General Family Support	First 5 County Commission	<ul style="list-style-type: none"> Not Applicable (School Readiness activities: school readiness assessments, kindergarten round up, early literacy--free books to kids) 	200	200	0	\$15,505
Family Literacy and Book Programs	County Office of Education/School District	<ul style="list-style-type: none"> Raising a Reader 	61	61	10	\$22,253
Total						\$79,672

Improved Child Development

Service	Grantee	Program(s)	Children	Caregivers	Providers	Amount
Quality Early Learning Supports	First 5 County Commission	<ul style="list-style-type: none"> Quality Counts California 	262	128	23	\$233,964
Early Learning Program Direct Costs	County Office of Education/School District	<ul style="list-style-type: none"> Preschool/Childcare 	8	15	1	\$88,087
Total						\$322,051

Improved Child Health

Service	Grantee	Program(s)	Children	Caregivers	Providers	Unique Families	Amount
General Health Education and Promotion	County Office of Education/School District	<ul style="list-style-type: none"> Safety Education 	100	100	0	0	\$5,000
Oral Health Education and Treatment	First 5 County Commission	<ul style="list-style-type: none"> Other - Describe county commission local efforts 	262	262	23	0	\$13,295
Perinatal and Early Childhood Home Visiting	First 5 County Commission	<ul style="list-style-type: none"> Parents as Teachers 	113	131	0	96	\$373,446
Total							\$391,741

Improved Systems Of Care

Service	Grantee	Program(s)	Amount
Systems Building	First 5 County Commission	<ul style="list-style-type: none"> Not Applicable (Participate in all efforts as a member of the Child Abuse Prevention Council, Child Care Planning Council, Children's System of Care Collaborative. First 5 Association Executive Committee, First 5 Association REDI Committee, lead First 5 Association) 	\$28,978
Emergency and Disaster Relief	County Office of Education/School District	<ul style="list-style-type: none"> Direct Material Support 	\$10,000
Total			\$38,978

Expenditure Details

Category	Amount
Program Expenditures	\$832,442
Administrative Expenditures	\$71,344
Evaluation Expenditures	\$6,313
Total Expenditures	\$910,099
Excess (Deficiency) Of Revenues Over (Under) Expenses	\$15,323

Other Financing Details

Category	Amount
Sale(s) of Capital Assets	\$0
Other	\$0
Total Other Financing Sources	\$0

Net Change in Fund Balance

Category	Amount
Fund Balance - Beginning	\$591,686
Fund Balance - Ending	\$607,009
Net Change In Fund Balance	\$15,323

Fiscal Year Fund Balance

Category	Amount
Nonspendable	\$0
Restricted	\$0
Committed	\$325,900
Assigned	\$281,109
Unassigned	\$0
Total Fund Balance	\$607,009

Expenditure Note

No data entered for this section as of 10/21/2021 3:02:30 PM.

Small Population County Funding Augmentation Expenditure Detail

Category	Amount	Comment
Program: Evidence-Based	\$204,765	Raising a reader & parents as Teachers
Program: Evidence-Informed	\$5,000	Safe Kids
Program: Other Funded	\$2,877	Oral Health
Program: Professional Development, Training and Technical Assistance	\$0	
Administration	\$35,155	
Evaluation	\$0	
Other (Please Explain)	\$31,255	Systems Building
Total	\$279,052	
If unspent funds occurred during the FY, please list amount and provide explanation.	\$0	



Annual Report AR-2
Mono Demographic Worksheet
July 1, 2020 - June 30, 2021

Population Served

Category	Number
Providers	23
Children – Ages Unknown (birth to 6th Birthday)	400
Primary Caregivers	200
Total Population Served	623

Primary Languages Spoken in the Home

Category	Number of Children	Number of Primary Caregivers
Spanish	37	40
Other - Specify with text box European Languages	2	4
English	361	156
Totals	400	200

Race/Ethnicity of Population Served

Category	Number of Children	Number of Primary Caregivers
Hispanic/Latino	165	61
Alaska Native/American Indian	16	4
Asian	1	0
Black/African-American	1	0
Native Hawaiian or Other Pacific Islander	1	0
White	216	135
Totals	400	200

Duplication Assessment

Category	Data
Degree of Duplication	0%
Confidence in Data	Moderately confident
Additional Details (Optional)	



Annual Report AR-3

Mono County Evaluation Summary and Highlights

July 1, 2020 - June 30, 2021

County Evaluation Summary

Evaluation Activities Completed, Findings, and Policy Impact

<https://www.first5mono.org/wp-content/uploads/2019/10/First-5-Mono-Annual-Evaluation-Report-2019-20-FINAL-1.pdf> The FY 2019-20 Evaluation Report was completed by First5 Mono staff and presented to the First 5 Mono Commission and Board of Supervisors. Result highlights are: ---72% of the 18 indicators resulted in improvement or maintenance of the indicator over a three year period. ---School Readiness rates increase from 51% to 65% from 2019 to 2020 ---The percent of children prenatal to age 5 whose parents participated in Home Visiting rose from 22% to 30% from FY 2018-19 to 2019-20 In FY 20-21 all funded programs conducted evaluation activities to gather data on how many children where served and for more intensive programs other demographic information. Results will be used to complete the evaluation report for FY 2021-22.

County Highlights

County Highlight

Thanks to the partnership of families, childcare providers, funders, and community agencies, First 5 Mono continues to offer a strong system of support to children and families in Mono County through home visiting, playgroups, oral health support, school readiness and the Mono Alpine Childcare Quality System. Specific successes include: --Partnering with non-tax filing families to support access to the Child Tax Credit: through home visiting First 5 staff was able to share information about the Child Tax Credit and how to access it. This critical support to families is what many need most--an economic boost to provide for basic essentials of rent, food, and utilities for families. --Resuming in-person home visits, playgroups, and Kindergarten Round Up: working with the Health Department to get guidelines on safety practices and participation limitations in groups, First 5 staff began offering in-person services after ceasing them during the height of the COVID pandemic. Staff noted how critical it is to work with families in person to be the best possible resource to families. In person services allow for a better understanding of the child and family and are better able to decrease the isolation so many families face especially in a remote and rural community. --Sustaining a high percentage of provider participation in the Childcare Quality System--88% of licensed sites in the County. Thanks to providers for choosing to spend their time working towards higher levels of quality, children and families in Mono County who have a childcare provider are supported with professional development for their provider, developmental screenings for their children, and an intentional link to home visiting services. While the challenges of living in a rural and remote area are many, First 5 Mono and partners enjoy personal connections with one another contributing to streamlined work that quickly identifies challenges and often produces solutions.



FY 2020-21 Evaluation Report



Vision

All Mono County children will thrive in supportive, nurturing, and loving environments, enter school healthy and ready to learn, and be capable of reaching their full potential.

Mission

First 5 Mono County will be a leader in a community-oriented and family-centered support network for children prenatal to age five and their families, and is charged with improving outcomes in children's health, safety, and learning.

Goal

Enhance the network of support services for families with children ages 0 to 5

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Overview

The California Children and Families Act (also known as Proposition 10 or “First 5”) was enacted in 1998, which increased tobacco product taxes to fund services promoting early childhood development from prenatal to age 5. The Mono County Children and Families Commission, First 5 Mono, was created in 1999 as a County Commission by the Mono County Board of Supervisors to:

- Evaluate current and projected needs of children birth to five years old.
- Develop a strategic plan describing how to address community needs.
- Determine how to expend local First 5 resources.
- Evaluate the effectiveness of funded programs and activities.

In Fiscal Year 20-21, First 5 Mono received an annual baseline revenue from First 5 California of \$350,000 which includes tobacco tax allocations and Small Population County Funding Augmentations (SPCFA). Partner agencies like First 5 California, California Department of Education, and Mono County contribute additional funding. The 2019-2024 Strategic Plan guides Commission investments and helps meet statutory requirements by describing how Proposition 10 fund expenditures seek to promote a comprehensive and integrated system of early childhood development services.

The 2020-21 Evaluation Report helps fulfill the intended function of First 5 Mono, meets state and local requirements, and evaluates funded programs for the purposes of guiding quality improvement and fund allocation. The report includes data and analysis of the 20 indicators in the 2019-2024 Strategic Plan, logic models, findings, and conclusions. Guiding the format of the 2020-21 Evaluation Report are: Small Population County Funding Agreement requirements, example content from First 5 California, and First 5 California supported feedback from Child Trends on the 18-19 Evaluation Report.

Demographics

The US Census estimates for Mono County¹ are as follows:

	Population	0-5 Population
2018	14,250	691, 5%
2019	14,444	693, 5%

¹ <https://www.census.gov/quickfacts/monocountycalifornia> The Census Bureau will not release its standard 2020 ACS 1-year estimates because of the impacts of the COVID-19 pandemic on data collection. Experimental estimates, developed from 2020 ACS 1-year data, will be available on the [ACS Experimental Data webpage](#) no later than November 30th

Childhood poverty declined in Mono County between 2016 and 2018, as reported in the most recent Childcare Portfolio for Mono County from 2019: 7% of the 0-5 population was living in poverty, a decrease from 13% in 2016 (Appendix IX, Page 50). With the devastating economic impacts of COVID-19, the number of children living in poverty in Mono County shifted suddenly and dramatically after March 2019 due in large part to closures of hotels and restaurants in the primarily tourism-based local economy. As businesses reopened, employment rebounded and families' economic standing improved. The Child Tax Credit further supported the economic recovery of families with young children in Mono County. While the economy has largely rebounded since the COVID 19 pandemic began, children and families continued to struggle as evidenced by the downward trend for 45% of First 5 Mono Indicators.

Families' economic well being was dramatically impacted by the COVID 19 pandemic. After a decline in childhood poverty in Mono County's 0-5 population from 13% in 2016 to 7% in 2018 (Mono County Childcare Portfolio, 2019 appendix IX, page 50) COVID closures lead to job loss, unstable work schedules, and lack of care for children due to the closure of all licensed care and school in the County. The downward trend of 40% of First 5 Mono indicators begins to draw the picture of the struggles families faced. As businesses began to re-open the economy began to recover, but families continued to struggle to find affordable housing and childcare and access to stable employment with a living wage.

This Annual Evaluation report seeks to clearly illuminate issues of equity affecting the birth to 5 population in Mono County for the purposes of addressing racial and ethnic inequity in Mono County. A 2020 Race Matters report ranks Mono County 3rd worst in the State on an equity index (see pp.52), a data point future Commission efforts will seek to impact. Alongside nationwide and local movements to build systemic equity, First 5 Mono staff continued to participate in Racial Equity Diversity and Inclusion work through the First 5 Association and the Mono County Office of Education. Trainings moved beyond the individual to agency and community levels. This report demonstrates high levels of Hispanic families' participation in Home Visiting—First 5 Mono's largest investment. To continue Commission improvement in this area, an equity audit will be considered in the 2021-22 fiscal year.

INVESTMENT AREAS, PROGRAMS, & INDICATORS

Table 1 shows investment areas, programs, percent of the 0-5 population served, and associated outcomes for FY 2020-21. Numbers for each program are unduplicated, but across programs numbers include duplicates unless otherwise noted.

Table 1: Investment Areas, Programs, and Indicators

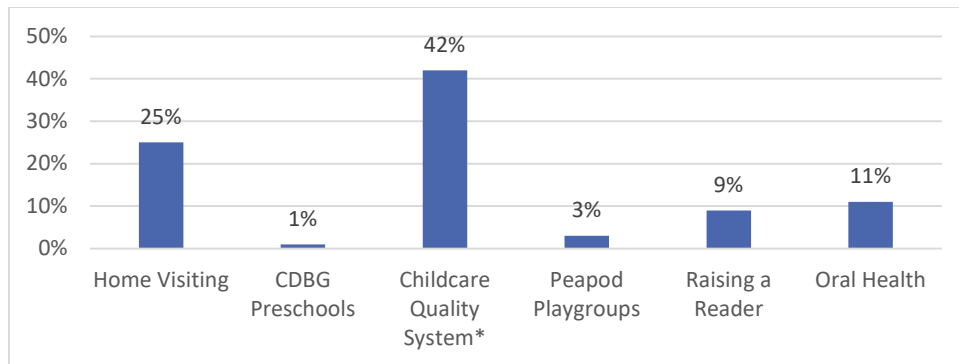
Investment Area	Program, % served	Indicators (number from pp 46-48)		
		Achieved, 20%	Static/ Unknown, 40%	Needs improvement, 40%
Improved Family Functioning	Home Visiting: Welcome Baby and Healthy Families, 25%	<ul style="list-style-type: none"> Higher participation rates children 0-1 (2) 	<ul style="list-style-type: none"> School readiness rate (9) Expected BMI (16*) Higher breastfeeding rates (15*) 	<ul style="list-style-type: none"> Higher participation rates children 0-5 (3) Developmental Screening rates (4*) Parents get developmental and parenting education (14*)
Improved Child Development	School Readiness: CDBG Preschool, 1%	<ul style="list-style-type: none"> Families attended Round Up (10) 	<ul style="list-style-type: none"> Preschool attendance by K entry (8*) School readiness rate (9) Kindergarteners assessed for readiness (13) 	<ul style="list-style-type: none"> Literacy programs accessed (11) Preschool slot availability (12)
	Raising a Reader, 9%, Transition to School: 81%			
	Family Behavioral Health: Peapod Playgroups, 2%	<ul style="list-style-type: none"> Parents satisfied (1) 	<ul style="list-style-type: none"> Parents participated in Peapod (19) 	<ul style="list-style-type: none"> Parents get developmental and parenting education (14*)
	Childcare Quality, 17% (omitting estimated 28% duplication)	<ul style="list-style-type: none"> Provider permit attainment rate (6) Developmental screening rate (4*) 		<ul style="list-style-type: none"> Childcare availability (7) Children in high quality care (5)
Child Health	Oral Health, 11%		<ul style="list-style-type: none"> Annual dental screening rate (17*) Low number of Children at K entry with untreated dental problems (18*) 	
	Child Safety,			<ul style="list-style-type: none"> Children provided helmets through Safe Kids (20)

*Reporting rate below 60%

Italics are indicators listed in multiple investment areas.

Bold italics indicate items counted in overall percentage.

Table 2: Percent of the 0-5 Population Served by First 5 Funded Program

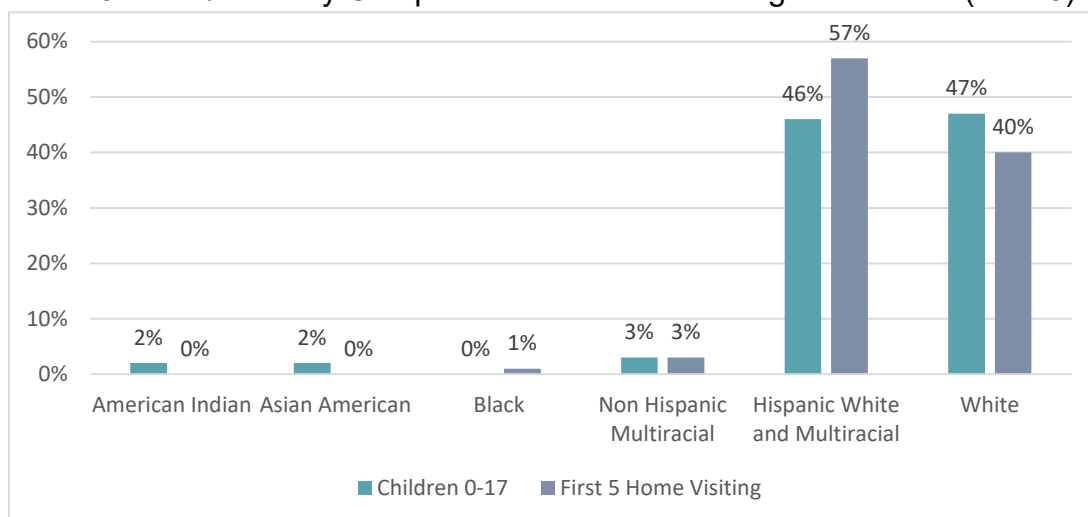


* Childcare Quality System includes children served through Home Visiting and Playgroups, 17% of children were served in participating licensed care sites.

Demographics

To better understand if First 5 Mono programs serve proportional numbers of children by race and ethnicity, Table 3 shows home visiting participation compared to the 0-17 population. Compared to the percentage of children in the County, in FY 19-20 home visiting served more Hispanic children, but less American Indian, Asian American, and White children. The same percent of Non-Hispanic Multiracial children were served.

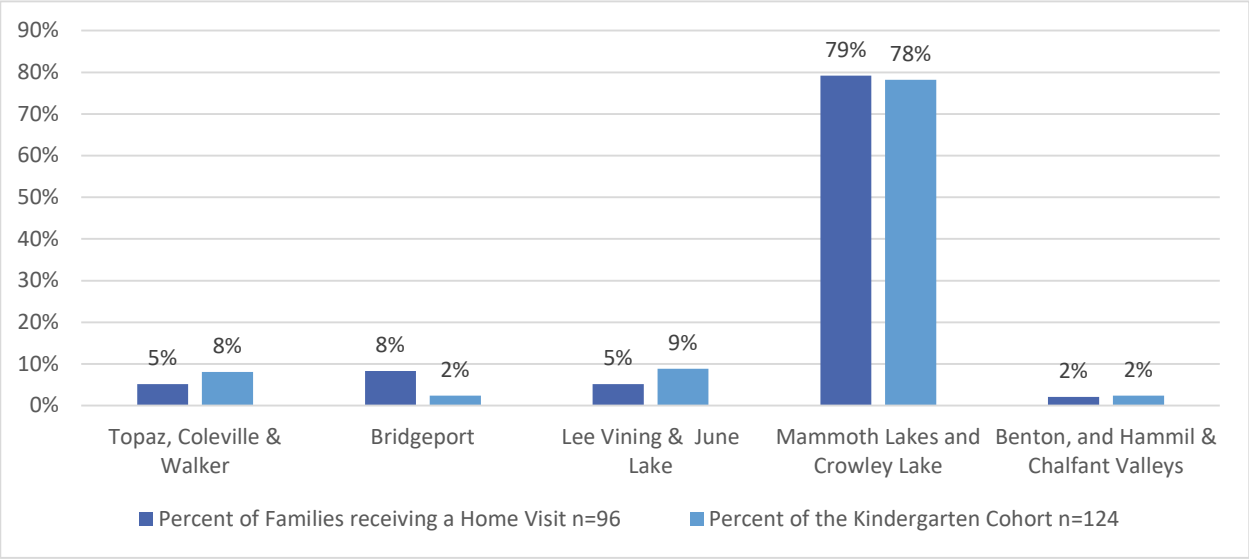
Table 3: Race/Ethnicity Comparison: children receiving home visits (n=113) and children 0-17



Source: kidsdata.org for children 0-17 race/ethnicity and home visiting data

Table 4 compares the rates of service for home visiting clients by community compared to kindergartners to understand better if First 5 Mono programs are geographically equitable. Compared to the distribution of kindergarten students across the County’s communities, home visiting served a higher percentage of families in Mammoth Lakes and Bridgeport; an equal percentage in Benton, and the Hammil and Chalfant Valleys; and lower percentages in Benton, Lee Vining, and Coleville.

Table 4: Area of Residence Comparison: Families enrolled in home visiting compared to incoming kindergartners



KEY FINDINGS

- Home Visiting
 - 25% of the 0-5 population was enrolled in Home Visiting, 16% received at least 1 visit and their parents were supported in improving knowledge, understanding, and engagement in their children’s development and physical and mental health.
 - 81% of qualifying children² received developmental screenings
 - A higher proportion of Hispanic families were served than the 0-17 population.
 - Services shifted from virtual to in-person following updated Mono County Health Department guidance for COVID precautions. Some families chose to continue receiving virtual home visits.
 - Participants received free diapers, wipes, books, and educational materials.

² older than 4 months, not already receiving special needs services, and with at least 3 visits in the program year

- Peapod Playgroups
 - Participating families received child-development and parenting education. Services shifted to from virtual to in-person with updated COVID 19 health department guidance limiting participation to 3, then 5, families. Facebook Live participation was higher than Zoom.
- Emergency Funds
 - In response to the COVID pandemic, the Commission created an Emergency Fund in 2020. Funds were used to support rental assistance through Mammoth Lakes Housing (\$10,000).

Due to the data, findings, and conclusions herein, First 5 Mono County will continue to fund existing programs in FY 2021-22 while implementing measures to improve quality. First 5 Mono will seek to leverage supports around investment areas by working with community partners to address the well-being of children birth to five and their families. This evaluation report examines program efficacy, participation, and partner agency activities for the purposes of allocating funding to the most impactful initiatives for Mono County.

Programs and Evaluation

Improved Family Functioning

Home Visiting

Home Visiting is included in the First 5 Mono Strategic Plan due to national recognition and strong data demonstrating Home Visiting's ability improve outcomes for children and families. Home Visiting is an effective tool to: improve family functioning, decrease child abuse, and improve school readiness and literacy³. In 2010-21 the Home Visiting investment increased to \$373,446 due to continued contribution from Mono County, the program continues to provide evidence-based home visits. **Welcome Baby and Healthy Families** uses the Parents as Teachers evidence-based model. Families are offered between 12 and 24 visits a year, depending on need, until their child is enrolled in preschool, Transitional Kindergarten, or Kindergarten.

First 5 Mono conducted the Home Visiting program with funding support from:

- Mono County: \$107,573
- First 5 California
 - Small Population County Funding Augmentation (SPCFA): \$190,336
 - Prop 10: \$2,092
 - Home Visiting Coordination: \$7,590
- Mono County Department of Social Services
 - Child Abuse Prevention, Intervention, and Treatment (CAPIT): \$60,150
 - CalWORKS Home Visiting Program (CWHVP): \$4,077
- Interest: \$1,626

Program objectives:

- Facilitate parents' role as their child's first and most important teacher

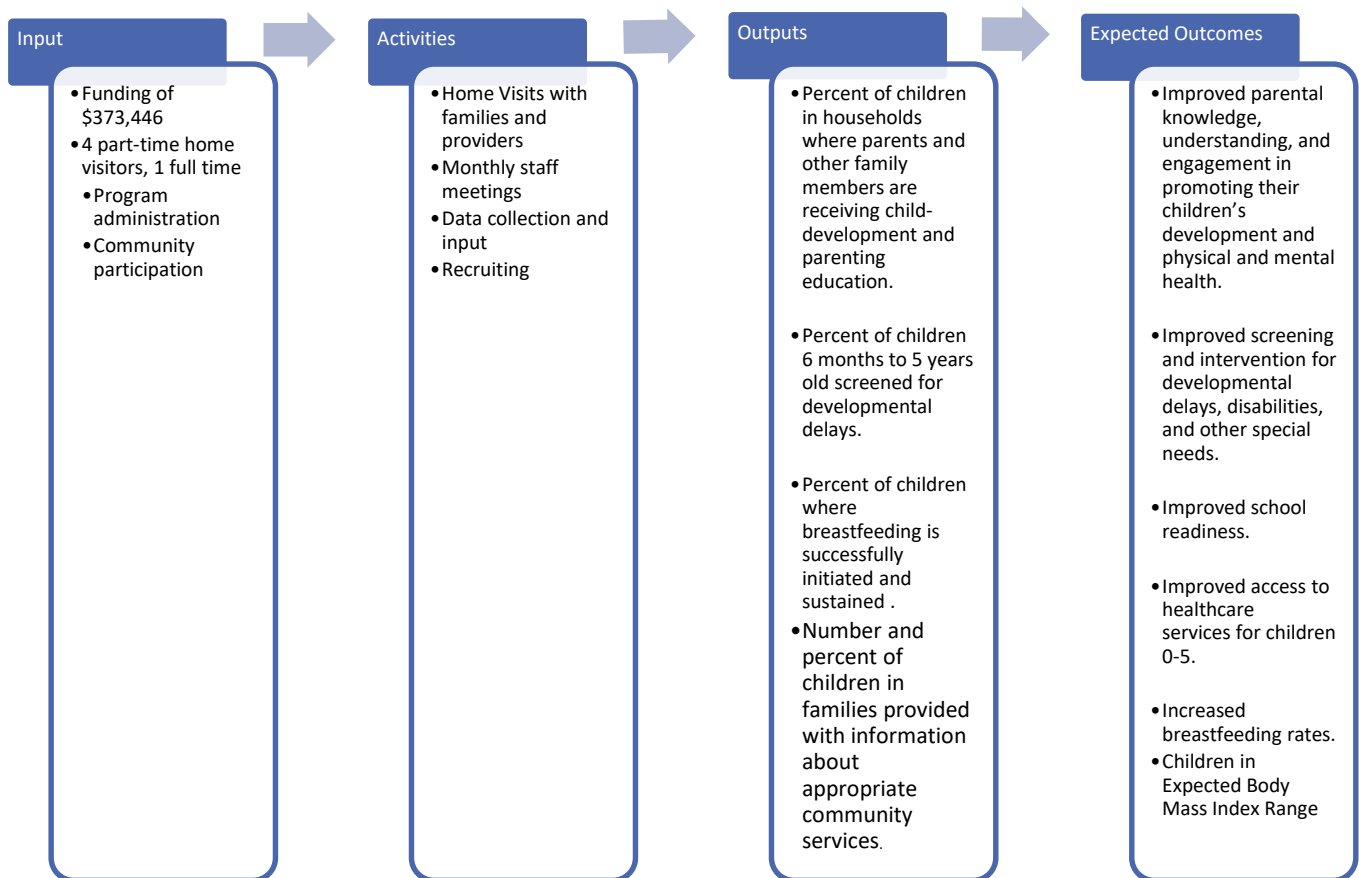
³ Promising Practice Local Model: Modified Parents as Teachers Evidence-based framework: Pfannenstiel, J. C., & Zigler, E. (2007). Prekindergarten experiences, school readiness and early elementary achievement. Unpublished report prepared for Parents as Teachers National Center.

Snow, C.E., Burns, M., and Griffin, P. (Eds.). (1998). Preventing reading difficulties in young children. Washington, DC: National Academy Press.

Parents as Teachers has a long history of independent research demonstrating effectiveness. For more details, refer to the Parents as Teachers evaluation brochure or Web site, www.parentsasteachers.org.

- Provide information on typical child development
- Stimulate child development by providing age-appropriate activities
- Increase and support breastfeeding and literacy activities
- Link families to community services and support access to services
- Conduct developmental screenings and refer families to early intervention programs
- Provide culturally competent services in Spanish and English
- Facilitate optimal family functioning
- Decrease child abuse and neglect

Logic Model



Home Visiting Quick look:

Indicator numbers refer to pages 45-47 and analysis below

Investment Area	Program, % served	Indicators (number from pp 46-48, *reporting rate below 60%)		
		Achieved, 33%	Static/ Unknown, 33%	Needs improvement, 33%
Improved Family Functioning	Home Visiting: Welcome Baby and Healthy Families, 25%	<ul style="list-style-type: none"> Higher participation rates children 0-1 (2) Higher breastfeeding rates (15*)—achieved for Home Visiting, but not the overall population 	<ul style="list-style-type: none"> Parents get developmental and parenting education (14*) Expected BMI (16*) 	<ul style="list-style-type: none"> Higher participation rates children 0-5 (3) School readiness rate (9) Developmental Screening rates (4)

*Under 60% reporting rate

2. & 3. Is the number of parents participating high or increasing for the following age ranges: prenatal to 1 and prenatal to 5? Yes (prenatal-1) and No (prenatal-5)

- Data Source: parents' participation in home visiting:
 - Prenatal -1 year old: 48%, 13% more than last fiscal year
 - Prenatal - 5 years old: 25%, 5% less than last fiscal year
- Finding: A higher percentage of infants were served this year than last. Conversely, a lower percentage of children prenatal-5 were served this year than last.
- Conclusion: In the last year a lower percent of children prenatal-5 were served and a higher percent of children 0-1 were served. Due to work through the Home Visiting Coordination Grant from First 5 California, the number of referrals from Women's' Clinic at Mammoth Hospital significantly increased, thereby raising the percentage for families with a child prenatal to age 1.

4. Does Home Visiting improve screening and intervention for developmental delays, disabilities, and other special needs? For children enrolled in Home Visiting, yes

- Data Source: Ages and Stages Questionnaire (ASQ) screening data

Table 1: Home Visiting Ages and Stages Questionnaire Developmental Screenings

	Number of children	Percent of qualifying children* n=68
Screenings Completed	55	81%
With one or more identified concern(s)	16	29% of those screened
Who received Early Intervention Services as a result of a screening	3	5% of those screened

*children without special needs services, who were over 4 months old at the end of the fiscal year, and had 3 or more visits, qualify for a screening.

- Finding: 81% of qualifying children (without an identified delay, older than 4 months at the end of the fiscal year, and with at least 3 visits) received a screening. Of those screened, 29% had a concern identified, and 5% of children screened received early intervention services because of a screening. The gap between the 29% of children with an identified concern and 5% of children with a screening who received services is attributed to the following:
 1. Concerns were addressed by providing activities to families that lead to growth to the extent that there was no longer a concern;
 2. The parents refused a referral;
 3. After assessment by early intervention specialists, the concern did not meet the threshold to qualify for early intervention services.
 4. The services do not exist in our area
 5. The child was put on a waitlist for services
- Conclusion: The program is achieving this outcome. Looking at population-based screening rates however, there was a decline from last year from 33% to 23%, but with only 23% reporting rate.

9. Does Home Visiting improve school readiness? Yes

- Data Source: Kindergartners Assessed as School Ready and Kindergarten School Readiness by Activity Participation (both below). Data from 2019 as school readiness assessments were not conducted in 2020 due to COVID workload at the schools making administration of the assessments too burdensome. Next year's results will be from a new assessment tool, the Kindergarten Observation Form, which the Commission to better measure the skills necessary to succeed in school—social expression and self-regulation in addition to academics-- and demonstrate skills valued in the varied cultures of families in Mono County.

Table 1: Kindergartners Assessed as School Ready by District 2017-2019

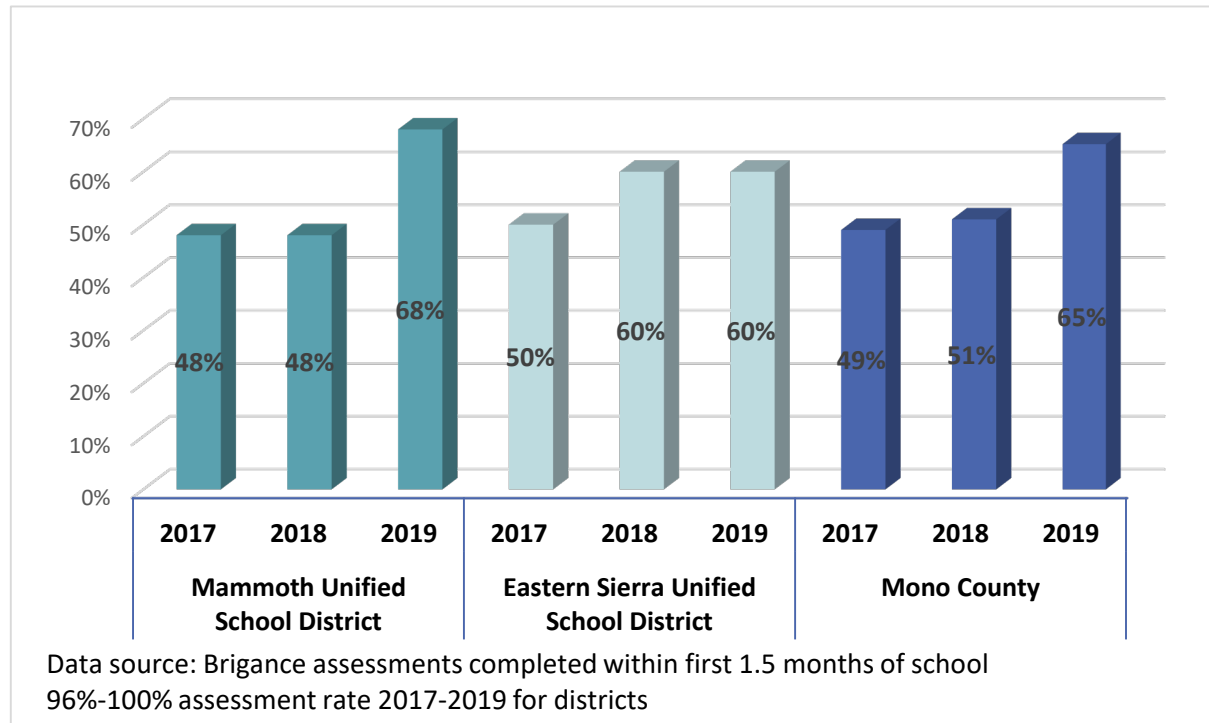
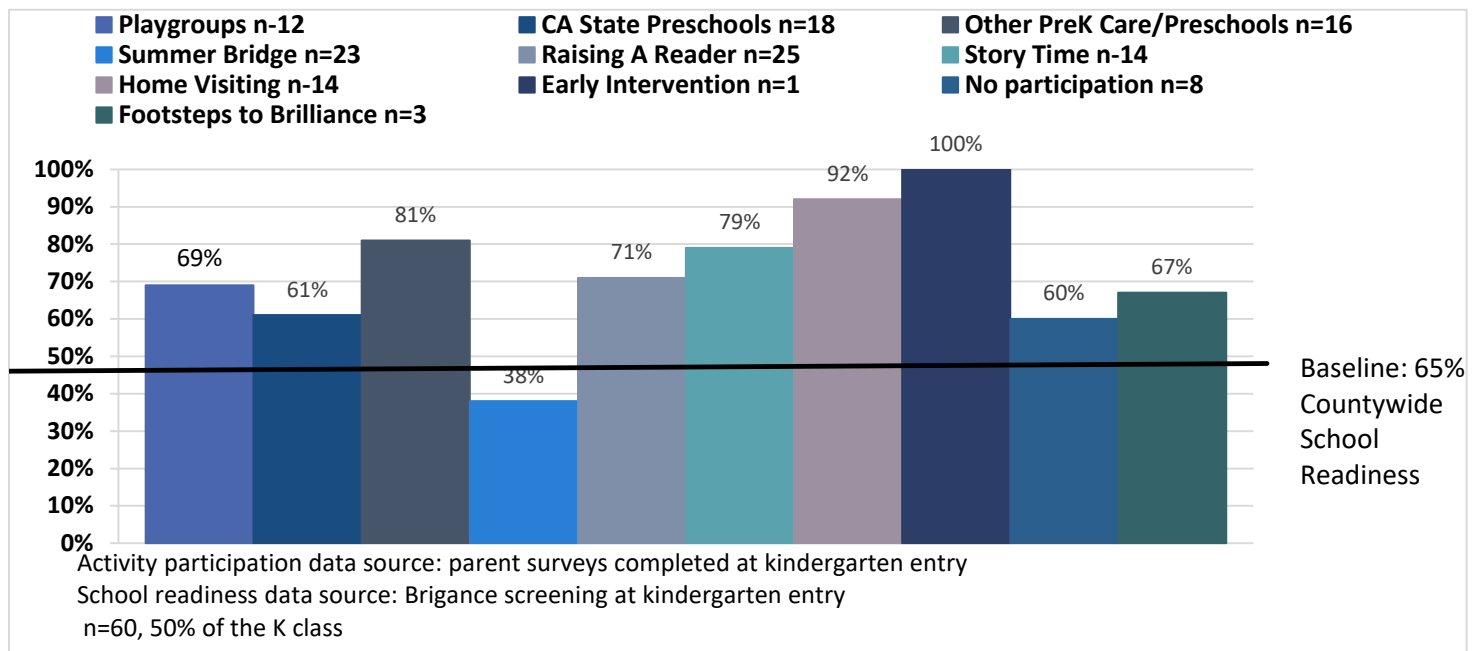


Table 2: 2019 Percent of Kindergartners Assessed as School Ready by Program Participation Compared to School Readiness Rate



- Findings: Since no 2020 data is available, 2019 data is re-used in this report. For the 2019 kindergarten cohort, compared to an overall increased school readiness rate of 65%, for children for whom a survey was completed (50% of the Kindergarten class) 92% of children who participated in Home Visiting were assessed as school ready. School readiness remained around 50% from 2014-2018. 2019 reported a significant increase to a rate of 65%. Based on the data in the previous figures, children participating in First 5 funded programs are more likely to be school ready at kindergarten entry.
- Conclusion: Children who participate in Home Visiting are:
 - 32% more likely to be school ready than those who did not participate in early learning programs
 - 27% more school ready than the cohort as a whole

First 5 Mono does not have data on the kindergarteners' demographic characteristics, e.g., families with low income, low educational attainment, or other stressors. If the proportion of children experiencing stressors served through Home Visiting (43%) was higher than those of the kindergarten cohort as a whole, it would point to even more significant readiness gains for children who were enrolled in Home Visiting.

14. Are parents participating in Home Visiting receiving child development and parenting education? Yes

- Data Source: Home Visiting resource referrals entered in database

Table 4: Resource Referrals

Community Resource	<i>FY 2018-19</i>		<i>FY 2019-20</i>		<i>FY 2020-21</i>	
	Referred	Accessed	Referred	Accessed	Referred	Accessed
<i>Adult Education</i>	5	1	2	0	5	2
<i>Early Intervention</i>	16	4	8	1	13	7
<i>Early Education Care and Education Setting</i>	16	5	19	3	26	10
<i>Financial Resources</i>	4	0	35	5	14	7
<i>Nutrition Resources (WIC, IMACA, DSS, Lactation)</i>	8	1	22	2	23	10
<i>Parenting or Social Support, Community Participation</i>	104	21	58	11	39	5
<i>Language/Literacy Activities</i>	8	1	6	0	27	12
<i>Medical Services</i>	14	7	14	0	21	11
<i>Mental Health Services</i>	12	5	10	0	8	2
<i>Housing and utilities</i>			14	1	17	8
<i>Other*</i>	16	2	20	2	21	5
Total	104	47	208	25	214	79
% Referrals Accessed	45%		12%		37%	

* injury prevention, crisis intervention, transportation, employment and legal resources

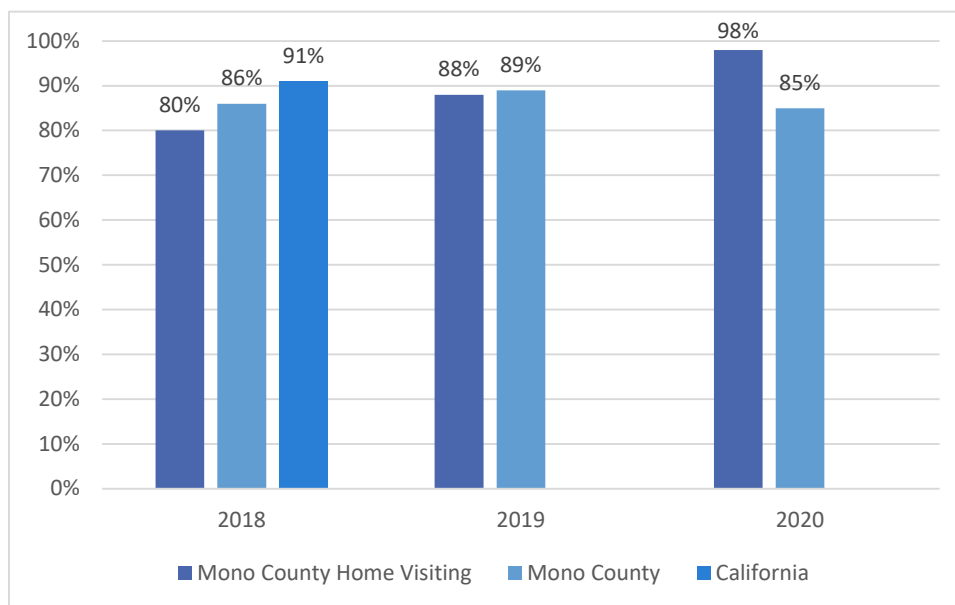
- Findings:
 - Screening data demonstrate developmental screenings are provided to families, increasing the rate of screenings in the community. (page 10)
 - Referral data demonstrates parent engagement in accessing resources related to health and development, early education, literacy activities and more with a 37% rate of accessing referrals made and over 200 referrals made.
- Conclusion: The program is achieving this outcome

15. Do children whose mothers participate in Home Visiting have increased breastfeeding rates? Yes, in the overall population this data point is static at 85%

The rate of breastfeeding for infants whose mothers were enrolled in home visiting is high, and has surpassed the most recent 2019 California rate in 2020.

- Data Source: 2018-2020 Home Visiting Records

Table 5: Children ever Breastfed: Infants enrolled in First 5 Mono Home Visiting Compared to Mono County infants, and California 2018 to 2020⁴



*Mono County reporting rate in 2019 was 50%, below the 60% threshold considered valid

- Finding: Mothers enrolled in Welcome Baby and Healthy Families who completed the health survey (100% of children served) increased the rate of ever breastfeeding between 2018 and 2020.
- Conclusion: The program is achieving this outcome.

⁴ California data: <https://www.cdc.gov/breastfeeding/data/reportcard.htm>

16. Is the percent of children 0-5 with the expected BMI high or increasing? No

Data from Mammoth Hospital; Finding: 76%, a decrease from 81%; Conclusion: Continue to educate parents on healthy nutrition and seek to expand community opportunities for parents to expand learning.

Conclusion

The Commission will continue to fund Welcome Baby and Healthy Families as program-specific evaluation results indicate achievement of the desired outcomes. Thanks to funding allocated by the Mono County Board of Supervisors and funded by the taxpayers of Mono County, as well as support through the Department of Social Services, and First 5 California's Small Population County Augmentation, in 2020-21 home visiting continued to improve the quality and frequency of services necessary to qualify as an evidence-based model.

Improved Child Development

School Readiness

A child's education begins very prenatally. Since school-based educational systems do not begin until 3-5 years of age, First 5 and community partners offer programs to help prepare children for school in the early years. School readiness programs are offered in partnership with include all Mono County public elementary schools, childcare and preschool centers, special needs programs, and the Mono County Library System. The FY 2020-21 investment in school readiness was \$37,758 with funding support from First 5 California SPCFA (\$37,758). For all incoming kindergartners planning to attend a public school, First 5 Mono funds transition to school support with Kindergarten Round Up events. Early literacy investments include: Raising A Reader and Story Time (conducted and partially funded by Mono County Libraries) and Readers' Theatre and First Book (conducted and funded by First 5 Mono).

The objectives and a brief description for the programs funded in this category are as follows:

Transition to School Programs

Kindergarten Round Up: informational meeting held at all public elementary schools in the County

Objectives:

- Introduce families and children to the school, teachers, the principal, and each other
- Provide information on entering school and kindergarten readiness
- Facilitate children and families' smooth transition into the education system
- Enroll children in kindergarten

Early Literacy Programs

Raising A Reader: book bags distributed by libraries and early learning programs

Objectives:

- Increase literacy for young children
- Encourage use of the library system
- Increase parental and care-provider literacy activities

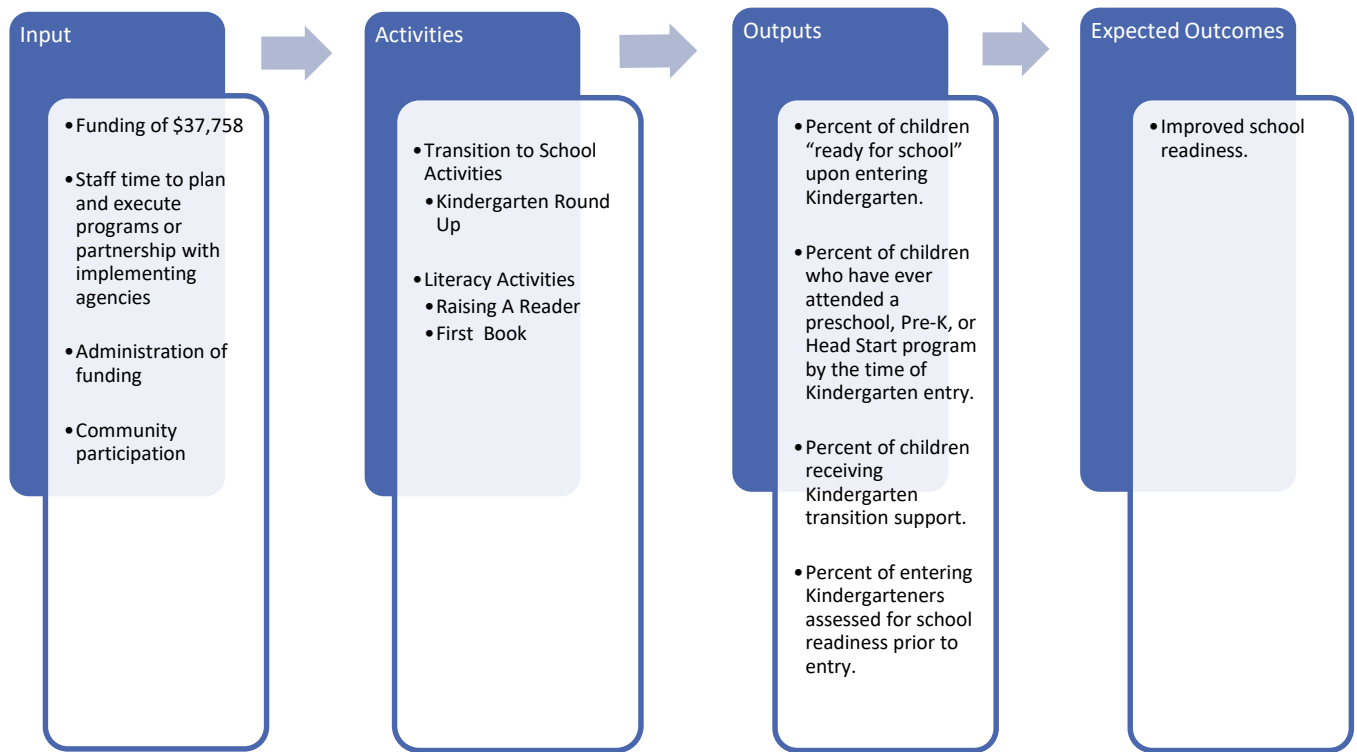
First Book: free children's books

Objectives:

- Increase parent-child literacy activities

- Facilitate positive parent-child interaction

LOGIC MODEL



EVALUATION FINDINGS AND CONCLUSIONS

School Readiness Quick look:

Indicator numbers refer to pages 45-47 and analysis below

Investment Area	Program, % served	Indicators (number from pp 46-48, *reporting rate below 60%)		
		Achieved, 17%	Static/ Unknown, 33%	Needs improvement, 50%
Improved Child Development	School Readiness: CDBG Preschool, 2% Raising a Reader, 18% Transition to School, 81%	<ul style="list-style-type: none"> Families attended Round Up (10) 	<ul style="list-style-type: none"> Preschool attendance by K entry (8*) School readiness rate (9) 	<ul style="list-style-type: none"> Preschool slot availability (12) Literacy programs accessed (11) Kindergarteners assessed for readiness (13)

* Under 60% reporting rate

8. Is the percent of children who have ever attended a preschool, Pre-K, or Head Start program by the time of Kindergarten entry increasing? Unknown

- Data Source: Incoming Kindergarten Parent Survey, not administered due to Schools' COVID workload
- Finding: unknown
- Conclusion from 2019-20: Efforts to maximize enrollment and increase the number of available slots coupled with the district-mandated Transitional Kindergarten program had a positive impact on the rate of preschool attendance.

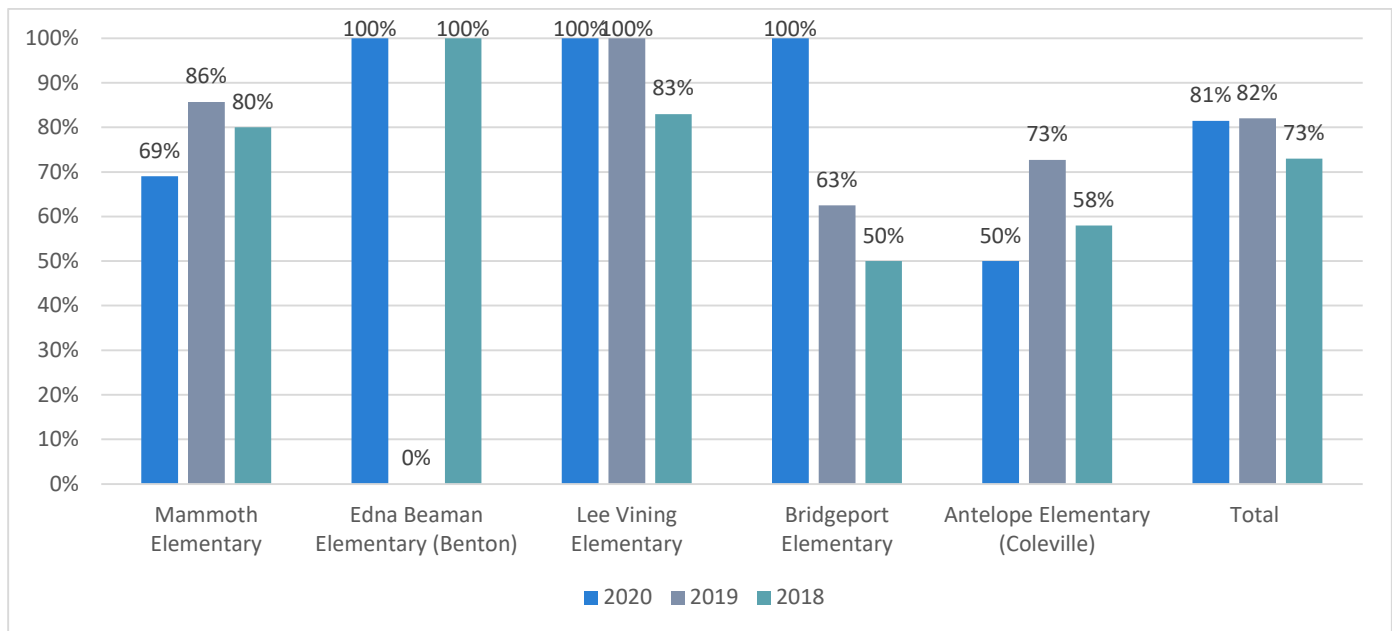
9. Is the percent of children “ready for school” upon entering kindergarten increasing? Unknown

- Data Source: Brigance Assessments (Figure 1, page 11), not administered due to Schools' COVID workload
- Finding: unknown
- Conclusion from 2019-20: While school readiness has been a major investment for 19 years, only in the last 3 years was a standardized universal assessment used to measure school readiness. The Percent of Kindergartners Assessed as School Ready by Program Participation (Figure 2, page 11) demonstrates that funded programs support school readiness across the county.

10. Is the percent of children whose parents attended Kindergarten and TK Round-Up increasing or remaining high? Yes

- Data Source: Participation in Round Up

- Table 7: Kindergartners' Participation in Round Up Events



- Finding: Kindergarten Round Up participation maintained high levels at 81% compared to 82% last year.
- Conclusion: The program is achieving its goal.

11. Is the percent of children birth to 5 accessing funded literacy activates high or increasing? No

- Data Source: Participation in Raising a Reader (61) and Home Visiting & Peapod (124) includes duplicates.
- Findings: 27%, down from 48% last year
- Conclusion: First 5 does not have access to the Raising a Reader participant names so cannot provide unduplicated numbers. The decrease for Raising a Reader is attributed to COVID 19's impact on parents visiting the library to participate in the book distribution as well as distribution through childcare providers being impacted by COVID 19. The decrease in Peapod participation is due to only online playgroup opportunities through the majority of the fiscal year.

12. Is there a high or increasing percent of preschool slots for age-eligible children? No

- Data Source: Number of slots licensed for a preschool age-specific classroom
- Finding: 32% down from 43% last year and 51% the year before.

- Conclusion: The decrease from 43% to 32% represents the closing of two sites in 2019-20—Benton and Lutheran Preschool in Mammoth Lakes. Although there are preschool slots for only 32% of age-eligible children, some slots still remain unfilled. Reasons for underutilization are:
 - Slots are located in towns without enough age qualifying children to fill them
 - Children’s families fall above income requirements (e.g., State Preschool)
 - Lack of transportation
 - Lack of sufficient hours to be feasible for the family, many programs only offer 4 hours of care a day.
 - Federal employment requirements for parents (e.g., Mountain Warfare Training Facility Child Development Center).

13. Is the percent of entering Kindergartners assessed for school readiness at entry increasing or remaining high? No

- Data Source: Kindergarten readiness assessments (Figure 2, page 11)
- Findings: No, no children were screened in 2020 due to COVID related workload at the school sites
- Conclusion: After the COVID pandemic eases impacts on the school system, a return to previous screening rates is anticipated.

Since the majority of the program-specific evaluation results indicate achievement of the desired outcomes, and challenges achieving desired outcomes are due in many cases to the impacts of COVID 19, the Commission will continue to fund the same School Readiness activities in 2020-21 as in 2019-20. Data in the evaluation report will continue to inform improvement and future investments.

Family Behavioral Health

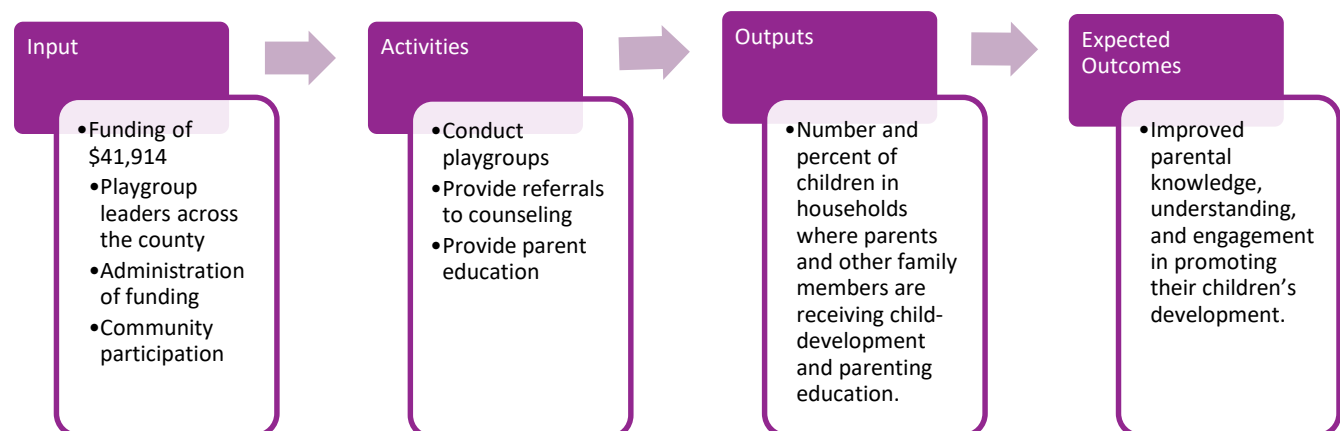
In such a rural and geographically isolated county, it is easy for families to feel alone. Opportunities for children and their parents are fewer than in more populated areas. To meet the social needs of parents and their children, a weekly playgroup program was developed. Mono County Behavioral Health is the primary funder with a \$40,000 investment as well as \$1,914 in prop 10 funding. Playgroups and parent education are conducted by First 5 Mono.

Peapod Playgroups: For parents, caregivers, and children birth to 5 years old. Playgroups meet for 10-week sessions. Sessions were held in Mammoth Lakes and Crowley Lake in addition to via Zoom and Facebook Live to continue offering services while COVID restrictions prohibited in-person events.

Objectives:

- Decrease isolation by providing parents and children an opportunity to socialize
- Destigmatize seeking behavioral health services
- Link families to community services
- Encourage school readiness and early literacy

LOGIC MODEL



EVALUATION FINDINGS AND CONCLUSIONS

Peapod Playgroups Quick Look:

Indicator numbers refer to pages 45-47 and analysis below

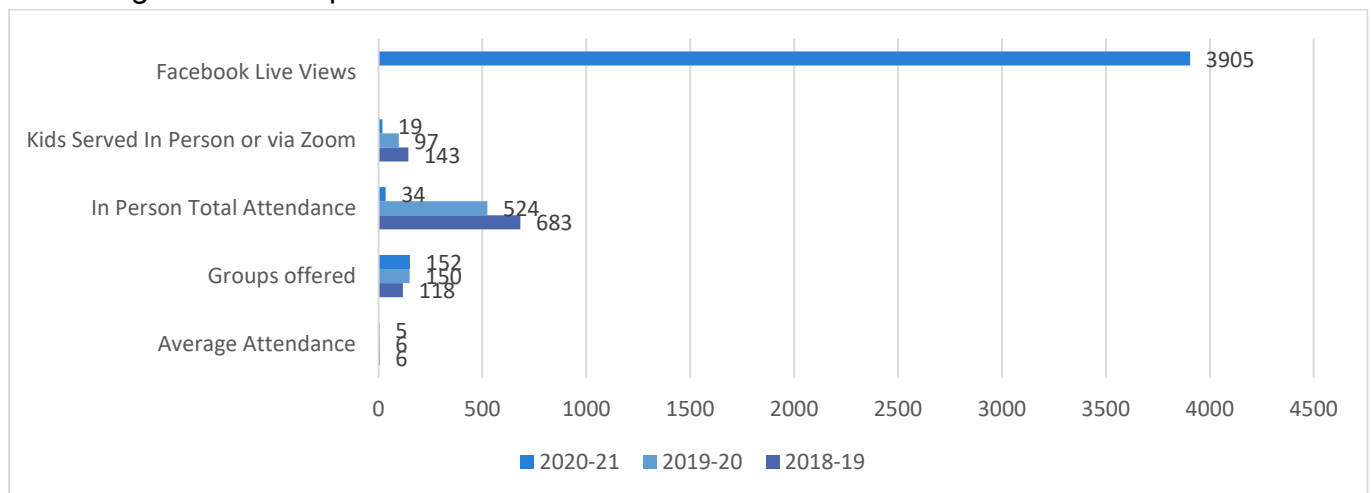
Investment Area	Program, % served	Indicators (number from pp 46-48, *reporting rate below 60%)		
		Achieved, 50%	Static/ Unknown	Needs improvement, 50%
	Family Behavioral Health: Peapod Playgroups, 14%	<ul style="list-style-type: none"> Parents satisfied (1) 		<ul style="list-style-type: none"> High participation rates (14)

1. Does Peapod survey data yield 100% satisfaction or an average of 4-5 on a scale of 1-5 that the playgroup met participant expectations. Yes

- Data Source: Peapod surveys
 - Figure 1: Participant Survey Results (appendix III Table 3, page 38)
- Finding: Yes
- Conclusion: Due to client satisfaction with the program, the program will continue to offer services as it has in the past.

14. Is the percent of children in households where parents and other family members are receiving child-development and parenting education high or increasing? No

- Data Source: Number of children participating in playgroups.
 - Figure 1: Participation 2018-19 to 2020-21



- Finding: For interactive playgroups (in person or on Zoom), participation was down to 3% from 14% of children birth to 5 in the County last year. Facebook live realized 3,905 views in the program year.

- Conclusion: Due to participation in Peapod, children lived in households receiving child-development and parenting education. Children participating on Facebook Live were not counted since there is no way to track the age or county watchers were from. COVID 19 had a significant negative impact on the number of children participating in playgroups since in-person groups were not allowed per Health Department guidance. For the majority of the year, groups were held first virtually on Zoom, then, as participation declined, on Facebook Live which received wider participation (albeit not interactive). Despite the pandemic, Peapod Playgroups still enjoy significant participation. Although there was a decrease in the percent of children who participated this year, the program is still achieving its intended outcome.

Families have more information about parenting and child development because of Peapod Playgroups, the First 5 Mono Family Behavioral Health investment. The Commission will continue to invest in and seek funding partnership for this initiative.

Childcare Quality

First 5 Mono's Strategic Plan includes Childcare Quality since many children spend a significant amount of their early years with their childcare provider. Financing for this initiative comes through First 5 California, the California Department of Education, and a Federal Community Development Block Grant through Mono County. Educating childcare providers on how to best meet the needs of children helps ensure children will spend their formative years in optimal learning environments.

The Childcare Quality investment for FY 2020-21 was \$322,051 that came from the following funding streams:

- Improve and Maximize Programs so All Children Thrive (IMPACT), conducted by First 5 Mono for Mono and Alpine Counties funded by First 5 Mono & First 5 California: \$88,937
- Region 6 Training and Technical Assistance Hub, funded by First 5 California: \$95,404
- California Department of Education (CDE) California State Preschool Program Block Grant (CSPP BG): \$22,379
- Quality Rating and Improvement System (QRIS) Block Grant: \$27,244
- Childcare services provided by Eastern Sierra Unified School District funded by the Community Development Block Grant (CDBG) through Mono County: \$88,087

The objectives and a brief description for the programs funded in this category are as follows:

IMPACT: Training, coaching, rating, stipends, and support for childcare providers for the provision of high-quality care for children and their families.

Objectives:

- Provide site-specific professional development to childcare providers
- Support providers' implementation of developmental screenings and parent engagement activities
- Build public awareness and support for quality early care
- Build a Childcare Quality System that leverages funding and maximizes support for care providers

QRIS and CSPP QRIS Block Grants: Support for state preschool sites and sites serving infants and toddlers.

Objectives:

- Provide site-specific professional development to child care providers

- Support provider understanding of quality care and education

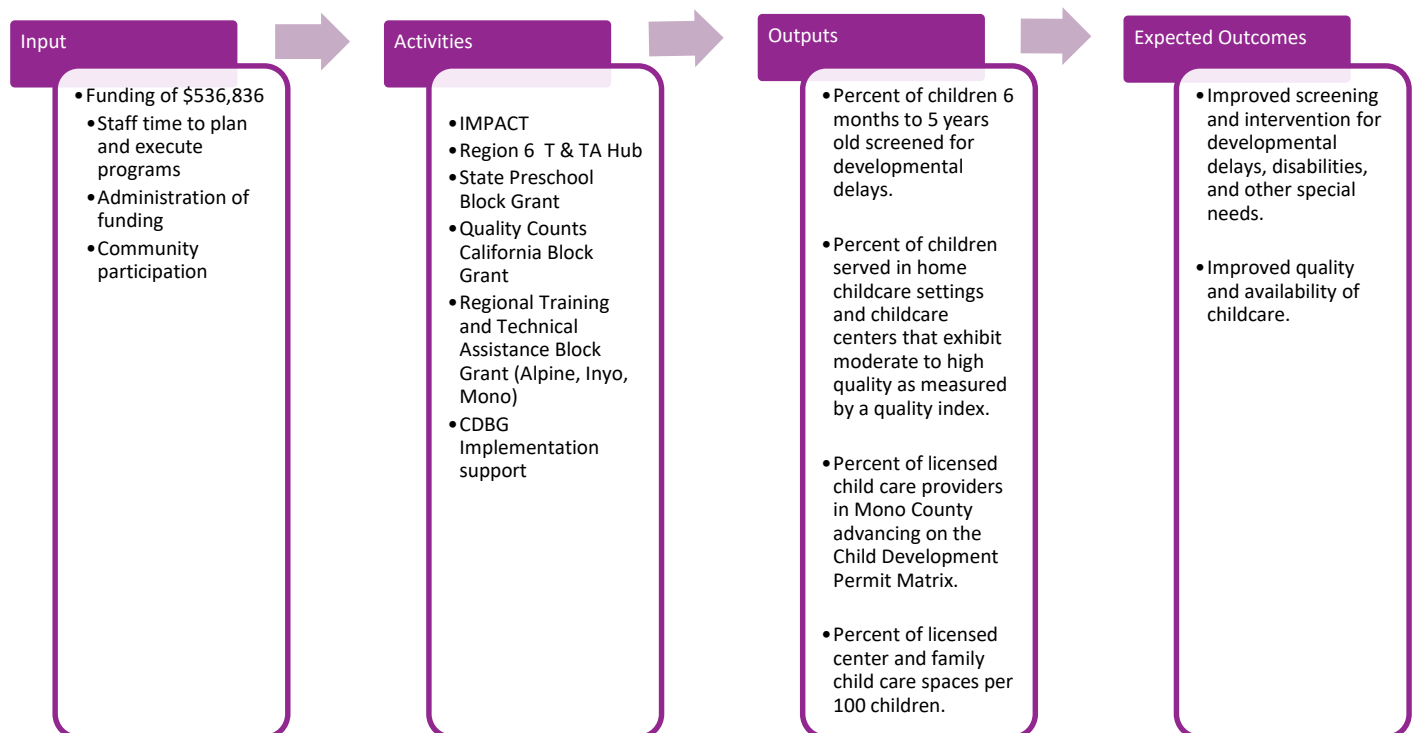
Training and Technical Assistance Hub: Support regional (in Alpine, Inyo, & Mono Counties) efficiencies in Childcare Quality work

Objectives:

- Provide assessors for Spanish speaking sites
- Contract with Viva for coordination for the Hub
- Contract with i-Pinwheel database to track sites' participation

CDBG Childcare: Provide high-quality care to preschool age children in Bridgeport.

Logic Model



Childcare Quality Quick Look:

Indicator numbers refer to pages 46-49 and analysis below

Investment Area	Program, % served	Indicators (number from pp 46-48)		
		Achieved, 50%	Static/ Unknown	Needs improvement, 50%
	Childcare Quality, 17% (omitting estimated 28% duplication)	<ul style="list-style-type: none"> Provider permit attainment rate (6) Developmental screening rate (4*) 		<ul style="list-style-type: none"> Childcare availability (7) Children in high quality care (5)

4. Is the percent of children 6 months to 5 years old screened for developmental delays increasing? Yes for the Childcare Quality System

- Data Source: Childcare Quality System Completed ASQs
 - Table 1: Developmental Screening, ASQ, from Childcare Quality System Sites

<i>Fiscal Year</i>	<i>Number of Screenings</i>	<i>Percent of enrolled children screened</i>	<i>Number of children screened with an identified concern</i>	<i>Percent of children screened with an identified concern</i>
2018-19	180	85%	33	18%
2019-20 n=197	173	88%	5	3%
2020-21 n=110	107	97%	11	10%

- Finding: Yes, at participating sites, 97% of children enrolled and not already receiving special needs services (8), were screened for a developmental delay, up from 88% the previous year.
- Conclusion: More children were screened for developmental delays through their childcare provider this year.

5. Is the percent of children served in home childcare and childcare centers that exhibit moderate to high quality as measured by a quality index increasing? 6. No, but still a significant increase over the last several years.

- Data Sources: Site ratings and Childcare Quality System participation data
- Finding: 75 children in Mono County attended a site with a high quality rating, 64% of children enrolled in programs participating in the Childcare Quality System and 11% of all children in the County. The decrease was due to two family childcare sites choosing to let their rating lapse.
- Conclusion: Rated sites achieved the highest ratings, 4 & 5 out of 5. Lee Vining Preschool was rated at a 5--highest quality, the first site in Mono County to achieve the highest rating! 7 sites were rated as 4—exceeding quality. All rated sites were rated as high quality and the number of sites rated as high quality has significantly increased over the last several years from 8% in 2016-17 to 54% in 2020-21.

6. Is the percent of licensed childcare providers in Mono County advancing on the Child Development Permit Matrix high or increasing? Yes

- Data Source: Childcare Quality System participation
- Finding: 5, up from 0 from the previous two years
- Conclusion: Due to support through the Workforce Development Grant administered by the Mono County Office of Education to providers seeking to attain a child development permit or attain a higher level, 5 providers were able to advance this year—a significant increase from 0 for the past two years.

7. Is the percent of licensed center and family childcare spaces per 100 children high or increasing? Decrease

- Data Source: IMACA Resource and Referral slot numbers and the Childcare Portfolio
- Findings: In September of 2020 there were slots for 42% of children birth to 5 in the County
- Conclusion: The number of slots available to children in Mono County decreased dramatically from 56% in 2008, then rose again, but has again declined over the last three years from 47% to 42%. First 5 Mono was granted permission to apply for a Community Development Block Grant for Childcare Planning in 2020 through the Town of Mammoth Lakes after much advocacy at public hearings. After completion of the application, the Town of Mammoth Lakes chose not to submit it due to concerns (as stated in a letter from the Town of Mammoth Lakes to the First 5 Commission) that: 1. \$250,000 was not enough money for the project, 2. a desire for a childcare needs assessment in which the Town is involved, and 3. a desire to work with the Mono County Childcare Council rather than First 5. First 5 continues to actively participate

in the Mono County Child Care Council to support initiatives seeking to increase the number of childcare slots in Mono County, advocate for the Town of Mammoth Lakes to apply for CDBG funds as they see fit, and apply for CDBG funds through Mono County to help fund the Bridgeport Elementary Preschool.

The Commission will continue to invest in Childcare Quality because of successes in leveraging First 5 California and California Department of Education funds, rating sites, supporting developmental screenings, and collaborating with local providers to maintain and increase quality. Over the last several years, First 5 Mono staff offered provide teacher-specific coaching based on classroom observations, conduct observations, and rate sites. Childcare Quality System work is supported by the Mono County Office of Education's Local Planning Council (the Mono County Child Care Council) and Inyo Mono Advocates for Community Action's local Resource and Referral and Alternative Payment programs, as well as collaboration with Cerro Coso's Child Development Department and partners in Alpine and Inyo Counties.

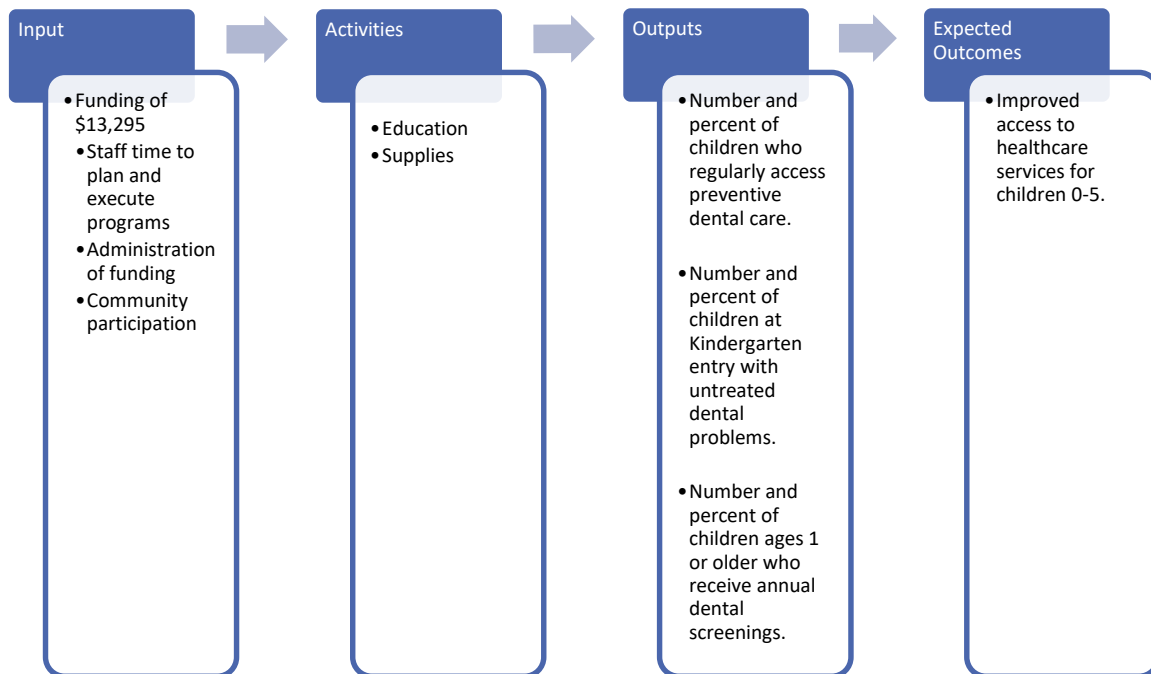
Improved Child Health

Oral Health

Pediatricians in the County continue to report needs for sustained efforts in oral health due to high numbers of children with poor oral health. The Oral Health investment consists of education, supplies (some provided by the Health Department), oral health checks, and topical fluoride varnish application for children in childcare settings across the County. Supplies include free toothbrushes, toothpaste, and floss. In fiscal year 2020-21, only supplies were provided due to COVID 19 protocols in childcares. The program was funded and operated by First 5 Mono at a cost of \$13,295 for FY 2020-21.

Objective: Provide application of topical fluoride varnish twice a year to all Mono County children age 1-5 not already receiving services from a dentist, and educate children and parents about oral health.

LOGIC MODEL



EVALUATION FINDINGS AND CONCLUSIONS

Oral Health Quick Look:

Indicator numbers refer to pages 45-47 and analysis below

Investment Area	Program, % served	Indicators (number from pp 46-48)		
		Achieved,	Static/ Unknown, 100%	Needs improvement
Child Health	Oral Health, 11%		<ul style="list-style-type: none"> Annual dental screening rate (17*) Low number of Children at K entry with untreated dental problems (18*) 	

*Lower than 60% reporting rate

17. Is the percent of children ages 1 or older who receive annual dental screenings high or increasing? Unknown

- Data Source: Sierra Park Dental Data, 7/1/2020-6/30/2021
- Finding: 38% of children age 1-5 years old had an annual exam at Mammoth Hospital—, a drop from 42% the previous year. There was a corresponding drop in the reporting rate due to a decline in the of number of 0-5 patients at Sierra Park Dental. This indicator is categorized as unknown but to the low reporting rate of 38%
- Conclusion: First 5 will continue oral health education efforts to support higher percentages of children receiving an annual screening. A data challenge is that only one dental provider is included—Sierra park Dental. For future Strategic Planning, a recommended shift of this indicator to a data point from the Children Now Scorecard is advised: *Children from low-income households aged birth-5 who visited a dentist in the last year—58% in 2018, the 3rd best ranked county in the State.*

18. Is there a low percent of children at Kindergarten entry with untreated dental problems? Unknown

- Data Source: Kindergarten Oral Health Checks
- Finding: No data was entered by the schools in 2020 and is therefore categorized as unknown. Data from 2019: 10% of the oral health checks turned in at kindergarten enrollment indicated the

child had untreated caries (cavities), a significant decrease from the last 5 years which were around 30%. Note the low reporting rate though, 42%.

- Conclusion: The percent of untreated caries at kindergarten significantly decreased to 10% in 2019. Data entry issues from the schools is an area First 5 will seek to address in 2021.

Fewer children are being seen at Mammoth Hospital Dental Clinic--45%. The actual rate of annual screening reported herein of 42% is certainly higher as some children access care through a private provider and data is only from Mammoth Hospital. The Commission will continue to invest in this initiative and seek to sustain the 19-20 improvements in oral health for children 0-5. First 5 will continue to provide topical fluoride varnish and oral health checks for children between one and 5-years-old served in Childcare sites participating in the Childcare Quality System as well as promote oral health through home visiting, playgroups, and school readiness.

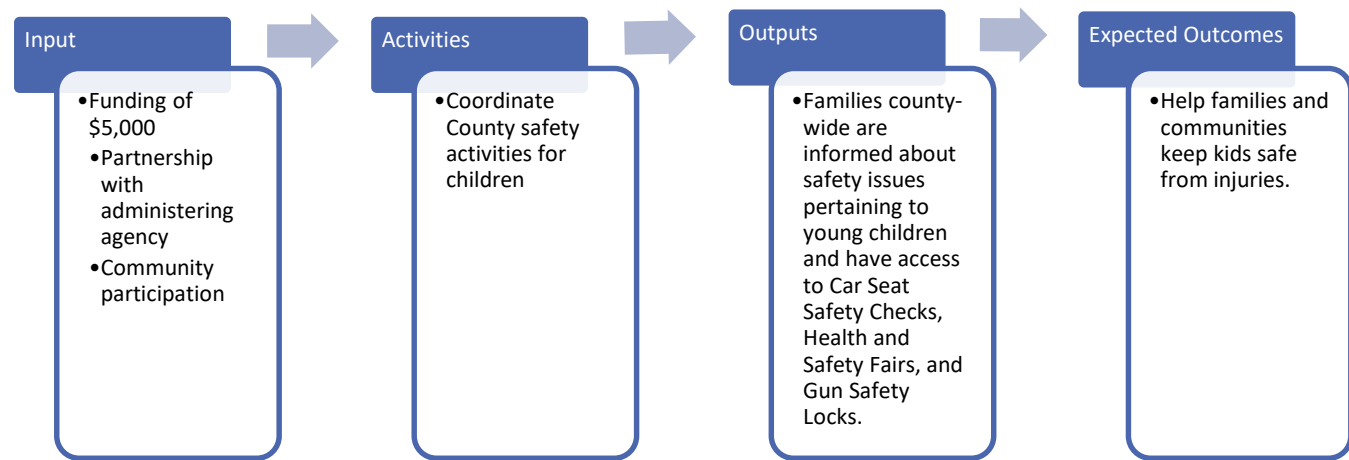
Based on the rate of 10% untreated carries at kindergarten entry the 0-5 population's oral health needs decreased in 19-20, which is used as a proxy for 2020-21 due to a lack of current year's data. The decrease may be linked to First 5 and partner agency oral health investments, but may also be attributable to the low reporting rate. Analysis in future years will help identify if the decrease from the multi-year average of 32% to 10% is indeed a trend. Once funded by First 5 California, First 5 Mono continues to allocate discretionary funds for the oral health initiative. Leveraging the First 5 Mono investments are supplies from the Mono County Health Department, and the pediatric office's application of topical fluoride varnish.

Child Safety

Prior to the formation of *Safe Kids California, Mono Partners*, no agency in the County specifically focused on child safety. While some agencies conducted safety activities, services were not coordinated. Initially spearheaded by Mammoth Hospital, multiple community agencies met to pursue the formation of a Safe Kids Coalition. Based on higher than average injury data for Mono & Inyo Counties, and after learning the benefits of such collaborations, the Commission decided to fund the coordination of *Safe Kids California, Mono Partners* as no other participating agencies had the necessary funding to conduct coordinating activities. With combined funding from SPCFA (\$5,000) and the Mono County Office of Education, the Mono County Office of Education coordinates Safe Kids California, Mono Partners.

Objective: Bring safety services & resources to families

LOGIC MODEL



EVALUATION FINDINGS AND CONCLUSIONS

Child Safety Quick Look:

Investment Area	Program, % served	Indicators (number from pp 46-48)		
		Achieved	Static/ Unknown,	Needs improvement, 100%
	Child Safety,			<ul style="list-style-type: none"> • Children provided helmets through Safe Kids (20)

20. Are children receiving a safety helmet through Safe Kids?

- Data Source: 2020 Safe Kids Coordinator report
- Finding: services were greatly reduced due to COVID 19, 5% of children birth to 5 received a helmet through Safe Kids in 2020, down from 25% the previous year.
- Conclusion: As a result of investments, car seat checks, safety material distribution, and bike helmet distribution continued throughout at Mammoth Lakes Police Department, State Farm, and through First 5 Home Visiting although at a much reduced rate due to COVID 19 precautions.

Because of the Safe Kids investment, families had access to child safety equipment and car seat checks, thus the Commission will continue to invest in this initiative. As part of the continuous quality improvement of the Safe Kids California, Mono Partners work, outreach efforts will continue to ensure as many families as possible participate in future Health & Safety Fair.

Appendices

APPENDIX I, HOME VISITING

Table 1: Referral Source

	Number	Percent
Mammoth Hospital Labor & Delivery	12	19%
Self	3	5%
Doctor, Pediatrician, Women's' Clinic	9	15%
Other, Family/Friends	3	5%
Social Services & Child Protective Services	5	8%
First 5 Home Visitors	12	19%
Early Start	1	29%
Peapod	1	
Behavioral Health	1	
Childbirth Education Class	1	
Not recorded/ other	14	
20-21 Total	62	
19-20 Total	77	
18-19 Total	104	

Table 2: Visits Provided

<i>Visit Type</i>	<i>FY 18-19</i>	<i>FY 19-20</i>	<i>FY 20-21</i>
<i>Prenatal Home Visits</i>	65	32	26
<i>Birth-5 Home Visits</i>	527	584	588
<i>Total Visits</i>	592	616	614

Table 3: Families Served

	<i>FY</i> <i>18-19</i>	<i>FY</i> <i>19-20</i>	<i>FY</i> <i>20-21</i>
<i>New Babies Enrolled</i>	89	48	44
<i>Births to Mono County Residents*</i>	132	128	99
<i>Percent of Mono County Babies Enrolled</i>	67%	38%	44%
<i>Total Families Served</i>	136	207	152

*Source: California Department of Finance March 2021 projections. Previous years' data updated

FY calculations use the calendar year projections of the year the FY begins (e.g., 2018 for FY 2018-19)

Table 4: Child's Race & Ethnicity, N=121 children newly enrolled in the program year for whom data is available.

Child Ethnicity/ Race (n=121)		
Non-Hispanic	57, 52%	American Indian
		White
		Prefer not to report
		Multi-race
Hispanic	64, 58%	Multi-race
		American Indian
		Prefer not to report
		White

Table 5: Stressors

Families with multiple stressors: 37, 39% (of 96 families who received a visit in the program year)

Families with multiple stressors, previously called families with high needs, are determined using the national home visiting standard. If a family has *more than one of the following* stressors, they are considered as having multiple stressors and can access home visits twice a month, rather than monthly.

low income or education	foster parents	death in the immediate family
child or parent with a disability	incarcerated parent	child abuse or neglect
homeless or unstable housing	very low birth weight	active military family
young parent	domestic violence	
substance abuse	recent immigrant	

Stressors	Number of families
<i>Low income</i>	50
<i>High School Diploma or Equivalency not attained</i>	18
<i>Child with a Disability</i>	6
<i>Parent with a Disability</i>	7
<i>Young Parent (parenting under age of 21)</i>	4
<i>Parent with mental health issues(s)</i>	5
<i>Housing Instability</i>	6
<i>Recent immigrant or refugee</i>	3
<i>Parent incarcerated during child's lifetime</i>	4
<i>Very low birthweight and preterm birth</i>	3
<i>Intimate Partner Violence</i>	2

Figure 1: Home Visiting Families' Town of Residence Compared to the Kindergarten Cohort

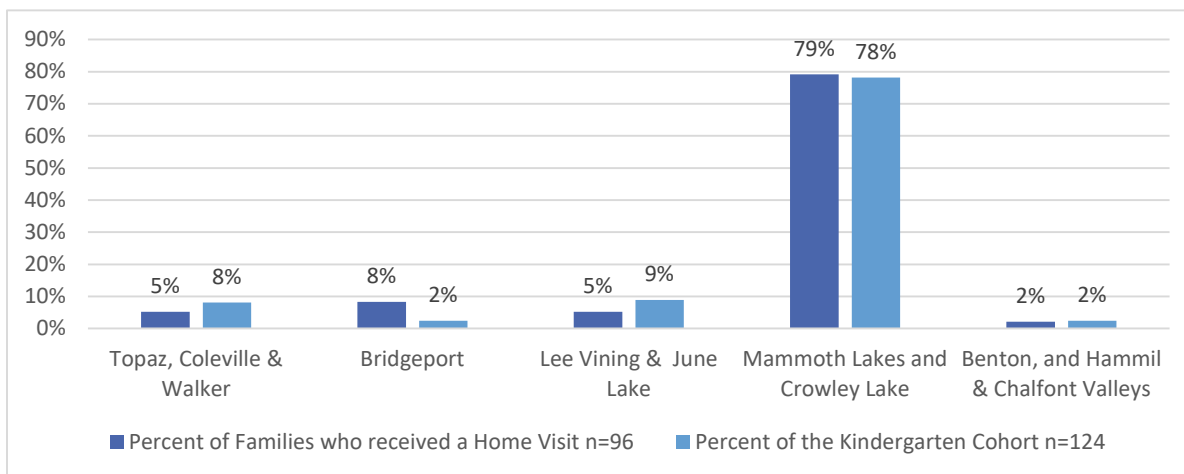


Table 6: Parenting Reflection exit survey scale of 1-5 (strongly disagree to strongly agree), n=2

	After program participation average
<i>I know how to meet my child's social and emotional needs</i>	4
<i>I understand my child's development and how it influences my parenting responses.</i>	4
<i>I regularly support my child's development through play, reading, and shared time together.</i>	5
<i>I establish routines and set reasonable limits and rules for my child.</i>	4
<i>I use positive discipline with my child.</i>	5
<i>I make my home safe for my child.</i>	4.5
<i>I am able to set and achieve goals.</i>	4.5
<i>I am able to deal with the stresses of parenting and like in general.</i>	3.5
<i>I feel supported as a parent.</i>	3

Table 7: Satisfaction exit survey

	Strongly Agree FY 19-20 N=10	Strongly Agree FY 20-21 N=3
<i>My parent educator gives me handouts that help me continue learning about parenting and child development.</i>	95%	67%
<i>I would recommend this program to a friend.</i>	98%	100%
<i>My parent educator gives me handouts that help me continue learning about parenting and child development.</i>	98%	100%
<i>My parent educator is genuinely interested in me and my child.</i>	95%	67%
<i>My parent educator and I partner to set goals for my child, myself, and my family.</i>	95%	67%
<i>My parent educator encourages me to read books to my child.</i>	95%	100%
<i>This program increases my understanding of child's development.</i>	95%	67%
<i>My parent educator gives me handouts that help me continue learning about parenting and child development.</i>	New item	100%
<i>My parent educator helps me find useful resources in my community.</i>	100%	67%
<i>This program motivates me to try new parenting strategies</i>	New item	67%
<i>This program helps me build relationships with other families.</i>	New item	67%
<i>I would recommend this program to a friend.</i>	New Item	100%
<i>I feel less stressed because of this program.</i>	95%	67%
<i>I am very satisfied with this program.</i>	New item	67%

What about the program has been most helpful to you and your family?

- The consistency, the parent educator knowledge, the network it opened up, the reassurance
- Annalisa shared many wonderful solutions with us for problems we were having

What could be improved about the program?

- More groups like cafe mom, but not focused on breastfeeding, just a time and place where new parents can come together and chat. Pea pod is a little overwhelming for the younger babies and parents who maybe just want to talk to each other more that the socialization for the kids.
- It was great. I would have liked more visits because I found them so helpful

Additional Comment:

- Thank you so much for making all of First 5 resources available!

APPENDIX II EARLY LITERACY

Figure 1: Raising A Reader, Participation by Age 2017-18 to 2019-20

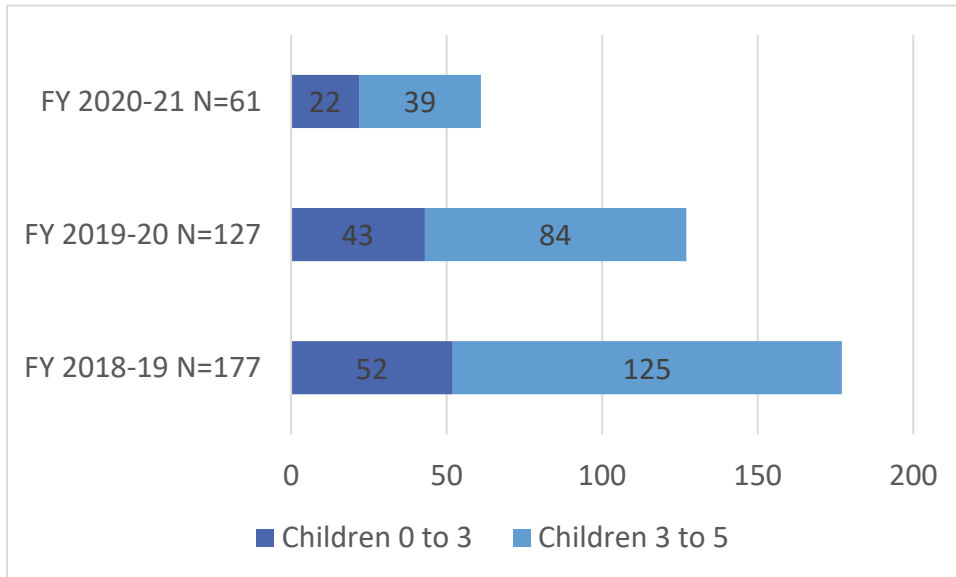


Table 1: First Book Distribution

<i>Program</i>	<i>Number of Books</i>
<i>Home Visiting & Peapod</i>	629
<i>Health & Safety Fairs</i>	84
<i>Total</i>	713

APPENDIX III PEAPOD PLAYGROUPS

Table 1: Families Served by Location 2018-19 to 2019-20, includes duplicates between locations

<i>Playgroup Location</i>	<i>FY 18-19</i>	<i>FY 19-20</i>	<i>FY 20-21</i>
<i>Benton/Chalfant</i>	3	4	0
<i>Bridgeport</i>	21	12	0
<i>Crowley Lake</i>	38	10	2
<i>Lee Vining/ June Lake</i>	3	0	0
<i>Mammoth Bilingual</i>	38	42	17
<i>Walker</i>	15	8	0
<i>Online Views: English/Spanish</i>			1,433/ 2,472
<i>Total (online)</i>	118	76	19 (3,905)

Table 2: Surveys, n=6

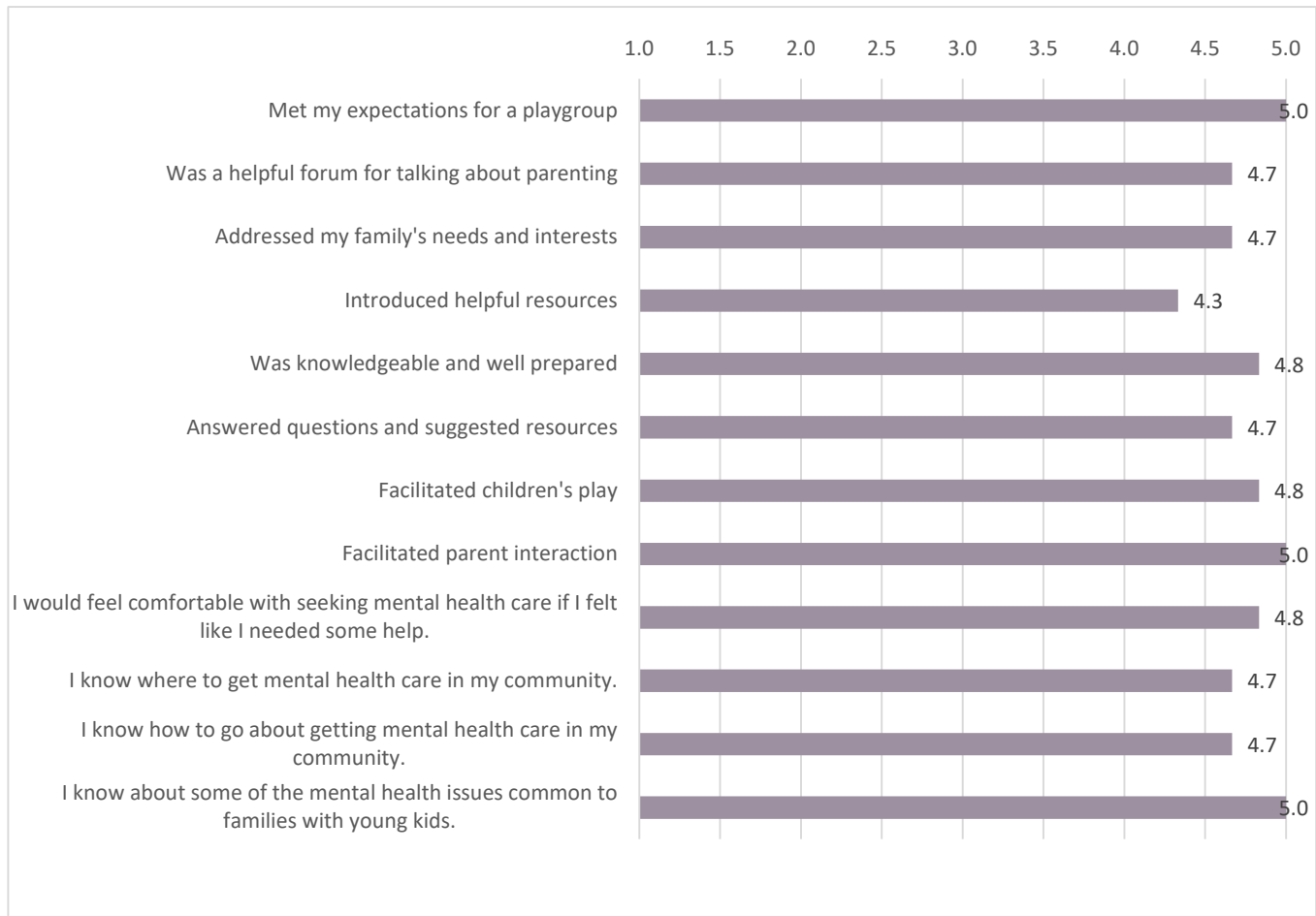


Table 3: Survey Demographics (numbers differ between categories as not all surveys answered all questions) n=5:

Race/ethnicity	White: 5 Hispanic: 0
Language	English: 5 Spanish: 0
Age	16-25: 0 26-40: 5 41-59: 0 60+: 0
Sex	Female: 5 Male: 0

Parent Survey Comments:

What were the strong parts of the playgroups?

- Interactions with other babies
- Building relationships with other moms, sharing tips, sharing experiences.
- Interacting with other babies & moms!
- interactive play and meeting other kids and families

What suggestions do you have for future playgroups?

- less pandemic and more peapod!

APPENDIX IV, CHILDCARE QUALITY

Table 1: Participating Childcare Sites in Mono County

Site Type	Number of Sites Served	Percent of Qualifying Sites Served
Center	5	83%
Family Childcare	6	86%
Family Friend and Neighbor Caregivers	1	unknown
Total*	11	85%

*omits Family Friend and Neighbor count due to an unknown number of providers

Table 2: Children Served at Participating Childcare Sites in Mono County

Year	Number of Children birth-5 Served	Percent of County birth-5 population Served
2020-21	118	17%
2019-20	197	28%
2018-19	211	31%

Table 3: Alternative Sites Served Mono County

Site Type	Number of Children birth -5 served	Percent of County birth-5 population served
Home Visiting 0-3 and 3-5	113	17%
Peapod North and South County	19	3%

Table 4: Participating Sites in Alpine County

Site Type	Number Served	Percent Served
Center	1	50%

Table 5: Ratings



Ratings are based on the following set of California State standards known to promote high-quality early learning for kids.

- Interactions between teachers and children
- The health and safety of the classroom
- How teachers meet and support the developmental needs of children
- Staff qualifications and training
- Group size, number of children per teacher

	COMMITTED TO QUALITY – participating in quality improvement efforts
	RAISING QUALITY – meeting some quality standards
	ACHIEVING QUALITY – meeting multiple quality standards
	EXCEEDING QUALITY – meeting quality standards in all areas
	HIGHEST QUALITY – exceeding quality standards in all areas

2020-21 Mono Alpine Rated Childcare & Education Sites

participating sites opting to be rated

<p>Highest Quality</p> 	<ul style="list-style-type: none"> • Lee Vining IMACA Head Start/ State Preschool
<p>Exceeding Quality</p> 	<ul style="list-style-type: none"> • Coleville IMACA State Preschool • Kindred Spirits • Mammoth IMACA State Preschool • Mammoth Lakes Lutheran Preschool • Mammoth Kids Corner • Mountain Warfare Training Center Child Development Center • Alpine Early Learning Center (Alpine County)

APPENDIX V CHILD HEALTH

Table 1: Oral Health Services Provided

	<i>Oral Health Education</i>	<i>Fluoride Varnish</i>
<i>FY 2020-21 Total</i>	76	NA due to COVID restrictions
<i>FY 2019-20 Total</i>	12	9
<i>FY 2018-19 Total</i>	114	114

Table 2: Safe Kids Activities

<i>Item distributed or information shared</i>	<i>Number</i>
<i>Bike helmets</i>	36
<i>car seats installed</i>	10
<i>car seat checks</i>	2
<i>parents educated on: TV Tip overs, car seat safety, keeping kids safe during pandemic, water safety, Mono County Safe Kids resource guide, hand sanitizer, heat stroke, safe sleep, and other safety resources</i>	400

APPENDIX VI RESULTS AND INDICATORS

Result I: *Mono County children 0-5 are educated to their greatest potential.*

Indicator	Investment area	2018-19	2019-20	2020-21
1. Peapod survey data yields 100% satisfaction or an average of 4-5 on a scale of 1-5 that the playgroup met participant expectations	Family Behavioral Health	Yes	Yes	Yes
2. Number and percent of children prenatal to age 1 whose parents accessed Home Visiting	Home Visiting	66%	35%	48, 48%
3. Number and percent of children prenatal to age 5 whose parents accessed Home Visiting.		22%	30%	174, 25%
4. Number and percent of children 6 months to 5 years old screened for developmental delays.	Home Visiting & Childcare Quality	35%	33%	161, 23%
5. Number and percent of children served in home childcare settings and childcare centers that exhibit moderate to high quality as measured by a quality index.	Childcare Quality	28%	25%	75, 11%
6. Number and percent of licensed child care providers in Mono County advancing on the Child Development Permit Matrix.		0	0	5, 15%
7. Number and percent of licensed center and family child care spaces per 100 children.		47%	46%	42%

Results are color-coded: **needs improvement**, **achieved**, **new or static (within 1% of the previous year)**, reporting rate too low to determine (less than 60%)

Sources:

1. Peapod Program Parent Surveys
2. Home Visiting Participation 48/ 99 Department of Finance 2020 Birth projection from March 2021
3. Home Visiting Participation 174/ 693 US Census population estimate children 0-5 in Mono County
4. Children in commission-run programs who received a developmental screening—Home Visiting (54) & Childcare Quality System (107) 161/ 693 US Census population estimate children 0-5 in Mono County (42% reporting rate as 292 of the 693 birth-5 population is enrolled in home visiting or with a provider who participates in the Childcare Quality System, includes duplication). Screened is defined as a completed evidence and research-based formal screening tool like the Ages and Stages Questionnaire.
5. Children served at sites with a rating of 3 or higher 78/ 693 US Census population estimate children 0-5 in Mono County (100% reporting rate)
6. Childcare Quality System data 5 of 34 participating providers (85% reporting rate, the percent of sites participating in the Childcare Quality System)
7. Number of licensed child care spaces available to Mono County children birth-5 on the IMACA Resource and Referral list (includes licensed care slots for visitors through Mammoth Mountain and number of children served at Mountain Warfare Training Center Child Development Center only available to children whose parents are in the military), 293 /693 US Census population estimate children 0-5 in Mono County (100% reporting rate)

Result I continued: *Mono County children 0-5 are educated to their greatest potential.*

Indicator	Investment area	2018-19	2019-20	2020-21
8. Number and percent of children who have ever attended a preschool, Pre-K, or Head Start program by the time of Kindergarten entry.	School Readiness	76%	87%	Not available
9. Number and percent of children “ready for school” upon entering Kindergarten.		51%	65%	Not available
10. Number and percent of children whose parents attended Kindergarten and TK Round Up.		73%	82%	101, 81%
11. Number and percent of children birth to 5 accessing funded literacy activities.		47%	48%	185, 27%
12. Number and percentage of age-eligible children for whom a preschool slot is available.		51%	43%	89, 32%
13. Number and percent of entering Kindergartners assessed for school readiness at entry.	Home Visiting & Family Behavioral Health	98%	98%	0
14. Number and percent of children in households where parents and other family members are receiving child-development and parenting education.		40%	44%	124, 18%

Results are color-coded: **needs improvement**, **achieved**, **new or static (within 1% of the previous year)**, reporting rate too low to determine (less than 60%)

Sources:

8. Incoming Kindergarten Parent Surveys not distributed due to COVID 0 /124 kindergarten students.
9. In-kindergarten Brigance screens not conducted due to COVID 0 /124 kindergarten students. Previous year's reporting rates: 2018, 98%, 2019, 98%.
10. Children participating in Kindergarten and TK Round Up, 101/124 number of children on the first day of kindergarten, school district data.
11. Number of children receiving a Home Visit 113, Peapod 19-8 who participated in both=124 plus participants in Raising a Reader 61=185/ 693 US Census population estimate children 0-5 in Mono County.
12. The number of available preschool slots in the County based on the number of slots licensed to age-specific 3-4 year old classrooms 89/ 280-- Five-year Kinder and TK average (2014-2018) multiplied by 2 to get a projected number of 3 & 4 year olds. Decreases represent the closures of Benton and Mammoth Lutheran classrooms.
13. Number of Brigance screens completed by the school district 0/124 kindergarten students.
14. Children in commission-run programs with child-development education components (Home Visiting 113 and Peapod 19-8 who participated in both) 124/ 693 US Census population estimate children 0-5 in Mono County. 18% reporting rate, as data is limited to commission-run programs to ensure an unduplicated count.

Result II: *All Mono County children 0-5 are healthy.*

Indicator	Investment Area	2018-19	2019-20	2020-21
15. Number and percent of children where breastfeeding is successfully initiated and sustained.		86%	89%	66, 85%
16. Number and percent of children 0 to 5 years of age who are in the expected range of weight for their height and age, or BMI.	Home Visiting	81%	76%	263, 76%
17. Number and percent of children ages 1 or older who receive annual dental screenings.	Oral Health	51%	42%	264, 38%
18. Number and percent of children at Kindergarten entry with untreated dental problems.		33%	10%	Not available
19. Number and percent of children prenatal to age 5 in Mono County served through Peapod.	Family Behavioral Health	28%	14%	19, 3%
20. Number and percent of children birth to 5 provided a safety helmet through Safe Kids.	Child Safety	31%	25%	36, 5%

Results are color-coded: **needs improvement**, **achieved**, **new**, **newly achieved over 60% reporting rate**, or **static (within 1% of the previous year)**, reporting rate too low to determine (less than 60%)

Sources:

- Sierra Park Pediatrics number of Mono County children still breastfed at visits to pediatrics up to 1 month of age. Children seen up to 1 month 66/ 78 patients. 79% reporting rate 78/ 99 Department of Finance 2020 Birth projection from March 2021
- Sierra Park Pediatrics number of Mono County 2-5 year olds seen in FY 20-21 within the expected range of weight and height 263/ 346 patients. 50% reporting rate, 346 patients/693 US Census population estimate children 0-5 in Mono County. 2017-18 data not able to be collected due to a change in record keeping at the hospital.
- Number of children 1 year to 5.99 years old seen annually for a screening in the Mammoth Hospital Dental Clinic 264/693 US Census population estimate children 0-5 in Mono County. 39% reporting rate, clients seen at Mammoth Hospital Dental Clinic 269/ 693 Census estimated children 0-5. Note: the number of patients in the age range declined by 134 clients (from 452 to 318) between FY 2017-18 and FY 2019-20 and the indicator shows the percent of kids being served through Mammoth Hospital Dental Clinic than an overall decline in dental access which could be better captured by the suggested indicator below.
Suggested replacement for next Strategic Plan from Children Now Scorecard: children from families with low income ages birth -5 who visited a dentist in the last year—58% in 2018, 3rd best ranked County in the State.
- Oral Health Assessments turned into the school indicating untreated dental problems 9/108 completed oral health assessments. 87% reporting rate from the SCOH school reporting system oral health assessments 108/124.
- Number of children served in Peapod Playgroups 19/ 693, US Census population estimate children 0-5 in Mono County
- For 2020 Calendar Year Safe Kids California, Mono Partners report

APPENDIX VII FISCAL OVERVIEW

Revenue		Amount		
Prop. 10 Tax Revenue		\$70,948		
Small County Augmentation, prop. 56 & SMIF		\$279,052		
Federal Grants (CDBG)		\$87,156		
Other State Grants		\$237,540		
Local Grants		\$239,604		
Other Local		\$3,889		
Interest on Mono County First 5 Trust Fund		\$7,233		
Total Revenue		\$925,422		
Expense	Amount	% of Expenditures	% of Discretionary Funds	5-year Strategic Plan % of Discretionary Funds
Home Visiting	\$373,446	41%	50%	33%
Childcare Quality System	\$322,051	35%	1%	3%
Emergency Fund	\$10,000	1%	3%	-
Operations/Support/Evaluation	\$77,657	9%	22%	39%
Oral Health	\$13,295	1%	4%	1%
Peapod	\$41,914	5%	1%	0
Safe Kids Coalition	\$5,000	1%	1%	2%
School Readiness	\$37,758	4%	11%	22%
Systems Building	\$28,978	3%	8%	-
Total Expenses	\$910,099			
Total Revenue	\$925,422			
Net Revenue	\$15,323			
Fund Balance	Amount			
Fund Balance Beginning	\$591,686			
Fund Balance End	\$607,009			
Net Change in Fund Balance	\$15,323			

Mono County

Family & Child Data

The 2019 California Child Care Portfolio, the 12th edition of a biennial report, presents a unique portrait of child care supply, demand, and cost statewide and county by county, as well as data regarding employment, poverty, and family budgets. The child care data in this report was gathered with the assistance of local child care resource and referral programs (R&Rs). R&Rs work daily to help parents find child care that best suits their family and economic needs. They also work to build and support the delivery of high-quality child care services in diverse settings throughout the state. To access the full report summary and county pages, go to our website at www.rnnetwork.org.

PEOPLE ¹	COUNTY			STATE		
	2016	2018	CHANGE	2016	2018	CHANGE
Total number of residents	13,785	13,887	1%	39,354,432	39,864,538	1%
Number of children 0-12	2,069	2,001	-3%	6,631,621	6,578,476	-1%
Under 2 years	287	274	-5%	982,688	941,215	-4%
2 years	149	133	-11%	498,782	489,567	-2%
3 years	126	152	21%	503,064	503,509	0.1%
4 years	138	150	9%	503,461	503,657	0.04%
5 years	144	133	-8%	518,282	506,494	-2%
6-10 years	861	807	-6%	2,596,934	2,576,958	-1%
11-12 years	364	352	-3%	1,028,410	1,057,076	3%

LABOR FORCE ^{2*}	COUNTY			STATE		
	2016	2018	CHANGE	2016	2018	CHANGE
Two-parent families, both parents in labor force	474	430	-9%	1,667,628	1,673,759	0.4%
Single-parent families, parent in labor force	280	176	-37%	966,506	957,871	-1%

*Due to the availability of data in the U.S. Census Bureau's ACS, these numbers do not include unmarried two-parent families or families with same-sex parents

POVERTY ²	COUNTY			STATE		
	2016	2018	CHANGE	2016	2018	CHANGE
Number of people living in poverty	684	1,378	101%	5,525,524	4,969,326	-10%
Children 0-5 living in poverty	95	114	20%	608,247	499,726	-18%
Children in subsidized care ³	112	121	8%	315,100	337,264	7%

FAMILIES IN POVERTY IN 2018²

COUNTY	STATE
7%	14%

CHILD CARE AND FAMILY BUDGETS^{4, 8}

Income Eligible Family Without Subsidy ⁵	Income Eligible Family With Subsidy ⁵	Median Family Income ²
<p>\$54,027 Annual Income</p> <p>29% 18% 22% 31%</p> <p>Housing Infant/toddler All other family needs Preschooler</p>	<p>\$54,027 Annual Income</p> <p>29% 10% 61%</p> <p>Housing Family Fee All other family needs</p>	<p>\$90,347 Annual Income</p> <p>17% 11% 13% 58%</p> <p>Housing Infant/toddler All other family needs Preschooler</p>

Mono County

Child Care Data

AGE/TYPE

CHILD CARE SUPPLY ⁶	LICENSED CHILD CARE CENTERS			LICENSED FAMILY CHILD CARE HOMES			CHILD CARE REQUESTS ⁷	
	2017	2019	CHANGE	2017	2019	CHANGE		
Total number of spaces	234	234	0%	114	100	-12%	Under 2 years	27%
Under 2 years	36	36	0%				2-5 years	50%
2-5 years	198	198	0%				6 years and older	23%
6 years and older	0	0	0%					
Total number of sites	9	9	0%	12	11	-8%		

25%

Child care programs participating in the Child Care Food Program

56%

Child care centers with one or more federal/state/local contracts

SCHEDULE AND COST

CHILD CARE SUPPLY			LICENSED CHILD CARE CENTERS	LICENSED FAMILY CHILD CARE HOMES	CHILD CARE REQUESTS	
Full-time and part-time spaces			100%	92%	AGES	FULL-TIME
Only full-time slots			0%	8%	Under 2 years	100%
Only part-time slots			0%	0%	2 years	0%
Sites offering evening, weekend or overnight care			22%	55%	3 years	100%
Annual full-time infant care ⁸			\$13,231	\$12,028	4 years	100%
Annual full-time preschool care ⁸			\$9,733	\$11,138	5 years	0%
MAJOR REASONS FAMILIES SEEK CHILD CARE ⁹						
95%	Employment	9%	Parent seeking employment	5%	Parent in school or training	
					Evening / weekend / overnight care	8%

LANGUAGE

CENTERS WITH AT LEAST ONE STAFF SPEAKING THE FOLLOWING LANGUAGES ⁹	LANGUAGE SPOKEN AT HOME	
English 100%, Spanish 33%	English only	75%
FAMILY CHILD CARE PROVIDERS SPEAKING THE FOLLOWING LANGUAGES ⁹	Spanish	22%
	Asian/Pacific Island language	2%
	Another language	2%
Spanish 64%, English 55%		

1. CA Department of Finance Population Projections 2018
2. American Community Survey 2018 1-year estimates. Poverty is defined using the federal poverty guidelines.
3. CA Department of Education CDD 801-A October 2018, CA Department of Social Services CW115, October 2018
4. U.S. Housing and Urban Development rent for 2-bedroom 50th percentile
5. 70% of 2018 State Median Income for a family of three
6. Resource and referral (R&R) databases 2019
7. R&R child care referrals April/May/June 2019
8. 2018 Regional Market Rate Survey, Network estimate
9. Percentages may exceed 100% when multiple options are chosen

For more information about child care in **MONO COUNTY:**

IMACA Community Connections for Children
800-317-4700
www.imaca.net

RACE COUNTS

County Rankings

RACE COUNTS measures the overall performance, amount of racial disparity, and impact by population size of counties and cities in California. We found that the past still very much drives who has access to the promise of the Golden State. To push California forward, we need effective ways to measure and address long-standing racial disparities. We have ranked all 58 counties in California using our comprehensive measurement across 44 indicators and seven key issues areas.

Learn more at RACECOUNTS.org.

PERFORMANCE

Rank 1 = Highest Performance

How well people are doing? How high are graduation, health insurance, and home ownership rates?

DISPARITY

Rank 1 = Highest Disparity

How well are different racial groups doing compared to one another? Are graduation, health insurance, and home ownership rates similar across races or very different?

*RACE COUNTS County Types

	RACIAL DISPARITY	PERFORMANCE
GAINS AT RISK	LOW	HIGH
STRUGGLING TO PROSPER	LOW	LOW
PROSPERITY FOR THE FEW	HIGH	HIGH
STUCK AND UNEQUAL	HIGH	LOW

COUNTY*	DISPARITY	PERFORMANCE	POPULATION
Alameda	4	17	1,559,308
Alpine	N/A	4	1,202
Amador	56	24	37,159
Butte	23	40	221,578
Calaveras	55	21	44,921
Colusa	12	29	21,424
Contra Costa	30	12	1,081,232
Del Norte	15	51	28,066
El Dorado	16	5	181,465
Fresno	6	53	948,844
Glenn	34	42	28,019
Humboldt	13	33	134,876
Imperial	2	50	177,026
Inyo	17	16	18,439
Kern	33	55	857,730
Kings	8	56	151,390
Lake	19	47	64,209
Lassen	27	41	33,356
Los Angeles	28	44	9,974,203
Madera	11	45	152,452
Marin	1	1	256,802
Mariposa	39	27	17,946
Mendocino	22	32	87,612
Merced	44	58	261,609
Modoc	20	37	9,335
Mono	3	15	14,193
Monterey	18	39	424,927
Napa	42	7	139,253
Nevada	24	13	98,606

RACE COUNTS

County Rankings

PERFORMANCE**Rank 1 = Highest Performance**

How well people are doing? How high are graduation, health insurance, and home ownership rates?

DISPARITY**Rank 1 = Highest Disparity**

How well are different racial groups doing compared to one another? Are graduation, health insurance, and home ownership rates similar across races or very different?

***RACE COUNTS County Types**

	RACIAL DISPARITY	PERFORMANCE
GAINS AT RISK	LOW	HIGH
STRUGGLING TO PROSPER	LOW	LOW
PROSPERITY FOR THE FEW	HIGH	HIGH
STUCK AND UNEQUAL	HIGH	LOW

Note: Overall performance and disparity rankings calculate data from 44 indicators identified by community organizers and literature reviews. Insufficient data to calculate disparity rankings for Alpine and Sierra Counties.

COUNTY*	DISPARITY	PERFORMANCE	POPULATION
Orange	29	19	3,086,331
Placer	37	2	361,518
Plumas	38	22	19,286
Riverside	40	46	2,266,899
Sacramento	50	31	1,450,277
San Benito	53	23	56,888
San Bernardino	31	54	2,078,586
San Diego	36	25	3,183,143
San Francisco	5	11	829,072
San Joaquin	35	52	701,050
San Luis Obispo	47	14	274,184
San Mateo	9	3	739,837
Santa Barbara	41	20	431,555
Santa Clara	32	8	1,841,569
Santa Cruz	26	10	267,203
Shasta	49	35	178,520
Sierra	N/A	6	3,019
Siskiyou	14	30	44,261
Solano	46	36	421,624
Sonoma	48	9	491,790
Stanislaus	21	48	522,794
Sutter	25	38	95,067
Tehama	51	43	63,284
Trinity	45	34	13,515
Tulare	43	49	451,108
Tuolumne	54	28	54,347
Ventura	10	18	835,790
Yolo	7	26	204,162
Yuba	52	57	73,059

October 21, 2021

Board of Commissioners
First Five Mono County
Mammoth Lakes, CA

We have audited the financial statements of the governmental activities and general fund of First Five Mono County (the "Commission") for the year ended June 30, 2021. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards (and, if applicable, *Government Auditing Standards* and the Uniform Guidance), as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 16, 2019. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Commission are described in Note 1 to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during 2021. We noted no transactions entered into by the Commission during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

Management's estimate of the net pension liability and related deferred outflows of resources and deferred inflows of resources are based on actuarial valuations and pension contributions made during the year. We evaluated the key factors, assumptions, and proportionate share calculations used to develop the net pension liability and related deferred outflows of resources and deferred inflows of resources in determining that it is reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements were:

The disclosure of the pension plans, net pension liability and related deferred outflows of resources and deferred inflows of resources in Note 7 to the financial statements represents management's estimates based on actuarial valuations and pension contributions made during the year. Actual results could differ depending on the key factors, and assumptions and proportionate share calculations used to develop the net pension liability and related deferred outflows of resources and deferred inflows of resources.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Significant Audit Matters, continued

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to each opinion unit's financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 21, 2021.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Commission's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Commission's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

We applied certain limited procedures to management's discussion and analysis, and the required supplementary information section, which are required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted 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 did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

We were engaged to report on the supplementary information section, which accompany the financial statements but are not RSI. With respect to this supplementary information, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

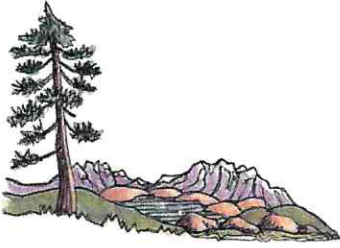
Restriction on Use

This information is intended solely for the information and use of Board of Commissioners and management of the Commission and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,



Christy White, Inc.



Eastern Sierra Unified School District

P.O. Box 575 – 231 Kingsley Street
Bridgeport, CA 93517
Telephone (760) 932-7443 – Fax (760) 932-7140

Heidi Torix
Superintendent

Board of Trustees

Ann Aylesworth
Danielle Dublino
Penny Galvin
Ricky McCoy
Tim Sullivan

August 4, 2021

First 5 Families Commission
County of Mono
Molly DesBaillets, Executive Director
PO Box 130
Mammoth Lakes, CA 93546

Dear Molly DesBaillets,

Eastern Sierra Unified School District appreciates the opportunity to offer a preschool program to the Bridgeport community. With the delay in CDBG award not being effective until March 3, 2021, for the 2020.2021 school year this has caused an unexpected loss of committed revenue for ESUSD.

For Quarter 3, January 1, 2021, thru March 31, 2021, ESUSD is seeing a reduction of revenue of \$10,653.60 from the actual expenditures spent for this time frame. Most of this loss in revenue is from the new grant cycle not starting until March 3, 2021, even though ESUSD has provided the preschool program since school started in August 2020. We are grateful that the grant award from 2017 helped cover some of the expenses but that was not enough to cover until the new grant was awarded.

ESUSD is asking for emergency funds in the amount of \$10,000.00. ESUSD will cover the other \$653.60 in unexpected revenue loss.

Please let me know if you have any further questions regarding this request.

Sincerely,

Cetara Rohl
Chief Business Officer

First 5 Mono County

Budget vs. Actuals: FY21-22

July 2021 - June 2022

	115 Home Visiting (9037)			125 Oral Health (9038)			130 Peapod (9039)		
	Actual	Budget	% of Budget	Actual	Budget	% of Budget	Actual	Budget	% of Budget
Income									
Total 4300 Government Revenue	\$ 19,560.37	\$ 184,912.83	10.58%	\$ 0.00	\$ 10,200.00	0.00%	\$ 0.00	\$ 1,156.82	0.00%
Total 4500 Government Grants	\$ 209,429.04	\$ 260,148.00	80.50%	\$ 0.00	\$ 0.00		\$ 0.00	\$ 40,000.00	0.00%
Total 5300 Investments	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	
5999 Misc. Revenue	353.46								
Total Income	\$ 229,342.87	\$ 445,060.83	51.53%	\$ 0.00	\$ 10,200.00	0.00%	\$ 0.00	\$ 41,156.82	0.00%
Gross Profit	\$ 229,342.87	\$ 445,060.83	51.53%	\$ 0.00	\$ 10,200.00	0.00%	\$ 0.00	\$ 41,156.82	0.00%
Expenses									
Total 7000 Grants & Direct Assistance	\$ 0.00	\$ 3,000.00	0.00%	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	
Total 7200 Salaries & Related Expenses	\$ 173,493.63	\$ 339,000.00	51.18%	\$ 4,594.69	\$ 9,209.85	49.89%	\$ 15,644.22	\$ 31,562.65	49.57%
Total 7500 Contract Service Expenses	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	
Total 8100 Non-personnel Expenses	\$ 7,358.13	\$ 27,266.00	26.99%	\$ 0.00	\$ 50.00	0.00%	\$ 0.00	\$ 4,500.00	0.00%
Total 8200 Facility Expenses	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	
Total 8300 Travel & Conference Expenses	\$ 19,083.90	\$ 25,000.00	76.34%	\$ 0.00	\$ 0.00		\$ 0.00	\$ 2,000.00	0.00%
Total 8400 Other Client Specific Expenses	\$ 17,942.14	\$ 50,794.83	35.32%	\$ 0.00	\$ 940.15	0.00%	\$ 0.00	\$ 3,094.17	0.00%
Total 8500 Other Expenses	\$ 836.64	\$ 0.00		\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	
Total Expenses	\$ 218,714.44	\$ 445,060.83	49.14%	\$ 4,594.69	\$ 10,200.00	45.05%	\$ 15,644.22	\$ 41,156.82	38.01%
Net Operating Income	\$ 10,628.43	\$ 0.00		-\$ 4,594.69	\$ 0.00		-\$ 15,644.22	\$ 0.00	
Other Expenses									
8599 Bad Debt Expense									
Total Other Expenses	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	
Net Other Income	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	
Net Income	\$ 10,628.43	\$ 0.00		-\$ 4,594.69	\$ 0.00		-\$ 15,644.22	\$ 0.00	

First 5 Mono County

Budget vs. Actuals: FY21-22

July 2021 - June 2022

	140 Safe Kids			145 School Readiness (9310)			150 Systems Building		
	Actual	Budget	% of Budget	Actual	Budget	% of Budget	Actual	Budget	% of Budget
Income									
Total 4300 Government Revenue	\$ 0.00	\$ 7,000.00	0.00%	\$ 0.00	\$ 46,555.00	0.00%	\$ 0.00	\$ 36,122.50	0.00%
Total 4500 Government Grants	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	
Total 5300 Investments	\$ 0.00	\$ 0.00		\$ 2,343.75	\$ 12,000.00	19.53%	\$ 0.00	\$ 0.00	
5999 Misc. Revenue									
Total Income	\$ 0.00	\$ 7,000.00	0.00%	\$ 2,343.75	\$ 58,555.00	4.00%	\$ 0.00	\$ 36,122.50	0.00%
Gross Profit	\$ 0.00	\$ 7,000.00	0.00%	\$ 2,343.75	\$ 58,555.00	4.00%	\$ 0.00	\$ 36,122.50	0.00%
Expenses									
Total 7000 Grants & Direct Assistance	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	
Total 7200 Salaries & Related Expenses	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 9,150.91	\$ 30,981.60	29.54%
Total 7500 Contract Service Expenses	\$ 0.00	\$ 7,000.00	0.00%	\$ 15,746.71	\$ 48,000.00	32.81%	\$ 0.00	\$ 0.00	
Total 8100 Non-personnel Expenses	\$ 0.00	\$ 0.00		\$ 84.60	\$ 10,055.00	0.84%	\$ 0.00	\$ 0.00	
Total 8200 Facility Expenses	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	
Total 8300 Travel & Conference Expenses	\$ 0.00	\$ 0.00		\$ 0.00	\$ 100.00	0.00%	\$ 0.00	\$ 2,000.00	0.00%
Total 8400 Other Client Specific Expenses	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 0.00	\$ 3,140.90	0.00%
Total 8500 Other Expenses	\$ 0.00	\$ 0.00		\$ 600.00	\$ 400.00	150.00%	\$ 0.00	\$ 0.00	
Total Expenses	\$ 0.00	\$ 7,000.00	0.00%	\$ 16,431.31	\$ 58,555.00	28.06%	\$ 9,150.91	\$ 36,122.50	25.33%
Net Operating Income	\$ 0.00	\$ 0.00		-\$ 14,087.56	\$ 0.00		-\$ 9,150.91	\$ 0.00	
Other Expenses									
8599 Bad Debt Expense				20,482.72					
Total Other Expenses	\$ 0.00	\$ 0.00		\$ 20,482.72	\$ 0.00		\$ 0.00	\$ 0.00	
Net Other Income	\$ 0.00	\$ 0.00		-\$ 20,482.72	\$ 0.00		\$ 0.00	\$ 0.00	
Net Income	\$ 0.00	\$ 0.00		-\$ 34,570.28	\$ 0.00		-\$ 9,150.91	\$ 0.00	

First 5 Mono County

Budget vs. Actuals: FY21-22

July 2021 - June 2022

	Total 240 Child Care Quality			260 Emergency Funds			Total 100 Programs		
	Actual	Budget	% of Budget	Actual	Budget	% of Budget	Actual	Budget	% of Budget
Income									
Total 4300 Government Revenue	\$ 0.00	\$ 0.00		\$ 0.00	\$ 20,000.00	0.00%	\$ 19,560.37	\$ 305,947.15	6.39%
Total 4500 Government Grants	\$ 56,408.29	\$ 349,721.00	16.13%	\$ 0.00	\$ 0.00		\$ 265,837.33	\$ 649,869.00	40.91%
Total 5300 Investments	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 2,343.75	\$ 12,000.00	19.53%
5999 Misc. Revenue	0.00	0.00					353.46	0.00	
Total Income	\$ 56,408.29	\$ 349,721.00	16.13%	\$ 0.00	\$ 20,000.00	0.00%	\$ 288,094.91	\$ 967,816.15	29.77%
Gross Profit	\$ 56,408.29	\$ 349,721.00	16.13%	\$ 0.00	\$ 20,000.00	0.00%	\$ 288,094.91	\$ 967,816.15	29.77%
Expenses									
Total 7000 Grants & Direct Assistance	\$ 0.00	\$ 32,951.00	0.00%	\$ 10,000.00	\$ 20,000.00	50.00%	\$ 10,000.00	\$ 55,951.00	17.87%
Total 7200 Salaries & Related Expenses	\$ 47,785.56	\$ 100,930.00	47.35%	\$ 0.00	\$ 0.00		\$ 250,669.01	\$ 511,684.10	48.99%
Total 7500 Contract Service Expenses	\$ 68,240.55	\$ 180,300.00	37.85%	\$ 0.00	\$ 0.00		\$ 83,987.26	\$ 235,300.00	35.69%
Total 8100 Non-personnel Expenses	\$ 115.38	\$ 9,473.00	1.22%	\$ 0.00	\$ 0.00		\$ 7,558.11	\$ 51,344.00	14.72%
Total 8200 Facility Expenses	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00	
Total 8300 Travel & Conference Expenses	\$ 2,642.63	\$ 3,051.00	86.62%	\$ 0.00	\$ 0.00		\$ 21,726.53	\$ 32,151.00	67.58%
Total 8400 Other Client Specific Expenses	\$ 6,921.87	\$ 23,016.00	30.07%	\$ 0.00	\$ 0.00		\$ 24,864.01	\$ 80,986.05	30.70%
Total 8500 Other Expenses	\$ 0.00	\$ 0.00		\$ 0.00	\$ 0.00		\$ 1,436.64	\$ 400.00	359.16%
Total Expenses	\$ 125,705.99	\$ 349,721.00	35.94%	\$ 10,000.00	\$ 20,000.00	50.00%	\$ 400,241.56	\$ 967,816.15	41.36%
Net Operating Income	-\$ 69,297.70	\$ 0.00		-\$ 10,000.00	\$ 0.00		-\$ 112,146.65	\$ 0.00	
Other Expenses									
8599 Bad Debt Expense	-4,226.07	0.00					16,256.65	0.00	
Total Other Expenses	-\$ 4,226.07	\$ 0.00		\$ 0.00	\$ 0.00		\$ 16,256.65	\$ 0.00	
Net Other Income	\$ 4,226.07	\$ 0.00		\$ 0.00	\$ 0.00		-\$ 16,256.65	\$ 0.00	
Net Income	-\$ 65,071.63	\$ 0.00		-\$ 10,000.00	\$ 0.00		-\$ 128,403.30	\$ 0.00	

First 5 Mono County

Budget vs. Actuals: FY21-22

July 2021 - June 2022

	635 First 5 Ops (9300)			TOTAL		
	Actual	Budget	% of Budget	Actual	Budget	% of Budget
Income						
Total 4300 Government Revenue	\$ 0.00	\$ 65,259.85	0.00%	\$ 19,560.37	\$ 371,207.00	5.27%
Total 4500 Government Grants	\$ 0.00	\$ 0.00		\$ 265,837.33	\$ 649,869.00	40.91%
Total 5300 Investments	\$ 0.00	\$ 0.00		\$ 2,343.75	\$ 12,000.00	19.53%
5999 Misc. Revenue		1,000.00	0.00%	353.46	1,000.00	35.35%
Total Income	\$ 0.00	\$ 66,259.85	0.00%	\$ 288,094.91	\$ 1,034,076.00	27.86%
Gross Profit	\$ 0.00	\$ 66,259.85	0.00%	\$ 288,094.91	\$ 1,034,076.00	27.86%
Expenses						
Total 7000 Grants & Direct Assistance	\$ 0.00	\$ 0.00		\$ 10,000.00	\$ 55,951.00	17.87%
Total 7200 Salaries & Related Expenses	\$ 9,812.31	\$ 25,489.65	38.50%	\$ 260,481.32	\$ 537,173.75	48.49%
Total 7500 Contract Service Expenses	\$ 10,653.87	\$ 12,030.00	88.56%	\$ 94,641.13	\$ 247,330.00	38.27%
Total 8100 Non-personnel Expenses	\$ 2,161.48	\$ 1,700.00	127.15%	\$ 9,719.59	\$ 53,044.00	18.32%
Total 8200 Facility Expenses	\$ 6,286.00	\$ 10,392.00	60.49%	\$ 6,286.00	\$ 10,392.00	60.49%
Total 8300 Travel & Conference Expenses	\$ 0.00	\$ 3,100.00	0.00%	\$ 21,726.53	\$ 35,251.00	61.63%
Total 8400 Other Client Specific Expenses	\$ 0.00	\$ 2,548.07	0.00%	\$ 24,864.01	\$ 83,534.12	29.77%
Total 8500 Other Expenses	\$ 3,163.00	\$ 11,000.13	28.75%	\$ 4,599.64	\$ 11,400.13	40.35%
Total Expenses	\$ 32,076.66	\$ 66,259.85	48.41%	\$ 432,318.22	\$ 1,034,076.00	41.81%
Net Operating Income	-\$ 32,076.66	\$ 0.00		-\$ 144,223.31	\$ 0.00	
Other Expenses						
8599 Bad Debt Expense	-1,297.00			14,959.65	0.00	
Total Other Expenses	-\$ 1,297.00	\$ 0.00		\$ 14,959.65	\$ 0.00	
Net Other Income	\$ 1,297.00	\$ 0.00		-\$ 14,959.65	\$ 0.00	
Net Income	-\$ 30,779.66	\$ 0.00		-\$ 159,182.96	\$ 0.00	

Chapter 7.90 - MONO COUNTY CHILDREN AND FAMILIES COMMISSION AND TRUST FUND

Sections:

7.90.010 - Definitions.

As used in this chapter:

"Act" means the California Children and Families First Act of 1998 (California Health and Safety Code Section 130100 et seq.).

"Commission" means the Mono County children and families commission established by this chapter.

"County strategic plan" means the plan adopted by the Commission in accordance with the Act.

"Program" means the California Children and Families First Program established by the Act.

"State commission" means the California Children and Families First Commission established in accordance with Section 130110 of the California Health and Safety Code.

"Trust fund" means the Mono County children and families trust fund established by this chapter.

Any other terms used in this chapter shall have the meanings attributed to them under the Act.

(Ord. 01-03 §§ 1 (part), 2 (part), 2001; Ord. 99-03 § 1 (part), 1999.)

7.90.020 - Election to participate—Purpose of this chapter.

Mono County elects to participate in the California Children and Families First Program. The purpose of this chapter is to satisfy and implement the requirements of the California Children and Families First Act of 1998 so that Mono County may participate in the program.

(Ord. 99-03 § 1 (part), 1999.)

7.90.030 - Commission established.

Pursuant to Section 130140 of the California Health and Safety Code, there is established a Mono County children and families commission, which shall have all the powers and duties imposed on county children and families first commissions by the California Children and Families First Act of 1998 (California Health and Safety Code Section 130100 et seq.) and any other applicable laws or regulations.

(Ord. 01-03 § 1 (part), 2001; Ord. 99-03 § 1 (part), 1999.)

7.90.040 - Trust fund established.

There is established a Mono County children and families trust fund, into which shall be deposited the moneys allocated and appropriated to the commission under Section 130105 of the California Health and Safety Code. The trust fund shall be administered by the commission. Moneys in the trust fund shall be expended by the commission only for the purposes authorized by the California Children and Families First Act of 1998 and in accordance with the county strategic plan approved by the commission.

(Ord. 01-03 § 2 (part), 2001; Ord. 99-03 § 1 (part), 1999.)

7.90.050 - Commission membership and composition.

The commission shall consist of seven members appointed by the board of supervisors and shall be comprised accordingly:

a. One member shall be a member of the County Board of Supervisors.

b. One member shall be the county superintendent of schools, as an educator specializing in early childhood development.

c. At least two members shall be from among the county health officer and 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.

d. The remaining members shall persons from the following categories: recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, or a local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting nurturing and early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies.

~~The commission shall consist of seven to nine members appointed by the board of supervisors. One member shall be a member of the board of supervisors. At least two, and as many as five four, members shall be from among the following persons: the county health officer and 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. One member shall be the county superintendent of schools, as an educator specializing in early childhood development. The remaining one to five three members shall be representatives from among the following categories: 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.~~

(Ord. 05-05 § 1, 2005; Ord. 99-03 § 1 (part), 1999.)

7.90.060 - Commission terms of office.

All members of the commission shall serve at the pleasure of the board of supervisors. The term of office for each member shall be five ~~three~~ years or until the appointment of his or her successor.

(Ord. 05-05 § 2, 2005; Ord. 99-03 § 1 (part), 1999.)

7.90.070 - Vacancies and removal.

A vacancy on the commission shall occur automatically on the happening of any of the following events before the expiration of a term:

- A. Removal of the member by the board of supervisors for any reason;
- B. Death or resignation of the member;
- C. Ceasing to be a representative of the particular agency or category from which the member was appointed; or

- D. Absence from three consecutive regular or special meetings or absence from four regular or special meetings in any twelve month period.

The board of supervisors may waive any vacating event for any member of the commission by majority vote of the board. The board shall make interim appointments to fill unexpired terms in the event of vacancies occurring during the term of members of the commission.

(Ord. 99-03 § 1 (part), 1999.)

7.90.080 - Quorum and voting.

A majority of the commission members shall constitute a quorum for all purposes. A majority of a quorum voting in favor of or against any item of commission business shall be sufficient to approve or disapprove that item. Members abstaining from any vote shall be deemed to have consented to the will of the voting members.

(Ord. 99-03 § 1 (part), 1999.)

7.90.090 - Compensation—Reimbursement of expenses.

As required by the Act, members of the commission shall not be compensated for their services, except they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other responsibilities as authorized by the commission.

(Ord. 99-03 § 1 (part), 1999.)

7.90.100 - Chairperson—Vice-chairperson—Secretary—Procedural rules.

The members of the commission shall annually elect a chairperson and vice-chairperson, who shall each serve for a term of one year. The chairperson shall run commission meetings, including conducting commission public hearings. The vice-chairperson shall perform the duties of the chairperson in the chairperson's absence. To the extent it deems necessary, the commission may also elect one of its members to serve as secretary for the commission. The secretary or his or her designee shall be responsible for the preparation, posting and/or publishing of agendas, notices, and minutes relating to commission meetings, and or carrying out such other secretarial duties as may be assigned by the commission. The commission may also adopt such procedural rules as it deems necessary to conduct its business, provided such rules are not inconsistent with this chapter, the California Children and Families First Act of 1998, or other applicable laws or regulations.

(Ord. 99-03 § 1 (part), 1999.)

7.90.110 - Required duties.

In addition to any other duties imposed by this chapter or any other applicable law or regulations, the commission shall perform all of the following specific duties in accordance with the California Children and Families First Act of 1998:

- A. Adopt an adequate and complete county strategic plan for the support and improvement of early childhood development within the county;
- B. Periodically review, on at least an annual basis, its county strategic plan and revise the plan as may be necessary or appropriate;

- C. Conduct at least one public hearing on its proposed county strategic plan before the plan is adopted;
- D. Conduct at least one public hearing on its periodic review of the county strategic plan before any revisions to the plan are adopted;
- E. Submit its adopted county strategic plan, and any subsequent revisions thereto, to the state commission;
- F. Prepare and adopt an annual audit and report pursuant to Section 130150 of the California Health and Safety Code;
- G. Conduct at least one public hearing prior to adopting any annual audit and report;
- H. Conduct at least one public hearing on each annual report by the state commission prepared pursuant to subdivision (b) of Section 130150 of the California Health and Safety Code;
- I. Establish one or more advisory commissions to provide technical and professional expertise and support for any purposes that will be beneficial in accomplishing the purposes of the California Children and Families First Act of 1998.

(Ord. 99-03 § 1 (part), 1999.)

Our Focus, Our Future

2022-2024 Strategic Plan

FIRST5
ASSOCIATION OF CALIFORNIA

CALIFORNIA
CHILDREN & FAMILIES
FOUNDATION

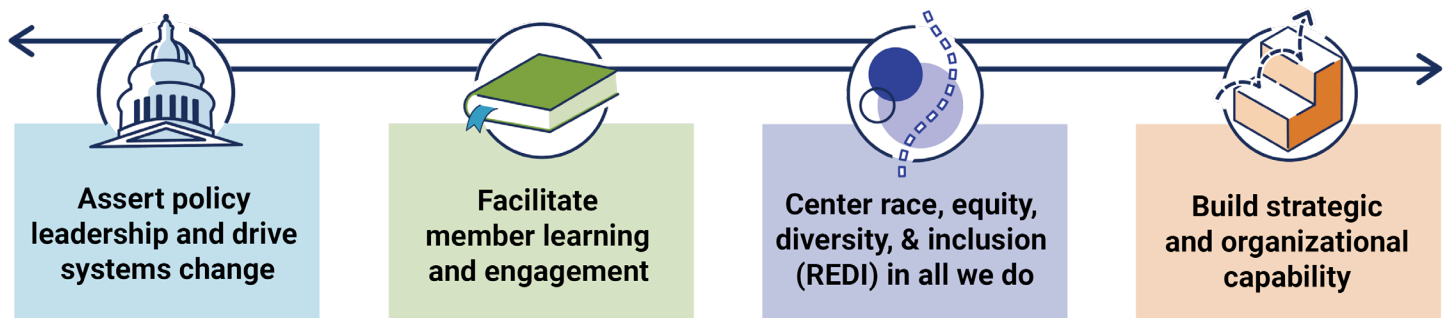


California's success must be measured by the well-being of its youngest children. To advance the early childhood systems needed so all of California's young children are able to thrive, local First 5 leaders, early childhood policy and field leaders, partner organizations, and the First 5 Association's board, executive committee, and staff team contributed to a 3-year strategic roadmap for the First 5 Association.

The 58 First 5 county members have a long history of impact as systems change leaders and backbone organizations in local communities. The First 5 Association aims to unify the collective First 5 work at the state level and amplify the diverse First 5 county voices to create systemic change across California.

Through the 2022-2024 Strategic Plan, the First 5 Association will deepen its statewide policy leadership and influence and support the learning and development of First 5 members as we move into a future that is inclusive, impactful, and innovatively improving outcomes for our state's diverse children and families.

LEADERSHIP, SYSTEMS CHANGE, LOCAL IMPACT



OUR PRINCIPLES

**Whole Child, Whole
Family Framework**

**Cross-Sector Systems
Integration**

**Center Race, Equity,
Diversity, and Inclusion**

Prevention

CENTERING REDI

As the First 5 Association advocates and advances change for California's children, it must work to change the systems and structures that perpetuate inequity and barriers to opportunity for young children and their families. Centering race, equity, diversity and inclusion (REDI) is both a guiding principle and a priority area of strategic focus. In addition to focused attention, REDI principles will be embedded throughout the Association's work, with the goal of supporting families through a targeted universalism approach.

Our Focus, Our Future

2022-2024 Strategic Plan | Strategic Priorities

PRIORITY I: ASSERT POLICY LEADERSHIP AND DRIVE SYSTEMS CHANGE

The Association will advance statewide policies that promote an integrated, whole child and family system of care, and ensure a continued focus on the well-being of young children and their families.

We will do that by:

- Providing leadership on three policy and systems change priorities:
 - » Universal home visiting and family strengthening
 - » Early childhood mental health
 - » Early identification and intervention systems development
- Supporting others and working in partnership to advance a broad, holistic early childhood policy platform centered around resilient families, comprehensive health and development, quality early learning, and overall sustainability and scale

OBJECTIVES

1. **Policy and Systems Change Priorities.** Advance policies to improve outcomes for young children and promote integrated systems
2. **Statewide Leadership.** Grow the First 5 Association role and influence in statewide policy
3. **Sustainability and Scale.** Make the case to sustain and scale critical early childhood systems, including the essential role of local First 5 commissions

PRIORITY II: FACILITATE MEMBER LEARNING AND ENGAGEMENT

The Association will support the strengthening of local First 5 systems by investing in the learning and growth of current and future generations of First 5 members.

OBJECTIVES

1. **Next Generation Leadership.** Develop the next generation of diverse First 5 leaders
2. **Member Networking and Exchange.** Facilitate member networking and best practices exchange
3. **In-Depth Member Learning.** Coordinate in-depth member learning that aligns with strategic priorities

PRIORITY III: CENTER RACE, EQUITY, DIVERSITY, AND INCLUSION (REDI) IN ALL WE DO

We will authentically center our statewide policy and local practice around the principles of race, equity, diversity and inclusion (REDI), using a targeted universalism framework. We will elevate the role of parents and families as leaders and drivers of change.

OBJECTIVES

1. **Policy Alignment.** Center race, equity, diversity and inclusion in our policy agenda
2. **Build Local First 5 Capacity to Advance REDI Locally.** Facilitate member training and support to advance REDI goals locally
3. **Family Voice and Leadership.** Elevate the role and influence of family voices in advocacy & shaping services and systems
4. **Internal Capacity to Advance REDI.** Ensure internal Association capacity to advance REDI including family voice goals

PRIORITY IV: BUILD STRATEGIC CAPACITY AND ORGANIZATIONAL CAPABILITY

We will develop new organizational skill sets, practices, and capacity to reinforce collective identity and advance shared strategic goals.

OBJECTIVES

1. **Association Capacity.** Build and adapt Association expertise and infrastructure
2. **Resources.** Secure and align resources with strategic priorities
3. **Governance Structure.** Evolve governance structure and strengthen internal systems

September 15, 2021

Governor Gavin Newsom
Office of Governor Gavin Newsom
1303 10th Street, Suite 1173
Sacramento, CA 95814

RE: SB 395 (Caballero) Healthy Options and Prevention Education (HOPE) Act: Electronic Cigarettes –
Request for Signature

Dear Governor Newsom,

First 5 Mono supports SB 395 (Caballero), calling on the state to create parity between the sale of vape products and traditional tobacco products to promote smoking cessation, especially among youth, and fund prevention programs across early childhood, public health and health care.

Tobacco use is among the leading causes of preventable death in the US. Still, vaping has become increasingly popular despite the adverse health outcomes, especially among youth. In 2018, the U.S. Surgeon General declared teen vaping an “epidemic,” and in 2020, one in six students in 6th to 12th grades reportedly used tobacco products, with electronic cigarettes being the most commonly consumed. What’s more, 80 percent of parents who smoke do so in their homes or cars, exposing young children to toxins such as heavy metals, ultrafine particulates and nicotine through second-hand exposure, and 40 percent of pregnant women who use vaping products aren’t aware they contain nicotine at all.

Due to systemic inequities, people of color and people with low-income are more likely to live in neighborhoods with a high density of tobacco retailers, and these communities are more likely to lack adequate access to the healthcare and services needed to combat the risk of addiction to tobacco products.

Despite this rising public health concern, California’s historically low tax rates on vaping products make them cheaper and more accessible, especially for youth. California’s taxation rate of these harmful products is inadequate to meet our collective public health concerns around vaping.

SB 395 addresses the disparity in taxation rates between vaping products and traditional tobacco products by levying an additional 12.5% rate on vaping products. Funds generated by the bill will support critical safety net and prevention systems across early childhood (Prop 10, 1998), public health (Prop 99, 1988), and healthcare (Prop 56, 2016).

First 5 Mono is deeply committed to the health of children and families in our community. At a time when families are struggling more than ever, SB 395 is an opportunity to support millions of Californians

across safety net systems and improve the health of California's children and families. We are proud to support SB 395, and respectfully requests your signature on this important bill.

Sincerely,

A handwritten signature in blue ink, reading "Molly DesBaillets". The signature is fluid and cursive, with the first name "Molly" being more prominent and the last name "DesBaillets" written in a more compact, connected style.

Molly DesBaillets, Executive Director First 5 Mono