



February 22, 2021
February Meeting Minutes
Zoom Conference Call

Commissioners Present

Paul Tichinin	Jim Flaherty	Sandra Applegate	Ben Anderson
John Haschak	Lucresha Rentería	Erica Baumker	Jenine Miller

Public Present

Julie Fetherston	Taff Chenewith	Alexandra Rounds	Megan Cavalli
Samantha Bond	Jenna Flesch	Andres Alvarado	Stephanie Zazueta

ITEM 1 WELCOME & INTRODUCTIONS

Commissioner Tichinin called the meeting to order at 1:02 p.m. and welcomed participants. The Commission and staff made introductions.

ITEM 2 PUBLIC COMMENT ON NON-AGENDIZED ITEMS

Commissioner Tichinin asked for public comment on non-agendized items and opened the public hearing. No public comment was received. Commissioner Tichinin closed the public hearing.

ITEM 3 CONSENT CALENDAR (ACTION)

- Meeting Agenda
- DRAFT Minutes from December 14, 2020 Commission Meeting
- DRAFT Minutes from January 25, 2021 Commission Meeting
- Staff Report

Commissioner Flaherty suggested a modification of the January 25, 2021 Commission Meeting Minutes (Item 4, Line 2), to correct Commissioner Miller's title to Clinician, Crisis Management.

Motion to approve the Consent Calendar with modification to the January 25, 2021 Commission Meeting Minutes as suggested.

Motion:Anderson, Second:Haschak

Yes: Applegate, Tichinin, Anderson, Flaherty, Baumker, Haschak, Rentería & Miller

No: none

Motion Passed.

COMMISSIONER RENTERÍA JOINED THE MEETING AT 1:07 P.M.

ITEM 4 PRESENTATION OF SURGEON GENERAL REPORT ON RESILIENCE

ED Fetherston continued her presentation on the synopsis of the CA Surgeon General's Roadmap to Resilience <https://www.acesaware.org/events/roadmap-for-resilience-the-california-surgeon-generals-report-on-adverse-childhood-experiences-toxic-stress-and-aces/>.

Commissioner Miller provided an overview of the organizational structure at Mendocino County HHSA as it currently stands.

- Dr. Jenine Miller, Director of Behavioral Health and Human Services Administration, is currently assisting with oversight of Public Health.
- Mary Alice is Interim Director of Public Health, until a decision is made regarding HHSA going forward. Has been part of the DOC (logistics and finance) through the pandemic and will continue to be.
- Bekkie Emery, Director of Social Services, oversees Social Services and is the DOC Manager.
- Dr. Coren, Public Health Officer, reports to Carmel Angelo for DOC efforts and works with Jenine Miller and Mary Alice for Public Health related matters.

Key areas of focus:

- Assess and monitor population health and the factors that influence health (Public Health and FIRST 5 could strengthen collaboration here through ACEs)
- Investigate, diagnose, and address root causes (prevention, detection, and treatment)

- Communicate and inform the public about health factors that influence health and any health crisis (i.e., Covid)
- Strengthen and mobilize community partnerships
- Champion policy changes that impact health and health equity

Public Health – Primary Prevention

- Strengthen economic supports to families (strengthen household financial security and family-friendly work policies)
- Promote social norms that protect against violence and adversity (public education campaigns, legislative approaches to reduce corporal punishment, bystander approaches, and men and boys as allies in prevention)
- Ensure a strong start for children (early childhood home visitation, high-quality childcare, and preschool enrichment with family engagement)
- Teach skills (social-emotional learning, safe dating and healthy relationship skill programs, parenting skills, and family relationship approaches)
- Connect youth to caring adults and activities (mentoring programs and after-school programs)

Public Health – Secondary Prevention

- Environmental solutions (identify additional risk factors)
- Early detection and intervention at individual and community levels
- Support identified individuals/families in finding resources
- Patient education
- Core public health functions

Public Health – Tertiary Prevention

- Support programs and strategies that help people regulate toxic stress physiology (i.e., Community Resiliency Model [CRM])
- Training for providers on AACHs and link to ACEs and toxic stress (identified need in our community)
- Educate providers and public about buffering strategies

Social Services – Primary Prevention

Office of Child Abuse and Prevention (OCAP) champions primary prevention by addressing major drivers of child welfare involvement (5 of the 10 ACEs): poverty, unaddressed mental health issues, substance use, and parental history of child abuse. Top findings in Mendocino county:

- Reduce poverty and improve economic stability through increased access to safety net
- Increase social connections and supports
- Improve neighborhood safety and play areas
- Improve access to high-quality childcare
- Improve access to high-quality healthcare
- Increase family friendly work environments
- Increase public awareness for community responsibility of children’s wellbeing

“These strategies particularly address new parents, since children under five have the highest rates of reported and substantiated abuse and neglect”. This is important to keep in mind when looking at the Strategic Plan.

Social Services – Secondary Prevention

Asset-based approach to building protective factors:

- Differential response programs
- Accessible Family Resource Centers (FRCs)
- Home Visiting Programs
- Respite care for families in crisis or with children with special needs
- Family-centered substance abuse treatment services

Commissioner Flaherty noted that F5M funding may necessitate moving away from direct services (like those aforementioned) in the future. ED Fetherston agreed and clarified that F5M is already moving in that direction, focusing on areas where they can provide support (of their partners who provide direct support) rather than services.

Social Services – Tertiary Prevention

Aimed at preventing recurrence and re-entry once adverse childhood experiences have happened:

- Intensive family preservation services with 24 hr. availability of counselors (6–8-week duration)
 - Action item for ED Fetherston: Determine if Mendocino County has Intensive Family Preservation Services with 24 hr. availability of counselors (6–8-week duration). Follow up meeting with Gina Conner to identify ways the family system can provide better support.
- Parent mentorship programs
- Parent support groups

- Healthcare services to address AAHCs (ACEs Associated Health Conditions) in children and caregivers

Early Childhood Supports – Primary Prevention

- Quality early care
- Quality early education

Early Childhood Supports – Secondary Supports

- Home visiting
- Economic support (i.e., Earned Income Tax Credits and Food Stamps)
- Educational opportunities
- Parenting supports (and peer support for early learning teachers)

Early Childhood Supports – Tertiary Prevention

- Strengthen network for referral systems, include data integration across programs
 - Critical need for Mendocino County - clear referral pathways; an ongoing and updated resource platform; data integration; and overcoming HIPPA barriers to data and referral sharing. The Childhood Trauma Action Team has been working on solutions for these issues.
- Enhance cross-departmental collaboration
- Universal messaging on the prevention of ACEs and toxic stress
- Sector workforce should receive regular training in Trauma Informed Practices and skills. Was in Commissioner’s Survey. ED Fetherston will look into this for F5M’s Strategic Planning.
- Emphasis on equity, services, and support to fit local needs
 - Issue for outlying areas within Mendocino County where resources are limited. F5M is exploring cost-effective approaches to mitigate buffering factors. This could be part of an education campaign.
- Further research for optimal outcomes and cost-effective approaches

Education – Primary Prevention

“Among the most direct and profound effects of Adverse Childhood Experiences (ACEs) and toxic stress in their impact on learning and school success” pg. 185.

- Creating a trauma-informed environment and modeling kindness, empathy, and compassion
- Staff wellness – to allow for above and to buffer vicarious trauma
- Education campaigns on ACEs and wellness
- Quality early learning and care

Education – Secondary Prevention

- Physical activity
- Diet
- Mindfulness
- After-school programs
- Promote sleep hygiene

Education – Tertiary Prevention

- Trauma-informed disciplinary practices (i.e., restorative justice, peer court, peer counseling)
- Robust counseling resources and/or wrap-around services, referral networks including family-based treatment
- Cross-sector collaborations like Handle With Care (police department informs school of potential need for student support following traumatic event)

Justice – Primary Prevention

“There are deep connections between ACEs and the justice system, given that family incarceration is one of the ACEs criteria that increase the risk of toxic stress. Thus, the justice system plays an essential role in primary, secondary, and tertiary prevention and is a key partner in a public health response” pg. 208.

- ED Fetherston proposed: What is FIRST 5’s role in the justice system? This would be a valuable addition to cross-sector work, particularly when looking at equity in substance use, expulsion, and incarceration across racial or ethnic lines.
- Trauma informed justice system
- Coordination between health care and education to identify and treat children
- Youth justice initiatives
- Fostering wellbeing in justice sector staff

Justice – Secondary Prevention

- Restorative justice practices for non-violent offenders
- Neighborhood courts
- Wrap-around intervention programs
- Strengthen required trauma-informed practices and knowledge

Justice – Tertiary Prevention

Assess signs of toxic stress before release and provide appropriate support and referral

BREAKOUT ROOMS - Commissioners and public were broken out into 4 breakout rooms and reported out on:

Identify key prevention strategies in your sector that are strengths and key opportunities

- More training and outreach needed for Adventist Health, the County and other sectors to understand the effects of ACEs and toxic stress. Three-Tiered Approach.
- Push to make sure clinicians, public health and families know what programs are offered.
- Strengths in healthcare – clinic is already addressing ACEs related health conditions, but opportunity to do it with the ACEs lens...to see if they have a moderate or high ACEs score to make that a part of their treatment plan and to make parents aware.
- Most clinicians have mental health and mindfulness as priorities for anticipatory guidance that they are giving to patients. They will be starting ACEs training for staff and clinicians to be informed on trauma informed care.
- American Academy of Pediatrics local region training on ACEs screening and training. There are provider training and webinars, but trauma informed training for staff is different than trauma response or ACEs screening. Erica will contact Jim Hickman to see if he has a specific recommendation for training, and also see if she can locate the person who trained her in Ohio.

COMMISSIONER TICHININ CALLED FOR BREAK AT 2:05 PM

COMMISSIONER TICHININ CALLED THE MEETING BACK TO ORDER AT 2:15PM

ITEM 5 DISCUSSION ON SCHOOLS AND COVID-19 (ACTION)

School district decisions regarding a return to on-campus instruction are based on local opportunities and limitations, so many different models and timelines have been approved.

ED Fetherston provided an overview of the differences between types of childcare centers and their ability to reopen. Private and childcare centers (including the Sandbox and Head Start) have remained open because they are not located on district campuses. A few outbreaks have occurred but were primarily amongst staff. State preschools have remained closed because they are located on district campuses and must follow district protocol. They plan on reopening along with the school district.

ED Fetherston noted confusing information from agencies about whether children (aged 0-5) should wear masks, or not. The State mandate requires the use of a mask for everyone over the age of 2 when outside and in general public areas. This is the mandate school districts and State Preschools must follow. Alternately, the State Licensing Board determines protocol for other childcare facilities, and currently only provides a general recommendation that children aged 2-5 should wear a mask. According to UNESCO, children aged 2-5 should not be required to wear a mask.

Local Summary: At early learning facilities, teachers are typically wearing masks when outside of the classroom, maintaining single pods of up to 10 students, and following other protocols for reduced exposure and cross-contamination. Children are not required to wear masks in the classroom since they are considered a stable pod. However, children at State preschools (at district campus locations) must wear masks because they follow the district protocol.

Local officials are working hard to finalize plans. Currently, district staff must participate in routine surveillance testing. Students can participate but are not required to. Students exhibiting symptoms are sent home and referred to their providers for testing. The rapid antigen test is available for any Mendocino County school district to use and the test results will be tied into the State contract tracing systems.

Commissioner Rentería reported that Fort Bragg Unified School District, charter and private school staff can be tested weekly on Thursday afternoons. Mendocino Unified School District has mandated testing for their staff, though they are not transitioning to in-person instruction until mid-April.

Discussion: The Commission discussed the notion of providing a public statement about masking and the return to in-person instruction. The consensus of the Commission was that F5M should not take a stance, nor provide a public statement on the return to school or masking. Since protocols and recommendations are dynamic, and staff time and funding are limited. However, F5M should focus efforts on ensuring that current and accurate information is accessible to partners and advocating for their 0-5 partners.

Next Steps:

- The First 5 Association is working in conjunction with Zero to Three on their *#KidsAreEssential* campaign, which is aimed at educating the public about the effects of Covid 19 on economic security,

- high quality childcare, paid leave, and the mental and physical health of mothers and children. The campaign flyer (provided in both English and Spanish) can be shared with local partners as part of F5M's educational outreach efforts.
- Commissioner Baumker offered to share facts about the vaccine through educational outreach. Public Relations Manager Bond and Commissioner Baumker will conduct and share a video message to provide accurate information about the vaccine.
 - F5M will compile outreach materials and pass them by Commissioners Flaherty or Baumker for review.
 - Commissioner Rentería indicated that, by the end of the month, Public Health will be vaccinating much more of the population. She will pass along information regarding vaccination availability as she receives it from Public Health so F5M can disperse that information to its partners. She asked F5M staff to remind people not to call the call centers if they are not in the current vaccination tier.

No action was taken on this agenda item.

ITEM 6 RESULTS OF COMMISSIONER SURVEY

ED Fetherston thanked those who finished the survey and said it will aid F5M in revising the mission, vision, and guiding principles. All answers were kept anonymous.

What is your role as a Commissioner?

- Conduit of information to and from
- Advocate
- Liaison

In your profession, what do you hope F5 could impact?

- Provide tools and training (to help facilitate healing and prevent trauma)
- Support families (to strengthen families and parent engagement with their children in a manner that is loving, supportive, and builds the blocks for happiness in our children)
- A conduit for resources: identify needs, inform, and refer people to resources (trauma, parenting, and social-emotional or developmental information)

As a F5 Commissioner, what community needs do you hope to address?

- ACEs
- Early learning (literacy, education, and quality childcare)
- Strengthening families
- Create awareness of needs and resources
- Parent education
- Prioritizing/identifying programs/resources for families and children with trauma history
- Health education

How could F5 help you in your work?

- Trauma Informed Care and CRM training for clinics
- Presentations and literature for existing F5 programs
- Increase targeted resources (particularly for families with trauma)
- Figuring out ways to improve funding and investment across the county
- Training modules for parents during Covid 19

What areas do you see that F5 has room for improvement?

- Countywide equity
- Continue outreach to all communities and improve community awareness
- More robust social media presence
- Sponsorship, partnership, or help identifying a new early literacy program
- More targeted interventions

Next steps:

1. Following this meeting, ED Fetherston will share a timeline and next steps with the Commission and staff.
2. In March, F5M will conduct an internal staff survey about values and guiding principles that will be provided to the Commission.
3. In April, F5M will review the current data, gather community input (round 1, from partners and parents served in Triple P) and report it back to the Commission to review.
4. In May, goals and strategies of existing programs will be reviewed and presented. They will put together decision matrix for prioritizing work based on weighted values.

5. In June, F5M will hold community input session(s).
6. In July, key priorities will be identified.

ITEM 7 UPDATE ON COUNTY AUDITOR (ACTION)

ED Fetherston provided the following table of A-87 changes over time:

	A-87 FY	2018-19	Proposed	2019-20	Proposed	2020-21	Proposed	Total Proposed Settlement	Proposed Moving Forward
	Accrual FY	2016-17		2017-18		2018-19			
A-87 Charges	Auditor-Controller	\$6,257	\$6,257	\$9,102	\$9,102	\$9,611	\$9,611	\$24,970	As accrued
	Treasurer-Tax Collector	\$553	\$553	\$115	\$115	\$-	\$-	\$668	As accrued
	Information Services	\$17,115	\$2,500	\$27,318	\$2,500	\$32,289	\$2,500	\$7,500	\$2,500 flat fee for up to 24 transactions if over 24 then \$100 per transaction after
	Total Charges	\$23,925	\$9,310	\$36,535	\$11,717	\$41,900	\$12,111	\$33,138	

Commissioner Tichinin read the draft proposal letter (February 19, 2021) letter addressed to Mr. Weir for approval of the Commission:

“Thank you for the productive meeting with us to discuss the A-87 fees for FIRST 5. Attached please find the spreadsheet outlining our proposed settlement that would bring us current with our account and provide an agreement for a fee structure moving forward. We think that our proposal is both reasonable and equitable and will allow to cover the appropriate costs from the County while maintaining our fiduciary responsibility to the taxpayers of Mendocino County with the appropriate and responsible expenditure of Proposition 10 funds. We look forward to hearing from you. Sincerely, Chair of the Commission”

Discussion:

Commissioner Flaherty explained his skepticism of County Auditor Lloyd Weir’s role, the process, and the way the payback would allow him to use F5M’s budget to supplement his budget. He feels that F5M should get 100% of the funds to use for their services, that a \$10/check transaction fee (as opposed to \$100/transaction) would be more reasonable, and that there should be no cost for Information Services (since FIRST 5 does not receive any actual services). The resolution process and Mr. Weir’s role seems strange to Commissioner Flaherty.

Commissioner Tichinin agreed, adding that if Dr. Weir does not acknowledge and accept the Commission’s proposal when it is presented, then the Commission can go to the BOS and request that F5M be switched to be financially independent from the County as some other First 5s are. As it currently stands, F5M’s funding must pass through the County, and that can only be changed by the BOS.

The Commission identified the need for clarification regarding Information Services. Mr. Weir said other County departments do not receive any additional services than F5M does, but the Commission sees this as questionable.

ED Fetherston explained that the proposal would not completely resolve the situation, but F5M would likely see a significant reduction in fees starting next year anyway due to the removal of money and reduction of transactions, so it may not be necessary to edit the proposal as additional fees would be incurred by an outside auditor.

Commissioner Haschak shared that, while the Commission does not know exactly what services are provided in the auditor fees (\$9611), an audit is required, and if not conducted by the County, the Commission would need to hire an outside auditor which may cost more. He thinks it is reasonable to pay the auditor costs but questions the Information Services fees. All other County departments are being charged for their

transactions at a certain rate, but they do not actually have to pay it (it gets zeroed out) so the fee does not matter to them. The IS fees matter to F5M because they do have to pay them.

Commissioner Anderson asked if other First 5s are being charged such fees by their counties. ED Featherston responded that she has asked other colleagues but has not received any responses. She said it is not clear whether the fee applied is based on the percentage of F5M's use of those services as compared to the whole.

Commissioner Baumker searched for an online description about what informational services from the auditor's office are and found a federal resource stating they are services including design and implementation of a hardware or software system that aggregates source data, underlying the financial statements, or generates information that is significant to the audit.

ED Featherston shared the explanation of costs as provided in the F5M A-87 Cost Allocation Plan document:

"(A) FIRST 5 charges for Auditor-Controller (AC) increased 45% in 19/20 (based on 17/18). This was primarily caused by filling two AC positions that were vacant during the previous year in 18/19 (based on 16/17). The FIRST 5 charges for Auditor-Controller increased by 6% in 20/21 (based on 18/19). This was primarily due to annual cost of living increases in all salaries and benefits approved by the BOS. Also, as a general rule, service department costs can increase annually due to inflation.

(B) FIRST 5 charges for Information Services increased 60% in 19/20 (based on 17/18). This was caused by filling a IS position that was vacant during the previous year in 18/19 (based on 16/17) and, the IS department purchased the Tyler Content Modular for the Munis Financial System. This enables departments to scan and attach documents and images in Munis for archive storage. In addition, 19/20 (based on 17/18) was the first year that Client First Consultants were hired to analyze the Munis Financial System and engage in upgrading and improving computer operations for all users. The FIRST 5 charges for Information Services increased by 18% in 20/21 (based on 18/19). This was primarily due to annual cost of living increases in all salaries and benefits approved by the BOS and inflation. Also, starting in 20/21 all Munis users are now being charged a Novel License fee for using Microsoft products. FIRST 5 transactions counts increased by 8% during 20/21".

Next Steps:

- The Commission still has significant questions regarding the fees before the response can be finalized and sent (specifically about the services provided, the fee structure, and resolution process).
- Julie will reach out to her colleagues again to find out what fees they pay to their counties.
- The Commission seeks identification of specific services the Auditor-Controller and Information Services provide. The results may decrease the proposed payment amount.
- Julie will seek clarification about the process and cost of transitioning FIRST 5 to financial independence from the County to better inform the Commission's decision moving forward.

Motion to table the item until the Commission gets answers that clarify and inform the decision.

Motion: Flaherty, Second: Applegate

Yes: Applegate, Flaherty, Haschak, Renteria, Baumker, Tichinin, Anderson, & Miller

No: none

Motion Passed.

ITEM 8 COMMISSIONER REPORTS, ANNOUNCEMENTS, QUORUM CHECK AND ADDITIONAL MATERIALS

Commissioner Baumker reported that she is working with Roseanne Ibarra to develop ACEs Screening training for Adventist Health's staff and providers. They are working on getting provider buy-in and prioritizing screening for ages 1-5. On behalf of the Breastfeeding Coalition, she reported that in April nomination applications will be distributed to employees throughout the County for the "Breastfeeding Friendly Workplace" Award. She will provide the Commission flyers to share once they are available. On behalf of Adventist Health (AH), she reported that AH has administered about 10,000 of the 20,000 vaccines that have been administered in the County and has collaborated with the MCHC at the Alex Rorabaugh Recreation Center. She also shared a message from the AH Ambulatory Director who wanted the Commission to know that they do not have another OB/GYN to add at this time, but they do have family medicine residents at AH that offer a full spectrum of care including obstetric care (at least 6 providers). All family medicine residents also do a pediatric rotation through the clinic.

Commissioner Anderson reported that MCHC has a new full-time, grant-funded, therapist embedded in Care-For-Her. This makes same-day appointments possible without billing issues.

Commissioner Flaherty reported that 22,304 vaccinations have been administered in Mendocino County. This equates to approximately 25% (based on 2019 population denominator). They were sponsored by the City of

Ukiah, County of Mendocino, and other organizations.

Commissioner Rentería reported that Mendocino Coast Clinic's vaccination numbers are now given to the County daily, significantly increasing their reporting burden. The County expects a 48-hr. turnaround time from availability to delivery of the vaccine. They are struggling to reach community members (especially those who are 75 and older) due to short notice of vaccine availability and the challenges of reaching out to everyone by phone or email. They have administered 2,120 vaccines (1st and 2nd doses) to about 1,500 people. They have 800 doses to distribute this week (mostly 1st doses, and about 250 2nd doses), and are targeting food-service workers and others under the current tier. She is not looking forward to the distribution switch to Blue Shield because she feels that MCC may not be selected initially and could have a hard time getting vaccinations for distribution at that point. People will have to register with www.myturn.gov by the end of March when the switch occurs because the management of the distribution will be through that website. Drive-thru vaccine clinics at MCC have been very successful. They have the capacity to test up to 300/week but are currently only testing about 60. The volume of testing has decreased but the volume of vaccinations and notifications has dramatically increased. They hired a Covid Response Coordinator which will allow Commissioner Rentería to focus more on advocacy work and develop a stronger rural voice about how the vaccinations get rolled out in rural counties. Mendocino County Health Clinic has been chosen as part of the first wave of clinics to get the federal allocation from the Biden Administration Plan. One complication is that the vaccine is supposed to only go to their FQHC patients, which may result in some community blowback. If so, she is hoping that MCHC can still get allocations from Blue Shield and work with AH to reach the larger community base as well. Lastly, she asked Commission members to visit the MCC website to find out about the March Crab Feed Cook-Along fundraiser.

Commissioner Miller reported that recent weather prevented some vaccine shipments. They are scheduled for arrival next week, and will be distributed at that time.

ED Fetherston reported that Amber Shrum has accepted the position of Administrative Assistant and will be starting at the beginning of March. For now, ED Fetherston will be the point of contact for the Commission until Amber begins. She also reported that the Small County Augmentation has been renegotiated and Mendocino County is now eligible, so F5M can now apply for an extra \$100,000/year.

Quorum check for next meeting: March 22, 2021.

Meeting was rescheduled to March 29, 2021.

Yes: Commissioner(s) Applegate, Flaherty, Haschak, Rentería, Baumker (joining at 2:00 pm), Anderson, Miller, Tichinin

No: Commissioner(s)

Tentative: Commissioner(s)

COMMISSIONER TICHININ ADJOURNED THE MEETING AT 3:42 P.M.