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## **Meeting Agenda**

June 6, 2017

3:00 PM

Kings County Board of Supervisors Chambers,  
Kings County Government Center  
1400 West Lacey Blvd.  
Hanford, CA 93230

### **Call to Order & Welcome**

### **Commissioners Roll Call**

### **Review and Modification to Agenda**

### **Opportunity for Public Comment**

This portion of the meeting is reserved for persons to address the Commission on any matter not on this agenda but under the jurisdiction of the Commission. Commissioners may respond to statements made or questions posed. They may ask a question for clarification; make a referral to staff for factual information or request staff to report back to the Commission at a later meeting. Also, the Commission may take action to direct staff to place a matter of business on a future agenda.

**Speakers are limited to two minutes. Please state your name before making your presentation.**

### **Consent Calendar**

All items listed under the consent calendar are considered to be routine and will be enacted by one motion if no member of the Commission or audience wishes to comment or ask questions. If comment or discussion is desired by anyone, the item will be removed from the consent agenda and will be considered in the listed sequence with an opportunity for any member of the public to address the Commission concerning the item before action is taken.

**P. 004 2017-06-010 Approval of Minutes: April 4, 2017 Commission Meeting**

**P. 010 FY 16/17 April 2017 Fiscal Report**

### **Action Items**

**P. 015 2017-06-011 Commission Meeting Schedule for FY 2017/2018:** Commission to review, discuss and consider approving the FY 17/18 schedule.

- P. 018 **2017-06-012 Commission Budget Modification for FY 2016/2017:** Commission to review, discuss and consider approving a Budget Modification for FY 16/17.
- P. 021 **2017-06-013 KCOE CARES Budget Augmentation:** Commission to review, discuss and consider approving an augmentation to the CARES budget in the amount of \$31,758 to include funding from First 5 California IMPACT and the California Department of Education (CDE).
- P. 025 **2017-06-014 Contract with Kings United Way:** Commission to review, discuss and consider approving a contract with Kings United Way to expanded 211 Intellifull services to bilingual and monolingual Spanish speaking residents in Kings County in the amount of \$39,019.
- P. 048 **2017-06-015 New Commissioner Recommendation:** Commission to review, discuss and consider recommending to the Kings County Board of Supervisors a new commissioner.

#### **Informational Agenda Items**

- P. 052 **3<sup>rd</sup> Quarter Grantee Achievement Report:** Commission to review and discuss the progress of funded projects through the first three quarters of FY 16/17.
- P. 055 **Community Presentation: Kings County Behavioral Health:** Commission will review and provide feedback regarding the information provided by Kings County Behavioral Health regarding their recently completed needs assessment.
- P. 122 **Spotlight on Service:** Staff from United Cerebral Palsy of Central California will present an overview of the funded projects Parent & Me and the Special Needs Project.
- P. 136 **Staff Report:** March 2017 & April 2017

#### **Future Agenda Items**

##### August 2017

- Minutes from June 6, 2017(if approved by Commission) Commission Meeting
- June 2017 Fiscal Report
- Spotlight on Service: West Hills Community College: Avenal Family Connection
- Study Session: Cost of Operating for funded projects
- Strategic Plan Review and Update

#### **Commissioner Comments**

#### **Review Next Meeting Date & Adjournment**

- August 1, 2017 (if approved by Commission) at 3:00 PM

**Public Comment is Taken on Each Agenda Item**

**Please note that the order in which the agenda items are considered may be subject to change.**

*Agenda backup information and any public records provided to the Commission after the posting of the agenda for this meeting will be available for public review at the first 5 office: **330 Campus Drive, Hanford, CA 93230**. Upon a timely request, reasonable efforts will be made to provide such information or records in alternative formats.*



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Date of Meeting: June 6, 2017

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**2017-06-010**

**Commission Meeting  
Minutes from  
April 4, 2017**





# Meeting Agenda

April 4, 2017

3:00 PM

Kings County Board of Supervisors Chambers,  
 Kings County Government Center  
 1400 West Lacey Blvd.  
 Hanford, CA 93230

## Call to Order & Welcome

## Commissioners Roll Call

Commissioner	Present	Absent	Joined Meeting After Roll Call
Tim Bowers		X	
Mary Anne Ford-Sherman	X		
Joe Neves	X		
Dr. Milton Teski		X	
Sanja Bugay	X		
Steve Naylor	X		

## Review and Modification to Agenda

None

## Opportunity for Public Comment

Commissioner Mary Anne Ford-Sherman offered opportunity for public comment, none were made.

## Consent Calendar

Motion Made by:	Joe Neves		
2 <sup>nd</sup> Motion by:	Sanja Bugay		
Motion (Pass/Fail)	Pass		
Commissioner	Aye	Nay	Abstain
Tim Bowers			Absent
Mary Anne Ford-Sherman	X		
Joe Neves	X		
Dr. Milton Teski			Absent
Sanja Bugay	X		
Steve Naylor	X		

**2017-04-003 Approval of Minutes: February 7, 2017 Commission Meeting**

**2017-04-004 Approval of Grantee Contracts for FY 2017/2018**

- West Hills Community College – Avenal Family Connection
- Recreation Association of Corcoran – Corcoran Family Resource Center
- Kings Community Action Organization – Kettleman City Family Resource Center
- United Cerebral Palsy – Parent & Me
- United Cerebral Palsy – Special Needs Project

**FY 16/17 February 2017 Fiscal Report**

**Action Items**

**2017-04-005 Election of FY 17/18 Chair Elect:** Commission to elect a Vice-Chair for FY 17/18, this individual will serve as commission Chair for FY 18/19.

Nominating committee elected Commissioner Sanja Bugay for fiscal year 2018-2019.

Motion Made by:	Joe Neves		
2 <sup>nd</sup> Motion by:	Sanya Bugay		
Motion (Pass/Fail)	Pass		
<b>Commissioner</b>	<b>Aye</b>	<b>Nay</b>	<b>Abstain</b>
Tim Bowers			Absent
Mary Anne Ford-Sherman	X		
Joe Neves	X		
Dr. Milton Teski			Absent
Sanja Bugay	X		
Steve Naylor	X		

**2017-04-006 Proposed Budget for FY 2017/2018:** Commission to review, discuss and consider updating the 2017-2018 Budget.

Program Officer Waite, included budget forms that compare FY 2016/2017 and 2017/2018. He noted budget will go up just under 10,000 dollars. Waite also included Form 12, which outlines service totals within a five year history period.

Commissioner Bugay asked whether Parents as Teachers funds’ will be located in the budget. Executive Director Grice confirmed Parents as Teachers funds’ are not located in the budget however once action takes place, it will be brought back for approval from the Board of Supervisors.

Motion Made by:	Joe Neves		
2 <sup>nd</sup> Motion by:	Sanya Bugay		
Motion (Pass/Fail)	Pass		
<b>Commissioner</b>	<b>Aye</b>	<b>Nay</b>	<b>Abstain</b>
Tim Bowers			Absent
Mary Anne Ford-Sherman	X		
Joe Neves	X		
Dr. Milton Teski			Absent
Sanja Bugay	X		
Steve Naylor	X		

**2017-04-007 Administrative Cost Limit for FY 2017-2018:** Commission to review, discuss and consider approving the administrative 10% cost limit for FY 2017-2018.

Program Officer Waite described what the fiscal management guide includes. He added administrative expenses that come before a contract are executed and once a contract is executed anything else falls into a program category as technical assistance. Waite included that First 5 Kings County has a minimal administrative rate when compared to other similar counties in the state based on a 2015 survey.

Motion Made by:	Sanya Bugay		
2 <sup>nd</sup> Motion by:	Steve Naylon		
Motion (Pass/Fail)	Pass		
<b>Commissioner</b>	<b>Aye</b>	<b>Nay</b>	<b>Abstain</b>
Tim Bowers			Absent
Mary Anne Ford-Sherman	X		
Joe Neves	X		
Dr. Milton Teski			Absent
Sanja Bugay	X		
Steve Naylon	X		

**2017-04-008 Approval of Grantee Contracts for FY 2017/2018:** Commission to review, discuss and consider approving contracts for the following:

- Kings County Office of Education – Kings County CARES About Quality
- Kings County Office of Education – Hanford Family Connection and Lemoore family Connection

Motion Made by:	Joe Neves		
2 <sup>nd</sup> Motion by:	Sanya Bugay		
Motion (Pass/Fail)	Pass		
<b>Commissioner</b>	<b>Aye</b>	<b>Nay</b>	<b>Abstain</b>
Tim Bowers			Absent
Mary Anne Ford-Sherman	X		
Joe Neves	X		
Dr. Milton Teski			Absent
Sanja Bugay	X		
Steve Naylon	X		

**2017-04-009 First 5 California Annual Report:** Commission to review, discuss and consider approving the 2015-2016 annual report for First 5 California.

Program Officer Waite commented a hard copy is available at First 5 Kings County office and with Executive Director Grice. Waite added local data is hosted on our First 5 Kings County website and will provide annual report data on First 5 Kings County website as well.

Motion Made by:	Sanya Bugay		
2 <sup>nd</sup> Motion by:	Steve Naylor		
Motion (Pass/Fail)	Pass		
<b>Commissioner</b>	Aye	Nay	Abstain
Tim Bowers			X
Mary Anne Ford-Sherman	X		
Joe Neves	X		
Dr. Milton Teski	X		X
Sanja Bugay			
Steve Naylor	X		

**Informational Agenda Items**

**Community Presentation from Kings United Way 211:** Commission will review and provide feedback regarding the information provided by Kings United Way 211.

Staff from Kings United Way presented 211 app, an app that provides information on many services provided throughout the county.

Executive Director Grice added that she has used the 211 app and it is very helpful. Debbie Grice added she recommends First 5 Kings County commission staff to support the 211 app and mentioned 211 app is not available anywhere else in the nation.

Commissioner Sanya Bugay asked about the costs to translate the information on the app to Spanish. Kings United Way staff went over the fiscal part that correlates with the translating part of the app.

Commissioner Sanya Bugay asked: Why did First 5 stop funding app? Program Officer Waite mentioned First 5 Kings County reached a time where number of funding and programs funded had to downscale therefore the funding for 211 came to an end.

Waite added \$40,000 set aside for innovative project and First 5 Kings County staff recommended adding funding for 211 app on upcoming First 5 Commission meeting.

**Spotlight on Service:** Staff from Kings County Office of Education will present an overview of the funded projects Hanford Family Connection and Lemoore Family Connection.

Alice Patterson and Sandra Cuadros presented an overview of the Hanford Family Connection and Lemoore Family Connection.

Alice Patterson mentioned First Book, an organization that provides books and materials to low income families asked to partner with DD's Discounts and they were able to raise about 4,000 dollars worth of books.

Commissioner Sanya Bugay asked whether there had been a cost of living increase within the funded programs. Program Officer Waite commented there has not been a cost of living increase for funded programs. Waite added UCP went from a 12 month program to a school year program and the Avenal and Kettleman Family Resource centers went from full-time to part-time centers. Commissioner Sanya Bugay recommended setting a time for outcome versus costs of programs in relation to cost of living.

**Staff Report:** March 2017 & April 2017

Program Officer Waite commented there are new First 5 California commercials addressed to the Talk, Read, Sing campaign. Waite added Vanessa Avila just finished her backpack delivery for the Linkages to Learning program.

### **Future Agenda Items**

#### **June 2017**

- Minutes from April 4, 2017 Commission Meeting
- April 2017 Fiscal Report
- 3<sup>rd</sup> Quarter Grantee Achievement Report
- Commission Budget Modification/Augmentation for FY 2017/2018
- Commission Schedule for FY 2017/2018
- Kings County CARES About Quality Budget Augmentation
- Spotlight on Service: United Cerebral Palsy: Special Needs Project and Parent & Me
- 211 App

Debbie Grice added Victims Right's Awareness event would take place at the Civic Auditorium at 6 p.m. on April 4<sup>th</sup>, 2017.

Debbie Grice added first Syringe Exchange Program has taken place.

\*Commissioner Sanya Bugay dismissed herself at 4:08.

### **Commissioner Comments**

Commissioner Mary Anne Ford-Sherman offered opportunity for commissioner comments, none were offered.

### **Review Next Meeting Date & Adjournment**

- June 6, 2017 at 3:00 PM

Meeting adjourned at 4:09 p.m.



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Date of Meeting: June 6, 2017

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# Fiscal Report April 2017

April 2017  
First 5 Operations  
Fiscal Report

SALARY SUMMARY		\$ 169,730	\$ 32,407	\$ 92,100	\$ 22,898	\$ 147,405	\$ 22,325	87%
SERVICES & SUPPLIES		BUDGET	Admin	Program	Evaluation	YTD	BALANCE	%
Communications	82212000	\$ 1,435	\$ 762	\$ 223	\$ 662	\$ 1,648	\$ (213)	115%
Maintenance SIG	82218000	\$ 4,375	\$ 883	\$ 883	\$ 381	\$ 2,146	\$ 2,229	49%
Memberships	82220000	\$ 4,000	\$ -	\$ -	\$ -	\$ -	\$ 4,000	0%
Office Expenses	82222000	\$ 1,050	\$ 953	\$ -	\$ 7	\$ 960	\$ 90	91%
Books & Periodicals	82222010	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Postage & Freight	82222030	\$ 947	\$ 48	\$ -	\$ -	\$ 48	\$ 899	5%
Offset Printing	82222040	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Computer Software	82222045	\$ 2,160	\$ -	\$ -	\$ 6,268	\$ 6,268	\$ (4,108)	290%
Prof. & Spec. Services	82223000	\$ 25,000	\$ -	\$ -	\$ 12,500	\$ 12,500	\$ 12,500	50%
Legal Services	82223005	\$ 1,500	\$ 750	\$ -	\$ -	\$ 750	\$ 750	50%
Community Outreach	82223035	\$ 1,500	\$ 518	\$ -	\$ -	\$ 518	\$ 982	35%
Auditing & Accounting	82223040	\$ 6,560	\$ 6,560	\$ -	\$ -	\$ 6,560	\$ -	100%
Publications & Legal Notices	82224000	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ 100	0%
Purchasing Charges	82228200	\$ 486	\$ 53	\$ 53	\$ 203	\$ 310	\$ 176	64%
Brd. & Comm. Meeting Expense	82228205	\$ 500	\$ 30	\$ -	\$ -	\$ 30	\$ 470	6%
Program Expenses	82228600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Motor Pool	82229000	\$ 840	\$ 1,324	\$ -	\$ -	\$ 1,324	\$ (484)	158%
Travel Expenses	82229010	\$ 7,140	\$ 2,913	\$ 8,741	\$ -	\$ 11,654	\$ (4,514)	163%
Utilities	82230000	\$ 4,720	\$ 415	\$ 415	\$ 1,575	\$ 2,404	\$ 2,316	51%
Office Equipment	82222050	\$ 1,000	\$ -	\$ -	\$ -	\$ -	\$ 1,000	0%
Admin Allocation	82314000	\$ 65,814	\$ 48,162	\$ -	\$ -	\$ 48,162	\$ 17,652	73%
Information & Technology	82314050	\$ 11,763	\$ 1,751	\$ 1,751	\$ 6,652	\$ 10,153	\$ 1,610	86%
Cap Charges	82314060	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!
<b>TOTAL SERVICES &amp; SUPPLIES</b>		<b>\$ 140,890</b>	<b>\$ 65,122</b>	<b>\$ 12,065</b>	<b>\$ 28,248</b>	<b>\$ 105,436</b>	<b>\$ 35,454</b>	<b>75%</b>
<b>TOTAL OPERATIONS COSTS</b>		<b>\$ 310,620</b>	<b>\$ 97,529</b>	<b>\$ 104,166</b>	<b>\$ 51,146</b>	<b>\$ 252,841</b>	<b>\$ 57,779</b>	<b>81%</b>

First 5 Internal Programs	BUDGET	YTD	BALANCE	%
Linkages to Learning	\$ 181,034	\$ 114,793	\$ 66,241	63%
<b>TOTAL COSTS</b>	<b>\$ 181,034</b>	<b>\$ 114,793</b>	<b>\$ 66,241</b>	<b>63%</b>

First 5 Contracted Programs	BUDGET	YTD	BALANCE	%
FRC Initiative	\$ 726,012	\$ 538,810	\$ 187,202	74%
Avenal Family Connection	\$ 90,000	\$ 68,442	\$ 21,558	
Corcoran Family Connection	\$ 116,000	\$ 83,051	\$ 32,949	
Kettleman City Family Resource Center	\$ 90,000	\$ 72,818	\$ 17,182	
KCOE: Hanford & Lemoore Family Connection	\$ 425,012	\$ 314,499	\$ 110,513	
FRC Support (Professional Learning Community)	\$ 5,000	\$ -	\$ 5,000	
E3 Initiative	\$ 483,904	\$ 254,292	\$ 229,612	53%
Kings County Office of Education CARES	\$ 483,904	\$ 254,292	\$ 229,612	
School Readiness	\$ 439,800	\$ 320,606	\$ 119,194	73%
UCP Parent & Me Program	\$ 349,800	\$ 257,149	\$ 92,651	
Special Needs Project	\$ 90,000	\$ 63,457	\$ 26,543	
New Project	\$ 40,000	\$ -	\$ 40,000	0%
New Project	\$ 40,000	\$ -	\$ 40,000	
<b>TOTAL CONTRACT COSTS</b>	<b>\$ 1,689,716</b>	<b>\$ 1,113,708</b>	<b>\$ 576,008</b>	<b>66%</b>

April 2017  
 Linkages 2 Learning  
 Fiscal Report

<b>SALARY SUMMARY</b>		<b>\$ 114,623</b>	<b>\$ 82,402</b>	<b>\$ 32,221</b>
<b>SERVICES AND SUPPLIES</b>		<b>BUDGET</b>	<b>YTD</b>	<b>BALANCE</b>
Communications	82212000	\$ 615	\$ 196	\$ 419
Maintenance SIG	82218000	\$ 627	\$ 794	\$ (167)
Memberships	82220000	\$ -	\$ -	\$ -
Office Expenses	82222000	\$ 450	\$ -	\$ 450
Books & Periodicals	82222010	\$ -	\$ -	\$ -
Postage & Freight	82222030	\$ -	\$ 750	\$ (750)
Offset Printing	82222040	\$ -	\$ -	\$ -
Computer Software	82222045	\$ -	\$ -	\$ -
Prof. & Spec. Services	82223000	\$ -	\$ -	\$ -
Legal Services	82223005	\$ -	\$ -	\$ -
Community Outreach	82223035	\$ -	\$ -	\$ -
Auditing & Accounting	82223040	\$ -	\$ -	\$ -
Publications & Legal Notices	82224000	\$ -	\$ -	\$ -
Purchasing Charges	82228200	\$ -	\$ 46	\$ (46)
Brd. & Comm. Meeting Expense	82228205	\$ -	\$ -	\$ -
Program Expenses	82228600	\$ 59,000	\$ 28,729	\$ 30,271
Motor Pool	82229000	\$ 360	\$ -	\$ 360
Travel Expenses	82229010	\$ 1,260	\$ -	\$ 1,260
Utilities	82230000	\$ 2,023	\$ 359	\$ 1,664
Office Equipment	82222050	\$ -	\$ -	\$ -
Admin Allocation	82314000	\$ -	\$ -	\$ -
Information & Technology	82314050	\$ 2,076	\$ 1,517	\$ 559
Cap Charges	82314060	\$ -	\$ -	\$ -
<b>TOTAL</b>		<b>\$ 66,411</b>	<b>\$ 32,391</b>	<b>\$ 34,020</b>
<b>TOTAL LINKAGES TO LEARNING COSTS</b>		<b>\$ 181,034</b>	<b>\$ 114,793</b>	<b>\$ 66,241</b>



April 2017  
Consolidated Report  
Fiscal Report

SALARY SUMMARY		\$ 284,353	\$ 32,407	\$ 92,100	\$ 22,898	\$ 82,402	\$ 229,807	\$ 229,807	\$0
SERVICES & SUPPLIES		Budget	Admin	Program	Evaluation	L2L	YTD	General Ledger	Dif (=/-)
Communications	82212000	\$ 2,051	\$ 762	\$ 223	\$ 662	\$ 196	\$ 1,844	\$ 1,844	\$0
Maintenance SIG	82218000	\$ 5,003	\$ 883	\$ 883	\$ 381	\$ 794	\$ 2,940	\$ 2,940	\$0
Memberships	82220000	\$ 4,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
Office Expenses	82222000	\$ 1,500	\$ 953	\$ -	\$ 7	\$ -	\$ 960	\$ 961	\$0
Books & Periodicals	82222010	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
Postage & Freight	82222030	\$ 947	\$ 48	\$ -	\$ -	\$ 750	\$ 798	\$ 798	\$0
Offset Printing	82222040	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
Computer Software	82222045	\$ 2,160	\$ -	\$ -	\$ 6,268	\$ -	\$ 6,268	\$ 6,268	\$0
Prof. & Spec. Services	82223000	\$ 25,000	\$ -	\$ -	\$ 12,500	\$ -	\$ 12,500	\$ 12,500	\$0
Legal Services	82223005	\$ 1,500	\$ 750	\$ -	\$ -	\$ -	\$ 750	\$ 750	\$0
Community Outreach	82223035	\$ 1,500	\$ 518	\$ -	\$ -	\$ -	\$ 518	\$ 518	\$0
Auditing & Accounting	82223040	\$ 6,560	\$ 6,560	\$ -	\$ -	\$ -	\$ 6,560	\$ 6,560	\$0
Publications & Legal Notices	82224000	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
Purchasing Charges	82228200	\$ 486	\$ 53	\$ 53	\$ 203	\$ 46	\$ 356	\$ 356	\$0
Brd. & Comm. Meeting Expense	82228205	\$ 500	\$ 30	\$ -	\$ -	\$ -	\$ 30	\$ 30	\$0
Program Expenses	82228600	\$ 59,000	\$ -	\$ -	\$ -	\$ 28,729	\$ 28,729	\$ 28,729	\$0
Motor Pool	82229000	\$ 1,200	\$ 1,324	\$ -	\$ -	\$ -	\$ 1,324	\$ 1,324	\$0
Travel Expenses	82229010	\$ 8,400	\$ 2,913	\$ 8,741	\$ -	\$ -	\$ 11,654	\$ 11,654	\$0
Utilities	82230000	\$ 6,743	\$ 415	\$ 415	\$ 1,575	\$ 359	\$ 2,763	\$ 2,763	\$0
Office Equipment	82222050	\$ 1,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
Admin Allocation	82314000	\$ 65,814	\$ 48,162	\$ -	\$ -	\$ -	\$ 48,162	\$ 48,162	\$0
Information & Technology	82314050	\$ 13,839	\$ 1,751	\$ 1,751	\$ 6,652	\$ 1,517	\$ 11,670	\$ 11,670	\$0
Cap Charges	82314060	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
<b>TOTAL SERVICES &amp; SUPPLIES</b>		\$ 207,303	\$ 65,122	\$ 12,065	\$ 28,248	\$ 32,391	\$ 137,827	\$ 137,828	\$0
<b>TOTAL OPERATIONS COSTS</b>		\$ 491,656	\$ 97,529	\$ 104,166	\$ 51,146	\$ 114,793	\$ 367,634	\$ 367,634	\$0
Other Charges		Budget	Admin	Program	Evaluation	L2L	YTD	General Ledger	Dif (=/-)
FRC Initiative		\$ 726,012	\$ -	\$ 538,810	\$ -	\$ -	\$ 538,810	\$ 538,810	\$0
E3 Initiative		\$ 483,904	\$ -	\$ 254,292	\$ -	\$ -	\$ 254,292	\$ 254,292	\$0
School Readiness Initiative		\$ 439,800	\$ -	\$ 320,606	\$ -	\$ -	\$ 320,606	\$ 320,606	\$0
New Project Initiative		\$ 40,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
<b>TOTAL CONTRACT COSTS</b>		\$ 1,689,716	\$ -	\$ 1,113,708	\$ -	\$ -	\$ 1,113,708	\$ 1,113,708	\$0
<b>TOTAL EXPENSES</b>		\$ 2,181,372	\$ 97,529	\$ 1,217,874	\$ 51,146	\$ 114,793	\$ 1,481,342	\$ 1,481,342	\$0

**April 2017  
Revenue  
Fiscal Report**

**Revenue FY 2016/2017**

<b>Month</b>	<b>Estimated</b>	<b>Prop 10 Revenue</b>	<b>Interest</b>	<b>CARES/IMPACT</b>	<b>Total</b>	<b>%</b>
July 2016	\$ 139,643	\$ 150,618	\$ 795	\$ -	\$ 151,414	108%
August 2016	\$ 137,162	\$ 114,841	\$ -	\$ -	\$ 114,841	84%
September 2016	\$ 218,523	\$ 144,656	\$ -	\$ -	\$ 144,656	66%
October 2016	\$ 139,643	\$ 144,309	\$ 3,734	\$ -	\$ 148,043	106%
November 2016	\$ 137,162	\$ 67,412	\$ -	\$ -	\$ 67,412	49%
December 2016	\$ 218,523	\$ 158,657	\$ -	\$ 55,505	\$ 214,162	98%
January 2017	\$ 139,643	\$ 128,188	\$ 4,212	\$ -	\$ 132,400	95%
February 2017	\$ 137,162	\$ 117,556	\$ -	\$ -	\$ 117,556	86%
March 2017	\$ 218,523	\$ 148,133	\$ -	\$ 55,606	\$ 203,739	93%
April 2017	\$ 137,162	\$ -	\$ 4,556	\$ 76,390	\$ 80,946	59%
May 2017	\$ 137,162	\$ -	\$ -	\$ -	\$ -	0%
June 2017	\$ 221,004	\$ -	\$ -	\$ -	\$ -	0%
<b>TOTAL OPERATIONS COSTS</b>	<b>\$ 1,981,312</b>	<b>\$ 1,174,371</b>	<b>\$ 13,297</b>	<b>\$ 187,501</b>	<b>\$ 1,375,169</b>	<b>69%</b>



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Date of Meeting: June 6, 2017

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**2017-06-011**

**FY 2017/2018  
Commission Meeting  
Schedule**



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting: June 6, 2017  
Agenda Item: 2017-06-011  
Agenda Item Type: Action Item

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**AGENDA ITEM:** FY 2017-2018 Commission Meeting Schedule

**A. Background/History:**

At the June 2015 meeting the First 5 Children and Families Commission modified the bylaws so that an annual calendar will be adopted by the commission at the June meeting each year. The Commission is being presented the annual calendar at this meeting.

**B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:**

Staff requests that the commission review, discuss, and consider approving the First 5 Kings Commission Meeting Schedule. The majority of the meetings will take place at the regular date and time (first Tuesday of even months at 3:00). The October meeting has been delayed due to a potential surgery and a delay in the assembly of the agenda packet.

**C. Timeframe:**

If approved the Commission Meeting Schedule will go into effect immediately.

**D. Costs:**

No costs associated with this item.

**E. Staff Recommendation:**

Staff recommends the commission review, discuss and consider approving the First 5 Kings County Commission Meeting Schedule

**F. Attachments:**

- The First 5 Kings FY 2017-2018 Commission Meeting Schedule



Commission Meeting Schedule FY 2017-2018

August 1, 2017 3:00 PM at Kings County Board of Supervisors Chambers

October 17, 2017 3:00 PM at Kings County Board of Supervisors Chambers

December 5, 2017 3:00 PM at Kings County Board of Supervisors Chambers

February 6, 2018 3:00 PM at Kings County Board of Supervisors Chambers

April 3, 2018 3:00 PM at Kings County Board of Supervisors Chambers

June 5, 2018 3:00 PM at Kings County Board of Supervisors Chambers



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Date of Meeting: June 6, 2017

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**2017-06-012**

**FY 2016/2017  
Commission Budget  
Modification**



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting:  
Agenda Item:  
Agenda Item Type:

June 6, 2017  
2017-06-017  
Action Item

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**AGENDA ITEM: Approval of Modified 2016/2017 Budget**

**A. Background/History:**

At the April 2016 Commission Meeting the Commission adopted a budget for FY 2016/2017. There are a few minor increases to some budget categories. These increases can be offset by savings in other areas. Subsequent to Commission adoption, this budget modification will be presented to the Director of Public Health for final review/approval.

**B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:**

Staff requests that the Commission review, discuss and consider approving the First 5 Kings County Children and Families Commission modified budget for FY 2016-2017. Please note that adjustments to the original budget account for following:

- Increase Communications - \$249
- Decrease Office Expense - \$250
- Increase Computer Hardware & Software - \$4,108
- Decrease Community Outreach - \$1,000
- Decrease Board & Commission Expense - \$400
- Decrease Program Expense - \$1,467
- Increase Motor Pool - \$660
- Increase Travel Expense - \$4,100
- Decrease Office Equipment - \$1000
- Decrease FRC Initiative - \$5,000

**C. Timeframe:**

Budget period from 7/1/16 through 6/30/17.

**D. Costs:**

Additional Costs to the Budget total \$34,018

**E. Staff Recommendation:**

Staff recommends the Commission adopt the modified FY 2016-2017 budget as presented.

**F. Attachments:**

- Modified Budget FY 2016-2017

**Budget Modification  
FY 2015/2016**

<b>SALARY SUMMARY</b>	\$ 284,353	\$ 284,353	\$ -
<b>SERVICES &amp; SUPPLIES</b>	<b>Original Budget</b>	<b>Modified</b>	<b>Variance</b>
Communications 82212000	\$ 2,050	\$ 2,299	\$ 249
Maintenance SIG 82218000	\$ 5,002	\$ 5,002	\$ -
Memberships 82220000	\$ 4,000	\$ 4,000	\$ -
Office Expenses 82222000	\$ 1,500	\$ 1,250	\$ (250)
Postage & Frieght 82222030	\$ 947	\$ 947	\$ -
Computer Software 82222045	\$ 2,160	\$ 6,268	\$ 4,108
Prof. & Spec. Services 82223000	\$ 25,000	\$ 25,000	\$ -
Legal Services 82223005	\$ 1,500	\$ 1,500	\$ -
Community Outreach 82223035	\$ 1,500	\$ 500	\$ (1,000)
Auditing & Accounting 82223040	\$ 6,560	\$ 6,560	\$ -
Publications & Legal Notices 82224000	\$ 100	\$ 100	\$ -
Purchasing Charges 82228200	\$ 486	\$ 486	\$ -
Brd. & Comm. Mem Expenses 82228205	\$ 500	\$ 100	\$ (400)
Program Expenses 82228600	\$ 59,000	\$ 57,533	\$ (1,467)
Motor Pool 82229000	\$ 1,200	\$ 1,860	\$ 660
Travel Expenses 82229010	\$ 8,400	\$ 12,500	\$ 4,100
Utilities 82230000	\$ 6,743	\$ 6,743	\$ -
Office Equipment 82222050	\$ 1,000	\$ -	\$ (1,000)
Admin Allocation 82314000	\$ 65,814	\$ 65,814	\$ -
Information & Technology 82314050	\$ 13,839	\$ 13,839	\$ -
<b>TOTAL SERVICES &amp; SUPPLIES</b>	<b>\$ 207,301</b>	<b>\$ 212,301</b>	<b>\$ 5,000</b>
<b>TOTAL OPERATIONS COSTS</b>	<b>\$ 491,654</b>	<b>\$ 496,654</b>	<b>\$ 5,000</b>
<b>Other Charges</b>	<b>Original Budget</b>	<b>Modified</b>	<b>General Ledger</b>
FRC Initiative	\$ 726,012	\$ 721,012	\$ (5,000)
E3 Initiative	\$ 483,904	\$ 517,922	\$ 34,018
School Readiness Initiative	\$ 439,800	\$ 439,800	\$ -
New Project	\$ 40,000	\$ 40,000	\$ -
<b>TOTAL CONTRACT COSTS</b>	<b>\$ 1,689,716</b>	<b>\$ 1,718,734</b>	<b>\$ 29,018</b>
<b>TOTAL EXPENSES</b>	<b>\$ 2,181,370</b>	<b>\$ 2,215,388</b>	<b>\$ 34,018</b>





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Date of Meeting: June 6, 2017

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**2017-06-013**

**KCOE Kings County  
CARES About Quality  
(KCCAQ)**

**Budget Augmentation**



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting: June 6, 2017  
Agenda Item: 2017-06-013  
Discussion/Action Item: Action Item

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**AGENDA ITEM:** KCOE – CARES Budget Augmentation

**A. Background/History:**

First 5 Kings County responded to the Request for Applications released by First 5 California in December 2015 for the IMPACT project. Additional resources have been allocated to this project at the state level. Money to support the acquisition of a database (iPinwheel) and additional training/certification have been provided by First 5 California and California Department of Education.

**B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:**

The Commission will review, discuss and consider approving the Budget Augmentation in the amount of \$34,018 for Kings County Office of Education (KCOE) to the CARES Project.

**C. Timeframe:**

This augmentation would be effective through 6/30/17 when the contract is scheduled to expire.

**D. Costs:**

This agenda Item would allocate \$34,018 of additional funding to KCOE for the implementation of the CARES project. These funds are eligible for reimbursement from First 5 California as part of the IMPACT Grant.

**E. Staff Recommendation:**

Staff recommends the Commission approve the budget augmentation for KCOE for implementation of the CARES project.

**F. Attachments:**

- Revised Budget for Contract 2016-06-019a

**ATTACHMENT C  
PROJECT BUDGET**

Project Name: Kings County Office of Education			Contract Term: 7/1/16-6/30/17	
BUDGET CATEGORY AND LINE ITEM DETAIL	First 5 Funds Requested	Cash Match	In-Kind Match	TOTAL
<b>A. Personnel Costs</b>				
<u>CARES Administrator</u> (23% FTE) Costs (\$2420 X 12 months)	\$21,248	\$0	\$0	\$21,248
<u>ECE Consultants</u> (2.25 FTE) Costs (\$5,797 x 12 months)	\$85,107	\$0	\$0	\$85,107
<u>ECE Case Advisor</u> (100% FTE) Costs (\$3,148 x 12 months)	\$35,536	\$0	\$0	\$35,536
<u>Salaries &amp; Benefits</u> <u>29%</u>	\$62,411	\$0	\$0	\$62,411
<b>TOTAL Personnel Costs</b>	<b>\$204,302</b>	<b>\$0</b>	<b>\$0</b>	<b>\$204,302</b>
<b>B. Total Operational Costs</b>				
<u>Rent &amp; Utilities</u> ( \$460 x 12 months)	\$5,661	\$0	\$0	\$5,661
<u>Office Supplies &amp; Materials</u> (\$250 x 12 months)	\$5,000	\$0	\$0	\$5,000
<u>Printing/Copying</u> (\$43 x 12 months)	\$390	\$0	\$0	\$390
<u>Computer Maintenance/Internet</u> (6 computers @ \$374)	\$4,827	\$0	\$0	\$4,827
<b>TOTAL Operational Costs</b>	<b>\$15,878</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,878</b>

<b>C. Program Costs</b>				
<u>Travel</u> (393 miles per month x \$.53 x 12 months)	\$4,485	\$0	\$0	\$4,485
<u>Training, Travel and Conference</u> Two conferences @ \$1,500 \$22,808 from CDE via IMPACT HUB	\$25,808	\$0	\$0	\$25,808
<u>Program Materials &amp; Supplies</u> (\$5988 x 12 months)	\$129,658	\$0	\$0	\$129,658
<u>Incentives</u>	\$24,139	\$0	\$0	\$24,139
<u>Contractual</u> \$8,950 to support database acquisition	\$51,140	\$0	\$0	\$51,140
<u>Advertising</u>	\$20,500	\$0	\$0	\$20,500
<b>TOTAL Program Costs</b>	<b>\$255,700</b>	<b>\$0</b>	<b>\$0</b>	<b>\$255,700</b>
<b>D. Indirect Costs</b>				
<u>Indirect Costs</u> 9.49%	\$41,942	\$0	\$0	\$41,942
<b>TOTAL Indirect Costs</b>	<b>\$41,942</b>	<b>\$0</b>	<b>\$0</b>	<b>\$41,942</b>
<b>TOTAL PROJECT COSTS</b>	<b>\$517,922</b>	<b>\$0</b>	<b>\$0</b>	<b>\$517,922</b>



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Date of Meeting: June 6, 2017

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**2017-06-014**

**Kings United Way - 211**

**AGENDA ITEM:** Kings United Way – 211 Proposal

**A. Background/History:**

**Mission:**

The mission of Kings United Way is to increase the organized capacity of people to care for one another.



**Vision:**

To build a caring community where neighbors help neighbors improve the quality of their lives and live with dignity.

211 Intelliful provides comprehensive information on public services from government, community and non-profit organizations. Find help with food, clothes, housing, mental health and many more services that can help you, friends, or family when times get tough.



**B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:**

Commission to review, discuss and consider approving a contract with Kings United Way - 211 to complete a translation of the Intelliful App and website.

**C. Timeframe:**

Services will be provided from 07/01/2017 through 06/30/2018.

**D. Costs:**

Total Costs budgeted for this contract will not exceed \$39,835.

**E. Staff Recommendation:**

Staff recommends the Commission to review, discuss and approve the contract for FY 2017-2018.

**F. Attachments:**

- DRAFT contract between First 5 Kings and Kings United Way for 211 Intelliful Translation for FY 17/18

AGREEMENT  
First 5 Kings County Children and Families Commission  
and  
Independent Contractor: Kings United Way  
Contract Number: 2017-06-014

THIS AGREEMENT is made and entered into on the date the parties sign this Agreement, by and between the First 5 Kings County Children and Families Commission, a legal public agency established in accordance with the California Children and Families Act of 1998 (hereinafter “Commission”), and Kings United Way, (hereinafter “Contractor”), whose principal place of business is at Coalinga, California.

WITNESSETH:

WHEREAS

- a. The voters of the State of California have enacted the California Children and Families Act of 1998 (hereinafter “The Act”), codified in Health and Safety Code Section 130100 *et seq.*, also known as Proposition 10; and
- b. The Board of Supervisors of Kings County has established, pursuant to The Act and Kings County Ordinance No. 609.4 amending Sections 2-42, 2-46 and 2-47, First 5 Kings County Children and Families Commission; and
- c. Commission desires to create and implement a comprehensive, collaborative, and integrated system for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age; and
- d. Commission is authorized to enter into agreements for professional services pursuant to The Act and the Kings County Ordinance Code; and
- e. Contractor is able, qualified and willing to perform said services for Commission.

Now, therefore, the parties agree as follows:

1. WARRANTIES

Contractor makes the following material warranties:

- a. Contractor warrants it has the expertise, appropriate licenses, support staff and facilities necessary to provide the services described in this Agreement; and
- b. Contractor warrants it does not have any actual or potential interests adverse to Commission, nor does Contractor represent a person or firm with an interest adverse to Commission with reference to the subject of this Agreement; and

- c. Contractor warrants it shall diligently provide all required services in a timely and professional manner in accordance with the terms and conditions stated in this Agreement, and
- d. Contractor warrants that no employee, agent or independent contractor of Contractor who has been convicted of a felony or against whom a civil judgment has been entered based upon misappropriation of funds or similar action shall have authority or discretion in any way relating to funding provided to Contractor by Commission such to be able to control disbursements/withdrawals of said funds. All individuals having disbursement/withdrawal authority of funds received by Contractor from Commission shall be bonded and the individual and the bonding amount identified in **Attachment A** of this Agreement or Contractor shall provide proof of insurance covering employee dishonesty as acceptable to Commission at its sole discretion.

2. SUPPLEMENTING EXISTING SERVICE LEVELS AND SUPPLANTING OTHER FUNDING

The parties to this Agreement understand that each is bound by the provisions of the Commission's supplanting policy and Section 30131.4 of the Revenue and Taxation Code which states: "All moneys raised pursuant to taxes imposed by Section 30131.2 shall be appropriated and expended only for the purposes expressed in the California Children and Families Act, and shall be used only to supplement existing levels of service and not to fund existing levels of service. No moneys in the California Children and Families Trust Fund shall be used to supplant state or local General Fund money for any purpose." Contractor warrants that no funds provided by Commission shall be used to supplant existing funds from any source for any purpose. Contractor further warrants that any moneys, leveraged, obtained through matching funds, as part of governmental or private grant funds or in any way resulting from the use of funds provided by Commission shall be used to further the purposes of Commission as stated in the Commission's Strategic Plan to promote, support, and improve the early development of children from the prenatal stage to five years of age. Contractor acknowledges that any act or omission of Commission causing failure to fully comply with these requirements shall be cause for immediate termination of this Agreement and pursuit of any remedies available by law.

3. TERM

This Agreement shall become effective on July 1, 2017 and shall terminate on June 30, 2018, unless terminated pursuant to other Agreement provisions.

4. RESPONSIBILITIES OF CONTRACTOR

- a. Contractor shall provide, to the complete satisfaction of Commission, the services described in **Attachment B**, Scope of Work. Contractor agrees to comply with all



Commission requirements, Commission's Strategic Plan and all other requirements of Commission, including the policies set forth in **Attachment E** as well as any and all policies and procedures now in effect, or yet to be established. Contractor agrees to work with Commission on any systems or contractor integration to afford the Commission the use of the strengths of its contractors in furtherance of Commission's Strategic Plan. Contractor agrees to provide any information required at the time of the execution of this Agreement or at any time during the term of this Agreement.

- b. Contractor shall be required on occasion to disseminate Commission materials on various issues to further the objectives of Commission's Strategic Plan. Such materials will be provided to Contractor with reasonable notice and instructions for dissemination.

#### 5. RESPONSIBILITIES OF COMMISSION

Commission shall have and exercise responsibility for establishing and providing policies and procedures including but not limited to monitoring, reporting, and evaluating Contractor's performance and for payment of Contractor's compensation.

#### 6. COMPENSATION – FUNDING AWARD AND DISBURSEMENTS

- a. Compensation to Contractor shall be based upon actual costs as described in **Attachment C**, Project Budget. Commission will reimburse Contractor for all necessary and reasonable expenses incurred in accordance with the Project Budget for providing the services on behalf of Commission in an aggregate amount not to exceed \$39,835. No reimbursement will be made for any expense that is determined by Commission in its sole discretion to be a supplanting of funds.
- b. Commission may approve an initial disbursement of up to twenty-five percent (25%) of the project's annual budget. Subsequent disbursements shall be based upon Contractor's performance on this and/or prior Agreements.
- c. Contractor shall submit a quarterly, or as Commission requires, a financial and program progress report and a disbursement list or check register reflecting all disbursements prior to reimbursement. The reports and other documents shall be received no later than the 15<sup>th</sup> day after the ending of the previous quarter, or as Commission requires. The submitted reports shall be in a form approved by Commission.
- d. For any revisions to multi-year agreements, Contractor shall submit a Scope of Work (Attachment B) and Budget (Attachment C) for review and approval. These documents shall be due to the Commission by April 15 of the contract term. Contractor acknowledges that time is of the essence.

#### 7. TERMINATION

a. Non-Allocation of Funds

The terms of this Agreement, and the services to be provided thereunder, are contingent on the approval of funds by the appropriating government agency or commission in any fiscal year. Should sufficient funds not be allocated, the services provided may be modified, or this Agreement terminated at any time by giving Contractor thirty (30) calendar days advance written notice. Upon such termination, Commission will be released from any further financial obligation to Contractor, except for services performed prior to the date of termination or any liability due to any default existing at the time this clause is exercised. Contractor will be given thirty (30) calendar days written notice in the event that such an action is required by Commission.

b. Breach of Contract

Commission may immediately suspend or terminate this Agreement in whole or in part, where in the determination of Commission there is:

1. An illegal or improper use of funds;
2. A failure to comply with any term of this Agreement;
3. A substantially incorrect or incomplete report submitted to Commission; or
4. Improperly performed service.

Commission shall have the right to demand of Contractor the repayment to Commission of any funds disbursed to Contractor under this Agreement, which in the judgment of Commission were not expended in accordance with the terms of this Agreement. Contractor shall promptly refund any such funds upon demand, or at Commission's option, such repayment shall be deducted from future payments owing to Contractor under this Agreement. If Contractor should fail to comply with any provision of this Agreement, Commission shall be relieved of its obligation for further compensation to Contractor.

In no event shall any payment by Commission constitute a waiver by Commission of any breach of this Agreement or any default which may then exist on the part of Contractor. Neither shall such payment impair or prejudice any remedy available to Commission with respect to the breach or default.

c. Without Cause

Under circumstances other than those set forth above, this Agreement may be terminated by either party upon the giving of thirty (30) calendar days advance written notice of an intention to terminate. Should either party terminate this Agreement as provided herein,

Commission shall pay Contractor for all satisfactory services rendered by Contractor prior to the effective date of termination in an amount not to exceed the maximum dollar amount indicated in Section 4 herein.

d. Surrender of Documentation Upon Termination

In the event this Agreement is terminated by either Contractor or Commission prior to the close of the term, Contractor shall submit to Commission all files, memoranda, documents, correspondence and other items generated in the course of performing this Agreement, within fifteen (15) calendar days after the effective date of termination.

8. EVALUATION AND DATA COLLECTION

Services provided by Contractor shall be evaluated by Commission. Contractor agrees to cooperate fully in the development and implementation of evaluation activities including, but not limited to, relevant case data, collections, data entry and reporting activities as described in **Attachment B**, the Scope of Work, and as may otherwise be required by Commission.

9. MONITORING AND SITE VISITS

- a. Commission shall monitor performance of services described in **Attachment B**, Scope of Work, through quarterly financial and progress reports in accordance with Section 6.c., site visits, and other means identified as necessary to monitor performance by Commission. Contractor understands and agrees that any determination regarding the successful provision of services of the program for purposes of the continuation of funding of the program is solely the responsibility and prerogative of Commission.
- b. Commission shall have the right to make unannounced site visits to the location where services under this Agreement are being provided at anytime during Contractor's regular business hours or upon reasonable notice. Contractor acknowledges that such visits shall be for administrative purposes as allowed under California confidentiality laws.
- c. Any deficiencies noted in the provision of services may be addressed by Commission in the following manner:
  1. Upon discovery, a letter to Contractor shall issue with a detailed explanation of the deficiency;
  2. Within ten (10) calendar days from the date of the letter, Contractor shall submit to Commission a plan to correct the deficiency;
  3. Within ten (10) calendar days from the date the plan was submitted, Commission shall review the plan and shall in writing accept the plan as proposed or submit an

acceptable plan for Contractor to follow;

4. Upon receipt of Commission's acceptance of Commission's plan, Contractor shall implement the plan in a timely fashion to achieve prompt completion of the plan and to promptly remedy the deficiency.

Commission reserves the right to terminate the Agreement in accordance with Section 7.b. with or without the provision of an opportunity to cure under this section.

#### 10. PROGRAM INCOME

Contractor acknowledges that First 5 Funding Awards cannot be used to supplant monies generated by or reimbursable from third party payor sources as explained in Section 2 of this Agreement. Contractor agrees that all monies designated in Budget Attachment C shall be utilized as set forth. To the extent that third party, non-leveraged payor source funds (Program Income) exceed stated amounts, this Program Income shall be used to off-set First 5 Funding Award amounts either in full or in proportionate share. Contractor shall place and maintain Program Income in a separate cost center/fund trackable in Contractor's accounting system for Contractor's performance of activities as set forth in Scope of Work Attachment B. Contractor shall notice Commission pursuant to section 19 of this Agreement immediately upon ascertaining the existence of Program Income. Commission shall off-set future disbursements to Contractor in an amount equal to Program Income.

#### 11. AUDIT, INSPECTION AND RETENTION OF RECORDS

- a. Contractor agrees to maintain and make available to Commission accurate books and records relative to all its activities under this Agreement. Contractor shall permit Commission to audit, examine and make excerpts and transcripts from such records, and to conduct audits or reviews of all records including but not limited to, invoices, materials, records or personnel or other data related to all other matters covered by this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than four (4) years from the close of this Agreement term, or until after the conclusion of any audit, whichever occurs last. The State of California and/or any federal agency having an interest in the subject of this Agreement shall have the same rights conferred upon Commission herein.
- b. Contractor shall keep records that are sufficient to permit the tracing of funds to a level of expenditure adequate to ensure that the funds have not been spent unlawfully. Contractor's records shall describe and support the use of funds for the agreed upon project.
- c. Contractor shall submit an annual independently audited financial statement to Commission within one hundred twenty (120) days of Contractor's fiscal year-end or for the program of services funded pursuant to this Agreement.

- d. Contractor shall track and report costs in conformance with Generally Accepted Accounting Principles (G.A.A.P.). Contractor acknowledges that G.A.A.P. requires non-restrictive funds.
- e. Commission reserves the right to require a program specific audit at Commission's discretion.
- f. If this Agreement exceeds Ten Thousand and No/100 Dollars (\$10,000.00), Contractor shall be subject to the examination and audit of the State Auditor General for a period of three (3) years after final payment under contract (Government Code section 8546.7).
- g. Notwithstanding the term provisions stated in Section 3 of this Agreement, it is acknowledged by the parties hereto that this Agreement shall continue in full force and effect until all audit procedures and requirements as stated in this Agreement have been completed to the review and satisfaction of Commission. Contractor shall bear all costs in connection with or resulting from any audit and/or inspections including but not limited to: actual costs incurred and the payment/repayment of any expenditures disallowed by either Commission, State or Federal governmental entities, including any assessed interest and penalties.
- h. The funds received under this Agreement are not federal funds, however, any contractor required to have an audit performed in accordance with the Single Audit Act and OMB Circular A-133 must have its independent auditor include this program as part of the testing. Although the programs tested under these provisions are selected on a risk-based approach, and for Federal Government purposes this Agreement would not be included in that analysis, Commission will require that at least a representative number of transactions will be selected for testing from these contracted funds. The number of transactions selected could be based on a statistical sampling method, materiality levels and/or on auditor's judgment as long as the auditor determines that the expenditures made are appropriate under the guidelines of this Agreement.

## 12. MATERIALS IDENTIFICATION AND OWNERSHIP

Contractor will ensure that all publications, including but not limited to media activities, posters, conferences, brochures, etc., that are used in the approved project shall include a statement that the project is funded by "FIRST 5 Kings County" with the official Commission logo. All publications, media activities, posters, films, booklets, pamphlets or similar informational materials which have been prepared pursuant to the provision of services under the Agreement shall contain a statement prominently displayed which identifies Contractor as a provider of service under "FIRST 5 Kings County" and shall remain the property of Commission with all materials, copies, originals, prototypes, etc. turned over to Commission at the termination of this Agreement. The cost for any materials not meeting the above provisions may not be reimbursed under this Agreement

at the sole discretion of Commission.

### 13. INDEPENDENT CONTRACTOR

In the performance of the services under this Agreement, Contractor shall be, and acknowledges that Contractor is in fact and law, an independent contractor and not an agent or employee of Commission. Contractor has and retains the right to exercise full supervision and control over the manner and methods of providing services to Commission under this Agreement. Contractor retains full supervision and control over the employment, direction, compensation and discharge of all persons assisting Contractor in the provision of services under this Agreement. With respect to Contractor's employees, if any, Contractor shall be solely responsible for payment of wages, benefits and other compensation, compliance with all occupational safety, welfare and civil rights laws, tax withholding and payment of employment taxes whether federal, state or local, and compliance with any and all other laws regulating employment.

### 14. NON-ASSIGNMENT

Contractor shall not assign or transfer this Agreement or its obligations hereunder, or any part thereof. Contractor shall not assign any monies due or which become due to Contractor under this Agreement without the prior written approval of Commission.

### 15. SUBCONTRACTS

Contractor assumes full responsibility for all services and activities covered by this Agreement, whether or not directly provided by Contractor. Contractor shall be considered the sole point of contact regarding contractual matters, including payment of any and all charges resulting from this Agreement.

If Contractor should propose to subcontract with one or more third parties to carry out a portion of those services covered by this Agreement, any such subcontract shall be in writing and approved as to form and content by Commission prior to execution and implementation. If the subcontract amount exceeds five thousand dollars (\$5,000.00), Contractor shall submit, in addition to the subcontract, a budget or fee schedule for the subcontract. Commission shall have the right to reject any such proposed subcontract. Any such subcontract, together with all other activities by or caused by Contractor, shall not require compensation greater than the approved total program budget as set forth in **Attachment C** to this Agreement. An executed copy of any such subcontract shall be received by Commission before any implementation and shall be retained by Commission. Contractor shall be responsible to Commission for the proper performance of any subcontract. Subcontractors shall be subject to the same terms and conditions that Contractor is subject to under this Agreement.

### 16. INSURANCE

- a. Contractor, in order to protect Commission and its members, officials, agents, officers, and employees against all claims and liability for death, injury, loss and damage as a result of Contractor's actions in connection with the performance of Contractor's obligations, as required in this Agreement, shall secure and maintain insurance as described below.

1. Commercial General Liability

Commercial General Liability Insurance with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, Two Million Dollars (\$2,000,000.00) annual aggregate.

2. Automobile Liability

Comprehensive Automobile Liability Insurance with limits for bodily injury of not less than Two Hundred Fifty Thousand Dollars (\$250,000.00) per person, Five Hundred Thousand Dollars (\$500,000.00) per accident and for property damages of not less than Fifty Thousand Dollars (\$50,000.00), or such coverage with a combined single limit of Five Hundred Thousand Dollars (\$500,000.00).

3. Professional Liability

Professional Liability (Medical Malpractice) Insurance with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, Three Million Dollars (\$3,000,000.00) annual aggregate.

4. Worker's Compensation

A policy of worker's compensation insurance as may be required by the California Labor Code.

- b. Contractor shall not perform any work under this Agreement until Contractor has obtained all insurance required under this section and the required certificates of insurance have been filed with and approved by Commission. Contractor shall pay any deductibles and self-insured retentions under all required insurance policies.
- c. All insurance shall be issued by a company or companies listed in the current "Best's Key Rating Guide" publication with a minimum of a "B+;V" rating, or in special circumstances, be pre-approved by Commission.
- d. Contractor must obtain endorsements to the general liability and auto insurance policies, giving Commission an unrestricted thirty (30) day prior written notice of cancellation or change in terms or coverage. Contractor shall also obtain an endorsement to the workers' compensation policy giving Commission an unrestricted ten (10) day prior written notice

of any cancellation or change in terms or coverage.

- e. If Contractor is, or becomes during the term of this Agreement, self-insured or a member of a self-insurance pool, Contractor shall provide coverage equivalent to the insurance coverage and endorsements required above. Commission will not accept such coverage unless Commission determines, in its sole discretion and by written acceptance, that the coverage proposed to be provided by Contractor is equivalent to the above-required coverage.
- f. All insurance afforded by Contractor pursuant to this Agreement shall be primary to and not contributing to any other insurance maintained by Commission.
- g. Insurance coverage in the minimum amounts set forth herein shall not be construed to relieve Contractor for any liability, whether within, outside, or in excess of such coverage, and regardless of solvency or insolvency of the insurer that issues the coverage; nor shall it preclude Commission from taking such other actions as are available to it under any other provision of this Agreement or otherwise in law.
- h. Failure by Contractor to maintain all such insurance in effect at all times required by this Agreement shall be a material breach of this Agreement by Contractor. Commission, at its sole option, may terminate this Agreement and obtain damages from Contractor resulting from said breach. Alternatively, Commission may purchase such required insurance coverage, and without further notice to Contractor, Commission shall deduct from sums due to Contractor any premiums and associated costs advanced or paid by Commission for such insurance. If the balance of monies obligated to Contractor pursuant to this Agreement is insufficient to reimburse Commission for the premiums and any associated costs, Contractor agrees to reimburse Commission for the premiums and pay for all costs associated with the purchase of said insurance. Any failure by Commission to take this alternative action shall not relieve Contractor of its obligation to obtain and maintain the insurance coverage required by this Agreement.

## 17. INDEMNIFICATION

Contractor agrees to indemnify, defend and hold harmless Commission and Commission's agents, Commission members, elected and appointed officials and officers, employees, volunteers and authorized representatives from any and all losses, liabilities, charges, damages, claims, liens, causes of action, awards, judgments, costs, and expenses (including, but not limited to, reasonable attorneys' fees of Commission Counsel and counsel retained by Commission, expert fees, costs of staff time, and investigation costs) of whatever kind or nature, which arise out of or are in any way connected with any act or omission of Contractor or Contractor's officers, agents, employees, independent contractors, subcontractors of any tier, or authorized representatives. Without limiting the generality of the foregoing, the same shall include injury or death to any person or persons; damage to any property, regardless of where



located, including the property of Commission; and any workers' compensation claim or suit arising from or connected with any services performed pursuant to this Agreement on behalf of Contractor by any person or entity.

18. SETOFF AGAINST DEBTS

Contractor agrees that Commission may deduct from any payments due to Contractor pursuant to this Agreement any monies Contractor owes Commission under any contract.

19. NOTICES

Notices to be given by one party to the other under this Agreement shall be given in writing by personal delivery, by certified mail, return receipt requested, or express delivery service at the addresses specified below *or* by facsimile at the fax number specified below. Notices delivered personally shall be deemed received upon receipt; mailed or expressed notices shall be deemed received four (4) days after deposit. A party may change the address to which notice is to be given by giving notice as provided above.

Notice to Commission shall be addressed as follows:

Scott Waite, Program Officer  
First 5 Kings County  
330 Campus Drive  
Hanford, California 93230

*Fax: (559) 585-0818*

Notice to Contractor shall be addressed as follows:

Nanette Villarreal, Director  
Kings United Way  
125 W. 7<sup>th</sup> Street  
Hanford, CA 93230

Nothing in this Agreement shall be construed to prevent or render ineffective delivery of notices required or permitted under this Agreement by personal service.

20. CONFLICT OF INTEREST

The parties to this Agreement have read and understand the provisions of Section 1090 *et seq.* and Section 87100 *et seq.* of the Government Code relating to conflict of interest of public officers and employees. Contractor agrees that they are, upon making diligent

inquiry, unaware of any financial or economic interest of any public officer or employee of Commission relating to this Agreement. It is further understood and agreed that if such a financial interest does exist at the inception of this Agreement, Commission may immediately terminate this Agreement by giving written notice thereof. Contractor shall comply with the requirements of Government Code Section 87100 *et seq.* during the term of this Agreement.

21. SOLE AGREEMENT

This Agreement, including all Exhibits, constitutes the entire agreement between the Contractor and Commission with respect to the subject matter hereof and supersedes all previous agreement negotiations, proposals, commitments, writings, advertisements, publications, and understandings of any nature whatsoever unless expressly included in this Agreement.

22. AUTHORITY TO BIND COMMISSION

It is understood that Contractor, in Contractor's performance of any and all duties under this Agreement, has no authority to bind Commission to any agreements or undertakings.

23. NONEXCLUSIVE AGREEMENT

Contractor understands that this is not an exclusive agreement and that Commission shall have the right to negotiate with and enter into contracts with others providing the same or similar services as those provided by Contractor as the Commission desires.

24. MODIFICATIONS OF AGREEMENT

This Agreement may be modified in writing only, signed by the parties at the time of the modification.

25. NON-WAIVER

No covenant or condition of this Agreement can be waived except by the written consent of Commission. Forbearance or indulgence by Commission in any regard whatsoever shall not constitute a waiver of the covenant or condition to be performed by Contractor. Commission shall be entitled to invoke any remedy available to Commission under this Agreement or by law or in equity despite said forbearance or indulgence.

26. CHOICE OF LAW AND VENUE

The parties hereto agree that the provisions of this Agreement will be construed pursuant to the laws of the State of California. This Agreement has been entered into and is to be performed in the County of Kings. Accordingly, the parties agree that the venue of any

action relating to this Agreement shall be in the County of Kings.

27. CONFIDENTIALITY

No party to this Agreement shall, without written consent of the other party, communicate confidential information, designated in writing or identified in this Agreement as such to any third party and shall protect such information from inadvertent disclosure to any third party in the same manner that they protect their own confidential information, unless such disclosure is required in response to a validly issued subpoena or other process of law. Upon completion of this Agreement, the provisions of this paragraph shall continue to survive.

28. CONCURRENT ENFORCEMENT OF REMEDIES

Commission reserves its right to pursue any and all remedies available by law as needed to enforce its rights under this Agreement

29. SEVERABILITY

Should any part, term, portion or provision of this Agreement be decided finally to be in conflict with any law of the United States or the State of California, or otherwise be unenforceable or ineffectual, the remaining parts, terms, portions, or provisions shall be deemed severable and shall remain in full force and effect.

30. COMPLIANCE WITH LAW

Contractor shall observe and comply with all applicable county, state and federal laws, ordinances, rules and regulations now in effect or hereafter enacted, each of which are hereby made a part hereof and incorporated herein by this reference as if set forth in full.

31. CAPTIONS AND INTERPRETATION

Paragraph headings in this Agreement are used solely for convenience, and shall be wholly disregarded in the construction of this Agreement. No provision of this Agreement shall be interpreted for or against a party because that party or its legal representative drafted such provision, and this Agreement shall be construed as if jointly prepared by the parties.

32. TIME OF ESSENCE

Time is hereby expressly declared to be of the essence of this Agreement and of each and every provision of this Agreement is a material, necessary and essential part of this Agreement.

33. NONDISCRIMINATION

Neither Contractor, nor any officer, agent, employee, servant or subcontractor of Contractor shall discriminate in the treatment or employment of any individual or groups of individuals on the grounds of race, color, religion, national origin, age, sex or disability, either directly, indirectly or through contractual or other arrangements.

34. NON-COLLUSION COVENANT

Contractor represents and agrees that it has in no way entered into any contingent fee arrangement with any firm or person concerning the obtaining of this Agreement with Commission. Contractor has received from Commission no incentive or special payments, nor considerations not related to the provision of services under this Agreement.

35. SIGNATURE AUTHORITY

Each party represents that they have capacity, full power and authority to enter into and perform this Agreement, and the person signing this Agreement on behalf of each party has been properly authorized and empowered to enter into this Agreement.

IN WITNESS TO WHICH, each party to this Agreement has signed this Agreement upon the date indicated, and agrees, for itself, its employees, officers, partners and successors, to be fully bound by all terms and conditions of this Agreement.

REVIEWED AND RECOMMENDED  
FOR APPROVAL

By: \_\_\_\_\_  
Debbie Grice, Deputy Director of Nursing and  
Community Services

CONTRACTOR

By: \_\_\_\_\_  
Nanette Villareal

Title: Director

Federal Tax ID Number: 94-6130925

**Attachments:**

- A. Individuals Handling Funds**
- B. Scope of Work**
- C. Project Budget**
- D. Signatory Authorization**
- E. Tobacco-Free Policy**

**ATTACHMENT A**  
**INDIVIDUALS HANDLING FUNDS**

<p>The person having day-to-day responsibility for the project.</p> <p>Name: Benjamin Fernandez Title: 211 Coordinator Address: 125 W. 7<sup>th</sup> Street Hanford, CA 93230 Telephone Number: 559-584-1536 Fax: 559-584-1098 Email: benjaminf@kingsunitedway.org</p>
<p>The person to whom the person listed in #1 is accountable.</p> <p>Name: Nanette Villarreal Title: Executive Director Address: 125 W. 7<sup>th</sup> Street Hanford, CA 93230 Telephone Number: 559-584-1536 Fax: 559-584-1098 Email: nanettev@kingsunitedway.org</p>
<p>The Chief Executive of the implementing agency.</p> <p>Name: Nanette Villarreal Title: Executive Director Address: 125 W. 7<sup>th</sup> Street Hanford, CA 93230 Telephone Number: 559-584-1536 Fax: 559-584-1098 Email: nanettev@kingsunitedway.org</p>
<p>The Financial Officer for the project.</p> <p>Name: Dorothea Williams Title: Book keeper Address: 125 W. 7<sup>th</sup> Street Hanford, CA 93230 Telephone Number: 559-584-1536 Fax: 559-584-1098 Email: dorotheawilliams@kingsunitedway.org</p>
<p>The Project Director of the project.</p> <p>Name: Benjamin Fernandez Title: 211 Coordinator Address: 125 W. 7<sup>th</sup> Street Hanford, CA 93230 Telephone Number: 559-584-1536 Fax: 559-584-1098 Email: benjaminf@kingsunitedway.org</p>
<p>The Chair of the Governing Body of the implementing agency.</p> <p>Name: Antoinette Gonzales Title: Board President Address: 125 W. 7<sup>th</sup> Street Hanford, CA 93230 Telephone Number: 559-584-1536 Fax: 559-584-1098 Email: antoinette.gonzales@kingsunitedway.org</p>

ATTACHMENT B

PROVIDER NAME: Kings United Way

PAGE: 1 of 1

1	2	3	4	6	
Strategic Plan Focus Area	Goals	Objective	Program Specific Activities	Significant others to be served	
Systems Integration & Alignment	A cohesive system of services for children and families will exist	Communities will have physical places and spaces that promote early childhood education, support health and encourage interaction while leveraging resources to sustain.		Due Date	Staff Responsible
			Senior Database Specialist to implement scope of work.	6/30/18	Senior Database Specialist
			Develop new database with community resource information in Spanish.	6/30/18	Senior Database Specialist
			Test the database. Conduct focus groups and elicit feedback on the format and effectiveness of the information offered in the database	6/30/18	Senior Database Specialist
			Market the 211 Spanish database-particularly in rural areas of Kings County with higher percentages of mono-lingual Spanish-speaking residents	6/30/18	Senior Database Specialist

**ATTACHMENT C  
PROJECT BUDGET**

Project Name: Kings United Way 211 Intelliful			Contract Term: 07/01/17 -06/30/18	
BUDGET CATEGORY AND LINE ITEM DETAIL	First 5 Funds Requested	Cash Match	In-Kind Match	TOTAL
<b>A. Personnel Costs</b>				
<b>211 Coordinator</b> (.10 FTE) Costs (\$37,440 annually) Project Supervision	\$3,744	\$0	\$0	\$3,744
<b>2110 Database Specialist</b> (.75 FTE) Costs (\$31,200 annually) Responsible for implementation of project activities and ongoing maintenance	\$23,400	\$0	\$0	\$23,400
<b>211 Marketing Specialist</b> (.20 FTE) Costs (\$29,120 Annually) Responsible for marketing and outreach activities	\$5,824	\$0	\$0	\$5,824
<b>Salaries &amp; Benefits</b> 15.85% of salaries	\$5,225	\$0	\$0	\$5,225
<b>TOTAL Personnel Costs</b>	<b>\$38,193</b>	<b>\$0</b>	<b>\$0</b>	<b>\$38,193</b>
<b>B. Program Costs</b>				
Travel (200 @ \$.535 mile/mile x 12 months)	\$642	\$642	\$0	\$1,284
Program Materials & Supplies (\$250 x 12 months) Materials for ECE classes, incentive closet supplies, and consumables	\$1,000	\$0	\$0	\$1,000
<b>TOTAL Program Costs</b>	<b>\$1,642</b>	<b>\$642</b>	<b>\$0</b>	<b>\$2,284</b>
<b>D. Indirect Costs</b>				
Indirect Costs 10% of indirect cost rate	\$0	\$3,984	\$0	\$3,984
<b>TOTAL Indirect Costs</b>	<b>\$0</b>	<b>\$3,984</b>	<b>\$0</b>	<b>\$3,984</b>
<b>TOTAL PROJECT COSTS</b>				
	<b>\$39,835</b>	<b>\$4,626</b>	<b>\$0</b>	<b>\$44,461</b>



**ATTACHMENT D**  
**SIGNATORY AUTHORIZATION**

<b>AUTHORIZED SIGNATORY NAME</b>	<b>TITLE</b>
Nanette Villarreal	Director

ATTACHMENT E  
**TABACCO-FREE POLICY**

**I. Purpose and Applicability**

First 5 Kings County Children & Families Commission (Commission) recognizes that there is ample research demonstrating the health hazards of the use of tobacco products, including smoking, using smokeless tobacco, and breathing of second hand smoke. Therefore, the Commission, in the best interests of the health and safety of the employees and participants of its funded programs, and the general public, directs the development of a policy to ban completely the use of tobacco products on the premises of any of its funded programs, or any other Commission sponsored activities.

This policy shall be established to:

- A. Protect the health and safety of children, families, and employees in the workplace.
- B. Reflect and emphasize the hazards of tobacco use.
- C. Promote health and encourage children, families, & employees to adopt healthy lifestyles.
- D. Further the goal of consistency among Commission funded community programs to discourage children and families from using tobacco products.

**II. Statement of Policy**

As of April 1, 2003 all First 5 Kings County Children & Families Commission (Commission) funded programs must have a written policy that ensures a tobacco free indoor environment. All funded providers contracting with the Commission must establish tobacco free work-sites for all facilities that deliver Commission funded services.

A tobacco free facility is defined as an environment free of tobacco use, including the use of smokeless tobacco, such as snuff and chewing tobacco. Tobacco use must be prohibited throughout the entire workplace with no exceptions, including all indoor facilities, offices, hallways, waiting rooms, rest rooms, elevators, meeting rooms, community areas, and agency owned and/or leased vehicles. This policy applies to all employees, clients, contractors, and visitors.

Each funded program shall provide proof (in the form of a written policy) to the Commission of an established comprehensive tobacco free policy no later than the end of the first three months of program initiation. In support of this effort, the Commission has provided a Tobacco Free Policy “template”. Each provider can adapt the template policy to their organization as they see fit.

**III. Definitions**

- A. **Tobacco** means cigarettes; cigars; cheroots; stogies; perique; granulated, plug cut, crimp cut, ready rubbed, and other smoking tobacco; snuff; snuff flour; cavendish; plug and twist tobacco; fine cut and other chewing tobacco; shorts;

refuse scraps, clippings, cuttings and sweepings of tobacco; electronic cigarettes emitting nicotine, and other kinds and forms of tobacco, prepared in such manner as to be suitable for chewing or smoking in a pipe or other tobacco-related devices.

- B. **Tobacco-related devices** means cigarette papers or pipes for smoking.
- C. **Smoking** includes carrying a lighted cigar, cigarette, pipe, or any other lighted smoking equipment.

#### IV. Policy Template

##### GENERAL STATEMENT OF POLICY

It shall be a violation of this policy for any employee, administrator, or clients and visitors of (insert name of organization) to use tobacco or tobacco-related devices in our facility, on our premises or in our vehicles. This prohibition includes all (insert name of organization) property and to the extent possible, all events sponsored by (insert name of organization).

(insert name of organization) will act to enforce this policy and to discipline or take appropriate action against any employee or administrator who is found to have violated this policy. Furthermore, (insert name of organization) will inform all clients and visitors of the policy verbally and by posting the policy in a location(s) visible to all. *No Smoking* signs will also be utilized to communicate to clients and visitors that the premises of (insert name of organization) are tobacco free.

##### TOBACCO AND TOBACCO RELATED DEVICES DEFINED

- **Tobacco** means cigarettes; cigars; cheroots; stogies; perique; granulated, plug cut, crimp cut, ready rubbed, and other smoking tobacco; snuff; snuff flour; cavendish; plug and twist tobacco; fine cut and other chewing tobacco; shorts; refuse scraps, clippings, cuttings and sweepings of tobacco; electronic cigarettes emitting nicotine, and other kinds and forms of tobacco, prepared in such manner as to be suitable for chewing or smoking in a pipe or other tobacco-related devices.
- **Tobacco-related devices** means cigarette papers or pipes for smoking.
- **Smoking** includes carrying a lighted cigar, cigarette, pipe, or any other lighted smoking equipment.



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Date of Meeting: June 6, 2017

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**2017-06-015**

**Recommendation for  
New Commissioner**



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting:  
Agenda Item Number:  
Agenda Item Type:

June 6, 2017  
2017-06-015  
Informational

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**AGENDA ITEM:** New Commissioner Recommendation

**A. Background/History:**

The First 5 Kings County Children and Families is comprised of 7 members, the represent the following:

- Director of Kings County Human Services
- Director of Kings County Behavioral Health
- Kings County Superintendent of School
- Kings County Board of Supervisors
- Kings County Public Health Officer
- Community at Large – from the specified categories
- Community at Large – from the specified categories
  - Recipients of project services included in the strategic plan
  - Educators specializing in early childhood development
  - Representatives of a local child care resources 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
  - Representatives of local medical, pediatric, or obstetric associations or societies

**B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:**

Staff requests that the commission review, discuss, and advise staff regarding the process of recruiting a new Commissioner.

**C. Timeframe:**

The term for the current Commissioner's term end 12/31/2020.

**D. Costs:**

No costs associated with this item.

**E. Staff Recommendation:**

Staff recommends that the commission review, discuss, and advise staff regarding the process of recruiting a new Commissioner.

**F. Attachments:**

- Application for First 5 Kings County Commission – Crystal Hernandez

**KINGS COUNTY BOARD OF SUPERVISORS  
COMMITTEE APPLICATION FOR APPOINTMENT**

I hereby express an interest in being nominated for membership on the following Board: FIRST 5 KINGS COUNTY

Name: CRYSTAL HERNANDEZ

Address: PO Box 1469 Telephone: 559-772-8144

City/St/Zip: HANFORD CA 93232 Date of Birth: 05/30/80

Email: chernandez@championsrecovery.org

Length of Residency in Kings County: 36 yrs

Supervisorial District: 5

Occupation: EXECUTIVE DIRECTOR

Education: PSY.D (FORENSIC PSYCHOLOGY) & MBA

Membership on other Boards/Commissions: KPPF, SAFE KIDS, WELLNESS BRIDGE, CHILDREN'S STORYBOOK GARDEN, SOROPTIMIST.

Affiliations: AMERICAN PSYCHIATRIC ASSOCIATION, AMERICAN SOCIETY OF ADDICTION MEDICINE, FORENSIC MENTAL HEALTH SOCIETY

Reason(s) for seeking appointment: ASSIST IN POLICY, DECISIONS, GUIDANCE FOR KING COUNTY CHILDREN 0-5.

  
\_\_\_\_\_  
Signature of applicant

Return completed form to:

Kings County Board of Supervisors  
Attn: Clerk of the Board  
1400 W. Lacey Blvd.  
Hanford, CA 93230

For inquiries on the application process: (559) 852-2362



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting: June 6, 2017

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# FY 16/17 3<sup>rd</sup> Quarter Grantee Achievement Report





330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting:  
Agenda Item Type:

June 6, 2017  
Informational Item

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**AGENDA ITEM:** 2016-2017 3<sup>rd</sup> Quarter Achievement Report for First 5 Funded Projects

**A. Background/History:**

The Commission has transitioned from a formative evaluation framework into a summative evaluation framework; therefore the reporting of program status reports and evaluation results are now two separate items for the Commission to consider. Staff is providing the Commission, on a quarterly basis, a progress report regarding the status of programs attaining contracted goals and deliverables.

**B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:**

Staff is requesting the Commission review and discusses the program status report representing activities and number of clients served through December of FY 2016-2017.

**C. Timeframe:**

Reports will be provided to the Commission on a quarterly basis, on the following schedule:

- 1st Quarter Report: December 2016
- 2nd Quarter Report: February 2017
- 3rd Quarter Report: June 2017
- Year End Report: August 2017

**D. Costs:**

No costs associated with this item.


**E. Staff Recommendation:**

Staff recommends the commission review and discuss the program reports as provided.

**F. Attachments:**

- FY 2016-2017 3<sup>rd</sup> Quarter Project Achievement Report

# FY 2016-2017 3<sup>rd</sup> Quarter Achievement Report for First 5 Kings Funded Programs

	Unduplicated Count of Clients Served			Objectives to be Achieved	Objectives that were Achieved	Objectives that did not meet Target	Objectives that are Inactive	Percentage of Budget Expended Goal 75%	Timely Progress Report Submission
	Children 0 to 2	Children 3 to 5	Significant Others						
<b>Family Resource Center Initiative</b>									
Avenal Family Connection	22	51	11	25	21	4	0	77%	Yes
Corcoran FRC	92	197	331	20	16	1	3	70%	Yes
KCOE – HFC & LFC	540	504	875	60	55	5	0	77%	Yes
Kettleman City FRC	43	78	106	14	11	2	1	95%	Yes
<b>School Readiness Initiative</b>									
UCP Parent & Me	179	48	196	25	25	0	0	72%	Yes
UCP Special Need Program	135	24	93	7	5	2	0	70%	Yes
Linkages to Learning	0	0	0	10	3	0	7	63%	Yes
<b>E3 Initiative</b>									
KCOE – CARES	N/A	N/A	262	15	12	3	0	46%	Yes



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Date of Meeting: June 6, 2017

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# Community Presentation

## Kings County Behavioral Health



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting:  
Agenda Item Type:

June 6, 2017  
Informational

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**AGENDA ITEM:** Community Presentation – Kings County Behavioral Health

**A. Background/History:**

Our Vision

Kings County Behavioral Health and its partners build programs that empower individuals and their families to achieve sustained well-being from mental illness and addiction.



Our Mission

To promote, support, and invest in the wellness and recovery of individuals living in the communities of Kings County by creating opportunities to contribute, learn, work, and find hope in each day.

Our Guiding Values

- Meet each individual where they are - focusing on the person, not an illness
- Seek to understand and embrace diversity
- Demonstrate ethics, integrity, and commitment in all that we do
- Share knowledge and information, which fosters authority and empowerment in everyone.
- Create partnerships that are preventative, creative, and positive to our mission.

**B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:**

Commission to review and discuss the materials provided by Kings County Behavioral Health regarding their program and services.

**C. Timeframe:**

N/A

**D. Costs:**

None

**E. Staff Recommendation:**

Staff recommends the Commission to review and discuss the materials provided by Kings County Behavioral Health.

**F. Attachments:**

- PowerPoint Presentation from Kings County Behavioral Health
- Kings County Behavioral Health Needs Assessment for Avenal

# Behavioral Health Wellbeing & Access to Services among Adults in Avenal

A Research Study Commissioned by  
Kings County Behavioral Health



# Why are services underutilized in Avenal?

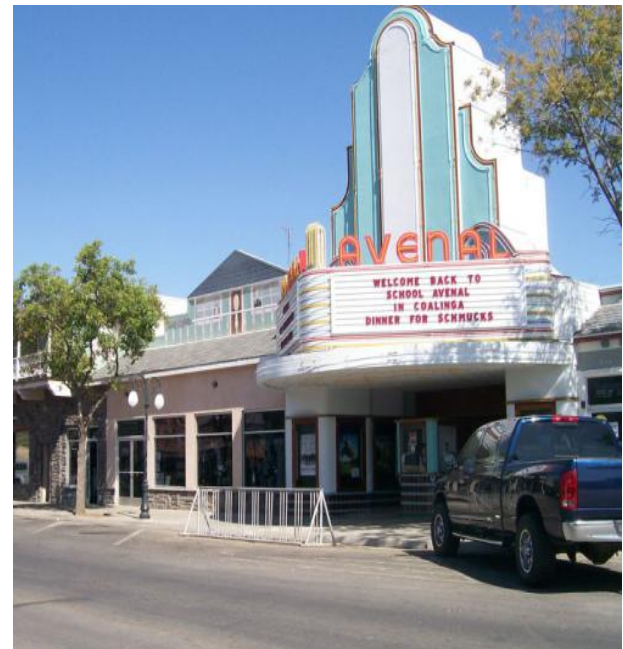
Most providers under deliver on their services.

Community needs assessments and stakeholder input says there is a need/demand for services.

Services fizz out! Why?

Is it.... (Stigma, language-cultural barriers, location, transportation)?

All are assumptions.





# WHY?

## Need/Demand

- \* All community assessments
- \* Focus Groups
- \* Community Groups
- \* Schools and City

Have said and asked for broad range of behavioral health services.

**BUT:** What questions are being asked???

## Under Utilization

- \* Behavioral Health
- \* Community Based Providers (SUD to Mental Health)
- \* County as a whole

All have experienced less the needed numbers to operate in Avenal. Unable to get consistent use of services



# The Traditional Answers and Approach to solving a problem.



Play video clip

# So Let Us Find Out!

So we need to actually understand what is preventing full utilization. The need and demand are there but the utilization and follow through were not occurring.

A lot of the work was based on feedback on “need” and assumptions, but we needed factual concrete data.

We need to be able to plan based on data vs assumptions.

Without data and solid information we will continue to miss the mark and expend funds in a futile manner.

# How The Research Project Came To Be

- \* Chance connection with Fresno State Researcher (*Dr. Iran Barrera*).
- \* Roots in Avenal
- \* Discussions on mental health literacy & stigma
- \* Discussion on needs and prevalence. What question should be asked?
- \* Subject Matter Expertise with knowledge of community
- \* Opted to utilized some MHSA funds to really understand some of the issues (Underspent PEI Funds moved to Cultural Ambassador helping with CSS/PEI balance)
- \* Use information for future planning.
- \* To be strategic in future efforts
- \* Sole Source and Contract
- \* Information can be utilized by the County (and its departments) community provider, etc. Public Info.
- \* Cost Effective (\$12,000)



# Findings:

- \* Based on self reports/assessments three quarters of those who need mental health care services reported never needing mental health;
- \* 40% of participants reported experiencing high level of exposure to childhood trauma which puts them at a higher risk of developing health and mental health problems (*ACEs measures of prevalence of childhood trauma (adverse childhood experiences)*);
- \* Nearly half (45%) of the participants met the criteria for depression/anxiety (*using the Kessler Psychological Distress Scale-K10*);
- \* 50% of the research participants didn't know where to go for mental health care services;
- \* 42% of the participants are considered to be at a clinically significant risk of drinking or alcoholism (*based on the CAGE screening tool*).

# Key Issues

- \* Language for some
- \* Cultural barriers/taboo
- \* Stigma
- \* Knowledge of services (lack of)
- \* Access (transportation)
- \* Community engagement
- \* Limited scope of services
- \* Eligibility (for some)



# Recommendations

- \* Develop a culturally and linguistically competent sensitive mental health literacy program aimed at educating residents about mental illness;
- \* Develop a culturally and linguistically competent literacy program aimed at educating the residents about mental health and its role in overall quality of life;
- \* Use social media and other means to provide information on where to access mental health care;
- \* Develop and implement curriculum to connect the community and current mental health care entities by non-traditional settings (e.g., BBQ-“comidas”) to assist with destigmatizing mental health/illness.

# Next Steps

- \* The research findings are being shared with the community and participants in Avenal on Feb 22, 2017.
- \* Shared here with the Behavioral Health Advisory Board
- \* Study Session for the Kings County Board of Supervisors on March 7, 2017
- \* Kings Partnership For Prevention (March Meeting)
- \* Resource Development Associates (RDA) in the MHSA 3 Year Planning Process.
- \* Available to the public via the [www.kcbh.org/plans--documents.html](http://www.kcbh.org/plans--documents.html)

Thank you to Dr. Iran Barrera, Dr.Yumiko Aratani, Johanna Medina, MPA and the rest of the Behavioral Health Team.

# Questions?





## **Behavioral Health Wellbeing and Access to Services among Adults in Avenal, California**

By:

Irán Barrera, Ph.D.  
Yumiko Aratani, Ph.D.

February 2017

## Acknowledgments

This evaluation study was funded by Kings County Department of Behavioral Health under a subcontract agreement with Dr. Irán Barrera. The funds utilized were from the Prevention and Early Intervention (PEI) Plan components of Kings County MHSA plan. MHSA was the 2004 voter approved ballot initiative that placed a 1% tax on California Millionaires to expand mental health services to Californian including a wide range of prevention, early intervention services as well as things like treatment and workforce development.

This report was prepared by Dr. Irán Barrera and Dr. Yumiko Aratani. Funders do not determine these research findings or the insights and recommendations made by the authors. The views expressed in this report are those of the authors and should not be attributed to The City of Avenal, Kings County Department of Behavioral Health or any organizations that authors are affiliated with.

**About authors:** Dr. Irán Barrera is an associate professor in Fresno State University Department of Social Work Education; Dr. Yumiko Aratani is an assistant professor in the Department of Health Policy and Management and director of health and mental health at National Center Children in Poverty, Columbia University Mailman School of Public Health.

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## Executive Summary

### Background:

The U.S. Census Bureau (2012) estimated that Latinos will make up almost one-third of the U.S. population by 2060. According to the Pew Research Center, California has approximately 15 million Latinos, surpassing Whites as the largest group in California, and a significant amount of the Hispanic population (31%) is experiencing poverty (Pew Research Center, 2015). Studies have found that the utilization of mental health care was lower among Mexican Americans as compared to other ethnicities. However, U.S.-born Mexican Americans had higher rates of utilization of primary-care physicians and counselors than immigrants, though not necessarily for the treatment of mental health care (Vega, Kolody, Aguilar-Gaxiola, & Catalano 1999; Vega, Kolody, & Aguilar-Gaxiola 2001). Because there is no data relevant to the problems identified above, this study seeks to add knowledge to issues surrounding mental distress and mental health care utilization in Avenal, California.

### Main Findings

Close to three-quarters of those who need mental health care services reported never needing mental health care services. Further, about 40 percent of respondents reported experiencing a high level of exposure to childhood trauma, which put them at a high risk of developing health and mental health problems. The majority of the participants (70%) reported having good or excellent physical health while 41% reported having good mental health within the last 30 days. However, almost half (45%) of the sample met the criteria for a mental illness (depression/anxiety). Also, approximately 50% of the participants did not know where to go for mental health care. The majority of the survey participants had positive attitudes towards mental health treatment and mental illness; however, about 40% felt that people with mental illness are dangerous. It is evident that these findings highlight the need for not only mental health literacy but also clear information as to where to access mental health care. As a result, the following recommendations have been put forth.

1. Develop a culturally and linguistic competent sensitive mental health literacy program aimed at educating the residents about mental illness; specifically, anxiety/depression and alcoholism.
2. Develop a culturally and linguistic competent literacy program aimed at educating the residents about mental health care and its role in overall quality of life.
3. Use social media and other means (e.g., radio) to provide information on where to access mental health care. Radio would reach more people given the high number of farm workers in Avenal that listen to radio while working.
4. Develop and implement curriculum to connect the community and current mental health care entities by non-traditional settings (e.g., BBQ- "comidas") to assist with destigmatizing mental health/illness. The BBQ would take place during cultural and community events.



## Background

The U.S. Census Bureau (2012) estimated that Latinos will make up almost one-third of the U.S. population by 2060. According to the Pew Research Center, California has approximately 15 million Latinos and have surpassed Whites as the largest group in California; and a significant amount of the Hispanic population (31%) is experiencing poverty (<http://www.pewhispanic.org/states/state/ca/>). This is problematic as research has shown that living in poverty negatively affects people's social networks and their sense of self (Andersson, Denhov, Holmqvist, Mattsson, Claes-Goran and Bulow, 2013) and is strongly associated with psychological problems (Santiago, Kaltman, and Mirán da, 2013). The San Joaquin Valley (Kings County, most of Fresno, Kern, Merced, and Stanislaus counties, and portions of Madera, San Luis Obispo, Tulare counties) had one of the highest prevalence of serious mental illness among adults (5.3%) and the highest rate of emotional disturbance among children in California (8.3%) (California Healthcare Foundation, 2013). Avenal lies within the Kings county in California and has a high Latino presence (83%). However, no data exists in regards to the prevalence of mental distress.

In addition, research on service utilization of mental health treatment by Latinos has consistently documented the presence of economic, cultural and structural barriers. These barriers include level of acculturation, language, availability of services, affordability and accessibility, lack of health insurance, unfamiliarity with health systems, eligibility criteria and practitioner's unfamiliarity with cultural nuances which is critical in diagnosis and treatment of illness (Marin, Escobar, & Vega, 2006; Atdjian & Vega, 2005; Vega & Lopez, 2001; Villa & Aranda, 2000). In general, Latinos underutilize mental health care (Alegria, et al, 2008a; Blanco, et al. 2007; Cook et al 2007). Alegria et al. (2002) found that a significantly higher proportion of non-Latinos Whites (11.8%) received specialty care compared to African Americans (7.2%) and Latinos (5.9%). Similarly, Mirán da and Cooper (2004) found that Latinos were less likely to receive specialty mental health treatment than African Americans and Whites, and that the odds of Latino(a)s receiving any treatment for depression were lower than those for White patients. Wang et al. (2005) identified factors associated with underutilization of mental health care including age (younger than 60 years old), ethnicity (non-Latino White), income (low income) and accessibility (living in rural areas).

Choi and Gonzalez (2005) studied older minorities and mental health care services and found that the following factors contribute to mental health

treatment: referrals from doctors, social workers, churches and former patients, community outreach efforts, supportive and involved family members, availability of bilingual/bicultural clinicians, dual Medicare/Medicaid eligibility, and mental health literacy.

Studies have found that the utilization of mental health care was lower among Mexican Americans as compared to other ethnicities. However, U.S.-born Mexican Americans had higher rates of utilization of primary-care physicians and counselors than immigrants, though not necessarily for the treatment of mental health care (Vega, Kolody, Aguilar-Gaxiola, & Catalano 1999; Vega, Kolody, & Aguilar-Gaxiola 2001). A limitation these studies share is a failure to identify or discuss the role of culture and family in helping to seek services. Because there is no data relevant to the problems identified above, this study seeks to add knowledge to issues surrounding mental distress and mental health care utilization in Avenal, California.





# Avenal Behavioral Health Project Description



## Avenal Behavioral Health Project Description

### Survey Plan and Methods

#### *Specific Aims*

The specific aim of this study is to provide data on the prevalence of mental distress among adults living in Avenal, California. In addition, this study aims to seek information surrounding the utilization of behavioral health services, barriers to accessing behavioral health services and perceptions of mental illness.

#### *Research Questions*

This study aimed to address the following research questions:

1. What is the overall wellbeing of adults living in Avenal, California?
2. What is people's attitude towards mental health problems and services related to mental health?
3. What are people's experiences of utilizing professional mental health services?

#### *Description of the Report*

This report consists of 4 main sections: the first section describes the demographic characteristics of study participants, followed by three sections that correspond to each research question. In each section, there is a detailed description of measures, followed by results and the Conclusion section which summarizes overall findings and policy recommendations for the City of Avenal. The study plan was reviewed and approved by Fresno State University Institutional Review Board (IRB).

#### *Sampling Methodology*

Convenience Sampling:

The first 41 responses (day 1) were gathered by data collectors setting up a table and three lawn chairs outside a local and popular grocery store (State Foods), located on the main street (Skyline Blvd) in Avenal, CA. As customers entered/exited the grocery store, the data collectors would approach the potential participants asking if they would like to participate in a study surrounding emotional wellbeing. The data collectors shared with potential participants that they also would be compensated \$10.00 for their time. This location was pre-selected due to the high traffic that it generates and permission was granted by the owner prior to setting up.

After day 1, the remaining responses were gathered in other locations throughout the City. Data collectors visited other stores, food banks, parks, community organizations, churches, and homes to recruit participants. To meet the needs of the participants the data collectors would speak to potential participants in English or Spanish and at times both (Spanglish). The data collection occurred between December 10, 2016 and January 9, 2017.

The survey was created using google forms which was then embedded on a website platform ([www.olgahealth.com](http://www.olgahealth.com)). Each data collector (2 total) had a pre-paid Verizon hand held device (cell phone- Motorola GI PL) which participants would use to answer the survey. Verizon was selected as the carrier as a result of having more cell phone towers which result in a stronger signal, assisting with alleviating any issues surrounding internet connectivity. The participants had the option to click on the English or Spanish version of the survey at the initial start of visiting the website. The details of the survey can be found in Appendix A.



# **The Demographic Characteristics of Study Participants in Avenal**



## Study Results

### 1. The Demographic Characteristics of Study Participants in Avenal

#### a. Results

- **Age:** The age of the survey participants ranged from age 18 to over 55 years old, evenly distributed across age groups.
- **Gender:** The majority of the survey participants were female (55%) and about 45% were male.
- **Race/Ethnicity:** The overwhelming majority of the participants identified themselves as Hispanic/Latino (92%). 6% were identified as White and the remaining 2% as Asian or Native-American background.
- **Language:** Over two-thirds (67%) spoke Spanish as the primary language at home and 32% spoke English.
- **The country origin:** Two-thirds (66%) of the survey participants were born outside of US (Mexico 60% and other 6%) and 34% was U.S. born.
- **Education:** Overall, close to one-third reported attending some college or more. About two-thirds attended or graduated from high school; 42% had less than high school education.
- **Income:** More than 60% of the participants were low-income, reporting annual income of less than \$20,000. About 17% were making between \$20,000 and 30,000, 9% between 30,001 and \$40,000, 6% between \$40,001-50,000 and about 8% reported making over \$50,000 annually.
- **Health care coverage:** While the majority of the study participants were low-income, three-quarter (75%) had health care insurance and only a quarter of the participant did not have a health care insurance.
- **Household structure:** More than half of the survey participants were either legally married (39%) or living with partner (11%) and about 40% had single status (divorced 7%; separated 11%; widowed 4%; never married 15%). Over two-thirds (69%) had children where one-fifth had 5 or more children. About one-third did not have any children. The majority was living with other household members and about one-third was living in a large household, which consists of more than 6 people.

Figure 1: Age

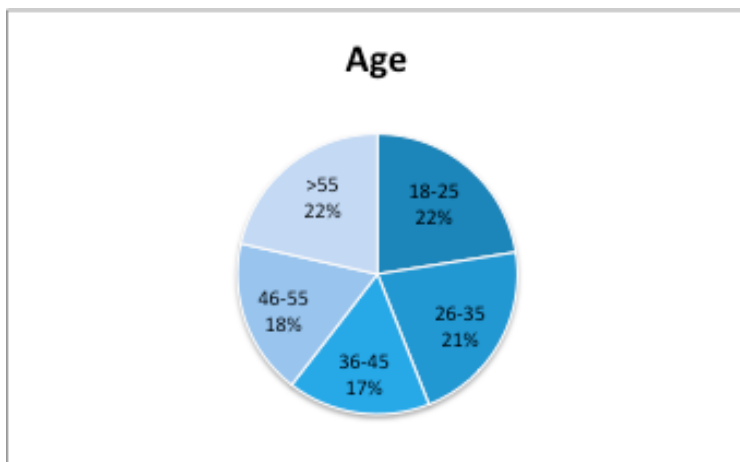


Figure 2: Race/ethnicity

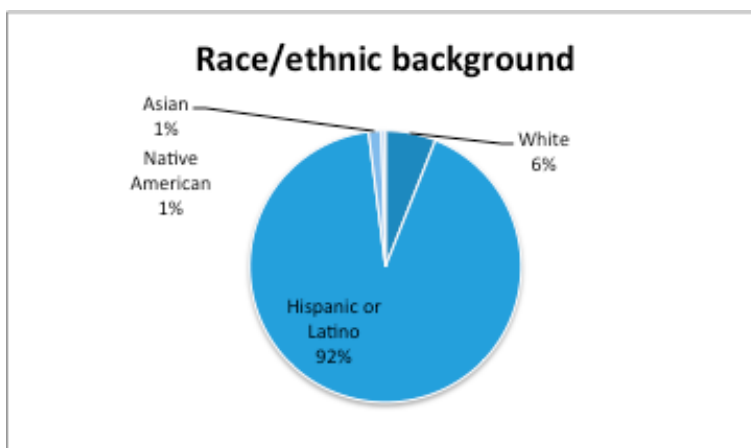


Figure 3: Education Level

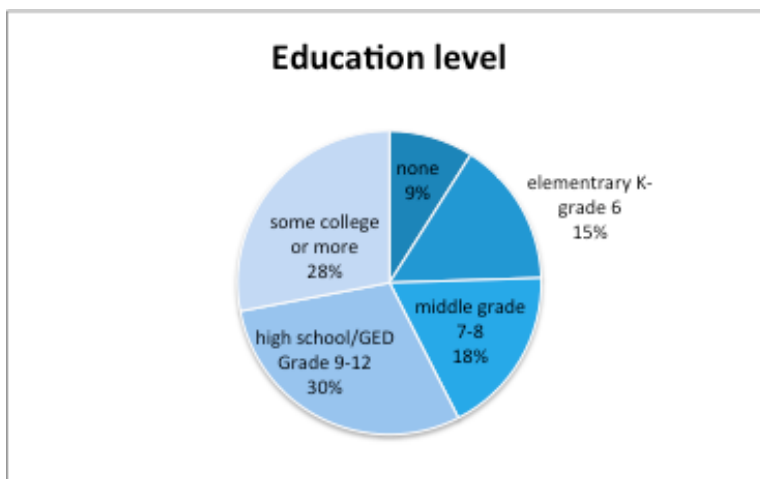


Figure 4: Income Level

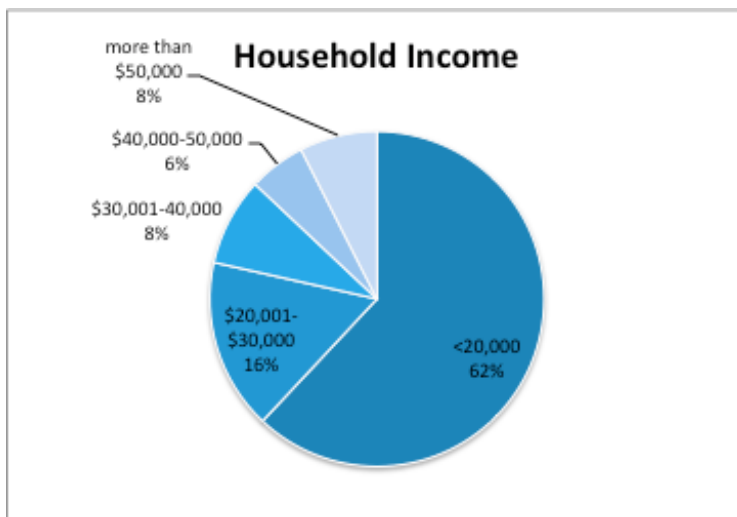


Figure 5: Marital status

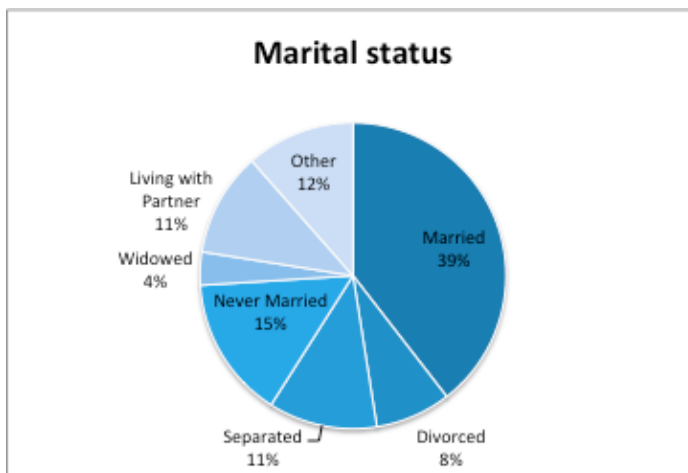
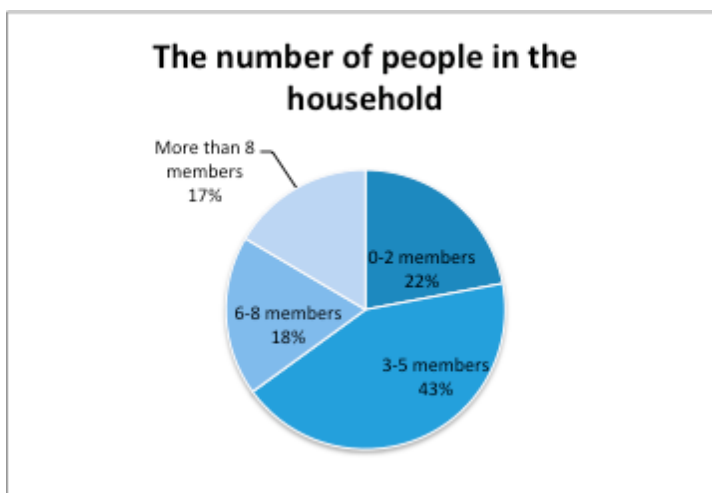



Figure 6: Household members





**Physical and Behavioral  
Wellbeing of Adults  
in Avenal, California**



Data source: Avenal Behavioral Health Survey, 2016

## 2. Physical and Behavioral Wellbeing of Adults in Avenal, California

### a. Measures

We measured overall wellbeing of adult residents in Avenal using four measures that are widely used in national surveys: self-reported physical health, self-reported mental health, anxiety and depression (Kessler Psychological Distress Scale -K10) and alcohol use (CAGE). Self-reported physical health is measured by (Would you say that in general your health is: Excellent, Very Good, Good, Fair, Poor) and self-reported mental health is reported by the number of days that mental health was not good (Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?)

K10 is a quick and reliable measure to detect anxiety and depression, developed by Kessler, Andrews & Colpe (2002). It consists of 10 questions, which pertain to an emotional state and each has a five-level response scale. Scores range from 10 to 50 and can be classified into 4 groups: score <20 (likely to be well); score 20-24 (likely to have a mild mental disorder); score 25-29 (likely to have moderate mental disorder) and score 30 and over (likely to have a severe mental disorder).

The *CAGE*, a 4-item questionnaire was used to screen for alcoholism. ‘CAGE’ is an acronym formed from the italicized letters in the questionnaire (cut-annoyed-guilty-eye). This measure has been developed by Ewing (1984), and it is an internationally used assessment instrument for identifying problems with alcohol. The responses are yes=1 or no=0 and scored from 0 to 4, which indicates the level of problem drinking. Scoring 2 or more is considered to be clinically significant, indicating “at risk” of problem drinking or alcoholism.

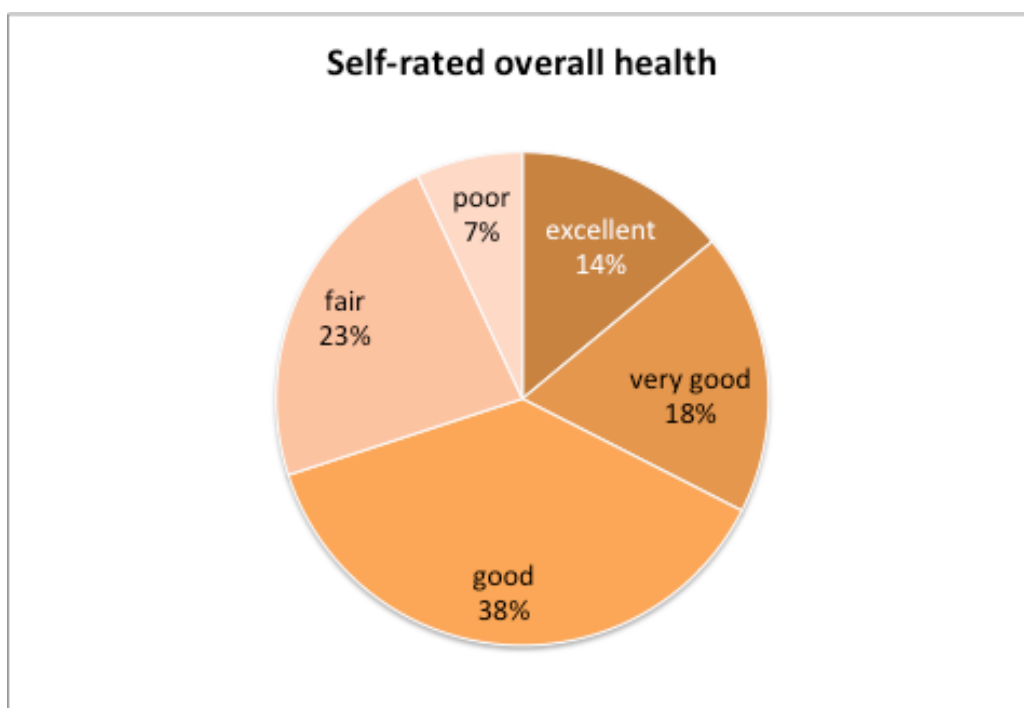
### b. Results

- Overall, over two-thirds of the survey participants reported excellent to good health while one-third reported fair or poor health (Figure 7)
- 41% reported that they did not have any day that they felt that their mental health was not good. About one-third reported having 1-3 days that their mental health was not good. Another third reported having 4 or more days of not feeling mentally well (Figure 8).
- Based on a clinical mental health measure (K-10), about 45% are more likely to have depression and/or anxiety disorder, ranging from mild disorder (20%), moderate (10%) and severe (15%) (Figure 9).
- Being female and not having health insurance are risk factors for having mental health challenges in Avenal. Over one-third of females as well as those without health insurance reported having 4 or more days of not feeling mentally well (36%) and a half of each group also had mental health disorders based on K10 (Appendix Table A3 and A4). The majority

of those living in a large household (living with 6 or more people) are also more likely to have mental health disorders based on K10 (51%, Appendix Table A4).

- In terms of alcohol use, 47 participants (roughly 24%) are considered to be at a clinically significant risk of drinking or alcoholism. (Figure 10).
- The share of those with “at-risk” of drinking/alcoholism was higher among those without health insurance, less than high school education or household whose income is less than \$20,000 (28%, 27%, and 26% respectively, Appendix Table A5).

Figure 7: Self-reported physical health



Data source: Avenal Behavioral Health Survey, 2016

**Self-reported mental health**

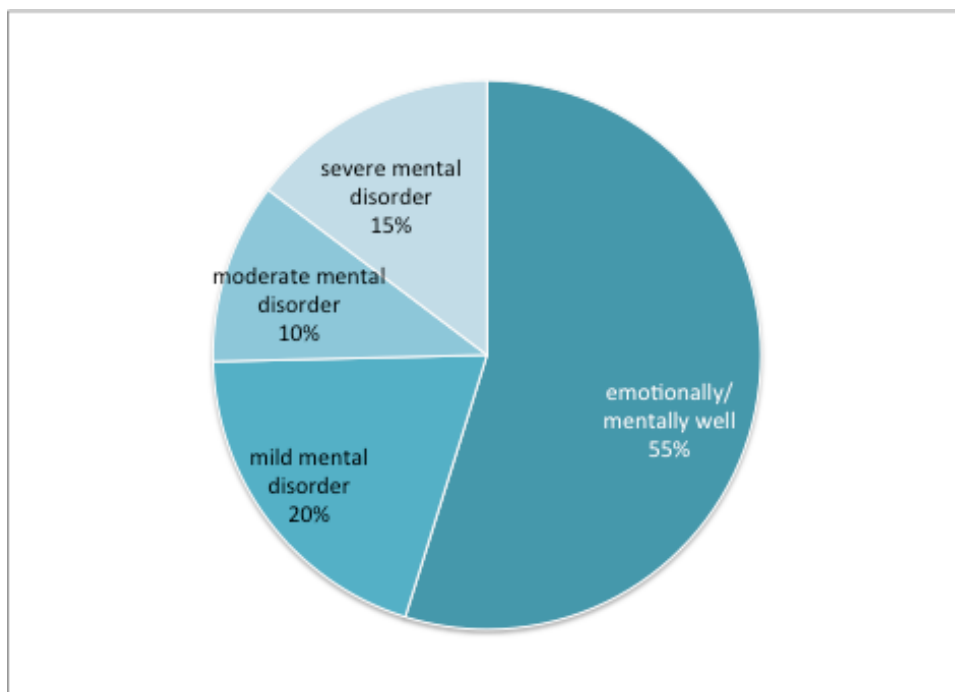
Figure 8: Self-rated mental health wellbeing



Data source: Avenal Behavioral Health Survey, 2016

**Mental Health Disorders**

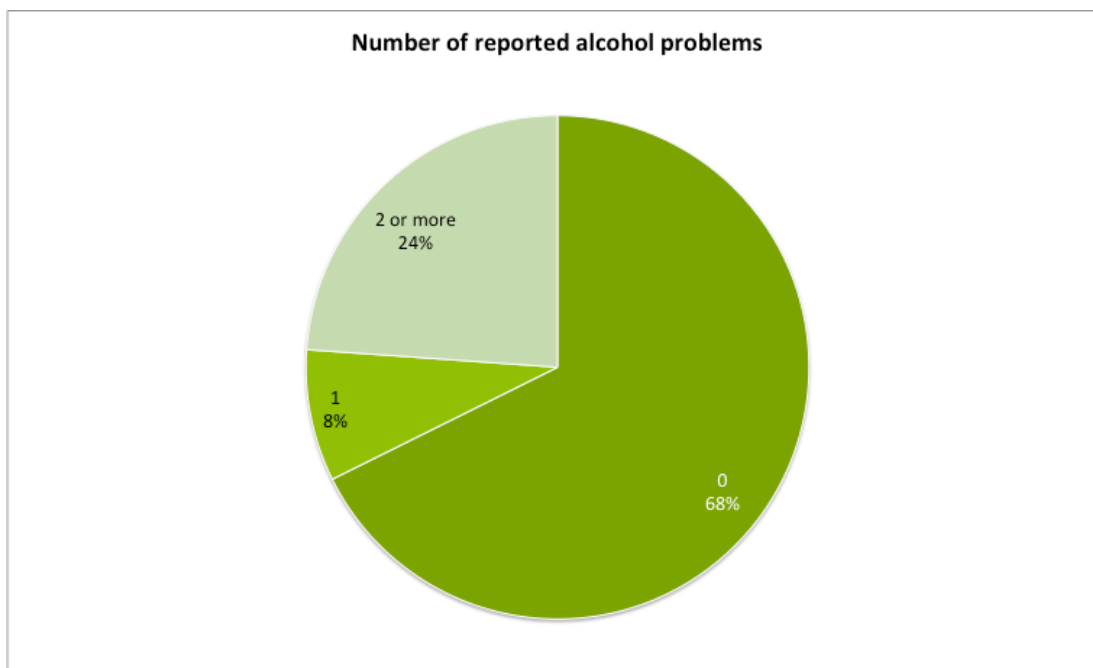
Figure 9: Mental Health Disorders (anxiety and depression measured by K10)




Data source: Avenal Behavioral Health Survey, 2016

**Alcohol Use**


Figure 10: Alcohol problems (measured by CAGE)



Data source: Avenal Behavioral Health Survey, 2016



**Attitude Towards  
Mental Health Services  
and People with Mental Health  
Illness**



### 3. Attitude Towards Mental Health Services and People with Mental Health Illness

#### a. Measures

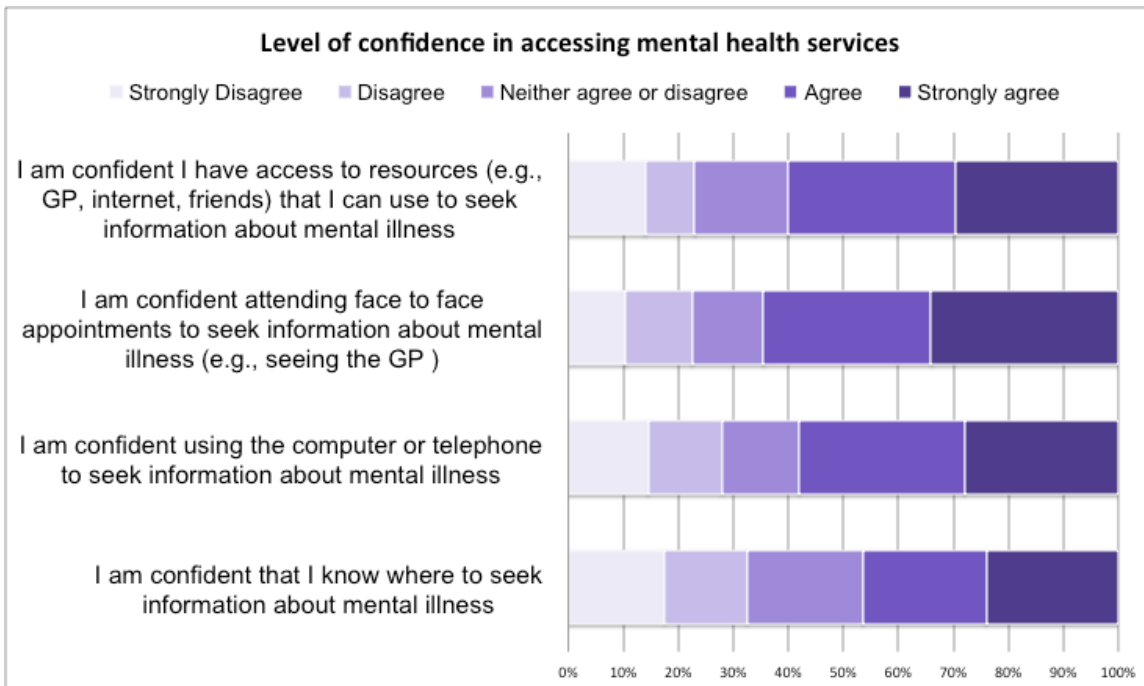
We used questions from the Center for Disease and Control (CDC)'s Behavioral Risk Factor Surveillance System Survey with regard to attitude towards how people with mental illness are generally perceived (People are generally caring and sympathetic to people with mental illness. Do you agree slightly or strongly, or disagree slightly or strongly?), and attitude towards mental health treatment in general (treatment can help people with mental illness lead normal lives. Do you –agree slightly or strongly, or disagree slightly or strongly?),

#### b. Results

- Overall, about 60% of the survey participants felt confident that they could seek information about mental health services via resources (GP, internet, friends), face to face appointments or computer and/or telephone (Figure 11 top three bars).
- However, less than 50% were overall confident about knowing where to seek information about mental health services (Figure 11, the bottom bar).
- Among those living in a large household, about one-third lacked overall confidence in accessing mental health services and attending face-to-face meeting (Appendix Table A6 and A7).
- Among those without high school education, about 40 percent lacked confidence in accessing information on mental health services using phone or computer (Appendix Table A8).
- Overall, the majority of the survey participants are willing to engage with people with mental health illness (Figure 12).
- Overall, the majority of the survey participants had positive attitudes towards mental health treatment and mental health illness (Figure 13). However, about 40% felt that people with mental illness are dangerous (Figure 12).
- Avenal sample was more ambivalent about how people with mental health illness are generally perceived, compared with the national sample (Figure 14), where about a quarter neither agreed nor disagreed with the statement that people are generally caring and sympathetic to people with mental illness (3% among the national sample).
- The majority of Avenal sample also agreed that mental health treatment can help people with mental illness lead a normal life (78%), though the results were much lower than the US national sample (89%) (Figure 15).

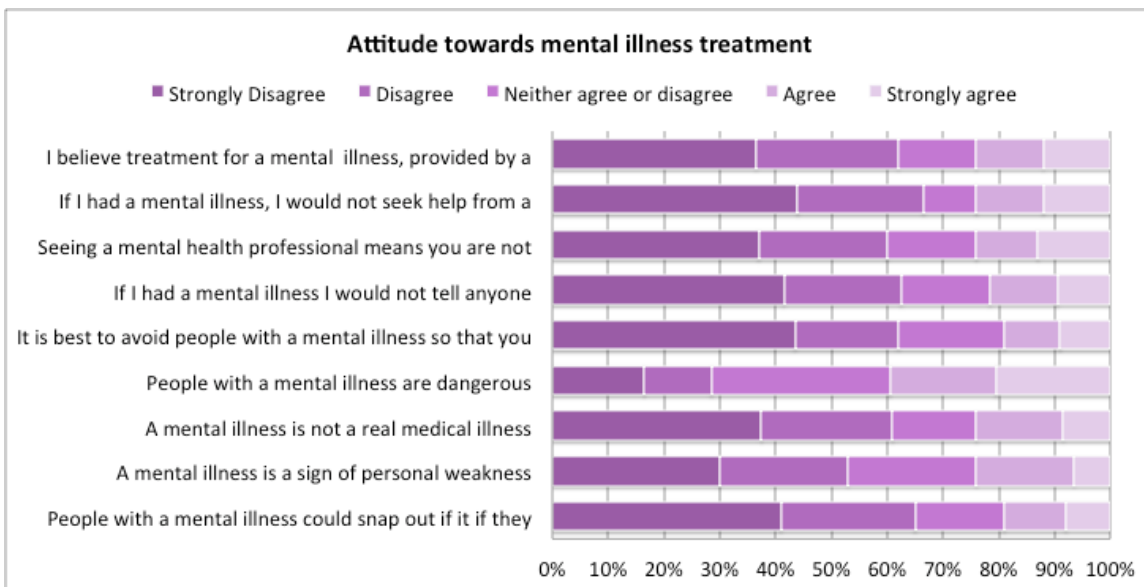


Figure 11: Level of confidence in accessing mental health services



Data source: Avenal Behavioral Health Survey, 2016

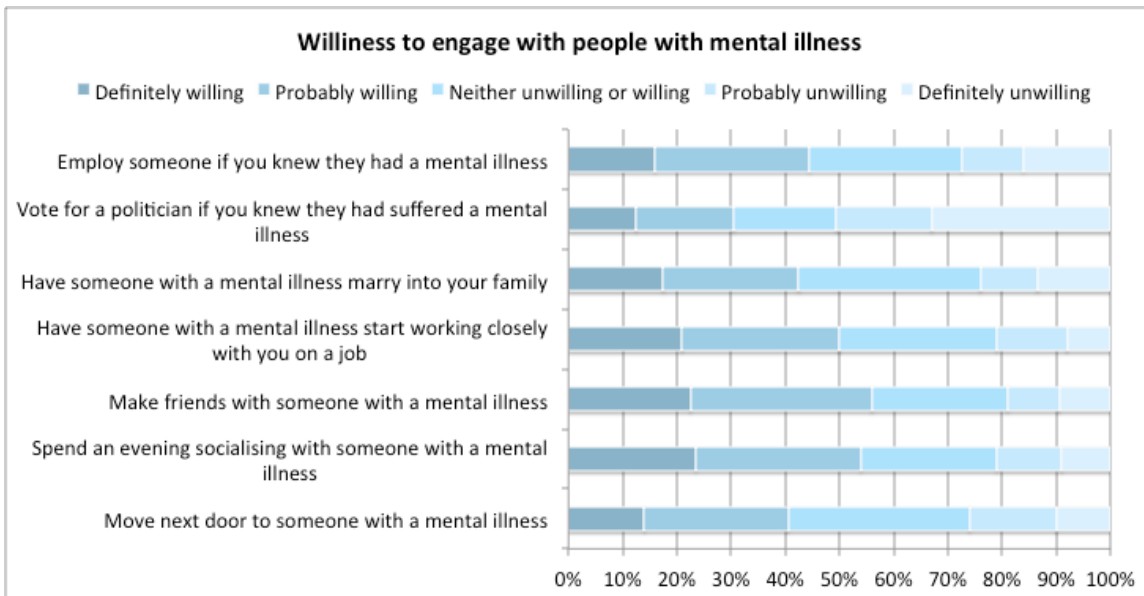
Figure 12: Willingness to engage with people with mental health illness



Data source: Avenal Behavioral Health Survey, 2016

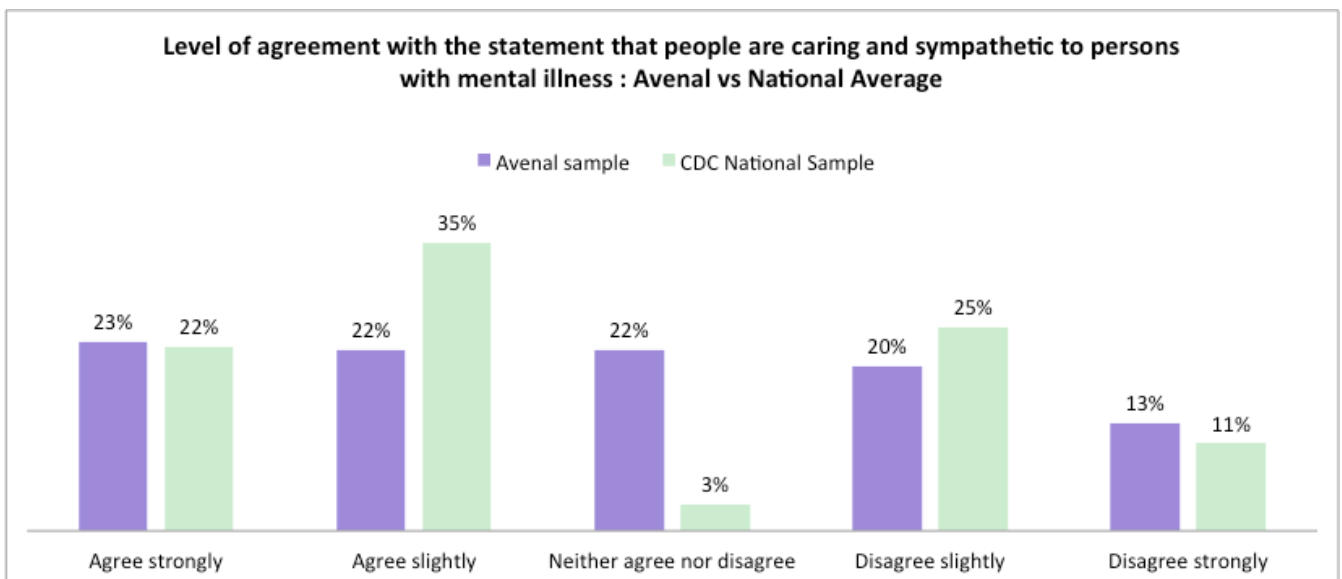


Figure 13: Attitude towards mental health treatment and people with mental illness



Data source: Avenal Behavioral Health Survey, 2016

Figure 14: Perceived attitude towards people with mental illness in Avenal vs National Average

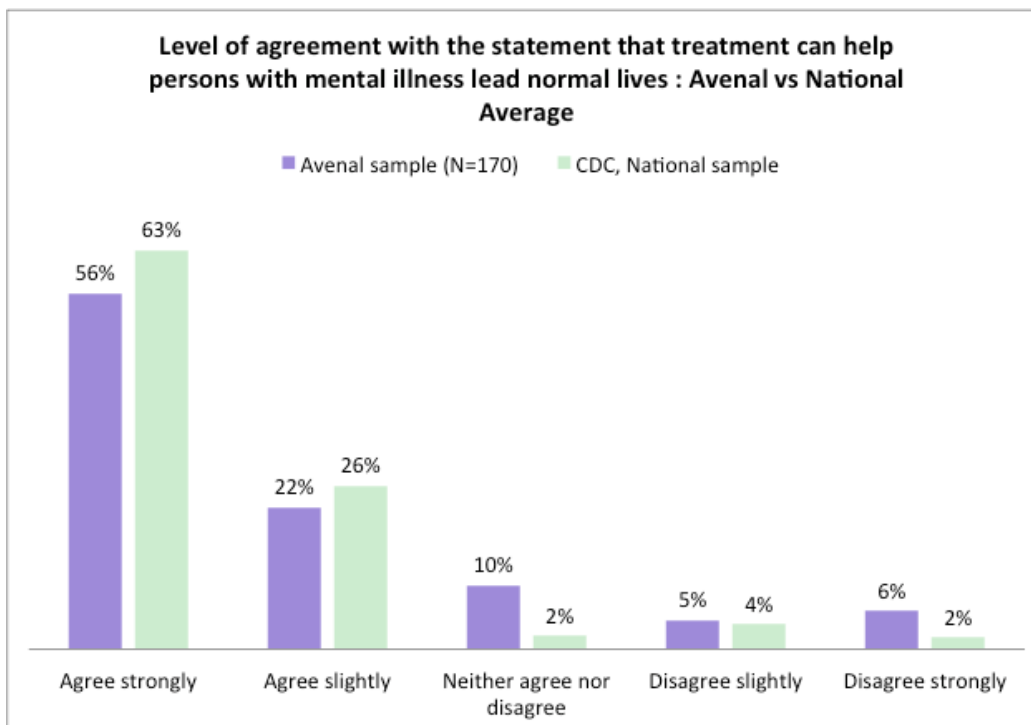


Data sources: Avenal Behavioral Health Survey, 2016; Behavioral Risk Factor Surveillance System, 2007 (CDC national sample)





Figure 15: Attitude towards mental health treatment- Avenal versus National Average- Behavioral Risk Factor Surveillance System, 2007



Data source: Avenal Behavioral Health Survey, 2016;  
Behavioral Risk Factor Surveillance System, 2007 (CDC national sample)

## *Prior Experiences with Professional Mental Health Services*

### *a. Measures*

Questions utilized for this measure were a result of conducting a thorough literature review of the barriers to utilizing mental health care among minority populations; specifically utilizing the framework from a dissertation titled: An Ecological Systems Theory Approach In Looking at Mental Health Care Barriers in the Latino Community (Barrera, 2008). We asked, if you did not receive any mental health services in the past, what was the reasons? I never needed any mental health services/support, I couldn't afford the cost, Getting mental health treatment or counseling might cause my neighbors or community to have a negative opinion of me, Getting mental health treatment or counseling might have a negative effect on my job, My health insurance does not cover any mental health treatment or counseling, My health insurance does not pay enough for mental health treatment or counseling, I did not know where to go to get services, The information I gave the counselor might not be confidential, I might be committed to a psychiatric hospital or might have to take medicine, I didn't think I needed treatment at the time, I thought I could handle the problem without treatment, I thought I could handle the problem without treatment, I didn't think treatment would help, I didn't have time (because of job, childcare, or other commitments, I didn't want others to find out that you needed treatment, I had no transportation, or treatment was too far away, or the hours were not convenient, I was scared my service provider would deport me out of the country, I use other things to help me with my mental health, My doctor/service provide does not/did not speak my native language or My spouse did not let me seek mental health services

### *b. Results*

- Overall 80% of the survey participants indicated that they did not receive mental health services in the past. The most frequently mentioned reason for not accessing mental health services was “such service was never needed (84%). (Table 1)
- Among those who reported having 4 or more days of not feeling mentally well, slightly less than one-third ever received mental health services in the past (28%, Figure 16) and over two-thirds did not think they need mental health services (70%, Figure 17).
- Close to a quarter of people who are considered to have mild to severe mental disorders based on K-10 reported ever receiving mental health services in the past (26%, Figure 16) and they also did not think that they need any mental health services (73%, Figure 17).
- Among those who at risk of drinking problems/alcoholism, less than one third previously received mental health services (28%, Figure 16) and over three-quarters of people did not think they need mental health services (76%, Figure 17).

- Among those who received mental health services (N=39), most frequently mentioned settings where services were provided were behavioral health clinic (41%) and hospital/clinic setting (36%). (Table 2)

Figure 16: Mental health service utilization in the past among people with mental health challenges

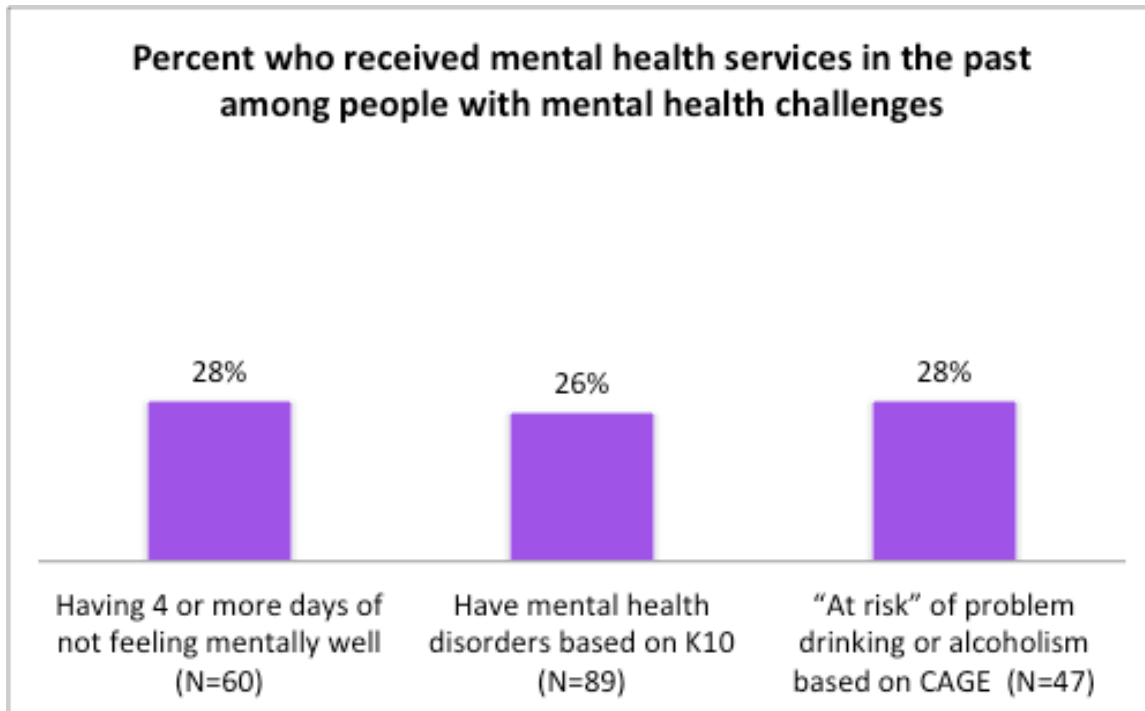


Table 1: Reasons for not receiving mental health services

Reason for not receiving mental health services	# of survey responses	Percentage
I never needed any mental health services/support	136	84%
I couldn't afford the cost	10	6%
I didn't think I needed treatment at the time	4	2%
Getting mental health treatment or counseling might cause my neighbors or community to have a negative opinion of me	2	1%
Getting mental health treatment or counseling might have a negative effect on my job	2	1%
I did not know where to go to get services	2	1%
I might be committed to a psychiatric hospital or might have to take medicine	2	1%
My health insurance does not pay enough for mental health treatment or counseling	1	<1%
I thought I could handle the problem without treatment	1	<1%
I use other things to help me with my mental health	1	<1%

Figure 17: The percentage of people who reported not needing mental health services among people with mental health challenges

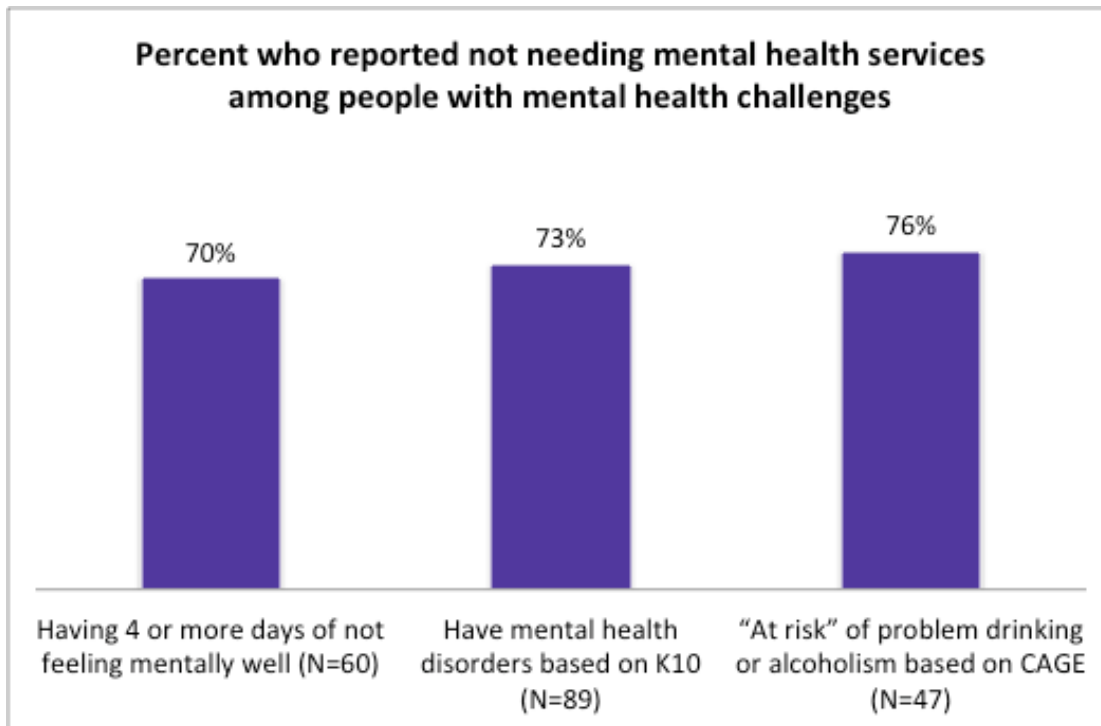


Table 2: Type of setting in which mental health services were provided among those who previously received mental health services (N=39)

Type of setting	# of respondents	Percentage
<b>Behavioral/mental health clinic</b>	16	41%
<b>A hospital/clinic</b>	14	36%
<b>Private behavioral/mental health practice</b>	5	13%
<b>Social services agency</b>	3	8%
<b>Community-based organization</b>	1	3%

## *The prevalence of childhood trauma (adverse childhood experiences)*

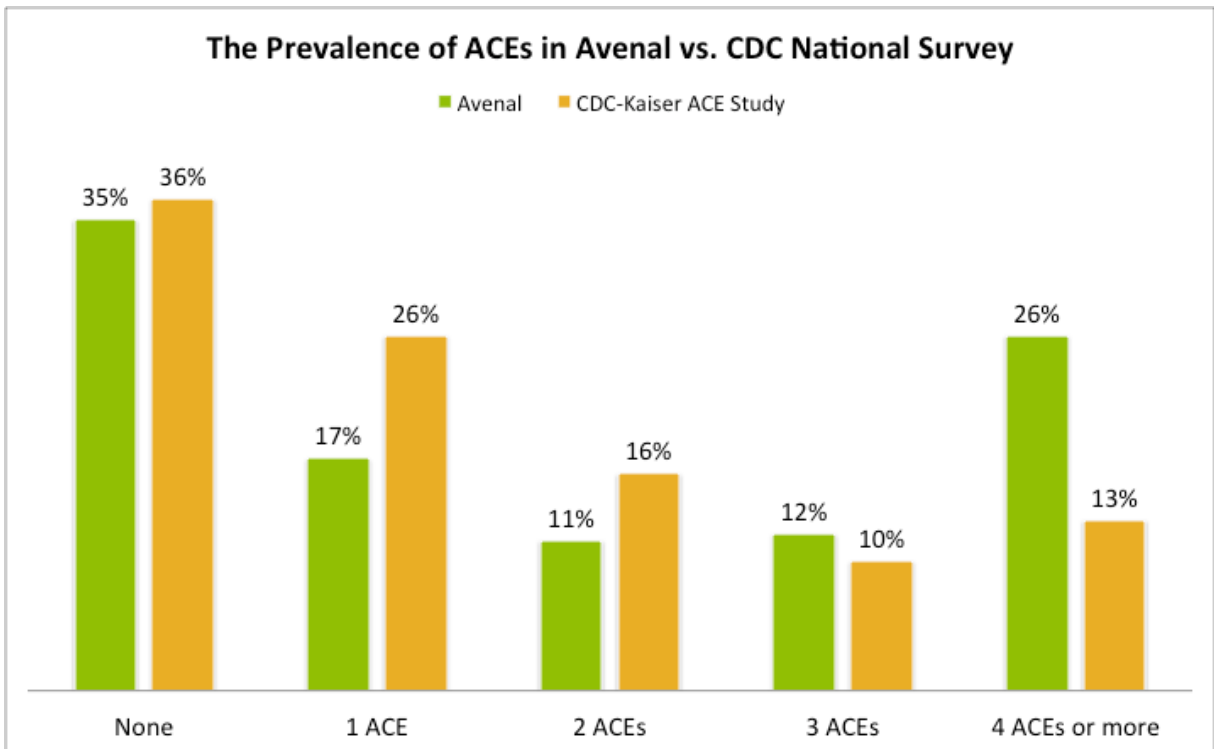
### *a. Measures*

We also examined the prevalence of childhood trauma, also known as “adverse childhood experiences (ACEs)” in the first 18 years of one’s life, which are found to be highly correlated with the onset of mental illness, obesity, and chronic disease (Felitti et al., 1998). ACEs survey question included whether study participants experience one or more of the following 10 ACEs including abuse (sexual, physical, and verbal), neglect (physical and emotional), and household dysfunction (e.g., caregivers’ problems of substance abuse and/or mental illness, parental incarceration, and separation/divorce) before they turned age 18. The American Academy of Pediatrics underscores the importance of addressing ACEs early on in pediatric primary care settings, as research has shown that childhood trauma has detrimental effects on the developing brain (American Academy of Pediatrics, 2014). There are increasing numbers of studies that have examined the prevalence of ACEs among young children and their impact on developmental and health outcomes, (Burke, Hellman, Scott, Weems, & Carrion, 2011) (Briggs, Hershberg, & Germán, 2016; Jimenez, Wade, Lin, Morrow, & Reichman, 2016).

### *b. Results*

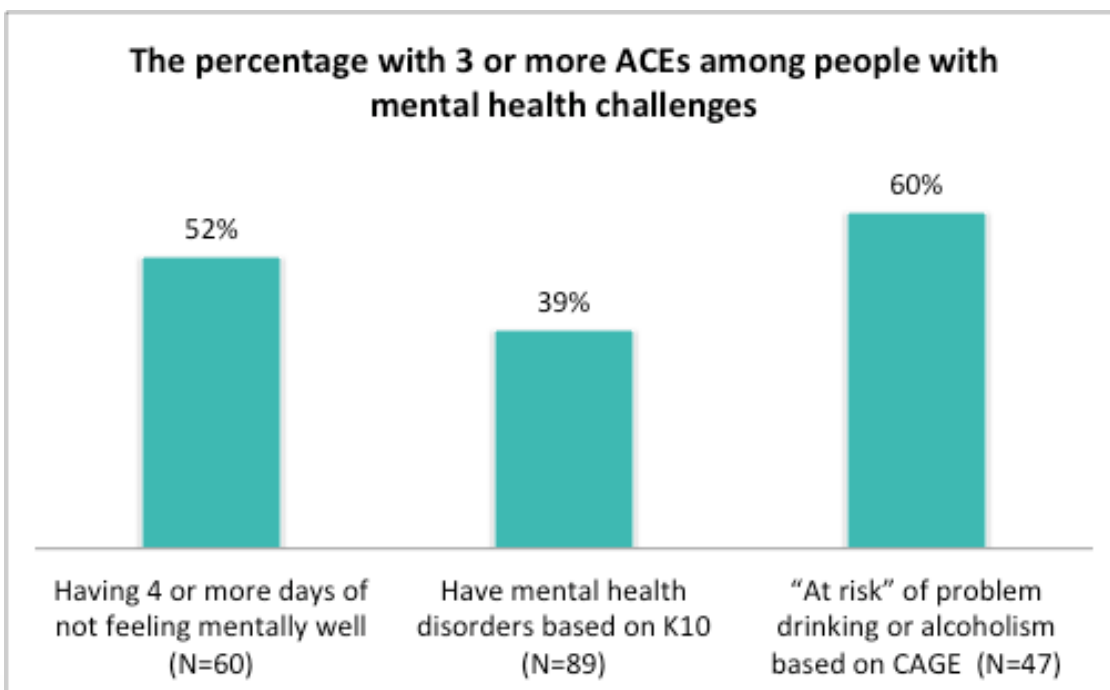
- Overall, about 34% of the study participants in Avenal reported having no adverse childhood experience, 11% with 2 ACEs, 12% with 3 ACEs and over a quarter (26%) reporting 4 or more ACEs, which are considered to be high-risk for chronic physical health and mental health problems. (Figure 18)
- Compared to the CDC-Kaiser study where the survey was administered over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed ACEs survey, the prevalence of ACEs is much higher in Avenal. Though, this may be due to differences in demographic characteristics, where over 70% of Kaiser survey respondents had some college or more, compared to this Avenal sample (28%).
- Over 40% of Avenal female respondents reported having 3 or more ACEs. (Appendix Table A11)
- Of the Avenal sample having 4 or more days of not feeling mentally well, over half reported having 3 or more ACEs (52%, Figure 19).
- Forty-three percent of Avenal sample with mental disorders based on K10 reported having 3 or more ACEs (Figure 19).
- Close to 40 percent of those who speak Spanish as primary language and of those whose income lower than \$20,000 also reported having 3 or more ACEs. (Appendix Table A11)
- Close to two-third of Avenal sample with “at risk” of drinking/alcoholism reported having 3 or more ACEs. (Figure 19).

Figure 18: The prevalence of ACEs in Avenal vs. National (CDC)



Sources: CDC-Kaiser ACEs survey, 1998

Figure 19: The percentage with 3 or more ACEs among people with mental health challenges



## Overall Conclusions and Recommendations

The majority of the participants (70%) reported having good or excellent physical health while 41% reported having good mental health within the last 30 days. However, almost half (45%) of the sample met the criteria for a mental illness (depression/anxiety). This can be explained by the fact that many participants may view self-reporting poor health status as a sign of weakness, especially among Latino communities where such matters are to be kept private and among trusted family members.

Also, approximately 50% of the participants did not know where to go for mental health care. This seems to explain why the majority (80%) of the participants have never received any mental health care. This is troubling given the rates of mental illness (45%) and being at risk for alcoholism (24%) among this sample.

The majority of the survey participants had positive attitudes towards mental health treatment and mental illness; however, about 40% felt that people with mental illness are dangerous. This could be the result of the sample not understanding the difference between mental illness and mental health in the survey questions. Studies have concluded that there appears to be a disconnect between main stream mental health/illness and “community mental health/illness” among minority communities (Barrera, Vélez-Ortiz, & Camacho, 2016; Gonzalez, Applewhite, & Barrera, 2015; Gonzalez, & Barrera, 2014; Barrera, Schulz, Rodriguez, Gonzalez, & Acosta, 2013), particularly among Latino communities. This idea could also help explain why a large majority of the participants (70%) reported never needing any mental health care despite a high rate of mental distress; and even those who reported not needing mental health services despite them being at risk for alcoholism (76%).

Close to three-quarters of those with mental health problems reported never needing mental health care services; these participants are the ones who should be receiving mental health care services. It is evident that these findings highlight the need for not only mental health literacy but also clear information as to where to access mental health care. As a result, the following recommendations have been put forth.



## Recommendations

1. Develop a culturally and linguistic competent sensitive mental health literacy program aimed at educating the residents about mental illness; specifically, anxiety/depression and alcoholism.
2. Develop a culturally and linguistic sensitive literacy program aimed at educating the residents about mental health care and its role in overall quality of life.
3. Use social media and other means (e.g., radio) to provide information on where to access mental health care. Radio would reach more people given the high number of farm workers in Avenal that listen to radio while working.
4. Develop and implement curriculum to connect the community and current mental health care entities by non-traditional settings (e.g., BBQ- “comidas” during cultural and community events) to assist with destigmatizing mental health/illness.



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## Appendix A: The Avenal Behavioral Health Survey (English)

### I. ABOUT YOURSELF

What is your gender?

Male    2. Female    3. Other

What is your age? (    ) years old

What country were you born in?

What is your primary language spoken at home?

English

Spanish

Hmong

(any other language that is commonly spoken?)

What is your ethnicity? Choose all that apply

White

Black or African American

Hispanic or Latino

Asian

Native American

Other \_\_\_\_\_

What is your civil status?

Married

Divorced

Separated

Never Married

Widowed

Living with Partner

Your education: What is the highest grade that you completed? \_\_\_\_\_

Do you currently have health insurance?

Yes

No

How many people in your household (people you live with)? (    ) people

What is your annual household income?

Between \$10,000-\$19,000

Between \$20,000-\$40,000

Between \$39,000-\$60,000

Between \$59,000-\$80,000

Above \$80,000

What zip code do you live in? \_\_\_\_\_

How many children do you have? \_\_\_\_\_

## II. ABOUT HOW YOU HAVE BEEN FEELING LAST MONTH

## K10 Test

These questions concern how you have been feeling over the past 30 days. Tick a box below each question that best represents how you have been .

<b>1. During the last 30 days, about how often did you feel tired out for no good reason?</b>				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

<b>2. During the last 30 days, about how often did you feel nervous?</b>				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

<b>3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?</b>				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

<b>4. During the last 30 days, about how often did you feel hopeless?</b>				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

<b>5. During the last 30 days, about how often did you feel restless or fidgety?</b>				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

<b>6. During the last 30 days, about how often did you feel so restless you could not sit still?</b>				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

<b>7. During the last 30 days, about how often did you feel depressed?</b>				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

<b>8. During the last 30 days, about how often did you feel that everything was an effort?</b>				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

<b>9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?</b>				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

<b>10. During the last 30 days, about how often did you feel worthless?</b>				
1. None of the time	2. A little of the time	3. Some of the time	4. Most of the time	5. All of the time

### III. HOW YOU FEEL ABOUT SERVICES RELATED TO BEHAVIORAL/MENTAL HEALTH

We will ask you how you feel about getting information or services related to behavioral health/mental health problems. Please indicate to what extent you agree with the following statements:

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I am confident that I know where to seek information about mental illness					
2. I am confident using the computer or telephone to seek information about mental illness					
3. I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the General Provider)					
4. I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness					

Please indicate to what extent you agree with the following statements:

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
5. People with a mental illness could snap out if it if they wanted					
6. A mental illness is a sign of personal weakness					
7. A mental illness is not a real medical illness					
8. People with a mental illness are dangerous					
9. It is best to avoid people with a mental illness so that you don't develop this problem					
10. If I had a mental illness I would not tell anyone					
11. Seeing a mental health professional means you are not strong enough to manage your own difficulties					
12. If I had a mental illness, I would not seek help from a mental health professional					
13. I believe treatment for a mental illness, provided by a mental health professional, would not be effective					

Please indicate to what extent you agree with the following statements:

	Definitely unwilling	Probably unwilling	Neither unwilling or willing	Probably willing	Definitely willing
14. How willing would you be to move next door to someone with a mental illness?					
15. How willing would you be to spend an evening socialising with someone with a mental illness?					
16. How willing would you be to make friends with someone with a mental illness?					

	Definitely unwilling	Probably unwilling	Neither unwilling or willing	Probably willing	Definitely willing
17. How willing would you be to have someone with a mental illness start working closely with you on a job?					
18. How willing would you be to have someone with a mental illness marry into your family?					
19. How willing would you be to vote for a politician if you knew they had suffered a mental illness?					
20. How willing would you be to employ someone if you knew they had a mental illness?					

#### IV. WHAT YOU THINK ABOUT MENTAL HEALTH SERVICES

These next questions ask about peoples' attitudes toward mental illness and its treatment. How much do you **agree** or **disagree** with these statements about people with mental illness...

1. Treatment can help people with mental illness lead normal lives. Do you –**agree** slightly or strongly, or **disagree** slightly or strongly?

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly
- 7 Don't know / Not sure
- 9 Don't want to answer

2. People are generally caring and sympathetic to people with mental illness. Do you – **agree** slightly or strongly, or **disagree** slightly or strongly?

- 1 Agree strongly
- 2 Agree slightly
- 3 Neither agree nor disagree
- 4 Disagree slightly
- 5 Disagree strongly
- 7 Don't know / Not sure
- 9 Don't want to answer

#### V: YOUR EXPERIENCES OF RECEIVING PROFESSIONAL BEHAVIORAL/MENTAL HEALTH SUPPORT

Have you ever received professional behavioral/mental health services in the past?

Yes (go to question 1a)

No (go to question 1b)

1a. What type of setting have you received mental health services? Please circle all that apply.

- A hospital/clinic
- Behavioral/mental health clinic
- Private behavioral/mental health practice
- Social services agency
- Community-based organization

1b. If you did not receive any mental health services in the past, what was the reasons?

Please check all that apply.	Please check X
I never needed any mental health services/support	
I couldn't afford the cost	
Getting mental health treatment or counseling might cause my neighbors or community to have a negative opinion of me	
Getting mental health treatment or counseling might have a negative effect on my job	
My health insurance does not cover any mental health treatment or counseling	
My health insurance does not pay enough for mental health treatment or counseling	
I did not know where to go to get services	
The information I gave the counselor might not be confidential	
I might be committed to a psychiatric hospital or might have to take medicine	
I didn't think I needed treatment at the time	
I thought I could handle the problem without treatment	
I didn't think treatment would help	
I didn't have time (because of job, childcare, or other commitments)	



I didn't want others to find out that you needed treatment	
I had no transportation, or treatment was too far away, or the hours were not convenient	
I was scared my service provider would deport me out of the country.	
I use other things to help me with my mental health	
My doctor/service provide does not/did not speak my native language	
My spouse did not let me seek mental health services	

**CAGE**

1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

**HEALTHY DAYS**

Would you say that in general your health is

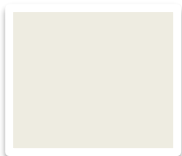
**Please Read**

- a. Excellent                    1
- b. Very good                    2
- c. Good                            3
- d. Fair                             4
  
- e. Poor                             5

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? \_\_\_\_\_

VI. About Adverse Childhood Experiences (ACEs)


Write down your total score in the following box using the following working sheet. You do not have to submit the work sheet.





## WORKING SHEET

Please read the following questions and count the total number if you answered yes (which is your total score) and write down the total score in the box in the previous page. You do not need to submit this sheet.

<b>Prior to your 18th birthday:</b>	If Yes, enter 1
Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt? No ___ If Yes, enter 1 to the next box	
Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? No ___ If Yes, enter 1 to the next box	
Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you? No ___ If Yes, enter 1 to the next box	
Did you often or very often feel that no one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other? No ___ If Yes, enter 1 to the next box	
Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? No ___ If Yes, enter 1 to the next box	
Were your parents ever separated or divorced? No ___ If Yes, enter 1 to the next box	
Was your mother or stepmother: often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? No ___ If Yes, enter 1 to the next box	
Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? No ___ If Yes, enter 1 to the next box	
Was a household member depressed or mentally ill, or did a household member attempt suicide? No ___ If Yes, enter 1 to the next box	
Did a household member go to prison? No ___ If Yes, enter 1 to the next box	
<b>Now add up your "Yes" answers to the gray box: Your total score</b>	

***Your can keep this sheet and do not have to submit.***

## Appendix B: The Avenal Behavioral Health Survey (Spanish)

### I. SALUD AVENAL Acerca de usted mismo.

¿Eres una persona honesta?

No Si

¿Cuál es su género?

Masculino Femenino Otro

¿Cuál es su edad?

18-25 26-35 36-45 46-55 más de 55 otro

¿En qué país nació?

México Estados Unidos Otro

¿Cuál es su idioma principal hablado en casa?

Inglés Español Hmong Otro

¿Cuál es su origen étnico?

Blanco

Africano-Americano

Hispano o Latino

Asiático

Nativo Americano

Otro \_\_\_\_\_

¿Cuál es su estado civil?

Casado Divorciado Separado Nunca casado

Viudo Viviendo con su pareja Otro \_\_\_\_\_

Sobre su educación. ¿Cuál es su mayor grado de educación completado?

Ninguno Primaria Secundaria Preparatoria/GED Colegio

¿Actualmente usted cuenta con seguro médico?

Si No

¿Cuántas personas viven con usted en su hogar? Use la siguiente información para ayudarse con su respuesta

0-2= 1 3-5=2 6-8=3 más de 8=4

¿Cuál es su ingreso anual?

1. Entre \$10,000-\$20,000

2. Entre \$20,000-\$30,000

3. Entre \$30,000-\$40,000

4. Entre \$40,000- \$50,000

5. Más de \$50,000

¿Cuántos hijos tiene?

0 hijos= 1 2-4 hijos= 2 5-7hijos=3 más de 8 hijos=4

### II. ACERCA DE CÓMO SE HA SENTIDO EN EL ULTIMO MES

Prueba K10

**Las siguientes 10 preguntas se refieren a como usted se ha sentido durante los últimos 30 días. Por cada pregunta, marque la casilla -que mejor le corresponda a la forma que usted se haya sentido.**

1. En los últimos 30 días, ¿Con que frecuencia se sintió cansado/a sin ninguna buena razón?				
1.Nunca	2.Un poco	3.A veces	4.La mayor parte del tiempo	5.Todo el tiempo
2. Durante los últimos 30 días, ¿Que tan frecuentemente se sintió nervioso/a?				
1.Nunca	2.Un poco	3.A veces	4.La mayor parte del tiempo	5.Todo el tiempo
3. Durante los últimos 30 días, ¿Con qué frecuencia se sintió tan nervioso/a que nada lo podía tranquilizar?				
1.Nunca	2.Un poco	3. A veces	4. La mayor parte del tiempo	5.Todo el tiempo
4. Durante los últimos 30 días, ¿Con que frecuencia se sintió sin esperanza?				
1.Nunca	2.Un poco	3. A veces	4. La mayor parte del tiempo	5.Todo el tiempo
5. Durante los últimos días, ¿Con que frecuencia se sintió intranquilo/a o inquieto/a?				
1.Nunca	2.Un poco	3. A veces	4.La mayor parte del tiempo	5.Todo el tiempo
6. Durante los últimos días, ¿Con qué frecuencia se sintió tan intranquilo/a al punto de no poderse calmar?				
1.Nunca	2. Un poco	3.A veces	4.La mayor parte del tiempo	5.Todo el tiempo
7. Durante los últimos 30 días, ¿Con qué frecuencia se sintió deprimido/a?				
1.Nunca	2. Un poco	3. A veces	4. La mayor parte del tiempo	5. Todo el tiempo
8. Durante los últimos 30 días, ¿Con qué frecuencia sintió que todo era un esfuerzo?				
1.Nunca	2. Un poco	3. A veces	4. La mayor parte del tiempo	5. Todo el tiempo

9. Durante los últimos 30 días, ¿Con qué frecuencia se sintió tan triste que nada podía animarlo/a?				
1. Nunca	2. Un poco	3. A veces	4. La mayor parte del tiempo	5. Todo el tiempo
10. Durante los últimos 30 días, ¿Con qué frecuencia se sintió inútil?				
1. Nunca	2. Un poco	3. A veces	4. La mayor parte del tiempo	5. Todo el tiempo

### III. ¿COMO SE SIENTE HACERCA DE LOS SERVICIOS RELACIONADOS AL COMPORTAMIENTO/SALUD MENTAL?

Las siguientes preguntas son acerca de cómo usted se siente al solicitar información o servicios relacionados a los problemas de salud mental/salud del comportamiento. Por favor elija una respuesta para indicar en qué medida está de acuerdo o en desacuerdo con las siguientes afirmaciones.

	Totalmente en desacuerdo	En desacuerdo	Ni de acuerdo o desacuerdo	De acuerdo	Totalmente de acuerdo
1. Estoy seguro/a de saber dónde buscar información acerca de las enfermedades de salud mental					
2. Estoy seguro/a de saber utilizar la computadora o el teléfono para obtener servicios sobre las enfermedades de salud mental					
3. Estoy seguro/a de poder atender una cita en persona para obtener información acerca de las enfermedades de salud mental (ej. Medico General)					
4. Estoy seguro/a de tener acceso a recursos (ej. Médico General,					

Internet, Amigos) que puedo utilizar para obtener información sobre las enfermedades de salud mental					
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**Por favor, indique en qué medida está de acuerdo con las siguientes afirmaciones:**

	Totalmente en desacuerdo	En desacuerdo	Ni de acuerdo o desacuerdo	De acuerdo	Totalmente de acuerdo
5.Las personas con enfermedades de salud mental pueden sanarse por sí mismas					
6.Si persona tiene una enfermedad mental es señal de debilidad					
7.Una enfermedad mental no es una enfermedad médica real					
8.Las personas con enfermedades mentales son peligrosas					
9.Es mejor evitar a las personas con enfermedades mentales así no adquirimos este problema					
10.Si tuviera una enfermedad mental, no le diría a nadie					
11.El acudir a un profesional de salud mental significa que no soy lo suficientemente capaz para manejar mis propias dificultades					
12.Si tuviera una enfermedad mental, no buscaría ayuda de un					

profesional en salud mental					
13. Creo que el tratamiento proporcionado por un profesional de la salud mental no sería eficaz para tratar las enfermedades mentales					

**Por favor, indique en qué medida está de acuerdo con las siguientes afirmaciones:**

	Definitivamente no aceptaría	Probablemente no acepte	Ni me negaría o aceptaría	Probablemente acepte	Definitivamente aceptaría
14. ¿Qué tan dispuesto/a estaría usted a mudarse al lado de una persona con una enfermedad mental?					
15. ¿Qué tan dispuesto estaría usted de pasar una tarde socializando con alguien con una enfermedad mental?					
16. ¿Qué tan dispuesto/a estaría usted de hacer amistad con alguien con una enfermedad mental?					
17. ¿Qué tan dispuesto/a estaría usted de realizar un trabajo junto a alguien con una enfermedad mental?					

	Definitivamente no aceptaría	Probablemente no acepte	Ni me negaría o aceptaría	Probablemente acepte	Definitivamente aceptaría
18. ¿Qué tan dispuesto estaría usted de aceptar que un miembro de la familia se case con alguien con una enfermedad mental?					
19. ¿Qué tan dispuesto estaría usted a votar por un político, si supiera que sufrió de una enfermedad mental?					
20. ¿Qué tan dispuesto/a estaría usted a emplear a alguien, si supiera que sufrió de una enfermedad mental?					

#### IV LO QUE PIENSA USTED SOBRE LOS SERVICIOS DE SALUD MENTAL

**Las siguientes preguntas son acerca de las actitudes que tienen las personas hacia las enfermedades de salud mental y su tratamiento. ¿Que tan de acuerdo o desacuerdo se siente usted con las siguientes afirmaciones acerca de las personas con enfermedades mentales?**

1. El tratamiento puede ayudar a llevar una vida normal a las personas con enfermedades mentales.
  1. Totalmente de acuerdo
  2. Un poco de acuerdo
  3. Ni de acuerdo o desacuerdo (neutral)
  4. Un poco en desacuerdo
  5. Totalmente en desacuerdo
  6. No lo sé/ No estoy seguro/a
  7. No quiero responder
2. Las personas son generalmente comprensivas y cuidadosas con personas que padecen enfermedades mentales.
  1. Totalmente de acuerdo
  2. Un poco de acuerdo
  3. Ni de acuerdo o desacuerdo (neutral)
  4. Un poco en desacuerdo
  5. Totalmente en desacuerdo

- 6.
7. No lo sé/ No estoy seguro/a
8. No quiero responder

### V SUS EXPERIENCIAS RECIBIENDO APOYO PROFESIONAL DE LOS SERVICIOS DE SALUD MENTAL/COMPORTAMIENTO

1. ¿En el pasado ha recibido servicios de salud mental/comportamiento

1. Si (ir a la pregunta 1a)
2. No (ir a la pregunta 1b)

1a. ¿En qué tipo de lugar a recibido los servicios de salud mental? Por favor seleccione todas las respuestas que le correspondan.

1. Hospital/clínica
2. Clínica de salud mental/comportamiento
3. Práctica privada de salud mental/comportamiento
4. Agencia de servicios sociales
5. Organización basada en la comunidad

1b Si usted en el pasado no recibió ningún servicio de salud mental, ¿Cuáles fueron las razones?

Por favor marque todas las respuestas que le correspondan	Marque con una X
1b. 1 Nunca he necesitado servicios de salud mental/apoyo	
1b. 2 No puedo pagar los costos de los servicios	
1b. 3 El obtener tratamiento de salud mental o consejería podría ser causa para que mis vecinos o comunidad tengan un opinión negativa de mi	
1b. 4 El obtener tratamiento de salud mental o consejería podría ser una causa negativa para mi trabajo	
1b.5 Mi seguro de salud no cubre los costos de ningún tratamiento/servicio de salud mental o consejería	
1b. 6 Mi seguro de salud no paga lo suficiente por recibir tratamientos de salud mental o consejería	
1b. 7 No se a donde ir para obtener servicios de salud mental	
1b. 8 La información que yo dé a un consejero podría no ser confidencial, por eso no voy a recibir los servicios de salud mental	
1b. 9 Me podrían referir a un hospital psiquiátrico o recetarme medicamentos	
1b. 10 En el momento no pensé que necesitara tratamiento de salud mental	
1b. 11 Yo pensé que podía manejar el problema sin recibir tratamiento	
1b 12 Yo pensé que el tratamiento no me podría ayudar	



1b 13 No tengo tiempo (debido al trabajo, no tengo quien cuide a mis hijos u otros compromisos)	
1b 14 No quiero que otros se enteren que necesito tratamiento/servicios de salud mental/comportamiento	
1b 15 No cuento con transporte ,el lugar del tratamiento era demasiado lejos o El horario no era conveniente	
1b 16 Tuve miedo de que mi proveedor de servicios de salud mental me deportara del país	
1b 17 Utilice otros métodos o remedios para ayudarme con mis problemas de salud mental	
1b 18 Mi doctor o proveedor de servicios de salud mental no habla mi lenguaje nativo	
1b 19 Mi pareja no me permite recibir servicios de salud mental	

### CAGE

¿Alguna vez ha sentido que debería reducir su consumo de alcohol o drogas?

No                      Si

¿Le ha molestado cuando la gente critica su consumo de alcohol o drogas?

No                      Si

¿Se ha sentido mal o culpable por su consumo de alcohol o drogas?

No                      Si

¿Alguna vez consumió una bebida alcohólica o uso drogas a primera hora de la mañana para estabilizar sus nervios o para deshacerse de una resaca (reanimarse)?

No                      Si

### DIAS SALUDABLES

¿Diría usted que su salud general es?

Excelente  
Muy buena  
Buena  
Justa  
Pobre

Ahora pensando en su salud mental, que incluye estrés, depresión y problemas emocionales. Durante los últimos 30 días ¿Cuáles días su salud no fue buena?

1= 0 días    2= 1 a 3 días    3= 4 a 7 días    4= 8 a 12 días    5= más de 13 días

**EXPERIENCIAS DIFICILES VIVIDAS DURANTE LA INFANCIA (ACES)  
HOJA DE TRABAJO**

**Por favor lea las siguientes preguntas y seleccione sí o no como respuesta**

<b>Antes de cumplir los 18 años de edad:</b>	
¿A menudo o muy a menudo alguno de sus padres o cualquier otro adulto en su hogar lo/a hacia jurar, insultaba, hacía sentir menos o humillaba? A tal punto que le hizo pensar que podía ser lastimado/a? No___ Si	
¿A menudo o muy a menudo alguno de sus padres o cualquier otro adulto en su hogar lo/a empujo, cacheteo, agarro o le tiro algún objeto? o ¿Alguna vez le pegaron tan fuerte que le dejaron marcas o heridas? No___ Si	
¿Algún adulto o persona al menos 5 años mayor que usted trato de tocar o acariciar su cuerpo de una manera inapropiada (sexual)? o ¿Intento tener sexo oral, anal o vaginal con usted? No___ Si	
¿A menudo o muy a menudo sintió que alguien en su familia no lo quería o pensaba que usted era importante o especial? o ¿Los miembros de su familia no se llevaban bien o no se apoyaban unos con otros? No___ Si	
¿A menudo o muy a menudo sintió que no tenía suficiente con que alimentarse, tenía que vestir ropa sucia, y no tenía a nadie para protegerlo? O ¿Sus padres se encontraban demasiado borrachos o drogados, como para cuidar de usted o llevarlo al doctor si era necesario? No___ Si	
¿Sus padres estaban divorciados o separados?  No___ Si	
¿A menudo o muy a menudo su madre o madrastra fue empujada, cacheteada, o le tiraron algún objeto? o ¿Algunas veces, a menudo o muy a menudo la patearon, mordieron, golpearon con el puño o con algún objeto duro? o ¿Repetidamente fue golpeada durante al menos por unos minutos o amenazada con una pistola o cuchillo? No___ Si	
¿Vivió usted con alguien que tenía problemas de alcoholismo o que usaba drogas? No___ Si	
¿Algún miembro de su hogar sufrió de depresión, enfermedad mental o intento suicidarse? No___ Si	
¿Algún miembro de su hogar fue a prisión? No___ Si	
<b>Por favor ahora sume sus respuestas "Si" y anótelas en la caja gris:</b>	
<b>Su Porcentaje Total</b>	

**Usted puede conservar esta hoja y no es necesario entregar/enviar**

## Appendix Table

Table A3: % of participants with 4 or more days of poor mental health by demographic characteristics

Selected Demographic Characteristics	
<b>Female</b>	36%
<b>Latino/Hispanic</b>	29%
<b>Speak Spanish as primary language</b>	30%
<b>Born in Mexico</b>	23%
<b>Household income less than \$20,000</b>	33%
<b>Less than high school education</b>	29%
<b>Living in a large household (6 or more)</b>	33%
<b>Do not have health insurance</b>	36%

Table A4: % of participants who have mild to severe mental health disorders based on K-10 by demographic characteristics

Selected Demographic Characteristics	
<b>Female</b>	50%
<b>Latino/Hispanic</b>	44%
<b>Speak Spanish as primary language</b>	47%
<b>Born in Mexico</b>	42%
<b>Household income less than \$20,000</b>	48%
<b>Less than high school education</b>	44%
<b>Living in a large household (6 or more)</b>	51%
<b>Do not have health insurance</b>	50%

Table A5: % of participants who are at a clinically significant risk of drinking or alcoholism by demographic characteristics

Selected Demographic Characteristics	
<b>Female</b>	12%
<b>Latino/Hispanic</b>	23%
<b>Speak Spanish as primary language</b>	24%
<b>Born in Mexico</b>	23%
<b>Household income less than \$20,000</b>	26%
<b>Less than high school education</b>	27%
<b>Living in a large household (6 or more)</b>	24%
<b>Do not have health insurance</b>	28%

Table A6: % of participants who lacked confidence in overall accessing mental health services by demographic characteristics

<b>Selected Demographic Characteristics</b>	
<b>Female</b>	23%
<b>Latino/Hispanic</b>	25%
<b>Speak Spanish as primary language</b>	25%
<b>Born in Mexico</b>	23%
<b>Household income less than \$20,000</b>	21%
<b>Less than high school education</b>	28%
<b>Living in a large household (6 or more)</b>	30%
<b>Do not have health insurance</b>	30%

Table A7: % of participants who lacked confidence in attending face to face meeting by demographic characteristics

<b>Selected Demographic Characteristics</b>	
<b>Female</b>	20%
<b>Latino/Hispanic</b>	22%
<b>Speak Spanish as primary language</b>	26%
<b>Born in Mexico</b>	23%
<b>Household income less than \$20,000</b>	25%
<b>Less than high school education</b>	30%
<b>Living in a large household (6 or more)</b>	29%
<b>Do not have health insurance</b>	24%

Table A8: % of participants who lacked confidence in using telephone or computer to seek services by demographic characteristics

<b>Selected Demographic Characteristics</b>	
<b>Female</b>	27%
<b>Latino/Hispanic</b>	29%
<b>Speak Spanish as primary language</b>	36%
<b>Born in Mexico</b>	36%
<b>Household income less than \$20,000</b>	31%
<b>Less than high school education</b>	40%
<b>Living in a large household (6 or more)</b>	24%
<b>Do not have health insurance</b>	26%

Table A9: % of participants who lacked confidence in knowing where to seek services by demographic characteristics

<b>Selected Demographic Characteristics</b>	
<b>Female</b>	34%
<b>Latino/Hispanic</b>	35%
<b>Speak Spanish as primary language</b>	36%
<b>Born in Mexico</b>	42%
<b>Household income less than \$20,000</b>	35%
<b>Less than high school education</b>	45%
<b>Living in a large household (6 or more)</b>	34%
<b>Do not have health insurance</b>	44%

Table A10: % of participants who did not receive mental health services in the past by demographic characteristics

<b>Selected Demographic Characteristics</b>	
<b>Female</b>	75%
<b>Latino/Hispanic</b>	82%
<b>Speak Spanish as primary language</b>	83%
<b>Born in Mexico</b>	87%
<b>Household income less than \$20,000</b>	83%
<b>Less than high school education</b>	86%
<b>Living in a large household (6 or more)</b>	73%
<b>Do not have health insurance</b>	88%

Table A11: % of participants with 3 or more ACEs by demographic characteristics

<b>Selected Demographic Characteristics</b>	
<b>Female</b>	43%
<b>Latino/Hispanic</b>	37%
<b>Speak Spanish as primary language</b>	39%
<b>Born in Mexico</b>	34%
<b>Household income less than \$20,000</b>	40%
<b>Less than high school education</b>	36%
<b>Living in a large household (6 or more)</b>	39%
<b>Do not have health insurance</b>	36%



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Date of Meeting: June 6, 2017

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# Spotlight on Service: United Cerebral Palsy



330 Campus Drive • Hanford • CA • 93230 • (559) 585-0814

Date of Meeting:  
Agenda Item Type:

June 6, 2017  
Informational

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**AGENDA ITEM: Spotlight on Service: United Cerebral Palsy of Central California – Parent & Me and Special Needs Project**

**A. Background/History:**

The First 5 Commission has scheduled annual program presentations by funded programs. This offers grantees the opportunity to share their successes, achievements, and progress from the last year.

**B. Summary of Request, Description of Project and/or Primary Goals of Agenda Item:**

The Special Needs project seeks to provide services to children identified as having or being at risk for developing a special need. This is a gap funding strategy to provide intervention to a population of children that because of stringent qualification standards, would otherwise not qualify for services under typical funding streams. Services provided through this project include conducting child development assessments, developing and providing interventions based on such assessments, and providing support services for children identified as having a special need for their inclusion into the Parent & Me program. Additionally, this project provides capacity building support to ensure providers are delivering services to children with special needs in an appropriate and inclusive fashion. This funding stream also supports the infrastructure of the Armona Parent & Me inclusion site.

The Parent & Me program is a community-based program designed to strengthen the parent as their child's first teacher and provide hands-on growth experiences for both parent and child which can be repeated at home during the week. Parent and child attend a 1.5 to 2 hour session each week where they participate in activities that are developmentally appropriate for the child. The focus of the program is on children 0-3, however, children age 3-5 who do not have other options or parental preference are welcome. With emphasis on the process rather than results, parents are supported in discovering how and what their child is learning and how they can support their child's development.

**C. Timeframe:**

United Cerebral Palsy has been a component of the First 5 Kings County strategic plan since FY 2003/2004.

**D. Costs:**

There is no cost associated with this agenda item.

**E. Staff Recommendation:**

Staff recommends that the commission review the information provided by United Cerebral Palsy of Central California – Parent & Me and Special Needs Project.

**F. Attachments:**

- United Cerebral Palsy of Central California – Parent & Me and Special Needs Project – PowerPoint Presentation



**UCP  
Special Needs  
Parent and Me  
Programs  
July 2015 – March  
2016**



# Parent & Me Mission

*Supporting parents as their child's first teacher as they participate with their child in a welcoming early learning community setting.*

## Partner with Parents to Develop their Child's Full Potential and Acknowledge Their Expertise

- Provide modeling, parenting, and school readiness instructions to parents attending Parent and Me – **3,841**





*Respect and  
Include All  
Cultures and  
Invite Their  
Experience*



## Emphasize Play as the Doorway to Learning

- Provide school readiness instruction through Parent and Me classes - **4,368**







***Use a “Whole-Person”  
Approach and Response  
with Children and Their  
Families***

## Offer Best-Practice and Quality of Services

- Parent and Me Class Sessions – **733**
- Parent & Me Programs Developmental Screenings – **259**
- Therapists to Teachers Trainings - **108**
- Teachers Participate in **CARES**





***Offer  
Welcoming,  
Nurturing and  
Safe  
Environment***





## Focus on Prevention and Insure Accessibility to Early Intervention

- Assessments of Children for Special Needs - **168**
- Interventions for Children with Special Needs - **165**
- Follow-up Inclusion Support – **37**
- Training, Coaching, Mentoring - **101 providers**



## Advocate for Needed Services

- Parent & Me Teachers Refer to UCP Therapists and Other Services
- Therapists referrals to IDEA Services both CVRC and KCOE
- Access to Special Needs FRC
- Access to Family Empowerment Center



# Partner with First 5 and Community Agencies

- First Five Kings County
- Avenal Family Connections
- Corcoran Family Resource Center
- Hanford Family Connections
- Kettleman City Family Connections
- Lemoore Family Connections
- CARES
- Central Valley Regional Center
- Kings County Health Department
- Kings County Behavioral Health
- Kings County Community Action
- Kings County Office of Education
- School Districts County Wide
- United Way



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Date of Meeting: June 6, 2017

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# Staff Report:

April 2017  
&  
May 2017



## Staff Report April 2017 and May 2017

### Grants & Contracts Program Officer Report –

- **Legislative Day** - On 5/24/17 I attended the legislative day held by California Association for the Education of Young children (CAEYC). The event was held in Sacramento, CA at the state capital and focused on issues that affect the youngest children in California. The issues highlighted were AB 60 that address the qualifications for subsidized childcare, specifically updating the State Median Income (SMI) for the current level set in 2007 to the current 2017 standard. Additionally AB 60 would qualify children and families for 12 months replacing the current quarterly requirement, and AB60 would raise the sunset from 75% SMI to 85% SMI allowing families to grow their income before losing access to affordable/subsidized childcare. Additionally AB992 was also advocated for, AB992 would allow for counties to access up to \$100 million of unspent TANIF funds to provide voluntary home visitation services following the best practice guidelines set by the federal MCVIEH funding.
  - I had the opportunity to meet with the following representatives or their staff.
    - Assembly Member Jose Medina from Riverside
    - Assembly Member Rudy Salas from Kings
    - Assembly Member Chad Mayes
    - Assembly Member Brian Maienschein from San Diego
    - Senator Nancy Skinner from Alameda
    - Senator Andy Vidak from Kings
- **3rd Quarter Reports** - during the last month our funded programs submitted their 3rd quarter progress and expenditure report. These reports have been processed, payments have been ordered and the information has been compiled in the achievement report contained in this agenda packet.
- **Audit** - the First 5 Kings county audit is a requirement for the receipt of proposition 10 funds. the audit is due to the state no later than October 30 each year. The auditors from Hudson and Henderson typically conduct field work during late August each year. Due to my absence for the majority of August and September, the field work for the audit has been moved to the first week of August to ensure that the audit report can be completed and approved by the commission prior to the deadline.
- **Thursday Night Market for L2L on 5/25/17** - The Linkages to Learning project sponsored the Hanford Thursday Night market to raise awareness for kindergarten registration.
- **Certification of Compliance** - to ensure that the basic elements of prop 10 are met. The annual certification was provided to First 5 California that demonstrates the first 5 Kings county commission's compliance with Proposition 10 requirements. The submission of the form and accompanying evidence ensures that we will continue to receive our revenue for FY 17/18.
- **First 5 IMPACT** - The IMPACT project is a partnership with First 5 California that flexibly allocates approximately 1.6 million over 5 year ending June 30, 2017. Due to the nature of this funding there is an annual need to update the budget and create a plan to use

unspent funds. This plan was developed in partnership with KCOE and has been submitted to First 5 CA for approval.

- IMPACT budget modification and budget for FY 17/18 to incorporate roll over funds that were unused in previous years
- IMPACT the potential to access incentive layer funding if we are able to over achieve our contract and then

- **Fiscal Report: April 2017**

	% of Fiscal Term Expended	Percent of Spending	Comments
<b>First 5 Operations</b>			
Personnel	<b>83%</b>	87%	N/A
Service & Supplies		75%	N/A
<b>TOTAL</b>		81%	N/A
<b>Linkages to Learning</b>			
Personnel	<b>83%</b>	72%	N/A
Service & Supplies		49%	N/A
<b>TOTAL</b>		63%	N/A
<b>First 5 Total Budget</b>		<b>68%</b>	FRC: 74% E3: 53% School Readiness: 73%

Category	Expended	Percentage
Administration	\$97,529	6.58%
Program	\$1,217,874	82.21%
Evaluation	\$51,146	3.45%
Linkages 2 Learning	\$114,793	7.754%
<b>Total</b>	<b>\$1,481,342</b>	



## School Readiness Coordinator/ December/ January Linkages Report

**School Transition teams: Roosevelt, Jefferson, Hamilton, Monroe, Washington, Armona, Kit Carson, Lakeside, Avenal, Tamarack, Kettleman City, Lemoore, Cinnamon, Meadow Lane and Engvall Elementary**

- All Linkages to learning school sites are gearing up for the end of the 2016-17 school year. Each school site has concluded the year with a 3<sup>rd</sup> and final linkages meeting. They will each host a spring orientation event to conclude this year's transition activities. The schedule is provided below. During our final meeting schools have also planned for a fall meet and greet a night before school starts. Those events will take place in August when the 2017-18 school year is scheduled to begin. The fall meet and greet allows parents and students an opportunity to meet the new kindergarten teacher before the school year begins. The schedule of those events will be reported in the next staff report. All schools will resume Linkages to Learning meetings in the fall when the new school year begins. I will make contact with schools in September. In conclusion I am currently working with Island Elementary in Lemoore who has expressed interest in joining the First 5 team next school year. I will keep the commission posted on my partnership with Island elementary.
- **Spring orientation schedule:**
  - April 27<sup>th</sup> @ Kettleman City Elementary
  - May 4<sup>th</sup> @ Lakeside Elementary
  - May 11<sup>th</sup> @ Avenal Elementary
  - May 17<sup>th</sup> @ Meadow Lane Elementary
  - May 18<sup>th</sup> @ Jefferson Charter Academy
  - May 22<sup>nd</sup> @ Kit Carson Elementary
  - May 23<sup>rd</sup> @ Hamilton Elementary
  - May 23<sup>rd</sup> @ Armona Elementary
  - May 24<sup>th</sup> @ Monroe Elementary
  - May 30<sup>th</sup> @ Washington Elementary
  - May 31<sup>st</sup> @ Engvall Elementary
  - June 1<sup>st</sup> @ Roosevelt Elementary
  - June 2<sup>nd</sup> @ Tamarack Elementary
  - June 5<sup>th</sup> @ Lemoore Elementary
  - June 6<sup>th</sup> @ Cinnamon Elementary

- **Back Pack Project:** The back pack project is slowly coming to an end. Schools are scheduled to end the school year shortly. I will begin requesting back pack data from each participating school site. I will inform the commission on the number of back packs distributed this year in the weeks to come. Once the school year is over I will begin to collect left over back packs and store them for the following school year.
- **Farmers Market:** In an effort to get as many children registered for kindergarten this year we have decided to participate in Thursday Night Farmers Market on May 25<sup>th</sup>, 2017. We sponsored Family Night at the farmers market and hope to reach as many families as possible. Our goal is to remind parents that it is not too late to register and receive a free back pack from First 5. We plan to make it a fun night with our PLINKO game and a chance to win a free prize at our booth.



## 2017 First 5 Association Bill Tracker

Updated: April 17, 2017

Questions? Contact Margot Grant Gould at [margot@first5association.org](mailto:margot@first5association.org) or 510.227.6968.



Family Strengthening				
Bill Number	Author	Description	Status	Association Position
AB 5	Gonzalez Fletcher	<i>Employers: Opportunity to Work Act.</i> Would require an employer with 10 or more employees to offer additional hours of work to an existing nonexempt employee before hiring an additional employee or subcontractor.	Referred to Asm Labor and Employment	Support
AB 60	Santiago/ Gonzalez Fletcher	<i>Subsidized Child Care and Development Services: 12 month Eligibility Period</i> Would require eligibility redetermination periods for subsidized child care to be set for not less than 12 months and limit mandatory reports during the eligibility period. The bill would also update eligibility rules to the most recent state median income (SMI) data published by the Census Bureau.	Passed Asm Human Services; Referred to Appropriations	Support
SB 63	Jackson	<i>Unlawful Employment Practice: Parental Leave</i> This bill would prohibit an employer from refusing to allow an employee to take up to 12 weeks of parental leave to bond with a new child within one year of the child's birth, adoption, or foster care placement. The bill would also prohibit an employer from refusing to maintain and pay for coverage under a group health plan for an employee who takes this leave. Applies to business with less than 20 employees.	Passed Sen Labor and Industrial Relations and Sen Judiciary; referred to Appropriations	Support
AB 164	Arambula	<i>Food assistance.</i> Would establish a new chapter in Welfare and Institutions code which would provide for a state funded anti-hunger CalFresh benefit to be issued under prescribed circumstances, such as drought, disaster or in the case of federal SNAP ineligibility, and to be issued using the EBT system.	Referred to Asm Human Services	Support
AB 273	Aguiar-Curry	<i>Child Care Services Eligibility</i> To receive a child care subsidy, families must meet at least one requirement in each of 2 specified areas, including why the family has a need for the child care service. This bill would include in the area relating to need, as a requirement that may be satisfied for purposes of eligibility, that the family needs the child care services because the parents are engaged in an educational program for English as a second	Passed to Asm Human Services; Referred to Asm Appropriations	Support

		language learners or to attain a high school diploma or general educational development certificate.		
AB 992	Arambula	<i>CalWORKs: Baby Wellness and Family Support Home Visiting Program</i> This bill would establish the Baby Wellness and Family Support Home Visiting Program that would require the State Department of Social Services to award funds to counties for the purpose of implementing or contracting with specified early home visiting programs to provide voluntary maternal, infant, and early childhood home visiting programs approved by the department and would authorize the funds to be used to coordinate early home visiting services with, among others, diaper bank services.	Passed Asm Human Services; Referred to Asm Appropriations	Support
AB 1164	Thurmond	<i>Funding For Foster Care Placement</i> This bill would establish the Child Care Bridge Program for Foster Children (bridge program). The bill would authorize, contingent upon an appropriation of \$22,000,000 annually, county welfare departments to administer the bridge program and distribute vouchers to children between birth and 4 years of age, placed with an approved resource family or the child of a young parent involved in the child welfare system.	Passed Asm Human Services; Referred to Asm Appropriations	Support

**Early Identification & Intervention**

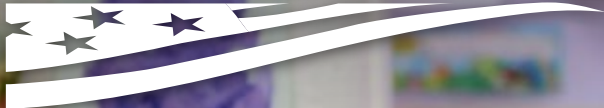
Bill Number	Author	Description	Status	Association Position
SB 192	Bealle	<i>Mental Health</i> <i>This bill would amend the MHSA by instead requiring that any funds allocated to a large or medium county, as defined, that have not been spent for the authorized purpose within 3 years, and any funds allocated to a small county, as defined, that have not been spent for their authorized purpose within 5 years, to revert to the state for deposit into the newly established Mental Health Services Reversion Fund.</i>	Passed Sen Health; Referred to Sen Appropriations	Support

**Oral Health**

Bill Number	Author	Description	Status	Association Position
AB 15	Maienschein	<i>Denti-Cal Reimbursement Rates Increases.</i> This bill would require the State Department of Health Care Services to increase Denti-Cal provider reimbursement rates for the 15 most common prevention, treatment, and oral evaluation services to the regional average commercial rates.	Passed to Asm Health; Referred to Asm Appropriations	Support
AB 753	Caballero	<i>Denti-Cal Improved Access</i> Would appropriate \$191 million to Denti-Cal services from Proposition 56 funding. Funding would increase reimbursements	Referred to Asm Health	Support

		rates for the 20 most common pediatric diagnostic and restorative services.		
Quality Early Learning				
Bill Number	Author	Description	Status	Association Position
AB 258	Arambula	<i>Fresno County's Child Care Subsidy Program</i> Would Fresno County with the flexibility needed to utilize their unearned child care funding. Flexibilities are allowed in: 1) family eligibility; 2) family fees; 3) reimbursement rates; 3) methods of maximizing the efficient use of subsidy dollars & contracts.	Referred to Asm Human Services; Hearing scheduled for 4/25	Support
AB 300	Caballero	<i>Monterey, Santa Cruz, and San Benito's Counties' Child Care Subsidy Program</i> Would allow counties with the flexibility needed to utilize their unearned child care funding. Flexibilities are allowed in: 1) family eligibility; 2) family fees; 3) reimbursement rates; 3) methods of maximizing the efficient use of subsidy dollars & contracts	Referred to Asm Human Services; Hearing scheduled for 4/25	Support
AB 377	Frazier	<i>Solano County's Child Care Subsidy Program</i> Would allow Solano County with the flexibility needed to utilize their unearned child care funding. Flexibilities are allowed in: 1) family eligibility; 2) family fees; 3) reimbursement rates; 3) methods of maximizing the efficient use of subsidy dollars & contracts.	Referred to Asm Human Services; Hearing scheduled for 4/25	Support
AB 435	Thurmond	<i>Contra Costa County's Child Care Subsidy Program</i> Would allow Contra Costa with the flexibility needed to utilize their unearned child care funding. Flexibilities are allowed in: 1) family eligibility; 2) family fees; 3) reimbursement rates; 3) methods of maximizing the efficient use of subsidy dollars & contracts.	Referred to Asm Human Services; Hearing scheduled for 4/25	Support
System Sustainability and Reach				
Bill Number	Author	Description	Status	Association Position
SB 18	Pan	<i>Bill of Rights for Children and Youth in CA:</i> (1) The right to parents, guardians, or caregivers who act in their best interest. (2) The right to form healthy attachments with adults responsible for their care and well-being. (3) The right to live in a safe and healthy environment. (4) The right to social and emotional well-being. (5) The right to opportunities to attain optimal cognitive, physical, and social development.	Introduced	Support

		(6) The right to appropriate, quality education and life skills leading to self-sufficiency in adulthood. (7) The right to appropriate, quality health care.  Would determine and obtain the revenue necessary to fund evidenced-based policy solutions that fulfill the bill of right by 2022.		
AB 43	Thurmond	<i>Taxation: prison contracts: goods and services</i> Levies a tax on private companies that contract with the corrections industry to provide goods and services. Directs funding a Prevention Fund to support programs that prevent incarceration, including preschool, higher education, and poverty reduction.	Referred to Asm Revenue and Taxation; hearing scheduled for 4/24	Support
<b>Tobacco &amp; Marijuana Regulation</b>				
<b>Bill Number</b>	<b>Author</b>	<b>Description</b>	<b>Status</b>	<b>Association Position</b>
AB 175	Chau	<i>Adult-use marijuana: marketing: packaging and labeling.</i> Requires the Bureau of Marijuana Control to determine whether the edible marijuana packaging and labeling are in compliance with the requirements of this division, including the requirements that the packaging be child resistant and not attractive to children	Referred to Asm Business & Profession; hearing scheduled for 4/18	Support
AB 350	Salas	<i>Marijuana edibles: appealing to children</i> Edibles Appealing to Children - specifies that a marijuana product is deemed to be appealing to children or easily confused with commercially sold candy if it is in the shape of a person, animal, insect, fruit, or in another shape normally associated with candy, but would not prohibit a licensee from making an edible marijuana product in the shape of the licensee's logo.	Referred to Asm Health; hearing scheduled for 5/9	Support



# Point of Entry

## The Preschool-to-Prison Pipeline

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By Maryam Adamu and Lauren Hogan

October 2015



# Introduction and summary

The term “school-to-prison pipeline” has become a powerful metaphor to capture the processes by which children—typically low-income children of color—are pushed out of school and into the criminal justice system. While exact definitions of suspension and expulsion vary across states and school districts, it is clear that what were intended to be last resort and occasional disciplinary tools have become wildly overused and disproportionately applied to children of color, resulting in dramatically negative long-term effects.<sup>1</sup>

Data from the U.S. Department of Education show that African American school-children of all ages are more than three times more likely to be suspended and expelled than their non-Hispanic white peers.<sup>2</sup> American Indian/Alaska Native, or AI/AN, youth are similarly overrepresented in school discipline data: They account for 0.5 percent of total enrollment but 3 percent of total expulsions.<sup>3</sup> While all boys account for two out of three suspensions, girls of color are also overrepresented in the remaining one-third of suspensions. African American girls are suspended at a rate that surpasses boys of nearly every racial group with the exception of African American and AI/AN boys. Likewise, the suspension rate of AI/AN girls outpaces that of non-Hispanic white boys.<sup>4</sup>

At the same time that many states and communities across the country are committing to expanding high-quality early learning opportunities, alarming statistics suggest that early childhood learning environments are a point of entry to the school-to-prison pipeline, particularly for African American children. Preschoolers—children ages 3 to 5—are especially vulnerable to punitive and non-developmentally appropriate disciplinary measures. A national study by Walter S. Gilliam found that preschoolers are expelled at a weighted rate of more than three times that of K-12 students.<sup>5</sup> Furthermore, while African American children make up only 18 percent of preschool enrollment, they account for 42 percent of preschool suspensions.<sup>6</sup> Comparatively, non-Hispanic white preschoolers make up 43 percent of enrollment but 28 percent of preschool suspensions.

The practice of suspending and expelling children—particularly those younger than age 5—from early childhood settings can have profound consequences. These punitive measures come at a time when children are supposed to be forming the foundation of positive relationships with peers, teachers, and the school institution. Instead, they are experiencing school as a place where they are not welcome or supported, which serves as a troubling indicator of what is to come. Research shows that when young students are suspended or expelled from school, they are several times more likely to experience disciplinary action later in their academic career; drop out or fail out of high school; report feeling disconnected from school; and be incarcerated later in life.<sup>7</sup>

This report highlights the trends around preschool discipline. It first details the interconnected factors that augment these trends, including the rise of zero-tolerance policies and mental health issues in young children while also exploring some of the factors that cause suspensions and expulsions. These factors include the implicit biases of teachers and school administrators and how these biases affect their perceptions of challenging behaviors; the lack of support and resources for teachers; and the effect of teacher-student relationships. Finally, this report will provide recommendations and approaches to increase the protective factors available to ensure that young children stay in school and reap the full benefits of early learning while simultaneously supporting schools and teachers to actively resist the criminalization of African American youth.

The specific recommendations include:

- Prohibiting suspensions and expulsions across early childhood settings
- Improving teacher preparation and education with an eye toward cultural responsiveness and racial equity
- Expanding access to in-school behavioral and emotional support services, including early childhood mental health consultation, or ECMHC
- Increasing funding for the Maternal, Infant, and Early Childhood Home Visiting Program, or MIECHV
- Supporting a diverse teacher workforce and pipeline
- Promoting meaningful family engagement strategies

High-quality early childhood education has the potential to improve long-term life outcomes for all children—particularly those born into challenging circumstances such as poverty.<sup>8</sup> In order for students to learn, however, they have to actually be in the classroom. As such, it is time to change the nation’s approaches and actions related to school discipline.



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And we believe an effective government can earn the trust of the American people, champion the common good over narrow self-interest, and harness the strength of our diversity.

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We develop new policy ideas, challenge the media to cover the issues that truly matter, and shape the national debate. With policy teams in major issue areas, American Progress can think creatively at the cross-section of traditional boundaries to develop ideas for policymakers that lead to real change. By employing an extensive communications and outreach effort that we adapt to a rapidly changing media landscape, we move our ideas aggressively in the national policy debate.



# Center for American Progress



EARLY CHILDHOOD

## 4 Disturbing Facts About Preschool Suspension

By Rasheed Malik | Posted on March 30, 2017, 9:43 am



AP/Rich Pedroncelli

Preschoolers Raymond Gilliam, left, Devon Edwards, center, and Hilda Torres look at the butterfly Edwards made for a

In the wake of pioneering research by Yale University's Walter Gilliam, the federal government started collecting data on public preschool suspension and expulsion in 2011. According to the most recent data from the U.S. Department of Education, 47 percent of the preschoolers who received suspensions or expulsions in the 2013-14 school year were African American, even though they made up only 19 percent of preschool enrollment. In total, nearly 7,000 3- and 4-year-olds were suspended or expelled from public preschools during the same school year.

This column highlights four of the most important, and disturbing, facts to know about preschool suspension and expulsion.

## **1. It pathologizes normal child behavior**

Children at the young ages of 3 or 4 often test boundaries and act out, particularly when adjusting to new social environments such as preschool. According to the American Academy of Pediatrics, it's perfectly normal for a preschooler's frustration or anger to manifest as physical conflict. When caregivers correct this ordinary behavior in a way that promotes empathy, it's a healthy part of a child's social development. Labeling a young child as violent or disruptive and calling parents to pick up their child sends the wrong message to the child, and it could even lead to unnecessary medical or psychological interventions.

In Sankara-Jabar's case, that was the course that her son's preschool recommended. Although her son's tantrums were typical for his age, the preschool asked that he be evaluated in a medical setting. When she refused, she was told she would need to find another preschool for her son. Quite often, this is what preschool expulsion looks like.

In working with other parents on this issue, Sankara-Jabar says, "I have seen parents get bullied into medicating their children and signing them up for special needs classes. And this is more pronounced with African American boys." Yet in 2014, an Indiana University analysis of the literature on racial differences in child behavior showed that children of color and white children act out at the same rates.



## **2. It can be driven by implicit racial bias**

Last year, in a study that used sophisticated eye-tracking technology, Yale researchers led by Gilliam found that preschool teachers tend to more closely observe African American children than white children when they are expecting challenging behavior. The researchers believe that this could help explain the disproportionate levels of discipline experienced by African American boys, who represent 19 percent of male enrollment but receive 45 percent of male suspensions.

Researchers describe this error in judgment as implicit bias, and it can be observed in preschool teachers of all races. In fact, the study found that African American teachers held African American students to a higher standard of behavior than white teachers. As an advocate, Sankara-Jabar has noticed this bias, saying, "It's almost like people have sort of been socialized that African Americans, and African American males in particular, are just inherently bad. Like they're born bad."

## **3. It's more common in school districts that still use corporal punishment\***

The new CAP analysis also finds that in the same school year, schools that reported using corporal punishment as a disciplinary tactic suspended or expelled preschoolers at twice the rate of schools that did not use corporal punishment. To be clear, these schools are not necessarily using corporal punishment in their preschool classrooms. Nonetheless, this finding reflects an institutional reliance on harsh discipline rather than the more effective practice of redirecting disruptive behavior. When teachers are given the supports and the right tools to help children with challenging behavior, they can lower rates of hyperactivity, restlessness, and externalizing behaviors.

## **4. It may be an even bigger problem in private preschools**

The only recent data available on preschool discipline comes from public schools. But as in Sankara-Jabar's case, it is likely that most instances of suspension and expulsion happen in

private preschools. In her experience, Sankara-Jabar notes that “this becomes a child care nightmare for parents because their kids are constantly being kicked out of these private preschools.” The only study that has collected data on disciplinary rates in private preschools found that in 2005, the rates of expulsion in private preschools were twice as high as those seen in public preschools. Without accountability and reliable data reporting, private preschools remain free to discriminate against families of color.

## Conclusion

In recent years, the positive effects of high-quality preschool have been repeatedly documented. As more cities and states attempt to provide public preschool, strong civil rights protections must be in place to ensure that the destructive practice of preschool suspension does not become more widespread. Meanwhile, the Department of Education’s Office for Civil Rights, the office responsible for collecting data on the practice in public schools, has been targeted by the Trump administration for downsizing. Furthermore, researchers have yet to fully diagnose the scope of the problem in private preschool settings.

The good news is that with the right training and professional supports for preschool teachers, the normal yet challenging behaviors of 3- and 4-year-olds can be redirected in positive ways that help them develop the social and emotional skills necessary for learning. Armed with the new cutting-edge research on implicit bias in preschools, many early educators are working hard to end the practices of suspension and expulsion. After all, preschool should be a welcoming place where children grow and develop normally, free from society’s stereotypes and prejudice.

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# Center for American Progress





**Board of Equalization Updates  
April 2017**

**Cigarette and Tobacco Products Licensing Fee Project  
Increased License Fees for Retailers, Wholesalers, Distributors (ABx2-11)  
Increased Renewal Fees and Electronic Cigarette Retailer Licensing (SBx2-5)**

**Legislative Overview – ABx2-11 and SBx2-5**

- Increase the cigarette and tobacco products licensing fees
- Create a renewal fee for retailers
- Increase the renewal fee for distributors/wholesalers
- Require retailers of electronic smoking or vaping devices to have a cigarette and tobacco products license.

**Key Dates**

June 9, 2016: Increase in license application fees (for new licenses).

- Retailers: \$265 per location
- Distributors and Wholesalers: \$1,200 per location

January 1, 2017: Increase in license renewal fees

- Retailers: new \$265 per location
- Distributors and Wholesalers: \$1,200 per location

January 1, 2017: New e-cigarette license requirement

- New license requirement for retailers of any product containing, made, or derived from tobacco or nicotine that is intended for human consumption, any electronic smoking or vaping device (whether or not it contains nicotine; such as e-cigarettes, vape pens, etc.) or any component, part, or accessory of a tobacco product, whether sold together or separately.

## Proposition 56 - California Healthcare, Research and Prevention Tobacco Tax Act of 2016

Voters passed Proposition 56 November 8, 2016.

### Tax Increase:

- April 1, 2017 - Imposes an additional tax of 10¢ per cigarette, or \$2 per pack of 20 (increasing the total tax on a pack of cigarettes to \$2.87 per pack of 20), an equivalent floor stock tax, and indirectly increases the tobacco products tax. (Section 30130.51)
- Requires retailers and wholesalers pay a floor stock tax on their inventory of stamped cigarette packs in their possession on April 1, 2017 at 12:01 AM. Retailers and wholesalers floor stock is due July 1, 2017 along with any tax due.
- Requires distributors to pay a stamp adjustment tax on their inventory of unaffixed tax stamps and a floor stock on their inventory of stamped cigarette packs on April 1, 2017 at 12:01 AM. Distributor's tax adjustment return is due July 1, 2017 along with any tax due.
- April 1, 2017 - Limits the cigarette tax stamp discount sale price to the first one dollar (\$1.00) of the denominated value of the stamp. (Section 30166)
- *Requires the tax rate on tobacco products to increase at a proportion equivalent to the rate of cigarettes (new section 30130.51 (b)). The tax rate for tobacco products will be determined in accordance with section 30123 (b) of the RTC, and will be effective July 1, 2017.*

### New Tobacco Products – Beginning April 1, 2017

- Updates the existing definition of tobacco products to include, but not be limited to, a product containing, made, or derived from tobacco or nicotine that is intended for human consumption. The tobacco products definition includes "electronic cigarettes" sold in combination with nicotine and "little cigars" (Section 30121).
- Changes the taxation of little cigars. Packages of little cigars will not be taxed as cigarettes (i.e. no tax stamp needed), and little cigars will be taxed as tobacco products at the current rate of 27.30 percent of the wholesale cost.
- Updates the existing definition of tobacco products to include products containing any amount of tobacco. Previously, a product had to contain at least 50 percent tobacco for taxation purposes (Section 30121).
- Imposes the Tobacco Tax on the distribution of e-cigarettes sold in conjunction with nicotine (Section 30121 (c)) at the current rate of 27.30 percent of the wholesale cost.

### New Tobacco Products – Beginning July 1, 2017

- Tobacco products taxes will increase effective July 1, 2017
- New rate proposal - 65.08% - will be considered by the Board of Equalization at its April 27<sup>th</sup> meeting