

# Memo

**To:** Commission Members  
**From:** Alexander Khu  
**Date:** Monday September 11, 2017  
**Re:** September 11, 2017 Commission Meeting

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Enclosed are the materials for the September 11, 2017 Commission meeting which will take place as follows:

**Time:** 6:00 PM  
**Location:** 1485 Civic Court Suite 1200, Concord, CA  
925-771-7300

We welcome our newly appointed **District 1 Alternate Commissioner, Trisha Mindel** to her first Commission meeting.

A light dinner will be provided.

Please let me know if you have any questions.

Kind Regards,

Alexander Khu, Executive Assistant  
First 5 Contra Costa  
1485 Civic Court  
Suite 1200  
Concord, CA 94520  
925-771-7342 Direct  
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## Commission Meeting Agenda

Monday, September 11, 2017, 6:00 pm  
1485 Civic Court, Suite 1200  
Large Conference Room  
Concord, CA

### 1.0 Call to Order and Roll Call

### 2.0 Public Comment

*The public may comment on any item of public interest within the jurisdiction of the First 5 Contra Costa Children and Families Commission. In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur.*

### 3.0 Approval of Consent Calendar

*A Commissioner or member of the public may ask that any of the following consent items be removed from the consent calendar for consideration under Item 4.*

**Action**

3.1 **Approve the minutes from the July 10, 2017 meeting.**

3.2 **Accept the Executive Committee Report from the July 10, 2017 meeting.**

#### 3.3 Approve the Contracts Docket

3.3.1 APPROVE and AUTHORIZE the Executive Director to execute a contract amendment with Counseling Options & Parent Education Support Center, Inc. to increase the payment limit by \$79,567 (from \$69,568 to \$149,135) to provide Triple P classes to parents with children ages 0-5 utilizing certified trainers with skill sets in serving the development needs of young children and their families throughout Contra Costa County. FY2017-18 budget line: Early Intervention Initiative: Mental Health Therapeutic Services (\$249,500). 100% of additional funds are from Contra Costa County Health Services.

4.0 **Consider for discussion any items removed from the consent calendar.**

5.0 **Presentation: "Marijuana and Young Children"  
by Moira Kenny, Executive Director of First 5 Association of California.**

**Discussion**

6.0 **Considering accepting the 2018 health and dental premium employer contribution rates for active employees; and accept the 2018 premium contribution rates for intermittent employees, COBRA participants, retirees and survivors at the same levels as the County.**

**Action**

7.0 **Consider accepting the final financial report for fiscal year 2016-2017**

**Action**

8.0 **Consider appointing nominating committee for 2018 Officers Election**

**Action**

9.0 **Consider approving a proposed 3.71% increase in salary for the Executive Director**

**Action**

10.0 **Executive Director's Report**

**Discussion**



**11.0 Communications**  
None received.

**Discussion**

**12.0 Commissioner F.Y.I. Updates**

**Discussion**

**13.0 Adjourn**

The First 5 Contra Costa Children and Families Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Commission's offices, at least 48 hours before the meeting, at (925) 771-7300.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the First 5 Contra Costa Children and Families Commission to a majority of members of the First 5 Contra Costa Children and Families Commission less than 96 hours prior to that meeting are available for public inspection at 1485 Civic Court, Suite 1200, Concord, CA 94520 during normal business hours.

In consideration of those who may suffer from chemical sensitivities or who may have allergic reactions to heavy scents, First 5 Contra Costa requests that staff and visitors refrain from wearing perfume, cologne, or the use of strongly scented products in the work place. We thank you for your consideration of others.



Monday September 11, 2017

Agenda Item 3.1

Approve the minutes from the July 10, 2017 Commission Meeting.



**Commission Meeting  
MINUTES**

Monday, July 10, 2017, 6:00 pm  
1485 Civic Court, Suite 1200  
Large Conference Room  
Concord, CA

**1.0 Call to Order and Roll Call**

The meeting was called to order at 6:06 PM.

Chairwoman Kathy Gallagher moved Agenda Item 2 Closed Session until after the Approval of the Consent Calendar at item 4.

Kathy Gallagher began the meeting with introductions from all attendees.

Commissioners in attendance were: Maria Fort, Marilyn Lucey for District 2, Lee Ross for PJ Shelton, John Jones, Wanda Session for Dr. William Walker, and interim Children & Families Services Director Kathy Marsh.

Alternate present was Katharine Mason.

Also present was County Counsel Keiko Kobayashi.

Not present were Commissioners PJ Shelton, Gareth Ashley, Supervisor Federal Glover, Dr. William Walker and Alternates Supervisor Candace Andersen and Matt Regan.

**3.0 Public Comment**

Laurel te Velde, Transition Services Director from Shelter Inc. shared a success story of a mother with a three month old son from recovery center, who availed of the Positive Parenting Program (Triple P) had just found a permanent home through their "Rapid Re-housing Program".

**4.0 Approval of Consent Calendar**

Sean Casey pulled Item 4.3 for consideration at a future date.

Kathy Gallagher asked to approve the minutes from the June 5, 2017 Commission meeting, and accept the Executive Committee Report from June 5, 2017.

**AYES:** Maria Fort, Marilyn Lucey, Lee Ross, John Jones, Wanda Session, Kathy Gallagher and Kathy Marsh.

**NOES:** None

**ABSTAIN:** None

Motion was **APPROVED**.

**5.0 Consider for discussion any items removed from the consent calendar.**

There were no other items removed from the consent calendar for discussion.

## **2.0 Closed Session**

Public Employee Performance Review

Title: Executive Director

At 6:12 PM, the Commissioners went into Closed Session.

After the session, the commissioners returned to the meeting.

At 6:37 PM, Chairwoman Kathy Gallagher reconvened and informed that a follow-up report resulting from the closed meeting will be presented at a future meeting.

## **6.0 Presentation of Proposed First 5 Centers Plan, 2017-2020**

Sean Casey reported on the proposed First 5 Centers Plan for the next three fiscal years.

First 5 Contra Costa first conceived the centers as a “Family Learning and Resource Center”. Over the years, the model has been transformed to what is now: the essential resource for parents of young children. 1832 families attended a First 5 Center last year.

With the approach of the scheduled re-bidding this year of the First 5 Center contracts, staff took the opportunity to review and refine the program model and to explore the possibility of obtaining better sites for the centers, particularly in East County. The process included several months of research and input from the centers and the families they serve as well as reviewing demographic data. Key findings of this process included the significant growth and demographic change in East County, and the underserving of African-American families in the Centers.

Staff also found that resident families are mobile and will travel across the region to use First 5 Centers services. Sean also noted that our experience over the years is that larger, flexibly configured sites reach more families and that our owned site in West County is our least expensive.

Based on these findings, staff proposed establishing two large regional sites in East County to replace the existing three small sites; purchasing a site in Pittsburg and searching for a new site in Antioch; and piloting new family support services directed toward African American families. AS a result, more families – particularly more African-American families -- will be served in the long run. Families will still receive services during the transition.

Marilyn Lucey asked whether First 5 Contra Costa considered assistance in transportation services to serve low income families with limited or no access to transportation. Sean said that it was discussed and we are looking at sites near bus lines and transportation.

Marilyn Lucey also asked if programs were also offered in different times of the day to reach out to parents and care givers with limited availability. West County First 5 Center Director Alexina Rojas informed that the centers often provide early childhood classes in the evenings and Saturdays. She also reported that these off-hours classes are very well attended.

Lee Ross asked to clarify if the RFQ needs assessment is county-wide? Lisa Johnson verified that it is County-wide.

Wanda Session asked whether the satellite site in West County was successful.

Alexina Rojas informed that the satellite-site in Richmond is located in a concentrated area where there were many families with zero to five children. Whereas there were more “walkers” at the San Pablo First 5 Center site. She pointed out though that each site offers different environments. While one site is bigger and more spacious, the smaller satellite site they found “nurturing”. She also noted that there were families that simultaneously availed of the services of the two sites.

Kathy Gallagher asked if the African American family support services will be assessed directly by First 5 Contra Costa or will be conducted by a third party?

Sean informed that it will be conducted by a third party on behalf of First 5 Contra Costa. They will do a broad community survey much of which will be conducted face to face. First 5 will have its own data to add.

District Director at Aspiranet, Odessa Caton, commented on liking the redesign and believed that the East County and Delta would be better served.

**6.1 Accept staff recommendations to fund two large regional East County First 5 Centers, and pursue Pittsburg and Antioch site purchases.**

After the presentation questions, a motion to accept staff recommendations to fund two large regional East County First 5 Centers and pursue Pittsburg and Antioch site purchases was made by Maria Fort and seconded by John Jones.

**AYES:** Maria Fort, Marilyn Lucey, Lee Ross, John Jones, Wanda Session, Kathy Gallagher and Kathy Marsh.

**NOES:** None

**ABSTAIN:** None

Motion was **APPROVED**.

**6.2 Accept staff recommendation to pilot family support services for African American families.**

Motion to accept the staff recommendation to pilot family support services for African American families was made by Lee Ross and seconded by Kathy Marsh.

**AYES:** Maria Fort, Marilyn Lucey, Lee Ross, John Jones, Wanda Session, Kathy Gallagher and Kathy Marsh.

**NOES:** None

**ABSTAIN:** None

Motion was **APPROVED**.

**6.3 Authorize the release of a Request for Qualifications to cover the period of January 1, 2018 through June 30, 2020 for up to \$5,534,033 for First 5 Center services as outlined in the staff report.**

Sean reported that the RFQ will be for 4 sites for a contract term of two and half years starting in



January 2018 for First 5 Center services.

Motion to approve the consent calendar was made by Marilyn Lucey and seconded by Maria Fort.

**AYES:** Maria Fort, Marilyn Lucey, Lee Ross, John Jones, Wanda Session, Kathy Gallagher and Kathy Marsh.

**NOES:** None

**ABSTAIN:** None

Motion was **APPROVED**.

**7.0 Thank you to Barbara Cappa for serving as District 2 Commissioner from January 15, 2013 thru June 5, 2017. Welcome Marilyn Lucey as incoming District 2 Commissioner.**

Sean thanked Barbara Cappa and presented a plaque in appreciation of for her years of service to the First 5 Contra Costa Children and Families Commission.

He also announced that District 2 Supervisor Candace Andersen reassignment of Marilyn Lucey for the remainder of her term as the new Commissioner.

**8.0 Policy and Advocacy Report**

Sean Casey presented the following:

AB 435 update: Cleared the Senate Education Committee in June; will be heard in the Senate Human Services Committee tomorrow. Steve Glazer serves on the committee; we briefed his staff on it a couple weeks ago. If approved in Human Services, the final stop is Senate Appropriations. We are working on reducing the apparent cost of the bill, including an agreement for the three counties to submit a single plan to CDE to reduce their administrative cost.

The Central County Regional Group has been working with the City of Concord on a potential “welcoming and inclusive” or “sanctuary city” resolution. As First 5 we will sign on to a multi-organizational letter urging the City to do so.

**9.0 Executive Director’s Report**

Sean Casey announced two staff changes.

Our long-time program assistant, first for community engagement and currently with communications, Walter Aab, will be leaving us July 21. He has been with us since 2011 and we will miss him and his wife Marzy as they start a new life in Chicago.

I also need to let you know that Cally Martin will also be leaving us at the end of the month. She is moving on to a new, more spectacular job at an organization I can’t even name, because they haven’t announced her hire yet. Cally has been with us since 2008 and I can confidently say that there is not a single aspect of our organization that she has not made some significant contribution to. We are who we are today in large part because of her. We will have some sort of party for her and you will all be invited as soon as we know what it is.

**10.0 Communications**

There were none received.

**11.0 Commissioner F.Y.I. Updates**

Katharine Mason informed that the Employment & Human Services Department's Community Services Bureau published the 2016-2017 annual report.

The report can be found on the EHSD / Head Start Community Services section:

<http://ehsd.org/wp-content/uploads/2017/07/Contra-Costa-County-EHSD-CSB-2016-17-Annual-Report.pdf>

John Jones announced the rebranding of the new CoCoKids from the Contra Costa County Child Care Council.

<https://www.cocokids.org/cocokids-frequently-asked-questions-about-name-change/>

The organization remains to provide child care subsidy and resources and to champion and advance quality child care and early education. They will continue to focus on services for families and child care providers.

**12.0 Adjourn**

Due to the Labor Day holiday, the next Commission meeting will be on Monday, September 11, 2017.

Kathy Gallagher adjourned the meeting at 7:31 PM.



Monday September 11, 2017

Agenda Item 3.2

Accept the Executive Committee Report from July 10, 2017 meeting.



## Executive Committee

### Special Meeting

#### MINUTES

July 10, 2017

**Note later time:**

**5:00 p.m.**

Small Conference Room,  
1485 Civic Court, Suite 1200, Concord, CA

#### 1.0 Call to Order

The meeting was called to order at 5:10

In attendance: Commission members Kathy Gallagher, Gareth Ashley, John Jones, staff Sean Casey, Marnie Huddleston, Cally Martin.

#### 2.0 Public Comment

**There was none.**

#### 3.0 Staff Updates

Cally Martin gave the following program update:

notification of CSPP Block Grant (\$1,114,280) and I/T Block Grant (\$188,781)

AspiraNet and STAND for Families Free of Violence successfully orchestrated a seamless transition of the Bay Point First 5 Center and its staff. Aspiranet will oversee the Bay Point First 5 Center for the next six months for the remainder of the current contract.

Welcome Home Baby received news that the Early Head Start expansion grant would not be going forward. The program had been ramping up since April to accommodate the anticipated expansion of Early Head Start dollars that would have doubled the size of the existing program. Our partner, Community Services Bureau, received word in late May that the funding was no longer available for home visiting.

Help Me Grow is running a pilot with three County health clinics (Pittsburg, Antioch, and Richmond) to do a system check on the communication flow between the health clinic system and the HMG phone line. The pilot will inform system improvement efforts.

The First 5 Alameda and Contra Costa HMGs met with Underground creative agency to review concepts for HMG parent education campaign and will shortly be moving to parent focus groups to test them out.

The Regional Groups continue to be active in promoting immigrant protections through local policies. Most recently the Pleasant Hill City Council passed a Compassionate City Resolution, declaring its commitment to a safe city for all residents. The policy asserts that police protocol and city services will not enforce federal immigration law. Pleasant Hill joins four other cities countywide who have passed resolutions in support of diversity and safe environments for all.

Out of over 900 applications for funding, the San Francisco Foundation awarded the Community Engagement program with \$50,000 for a one-year grant to carry out community based advocacy for racial and immigrant justice and housing security. The work will be concentrated in Central and East Contra Costa.

*Executive Committee*

**MINUTES**

*July 10, 2017*

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Kaiser Permanente awarded the CE program with a one-year \$20,000 grant to carry out a Bay Point Parks Assessment and Advocacy effort to improve Bay Point park access for low-income families. The Bay Point Parks Assessment Day is scheduled for Saturday, August 19th from 9am to 3pm.

The WCRG and First 5 staff participated in the last of three community workshops to inform the San Pablo *Bike and Pedestrian Master Plan*. The WCRG's input has been critical in identifying priority improvements that will benefit families with young children. The plan is expected to be adopted on August 7<sup>th</sup>, 2017.

**4.0 Commission Updates**

Cally Martin informed the Committee that she will be leaving First 5 in August for another position. She could not yet name her new employer as they had yet to announce within their own organization. The Committee members expressed their regret at her leaving and their thanks for her many years of work for the Commission.

**5.0 Review agenda items for upcoming Commission meetings**

The August meeting will feature a presentation by Moira Kenney, Executive Director of the First 5 Association on marijuana legalization, implications for children and opportunities for First 5.

**6.0 Adjourn**

The meeting adjourned at 5:45

*Executive Committee*

**MINUTES**

*July 10, 2017*

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Monday September 11, 2017

Agenda Item 5.0

Presentation: "Marijuana and Young Children"  
By Moira Kenny, Executive Director  
First 5 Association of California



## IMPACTS OF MARIJUANA EXPOSURE ON CHILDREN 0-5 THE URGENCY TO ACT

### EXECUTIVE SUMMARY

*The passing of Proposition 64 in California, legalizing recreational marijuana, is set to drastically change the relationship of Californians to marijuana. The First 5 Association is concerned that with anticipated greater use and acceptance of recreational marijuana, more young children may experience unintended health effects. Research shows legitimate health concerns in other states that have legalized marijuana, including increased unintentional exposures in young children leading to hospitalization. In addition, the public health research is beginning to reveal short term and long term health and development impacts for children of women who smoke marijuana during pregnancy.*

*Despite the potential health impacts that legalizing marijuana may have on young children, the State of California has no budget earmarked for prevention or intervention services that will address potential impacts to this critical group of children. With an anticipated 1 billion dollars in revenue from marijuana taxation, the state has a prime opportunity to allocate funding for initiatives that would inform young parents about these impacts and support prevention and intervention programs this vulnerable population at the most critical stage of brain development.*

*First 5 Commissions have been incorporating information about marijuana exposure into their work for some time, developing marijuana prevention and intervention services targeting pregnant mothers who use marijuana. As a statewide network of public agencies with existing infrastructure and partnerships, First 5 is uniquely positioned to scale up these efforts and implement the necessary prevention and intervention activities that will benefit young children across the state. However, additional revenue are needed to ensure that this work is consistent, scaled, and coordinated with broader marijuana education and harm reduction programs.*

### INTRODUCTION

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The legalization of recreational marijuana in California, set in motion by the passing of Proposition 64, is anticipated to change the use and acceptance of the drug among Californians. The increased availability along with the changing perceptions of marijuana will necessitate that California look at the unintended effects these changes may have on young children aged 0-5. Past and emerging research on maternal marijuana use shows that there may be both short-term and long-term health effects for children whose mothers use marijuana during pregnancy. There has also been a notable increase in unintentional exposures in young children leading to hospitalization. With potential public health implications, the current budget appropriations for Proposition 64 tax revenue do not earmark any funding for education, prevention or intervention for parents and caregivers of young children.

The emerging research shows health impacts to young children and policymakers must work to dedicate funding for investments in early childhood development. A few First 5 Commissions across the state have begun to address this issue by championing targeted educational campaigns for pregnant mothers and young families. In addition, First 5 has programs in place across California's 58 counties that provide the existing infrastructure to implement services and campaigns to reach young parents and health practitioners. This policy paper details the existing research on health impacts of marijuana on young children; the potential for Proposition 64 tax revenues to be used for targeted education, prevention and intervention; and the capacity of First 5 to use additional funding to implement many of these programs across the state.

## **HEALTH IMPACTS OF MARIJUANA ON CHILDREN (Ages 0-5)**

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There is growing scientific research related to marijuana-related health impacts on young children. The legalization of recreational marijuana in Colorado has prompted more research in recent years from the Colorado Department of Public Health and Environment, in accordance with a mandate from the State after legalizing recreational marijuana in 2012.

### *Marijuana exposure and proximity for young children*

States that have legalized recreational marijuana have found an increased number of unintentional exposures for children which lead to hospitalizations. A 2016 article published in *JAMA Pediatrics* found that the average marijuana-related visits to the Children's Hospital of Colorado nearly doubled, increasing from 1.2 per 100,000 population to 2.3 per 100,000 two years after legalization.<sup>i</sup> This research indicates that California is likely to see an increase in incidence of exposures of young children, as recreational marijuana is legalized.

Marijuana exposures in children commonly involve edible marijuana products, made by adding concentrated Tetrahydrocannabinol (THC) into foods, such as cookies and candies, that are desirable to children who are developmentally inclined to put items in their mouths. The Colorado Department of Health has found that most pediatric exposures to marijuana involve infused edible products that are not in child resistant containers. Moreover, the Department estimates that approximately 14,000 families in Colorado have children under the age of 15 in the home with potentially unsafe marijuana storage. Children in California may be similarly at risk, as California marijuana retailers have no requirements for selling products in child resistant packaging. While legislation is moving forward in CA to address this critical issue, we anticipate that packaging restrictions will not completely eradicate the potential for poisoning.

The symptoms and effects of marijuana intoxication in children vary. The Children's Hospital of Colorado reports that symptoms of marijuana intoxication in kids include being unbalanced, sleepiness, poor respiratory effort, and less commonly, induced coma.<sup>ii</sup> As the legalization of marijuana will potentially increase the availability of marijuana in more California households, the extent of unintentional marijuana exposures in young children is an area that requires greater research.

### *Possible effects of marijuana use during pregnancy on children*

In addition to increased pediatric exposures and hospital visits, there is scientific evidence that THC passes from the mother to the unborn child through the placenta, potentially affecting the baby. The Colorado Department of Health's guidance to health providers on talking to pregnant mothers recommends saying "there is no known safe amount of marijuana for your baby."<sup>iii</sup> Although studies about birth outcomes are limited, research has found that marijuana use during pregnancy may be associated with increased risk of still birth and heart defects, and decreased birth weight in exposed offspring. A study of fetal growth among over 7,000 pregnant mothers found that maternal marijuana use during pregnancy was associated with growth restriction in mid and late pregnancy and with lower birth weight of the infant.<sup>iv</sup> Indicators of restricted growth in the uterus, such as decreased birth weight, can increase chances of adverse long-term development outcomes.

Emerging studies are also linking maternal cannabis use to developmental delays later in life that may not appear until adolescence. For example, there is evidence that marijuana use during pregnancy is associated with increased attention problems. Two studies found that prenatal marijuana exposure had a negative effect on the attentiveness of children at 6 years and 10 years, respectively.<sup>v,vi</sup> There is also evidence that maternal marijuana use resulted in decreased IQ scores and decreased cognitive function in offspring.<sup>vii</sup>

Less is known about the effects of breast feeding on babies of mothers who use marijuana, although there is biological evidence that THC is present in the breast milk of mothers who use marijuana. Infants who drink this breast milk absorb and metabolize the THC. The American College of Obstetricians and Gynecologists recommends that due to insufficient data on the effects of marijuana use on infants during lactation, marijuana use should be discouraged.<sup>viii</sup>

Overall, there is a need for continued public health research regarding the impacts on children of marijuana use by their pregnant and breastfeeding mothers. Several issues make it difficult to quantify the effect of maternal marijuana use on children. One, mothers using marijuana during pregnancy are more likely to be using tobacco and alcohol also, which makes it harder to discern the fetal outcomes from individual substances. In addition, research is often based on reports by pregnant women who are proven to under-report. And finally, over the last 4 decades the percentage of THC in marijuana has shown to have increased, with one study indicating that between 1993 and 2008, THC concentration rose from an average of 3.4% to 8.8%.<sup>ix</sup> Future longitudinal studies that measure the impact of prenatal marijuana use as offspring reach adolescence will more fully reflect the impact of maternal marijuana use with current marijuana potency may not be fully understood.

### *Teen births and marijuana*

The potential impacts of marijuana use during pregnancy may be an even higher risk for adolescents, who are more likely to use marijuana during pregnancy. Colorado Department of Health notes that of any age group, those from 15-19 years of age reported the highest use of marijuana during pregnancy. Fourteen percent of pregnant women aged 15-19 reported using marijuana during their pregnancy, compared to just 4.3% of women aged 25-34.<sup>x</sup> The statistically higher rate of marijuana use for pregnant teens increases exposure to the potential effects of marijuana on the children of this age group.

For California, these numbers are alarming as we consider the female teen pregnancy rate in California, with some counties as high as 45 teen births per 1,000 young women ages 15-19.<sup>xi</sup> Adolescents may be

especially hard hit, as the legalization of recreational marijuana has shown to significantly increase use among adolescents. A study of students in Washington found that among eighth and tenth graders, marijuana use significantly increased while perception of harmfulness decreased after legalization. In California, teen use, especially during pregnancy, may increase as legalization decreases the stigma and risk associated with use.

Research continues to show that young women of color, and women living in communities where economic and academic advancement is often difficult, are more likely to experience teen pregnancy. Nationally, daughters of teen mothers are three times more likely to become teen mothers themselves. Proposition 64 appropriately recognized the need to focus on impacts in communities of color. Similarly, the impact of marijuana on prenatal development should address the disproportionate rates of teen pregnancy in these same communities.

#### *Developing a Public Health Framework*

Continuing to cultivate research on the marijuana-related health impacts on young children is imperative as the emerging marijuana industry in California may try to minimize potential health impacts. Evidence from past decades of tobacco and alcohol control reveal that without a strong public health framework around the potential health impacts of marijuana, a profit-motivated marijuana industry could reduce public health efforts that the industry views as reducing marijuana use and sales. Dr. Stanton Glantz, who has researched the tobacco industry's attacks on tobacco control, advocates for a comprehensive public health education and regulatory framework modeled on the California Tobacco Control Program, before the marijuana industry fully develops in California.<sup>xii</sup>

## **REVENUE APPROPRIATIONS FROM PROP 64**

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Proposition 64 establishes two excise taxes that generate revenue from the cultivation and retail sales of recreational marijuana. The first is a cultivation tax that taxes the growing of marijuana per ounce, and the second tax is a 15 percent tax on the retail price of marijuana. The revenue from these taxes has been appropriated to programs and research that address *some* who may be impacted by the effects of legalization, such as revenue distribution to drug education, prevention and treatment programs for youth. However, currently none of the funds are earmarked for children (0-5) and young families.

#### *Type of services, education and outreach that could be funded*

Policymakers in other states that tax recreational marijuana have also had to decide where to distribute the revenue. In Fiscal Year 2014/2015, Colorado dedicated \$1.5 million of the \$35 million budget from marijuana taxation to the Department of Human Services for substance use disorder treatment services for adolescents and pregnant women. This is just one example of revenues from marijuana excise taxes being spent on services that will support the well-being of young children. Other potential education, prevention, research and services that could be funded through Proposition 64 include:

#### **Prevention and Education**

- **Distribute educational materials to health care providers** – Provide information to health care providers on known risks and prevalence of use among different patient populations.

- **Conduct targeted educational campaigns for pregnant women** – Reach pregnant women through educational campaigns on the known risks of marijuana use during pregnancy and breastfeeding.
- **Provide education on safe storage for parents and caregivers** – Reach caregivers to inform them about safe adult use and safe storage of marijuana.
- **Distribute educational materials at dispensaries** – Partner with dispensaries to post and distribute educational materials about marijuana use during pregnancy or breastfeeding.

### Research

- **Research scientific gaps of effects of marijuana use during pregnancy on children** – Promote research in the scientific literature around pregnancy and breastfeeding that may impact public health policies and prevention strategies.
- **Collect and monitor unintentional exposure data** – Research to monitor the extent and impact of unintentional marijuana exposures in young children.

### Services

- **Include marijuana exposure information in home visiting services** – Promote home visiting services that address marijuana exposure within a broader range of health promotion topics with pregnant and new mothers.
- **Distribute information through “Well Baby Kits”** – Provide information about the harmful effects of marijuana on children, along with other parenting information and resources, within “Well Baby Kits” distributed to new mothers.

## FIRST 5 EDUCATION AND PREVENTION SERVICES

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First 5 Mendocino and First 5 Humboldt, serving two of the counties with the highest marijuana use rates in the state, have recently launched education campaigns specifically addressing the harmful effects of marijuana use during pregnancy on child development. The primary audience is expectant and recent mothers, particularly those with average and high marijuana use. A statewide education campaign could extend the reach and potentially change health outcomes for young children and their parents.

In addition to some Commissions’ targeted marijuana education for pregnant women, First 5 has several programs in place that support young families and assess risk factors for child development, including marijuana use. For example, the home visiting program, funded by First 5 in several counties, offers family support and coaching for pregnant women, families with newborns, and children up to 5. First 5 Commissions also provide drug intervention services, such as treatment referrals, environmental consultations and mental health consultations. Help Me Grow, a national program adopted by several First 5 counties in California, coordinates and supports developmental screening and referrals. These existing programs provide opportunities to give the support to parents that will reduce the health impacts of marijuana on their young children.

There has been a great deal of focus in recent years on the return on investment when funding early childhood programs. Most of the discussion at the state and national level has targeted the studies of quality early learning programs – like preschool – where multiple research studies have confirmed their cost-effectiveness. However, similar long term benefits and long term savings have been attributed to the investments we highlight here as appropriate for families who may be using marijuana in the home. One nationally published study of the Nurse Family Partnership documented children whose mothers did receive the intervention were less likely to report using cigarettes, alcohol, and marijuana, and were less likely to report having internalizing disorders such as anxiety and depression at 12 years of age. In addition to these specific effects on drug use in later life, NFP has documented cost-savings impacts including: increased employment for mothers, reductions in welfare and food stamps, and improved school readiness for children.

## **ADDITIONAL QUESTIONS**

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As Commissions begin to engage local partners – nurses, home visitors, preschool directors, family resource staff, and others – on the likely impacts of marijuana legalization on their work in communities, we are learning that there are many as-yet unanswered questions about the many ways young families will be impacted, including:

- **Second-Hand Smoke Exposure:** How are infants and young children affected by second hand exposure to marijuana smoke?
- **Working with Intoxicated Parents:** How should preschool programs and other providers respond when parents appear to be marijuana intoxicated when they come to participate in programs or pick up their children? Can they send children home in cars with parents who may be intoxicated? What kinds of policies should they have in place?
- **What other programs – in addition to home visitation and direct parent education about prenatal exposure – might be effective interventions for families where drug exposure has been identified?**

## **A TIME FOR ACTION**

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Located in all 58 counties, First 5 California has the existing infrastructure, programs and partnerships to reach young children and parents that may be adversely impacted by legalizing marijuana. First 5 Mendocino and First 5 Humboldt have already taken the lead to promote education around marijuana use for pregnant and breastfeeding women. With additional funding from Proposition 64 revenue, First 5 in California can continue to develop and implement programs and campaigns to reach young parents and health practitioners. First 5 is not new to scaling programs quickly. In the past, First 5 has received funding to implement evidence-based initiatives such as the early childhood education Quality Rating and Improvement System, oral health programs and Help Me Grow—all of which are being implemented successfully and efficiently. With the emerging research showing health impacts to young children, policymakers must work to dedicate funding for investments in early childhood development.

## SOURCES

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- <sup>iii</sup> Colorado Department of Public Health and Environment “Marijuana Pregnancy and Breastfeeding Guidance for Colorado Health Providers” March 2015.
- <sup>iv</sup> Hanan El Marroun et al. “Intrauterine cannabis exposure affects fetal growth trajectories: the Generation R Study.” *Journal of the American Academy of Child and Adolescent Psychiatry* 48, no. 12 (2009): 1173–81. doi:10.1097/CHI.0b013e3181bfa8ee
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- <sup>vi</sup> Lidush Goldschmidt et al. “Effects of prenatal marijuana exposure on child behavior problems at age 10. *Neurotoxicol Teratol*. 22, no. 3 (2000): 325-36.
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- <sup>viii</sup> The American College of Obstetricians and Gynecologists. “Marijuana Use During Pregnancy and Lactation” July 2015. Accessed April 12, 2016.
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- <sup>xii</sup> Rachel A. Barry and Stanton A. Glantz. “A Public Health Analysis of Two Proposed Marijuana Legalization Initiatives for the 2016 California Ballot: Creating the New Tobacco Industry,” Center for Tobacco Control Research and Education, UCSF (2016)



Monday September 11, 2017

Agenda Item 6.0

Consider accepting the 2018 health and dental premium employer contribution rates for active employees; and accept the 2018 premium contribution rates for intermittent employees, COBRA participants, retirees and survivors at the same levels of the County.



**Staff Report  
September 11, 2017**

**ACTION:**     X      
**DISCUSSION:**           

**Title: Consider accepting the 2018 premium contribution rates.**

**Introduction:**

From its inception, the Commission has chosen to participate in the County’s health benefit plans for First 5 employees. Each year the County negotiates premiums with the health insurance carriers and provides a rate sheet to First 5 listing the employer and employee contributions based on the negotiated rates. Since 2012, the Commission has adopted an 80% employer/20% employee contribution split on health premiums for active employees who work 20 hours or more per week. Dental rates for active employees, and health and dental rates for retirees are at the same contribution levels as the County. Retiree health and dental contributions are paid out of the First 5 CERBT trust. First 5 does not contribute to health or dental premiums for permanent-intermittent employees, part-time employees who work less than 20 hours per week, COBRA participants, or survivors of retirees. Rates sheets are attached.

The Commission must set the contribution levels at this meeting as the open enrollment period will begin October 2017.

**Background:**

Nine health plans continue to be available through four different carriers. Each carrier offers a Plan A and a lower-cost Plan B, with one high deductible health plan in combination with a Health Savings Account. Two dental plans are offered.

Prior years’ health and dental rates were split into two plan types, either individual employee plans or family plans. Beginning in 2018 rates will be split into three plan types; individual employee plans; employee and one dependent; or employee and two or more dependents.

The Board of Supervisors approved the 2018 premiums August 1, 2017. The premiums for the majority of the health plans will increase in 2018. Premiums for employees with two or more dependents are significantly higher than the previous family plans. Costs for the two dental plans remain unchanged through December 2018. A voluntary VSP vision plan is offered and paid entirely by employees.



**First 5 Contra Costa  
Annual Cost of Active Employee Health Benefits**

	<b>2017</b>	<b>2018 Projected</b>
	<i>Employer Share: 80%</i>	<i>Employer Share: 80%</i>
Total employees receiving health and/or dental benefit	28	28
Total employer contributions	\$409,236	\$433,240
Percent gain over previous year		5.9%

Currently, of the 30 staff eligible for benefits, 24 participate in both health and dental plans, four participate in dental only, and two do not participate in any plan.

Plan costs for 2017 and projected for 2018 are based on positions staffed for the full calendar year (12 months). Qualifying events (such as birth or marriage) can result in a different mix of employee plan choices and actual costs may be higher than projected. Because of the small number of participating employees the total could change significantly if more staff enroll, or if current participants change plans, or disenroll altogether.

**Recommendations:**

Staff recommends the Commission accept the 2018 health and dental premium employer contribution rates for active employees; and accept the 2018 premium contribution rates for intermittent employees, COBRA participants, retirees and survivors at the same levels as the County.

## PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2018 TOTAL MONTHLY PREMIUM	2018 FIRST 5 MONTHLY SUBSIDY	2018 EMPLOYEE MONTHLY SHARE
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$744.86	\$595.89	\$148.97
Employee & 1	\$1,489.70	\$1,191.76	\$297.94
Employee & 2 or more dependents on Basic Plan	\$2,234.57	\$1,787.66	\$446.91
<b>CONTRA COSTA HEALTH PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$825.69	\$660.56	\$165.13
Employee & 1	\$1,651.38	\$1,321.11	\$330.27
Employee & 2 or more dependents on Basic Plan	\$2,477.07	\$1,981.66	\$495.41
<b>KAISER PERMANENTE - BASIC PLAN A</b>			
Employee on Basic Plan	\$783.86	\$627.09	\$156.77
Employee & 1	\$1,567.71	\$1,254.17	\$313.54
Employee & 2 or more dependents on Basic Plan	\$2,351.57	\$1,881.26	\$470.31
<b>KAISER PERMANENTE - BASIC PLAN B</b>			
Employee on Basic Plan	\$623.05	\$498.44	\$124.61
Employee & 1	\$1,246.09	\$996.88	\$249.21
Employee & 2 or more dependents on Basic Plan	\$1,869.14	\$1,495.32	\$373.82
<b>KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN</b>			
Employee on Basic Plan	\$499.94	\$399.96	\$99.98
Employee & 1	\$999.88	\$799.91	\$199.97
Employee & 2 or more dependents on Basic Plan	\$1,499.82	\$1,199.86	\$299.96
<b>HEALTH NET HMO PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$1,512.68	\$1,210.15	\$302.53
Employee & 1	\$3,025.36	\$2,420.29	\$605.07
Employee & 2 or more dependents on Basic Plan	\$4,538.04	\$3,630.44	\$907.60
<b>HEALTH NET HMO PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,051.89	\$841.52	\$210.37
Employee & 1	\$2,103.78	\$1,683.03	\$420.75
Employee & 2 or more dependents on Basic Plan	\$3,155.67	\$2,524.54	\$631.13
<b>HEALTH NET CA &amp; OUT OF AREA PPO PLAN - BASIC PLAN A</b>			
Employee on Basic Plan	\$2,039.71	\$1,631.77	\$407.94
Employee & 1	\$4,079.42	\$3,263.54	\$815.88
Employee & 2 or more dependents on Basic Plan	\$6,119.13	\$4,895.31	\$1,223.82
<b>HEALTH NET CA &amp; OUT OF AREA PPO PLAN - BASIC PLAN B</b>			
Employee on Basic Plan	\$1,836.24	\$1,469.00	\$367.24
Employee & 1	\$3,672.48	\$2,937.99	\$734.49
Employee & 2 or more dependents on Basic Plan	\$5,508.72	\$4,406.98	\$1,101.74

## PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION		2018 TOTAL MONTHLY PREMIUM	2018 FIRST 5 MONTHLY SUBSIDY	2018 EMPLOYEE MONTHLY SHARE
<b>DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum</b>				
For CCHP Plans	Employee	\$45.16	\$41.17	\$3.99
	Employee + 1	\$102.00	\$93.00	\$9.00
	Employee + 2 or more	\$102.00	\$93.00	\$9.00
For Health Net Plans	Employee	\$45.16	\$34.02	\$11.14
	Employee + 1	\$102.00	\$76.77	\$25.23
	Employee + 2 or more	\$102.00	\$76.77	\$25.23
For Kaiser Permanente Plans	Employee	\$45.16	\$34.02	\$11.14
	Employee + 1	\$102.00	\$76.77	\$25.23
	Employee + 2 or more	\$102.00	\$76.77	\$25.23
Without a Health Plan	Employee	\$45.16	\$43.35	\$1.81
	Employee + 1	\$102.00	\$97.81	\$4.19
	Employee + 2 or more	\$102.00	\$97.81	\$4.19
<b>DELTA CARE (HMO)</b>				
For CCHP Plans	Employee	\$29.06	\$24.83	\$4.23
	Employee + 1	\$62.81	\$53.65	\$9.16
	Employee + 2 or more	\$62.81	\$53.65	\$9.16
For Health Net Plans	Employee	\$29.06	\$20.73	\$8.33
	Employee + 1	\$62.81	\$44.79	\$18.02
	Employee + 2 or more	\$62.81	\$44.79	\$18.02
For Kaiser Permanente Plans	Employee	\$29.06	\$20.73	\$8.33
	Employee + 1	\$62.81	\$44.79	\$18.02
	Employee + 2 or more	\$62.81	\$44.79	\$18.02
Without a Health Plan	Employee	\$29.06	\$26.73	\$2.33
	Employee + 1	\$62.81	\$57.77	\$5.04
	Employee + 2 or more	\$62.81	\$57.77	\$5.04
<b>VSP VOLUNTARY VISION PLAN</b>				
	Employee	\$10.08	\$0.00	\$10.08
	Employee + 1	\$20.14	\$0.00	\$20.14
	Employee + 2 or more	\$32.44	\$0.00	\$32.44



Monday September 11, 2017

Agenda Item 7.0

Consider accepting the final financial report for fiscal year 2016-2017



		FY16/17 Budget		
		F5 Contra Costa Funds	Other Funds	Total Budget
<b>REVENUE</b>				
1	Prop 10 - Tax Apportionment	7,514,958		7,514,958
2	First 5 California IMPACT	-	733,569	733,569
3	COE/Preschool QRIS Block Grant	-	366,631	366,631
4	COE Infant-Toddler QRIS Block Grant	-	381,527	381,527
5	Thomas J. Long Foundation Help Me Grow	-	1,290,000	1,290,000
6	Sunlight Giving	-	-	-
7	Interest Income	115,000		115,000
8	Grants and Other Income	-	93,250	93,250
<b>TOTAL REVENUE</b>		<b>7,629,958</b>	<b>2,864,977</b>	<b>10,494,935</b>
9	Fund Balance	3,962,057	384,372	4,346,429
<b>TOTAL REVENUES AND FUND BALANCE</b>		<b>11,592,015</b>	<b>3,249,349</b>	<b>14,841,364</b>

FY16/17 Revenue and Expenditures			
F5 Contra Costa Funds	Other Funds	Total Revenue and Expense	% of Budget
8,064,566		8,064,566	107%
	582,536	582,536	79%
	369,775	369,775	101%
	360,104	360,104	94%
	597,500	597,500	46%
	100,000	100,000	-
270,792		270,792	235%
3,079	134,619	137,698	148%
8,338,437	2,144,534	10,482,971	100%
1,968,092	100,314	2,068,406	48%
<b>10,306,529</b>	<b>2,244,848</b>	<b>12,551,377</b>	<b>85%</b>

Line #

A

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PROGRAM				
<b>Initiatives</b>		<b>7,423,647</b>	<b>1,966,969</b>	<b>9,390,616</b>
10	<b>Early Care and Education Initiative</b>			
11	Professional Development	885,006	140,000	1,025,006
12	Early Learning Quality	64,000	653,114	717,114
13	Literacy	212,080	50,000	262,080
14	<b>Total</b>	<b>1,161,086</b>	<b>843,114</b>	<b>2,004,200</b>
15	<b>Family Support</b>			
16	First 5 Centers	2,328,718		2,328,718
17	Home Visiting	1,255,015		1,255,015
18	Training and support	25,200		25,200
19	<b>Total</b>	<b>3,608,933</b>		<b>3,608,933</b>
20	<b>Early Intervention</b>			
21	Therapeutic Services	227,250	77,250	304,500
22	ECE Consultation	993,177		993,177
23	Help Me Grow	345,000	886,605	1,231,605
24	Children Experiencing Stress/Trauma	397,294		397,294
25	Training and Consultation	25,000		25,000
26	<b>Total</b>	<b>1,987,721</b>	<b>963,855</b>	<b>2,951,576</b>
27	<b>Community Information and Education</b>			
28	Public Information	520,157	160,000	680,157
29	Community Engagement	140,750		140,750
30	Family Economic Stability	5,000		5,000
31	<b>Total</b>	<b>665,907</b>	<b>160,000</b>	<b>825,907</b>
32	<b>Program Expenses</b>			
33	Program Salaries & Wages	1,116,390	602,658	1,719,048
34	Program Employee Benefits	583,136	342,176	925,312
35	Office Overhead and Other Expenses	356,370	39,900	396,270
36	<b>Total</b>	<b>2,055,896</b>	<b>984,734</b>	<b>3,040,630</b>
37	<b>TOTAL PROGRAM</b>	<b>9,479,543</b>	<b>2,951,703</b>	<b>12,431,246</b>

<b>6,698,541</b>	<b>1,225,057</b>	<b>7,923,598</b>	<b>84%</b>
829,038	65,215	894,253	87%
349	590,877	591,226	82%
210,015	52,065	262,080	100%
<b>1,039,402</b>	<b>708,157</b>	<b>1,747,559</b>	<b>87%</b>
2,263,913		2,263,913	97%
1,200,000		1,200,000	96%
6,135		6,135	24%
<b>3,470,048</b>		<b>3,470,048</b>	<b>96%</b>
129,753	77,250	207,003	68%
986,913		986,913	99%
226,168	361,713	587,881	48%
361,750		361,750	91%
10,113		10,113	40%
<b>1,714,697</b>	<b>438,963</b>	<b>2,153,660</b>	<b>73%</b>
340,605	65,000	405,605	60%
133,429	12,937	146,366	104%
360		360	7%
<b>474,394</b>	<b>77,937</b>	<b>552,331</b>	<b>67%</b>
1,051,718	545,949	1,597,667	93%
520,438	296,813	817,251	88%
218,458	1,904	220,362	56%
<b>1,790,614</b>	<b>844,666</b>	<b>2,635,280</b>	<b>87%</b>
<b>8,489,155</b>	<b>2,069,723</b>	<b>10,558,878</b>	<b>85%</b>

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EVALUATION				
39	Evaluation Salaries & Wages	307,284	48,091	355,375
40	Evaluation Employee Benefits	166,099	26,014	192,113
41	Professional Services	410,286	80,043	490,329
42	Office Overhead and Other Expenses	65,066		65,066
43	<b>TOTAL EVALUATION</b>	<b>948,735</b>	<b>154,148</b>	<b>1,102,883</b>

258,164	18,119	276,283	78%
116,328	8,165	124,493	65%
304,242	85,856	390,098	80%
34,336		34,336	53%
<b>713,070</b>	<b>112,140</b>	<b>825,210</b>	<b>75%</b>

F

F

ADMINISTRATION				
44	Administrative Salaries & Wages	521,209	94,726	615,935
45	Administrative Employee Benefits	257,073	48,772	305,845
46	Professional Services	133,000		133,000
47	Purchased Services, Equip Lease, Supplies	182,645		182,645
48	Office Overhead	69,810		69,810
49	<b>TOTAL ADMINISTRATION</b>	<b>1,163,737</b>	<b>143,498</b>	<b>1,307,235</b>
50	<b>TOTAL EXPENDITURES</b>	<b>11,592,015</b>	<b>3,249,349</b>	<b>14,841,364</b>

564,194	42,493	606,687	98%
272,074	20,492	292,566	96%
59,734		59,734	45%
154,277		154,277	84%
54,025		54,025	77%
<b>1,104,304</b>	<b>62,985</b>	<b>1,167,289</b>	<b>89%</b>
<b>10,306,529</b>	<b>2,244,848</b>	<b>12,551,377</b>	<b>85%</b>

Distribution of expenses by department:			
Program		84%	
Evaluation		7%	
Administrative		9%	
<b>Total</b>		<b>100%</b>	

Fund Balance as of 6/30/2017:	
<b>Nonspendable</b>	<b>346,508</b>
Prepays and Deposits	132,508
Loans Receivable - Brighter Beginnings	214,000
<b>Restricted</b>	<b>424,092</b>
Long Foundation - Help Me Grow	424,092
<b>Committed</b>	<b>841,227</b>
Capital Assets	841,227
<b>Assigned</b>	<b>4,936,862</b>
Elimination of FY17/18 Budget Deficit	4,570,884
Leases	365,978
<b>Unassigned Funds</b>	<b>19,619,262</b>
Contingency Fund	7,500,000
Unassigned	12,119,262
<b>Total Fund Balance</b>	<b>26,167,951</b>

- A. CA State Preschool Program and Infant Toddler funds are being used as their funding is renewed, saving the IMPACT funding for later years as the block grant funding ends.
- B. TJ Long Help Me Grow grant was revised; rec'd 2nd \$597,500 payment in July 2017
- C. Includes Sunlight Giving grant funds, \$77,250 County funds for Triple P, and \$46,000 CE grants
- D. Budgeted, unspent HMG grant funds roll forward to next fiscal year
- E. Help Me Grow Public Campaign project began late in FY, continues in FY17/18
- F. Two positions vacant for several months



Monday September 11, 2017

Agenda Item 8.0

Consider appointing nominating committee for 2018 Officers Election



## 2017 Nominating Committee Process and Timeline

<b>2017 Nominating Committee</b>	<b>Chair:</b> Wanda Session	<b>Members:</b> Matt Regan Lee Ross
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**Timeline:**

<b>September 11, 2017:</b>	Executive Committee Appoints Nominating Committee Chair and Members
<b>Late September – Early October 2017</b>	Nominating Committee sends an email to the entire Commission to elicit interest to participate on Executive Committee
<b>October – Early November 2017</b>	Nominating Committee meets to discuss and approve nomination of Chair, Vice Chair, and Secretary/Treasurer for 2017
<b>No later than Nov. 15, 2017</b>	In accordance with the Bylaws the Nominating Committee sends out the Slate of Officers for election for 2017 to the entire Commission 2 weeks prior to the voting meeting.
<b>December 4, 2017</b>	Commission votes and approves Slate of Officers for Election for 2017