



LASSEN COUNTY
CHILDREN & FAMILIES COMMISSION

Meeting Minutes, January 3, 2008
1345 B Paul Bunyan Road, Susanville, CA.

PRESENT: Commissioners Doug McCoy, Jan Foster, Barbara Malone, Amiee Osborn, Brenda Poteete, Melody Brawley, Alternate Commissioner Kathy Colvin, staff member Laura Roberts and visitors Rebecca Roberts, Melissa Huntsman, and Elizabeth Krier.

ABSENT: Commissioners Elizabeth Elam, Mae Sherman, and Bob Pyle. Alternate Commissioners Linda Tangenberg and Brian Dahle

CALL TO ORDER: Chairman Doug McCoy called the meeting to order at 1:33 p.m. Everyone was welcomed.

PUBLIC COMMENT: There was no public comment.

APPROVAL OF AGENDA: Chairman McCoy presented the agenda. Commissioner Poteete made a motion that the agenda be approved as submitted. Commissioner Brawley seconded the motion. There was no discussion. The motion passed with no abstentions.

INFORMATION/CONSENT CALENDAR: The information and consent calendar was presented. A Correction to the minutes was made to reflect that Brenda Poteete was present. Commissioner Foster moved to approve the consent calendar as corrected. Commissioner Poteete seconded the motion. There was no further discussion. The motion passed with no abstentions. The items approved on the consent calendar are as follows:

Minutes of November 1, 2007

Approval of Fiscal Report

Approval of Transfer of Funds from Trust Account and Payment of Obligations
in an amount of \$10,851.46 as follows:

Social Entrepreneurs, Invoice 1630	\$1,350.00
Social Entrepreneurs, Invoice 1619	\$477.28
Diversified Management for January, Invoice 4076	\$8,190.00
Smiles for Life, Oral Health Services	\$167.00
Diversified Management for Duplication and Postage 10/23-11/27	\$189.95
Diversified Management for Duplication and Postage 11/28-12/27	\$62.27
Diversified Management for GoDaddy Web Hosting and Reimbursement for Mini Grant Purchases for Northeastern Rural Health Child Birth Mini Grant	\$414.96

Everyone was introduced and the representatives from Westwood Family Resource Center were invited to present their mini grant request.

Mini Grant Request – CUCF for Westwood Family Resource Center: Elizabeth Krier, Executive Director of the Westwood Family Resource Center presented a mini grant request for \$7,500 to fund mystery baby showers and a Kindergarten Camp event. Melissa Huntsman presented the proposal describing the Kindergarten Camp event as well as the mystery baby showers. Elizabeth Krier explained that the grant would extend for 3 years. It is anticipated that 25 children would participate each year in the Camp. Commissioner Poteete requested that the needs in Westwood be made known to Head Start so they can better analyze where services are needed. It is anticipated to conduct 10 baby showers per year. Expectant moms have come to the Westwood community from the Bay Area, Chester, and other areas. There are some low income housing apartments available and that may be attracting some low-income

moms, however, there are no available jobs so it is a difficult place to live and still access needed resources. Baby Showers have been conducted by the past resource center and currently by WFRC. Those who have had baby showers continue to utilize the WFRC services. Some have become volunteers in the Center. Continued service and connecting the mothers and parents to existing resources is the most important issue, the baby shower being just the entry point. The follow-up is the most important piece to be implemented and it needed to be demonstrated stronger in the application. Question concerning the budget item of \$3,000 for car seats/gifts was asked. Is there collaboration with the Car Seat Program at Child & Family Resources? Other sources of funding were questioned. Donations from the community are often provided. The question regarding consumable supplies was asked. Is the USDA Summer Food Service available in the community? This may help offset the need for food. It was suggested to collaborate with Fletcher Walker or the Preschool to help co-sponsor with USDA in order to access the food needs of the programs. The Chimney Fund is no longer doing a food pantry, just food baskets for special occasions. WFRC has the food pantry now. Consumable supplies in this application are utilized to draw families into services -- the other services being the most important feature. Tracking the other services provided to families as a result of drawing them into the WFRC needs to be built into the grant. Commissioner Foster moved to approve the grant; Commissioner Malone seconded the motion. Commissioner Foster asked the applicant to strengthen the focus on nutrition and teaching about food preparation such as a Kids Kitchen. Commissioner Malone called for the question. The motion passed with no further question.

It was suggested that at a future meeting the Commission reconsider their policies concerning consumable supplies.

State of the Commission -- Report on Mid Year Program Accomplishments for 07-08:

Executive Director Laura Roberts presented a midyear review of First 5 Lassen accomplishments. Rebecca Roberts, Director of the Pathways Home Visiting Program, presented additional information. The information demonstrated several ways in which the Commission has significantly impacted the child development service delivery system through its programs and initiatives. Information on each program was presented as follows:

School Readiness -Home Visitation Program: The Commission has committed \$150,000 for four years to the home visiting program, leveraging an additional \$500,000 in State Commission funding. The first MAA reimbursement for home visiting was received in 2006 for \$36,000. A second reimbursement of \$[enter amount] is expected in the 07-08 year. The Home Visiting Program was initially developed to achieve long-term outcomes through Resource and Referral and Parent Education activities. In 2006, the Home Visiting Program was restructured and expanded to include other organizations and became the primary strategy for providing school readiness activities. It was approved for State matching school readiness funds through FY 2010. The program is fully staffed with 7 home visitors, one lead home visitor, and one supervisor. All staff members are Healthy Families America certified, utilize the Ages and Stages Assessment tools, and are trained in the Parents as Teachers home visiting model. The target population for the home visiting program continues to focus on high-risk families, including pregnant/parenting teens or single women, Differential Level I and II CPS families, and families who are homeless, non-English speaking, or substance abusing. During the 06-07-program year, 97 families were served through 2, 116 home visits. During the first 6 months of the 07-08-program year, 207 families have participated in the program and have received 1,293 home visits. In the home visiting program and through the Parents as Teachers curriculum parents have opportunity to regularly monitor their child's progress in several areas. The chart below demonstrates that parent observation surveys for October through December of 2007 indicate a marked increase in skills acquisition in nearly all areas. The decline in the personal/social area may reflect the large number of new enrollees to the program during that time frame. Overall, the steady increase in the children's skills acquisition scores is impressive. Additionally, the Ages and Stages Questionnaire (ASQ) is

utilized to screen children enrolled in the program between the ages of 4 and 36 months. During the last quarter 33 children were screened with 8 or 24% showing delays in various areas of growth and development. These results and monitoring help the home visitors concentrate their home visiting interventions in specific areas. If the score was significantly below acceptable standards, the children were referred to Early Start for further evaluation.

ASQ Screening Results	October	November	December
Communication	69%	77%	83%
Gross Motor	79%	81%	83%
Fine Motor	72%	81%	83%
Problem Solving	79%	77%	80%
Personal/Social	86%	81%	77%
Parent Knowledge of Child Development	65%	90%	87%
Parent Use of PAT Information	76%	81%	90%

Home visiting is occurring countywide. Two part time home visitors provide services in the Big Valley area. During

the first six months of the current program year 6 families are being served through resource and referral, parent education, case management, enrollment assistance, and phone consults. Four of the six families are non-English speaking.

School Readiness – Adin State Preschool: The Commission allocated \$10,000 for 2 slots at Adin Preschool to serve Lassen County children in the remote area of the County. Through the first six months of the 07-08-program year, a total of 2 children have received services through the available slots.

Oral Health Initiative: First 5 Lassen invested \$130,000 in oral health services between December 2003 and December 2006, which was leveraged with other funds that also ended in December 2006. \$25,000 was allocated for the 07/08-program year. This project continues to provide oral health public awareness, education, and training for medical practitioners, childcare providers, CPS workers, parents, and civic organizations. The project has continued to provide direct services and supports, including 1,097 Fluoride Varnish applications (FY 2006/07). A No Interest Loan Program continues to be made available. In the first six months of the 2007/08-program year, 491 children have received oral health screenings, 389 sealants have been placed, and 17 referrals have been made to hospital dentistry, with hospital dentistry services being provided for 15 Lassen County children. Through 41 community events, 1,129 children have been served with education, screenings and assessment services.

Behavioral Health Initiative (BHI): The Commission has committed \$60,000 per year for three years to this initiative (through FY 2007/08). The purpose of the BHI is to serve children in child care settings and provide intake, service coordination, public awareness and outreach; behavioral health assessment and treatment; and early care and education support services to care providers. In FY 2006/07, 35 care providers were served, with four children referred through BHI for additional services. During the first six months of FY 07-08 32 child care providers have received consultations from a resource specialist; no children have been screened or assessed by the program. Obtaining parent consent for referral or participating in the program remains a concern. Other behavioral questions have been addressed through consultations with providers. To continue to raise awareness and try to increase utilization of BHI services, outreach efforts are included in the monthly mailing packets to providers, verbal announcements occur at all trainings and the Local Child Care Council continues to serve as the advisory board for the program.

CARES Initiative: First 5 Lassen has funded and operated the CARES project since 2003. Currently in its second round of funding through FY 2007/08, an average of 52 individuals per year participate in this stipend program promoting professional growth and development of child care providers. The Commission’s investment of \$50,000 per year continues to leverage an additional \$25,000, providing professional development and support activities that ultimately improve quality care in the county. The State’s increased requirements for the second round of program funding have created barriers for some of

the CARES program participants. Enrollment for the 07-08 program is decreased somewhat with 49 participants enrolled.

Mini-Grant Program: In contrast to the larger scope of efforts described above, First 5 Lassen has awarded \$408,000 since 2000 through mini-grants. This has allowed a number of short-term projects to be conducted that directly benefit the health and well being of children prenatal through five, and their families. Over the past seven years 54 mini-grants have been awarded which funded playgrounds, childcare facility materials upgrade, library and early literacy programs, parent education, etc. During the first half of the 07-08 program year 2 mini grants totaling \$14,986 have been awarded.

New Parent Kits: Since 2002, more than 800 New Parent Kits have been distributed in Lassen County through WIC, Home Visitors, Banner Lassen Hospital, Lassen Child & Family Resources, Northeastern Rural Health Clinics, Mountain Valleys Health Centers, and Family Resource Centers. The Kits are developed through the State Commission and provide valuable information for new parents. Supplemental materials are added locally, further tailoring the Kits to the needs of Lassen County parents.

Child Find Upstream solution Project: The Commission allocated \$45,000 to begin work on developing a child find process utilizing the Ira Chasnoff "Upstream Solution-Phase II" model. Through meetings with the Upstream Solution—SART team it was noted that some community partners needed more time before beginning work on Phase II. In an effort to accommodate this need the commission is utilizing a portion of the allocated funds to explore other Upstream Solutions Child Find programs being implemented in California.

Capacity Building and Systems Improvements: One of the result areas of all First 5 Commissions is the improvement of systems of care for children ages 0 through 5 and their families. First 5 Lassen has continued to focus on systems improvements through the strategies implemented and program/initiatives funded each year. Many of the achievements listed above are the direct result of the Commissions' system improvement efforts.

System Improvements have resulted in increased collaboration, networking and shared/leveraged resources; some examples include:

- Development of an Options Paper for funding One Stop Centers in partnership with Family Resource Centers
- Development of an Oversight Committee to review First 5 program and initiative progress
- Establishing a Leadership Team for Perinatal SART (Screening, Assessment, Referral and Treatment)
- Fiscal Management, reporting, policies and procedures
- Strong Families Coalition and Public Health Advisory Coalition
- Redesign of Non Profit Structure for Fort Sage FRC and Westwood FRC
- Development of an integrated, web based data reporting system for funded programs to use in delivering services to children and their families, and tracking results
- Provision of program evaluation (State and Local) support and training

Strategic Plan Review for 2007-2008: In order to proceed with strategic plan review and prepare for development of the long term fiscal plan, funding opportunities and trends were reviewed. The following opportunities and trends were mentioned:

- MHSA funding for Early Intervention and Prevention services may be available or that the Commission can leverage for First 5 funded programs
- CARES funding due to end June 2008

- School Readiness funding ends June 2010
- Small County Augmentation funding may end June 2008
- Secure and Affordable Health Care Act of 2008 proposes to be partially funded by Prop 10

Community needs, conditions and trends were reviewed. The 2006 community assessment revealed the top concerns for individuals, families and communities related to health, learning and strong functioning families. The 2007 community survey reinforced these findings. Some of the top concerns and solutions identified were:

Improved Family Functioning: Strong Families

- Family structure and functioning, including parenting concerns include need for parenting information and classes, support for teen moms, family activities, household skills, extended family support, feeling loved and supported; parents' lack of knowledge, family instability, divorce, and single parent families
- Generational dysfunction and the need to address whole family systems in order to create any sustained improvements
- Financial stability, economic security, and employment concerns includes factors such as few jobs, high energy costs, and lack of low income housing, low pay, need for assistance securing part time work, and the availability of housing/rentals that are affordable, clean and safe

Recommended Solutions:

- ❖ Recreation and community activities that help family members learn to communicate and interact effectively, as well as link them to other resources and supports
- ❖ Parenting services and classes
- ❖ Employment and economic related resources

Improved Child Development: Children Learning and Ready for School

- Poor family functioning and its impact on learning ability and environments for children prenatal to five
- Insufficient number of quality, affordable early childhood development environments, including child care
- Limited educational opportunities for older youth and adults to enhance/extend current education and experience levels; inhibits ability to prepare young children for school and learning

Recommended Solutions:

- ❖ Offer a variety of after school resources to provide an extended-day care/learning environment
- ❖ Expand availability and access to quality early childhood development environments, including child care
- ❖ Expanded variety of education opportunities for youth and adults

Improved Child Health: Healthy Children

- Accessibility to medical, oral and mental health services including prenatal care, accurate diagnosis, and access to specialists
- Lack of providers, especially those that accept Medi-Cal
- Nutrition issues including breastfeeding, malnutrition and nutrition education; and preparing and serving balanced meals

Recommended solutions:

- ❖ Increase access to medical providers and mental health services
- ❖ Increase public health and bilingual services, parenting and special education resources, and outreach to increase awareness of services and resources
- ❖ Offer home-based services and education to address health concerns

Top Issues and Concerns -- 2008 Update: The commission reaffirmed its top three issues and concerns for Lassen's youngest children (ages 0 through 5 years) and their families identified by respondents to the 2007 online survey, and by families served through First 5 funded programs through December 2007 remain generally consistent with concerns identified a year earlier:

- Medical Health - access to health care, lack of prenatal care, quality health insurance coverage for children and all other family members, disease prevention, and nutrition; one area where health access has improved is through the 4Ps Plus program that screens for alcohol, tobacco, drugs and other child health risks resulting from behavior of pregnant women and their partners
- Early Learning - lack of quality child care / day care, especially in the more rural or remote areas, and preparing children for Kindergarten through preschool education, social interactions and other educational activities
- Oral Health - insufficient access to comprehensive pediatric dental services that accept MediCal, and ensuring those young children's basic dental needs are met

Other top concerns included abuse and violence, inability of families to provide food and shelter for children, lack of employment opportunities and related economic insecurity, transportation barriers, substance use and abuse and its impact on children, need for better parenting skills, and behavioral health issues.

Adverse Conditions -- 2008 Update: The Commissioners affirmed that the most pressing conditions in Lassen County that could (or already do) adversely affect young children continue to be: insufficient access to providers or ability to afford health services (medical, dental and mental health); general economic factors, including lack of employment opportunities that pay livable wages, cost and availability of safe, affordable housing, income levels that are too high to qualify for services but too low to support a family; budget cuts and the impact on nonprofit and government service delivery capacity; and, the impact of alcohol, tobacco and other drug use and abuse.

Review of Goals, Objectives, Indicators, and Strategies: The Commission reviewed its goals, objectives, indicators, and strategies. Goals were reaffirmed as follows:

- Goal 1:** Every child prenatal through 5 will reach his or her developmental potential and be ready for school.
- Goal 2:** Families and other caregivers of children prenatal to 5 will provide optimal parenting and a healthy environment.
- Goal 3:** Every child prenatal through age five will achieve optimal health potential.
- Goal 4:** Encourage and participate in comprehensive, coordinated systems of care for children prenatal through 5 that maximize the efficient use of resources.

Objectives were reviewed and where changes were requested, an indication is listed below by lining through the modified area. The revised objectives are to be prepared and submitted for consideration at the February meeting:

Objective 1A: 100% children served will progress along a continuum toward school readiness.

Objective 1B: 50% of parents / providers who participate in trainings will implement skill or strategy learned

Objective 2A: 60% of parents served will demonstrate increased positive behaviors, knowledge and practices in parenting skills and healthy lifestyles.

Objective 2B: 100% of Lassen County parents of newborns will be offered a New Parent Kit.

Objective 2C: ~~100~~ 150 high-risk families will be provided home visits annually. (The objective was revised from 100 to 150).

Objective 3A: 80% of families served by First 5 programs will increase utilization of child physical and emotional health services.

~~Objective 3B: Increase by 5, the number of health service options.~~

After extensive discussion, the Commission felt that Objective 3B should be eliminated in its current form. Commissioners indicated that it is being addressed by Objective 3A. Commissioners felt they really did not have the resources or abilities to establish health service options, but rather could and do have more impact in the area of increasing utilization of services. The wording should be carefully considered, as it was noted that the Commission has had a significant impact on the creation of oral health services in outlying areas. It was stated that Objective 3B was more appropriately combined into a child find objective and that it should contain childhood obesity and FAS as priorities. Wording will be prepared and submitted for consideration at the February meeting.

Objective 4A: Shared visions among public and private partners are in place that remove access barriers and result in increased participation.

Indicators: The following indicators were reviewed and reconfirmed or modified as needed:

Objective 1A Indicators remained the same:

- Proportion of parents/caregivers served with increased knowledge of optimal parenting practices and involvement of their child's development education.
- Number of parents taking parenting classes focused on supporting child physical, cognitive, socio-emotional development (SR indicator)

Objective 1B Indicators were modified slightly. Modifications are noted in either lined out type or in underscored italics if language was added.

- Proportion of child care providers/~~parents~~ participating in training and education events
- Proportion of children in child development settings who adapt/transition easily to school setting, separate from their parents, and are eager to learn
- *New Indicator: Proportion of children in home visiting program who indicate improvement as a result of parent observations and PAT curriculum lessons*

The new indicator is draft language and is to be incorporated into the draft strategic plan for review and further discussion at the February meeting.

Objective 2A Indicators were reviewed and reaffirmed with no changes as follows:

- Proportion of parents/caregivers served with increased knowledge of effective parenting practices and involvement in their child's development and education
- Proportion of parents/caregivers utilizing health and wellness opportunities (e.g., New Parent Kits, classes / workshops, home visits, clinics, etc.)
- Proportion of parents/caregivers served adopting improved nutrition, health and physical activity practices

Objective 2B Indicators were reviewed and reaffirmed with no changes as follows:

- Proportion of Lassen County parents accepting New Parent Kits

Objective 2C Indicators were reviewed and reaffirmed with no changes as follows:

- Number of high-risk families referred for services
- Number of high-risk families served through home visiting

Objective 3A Indicators were reviewed and reaffirmed with no changes except for the request to define or clarify the meaning of the use of the terms "mental, physical, and emotional":

- Proportion of persons utilizing, and attendance rates for, physical, mental and emotional health services
- Proportion of children with improved health (mental, physical, emotional)
- Proportion of children who receive annual exams (dental and physical)

Objective 3B Indicators were eliminated:

- Number of local health service options by location throughout the county
- Proportion of children with health insurance by program at time of family enrollment / intake

Objective 4A Indicators were reviewed and modified or reaffirmed as indicated below:

- *Encourage development of* a plan for coordinated county services and shared resources
- A common set of goals, outcomes and indicators within First 5 funded programs and initiatives (Home Visiting, Behavioral Health, CARES and Oral Health)
- ~~Family Resource Centers have~~ Encourage increased, diversified funding *for Family Resource Centers.*

Strategies: The Commission reviewed its strategies and where needed made modifications as indicated in italics. Not all details of modifications to the strategies were addressed however, a draft of suggested changes is to be prepared for the February meeting at which time further discussion and modification will occur as needed.

Strategies	Improved Child Development	Improved Family Functioning	Improved Child Health	Improved Systems of Care
<p>A. Behavioral Health Initiative. Continue to partner with public agencies and other organizations to expand the research-based BHI in order to provide early interventions and supports, including coaching and training parents and early childhood service providers, to more effectively handle children’s challenging behaviors.</p> <p>NOTES OF REVIEW/DISCUSSION: This strategy was discussed at length. Some felt that it should be eliminated; others felt that it should be kept but modified. Still others felt that this strategy should be modified to become a child find strategy. The final comments were that a consultation service is important to be maintained for child care providers and a treatment component should be set aside for behavioral health services for children not eligible for treatment from another resource. It was also commented that the new health access initiative pending in California may help offset the cost of treatment. Staff is to work with the consultant to incorporate thoughts from the Commission into a new or revised strategy to be presented and considered at the next meeting.</p>	◆	◆	◆	◆
<p>B. Child Development Training. Collaborate with partners to develop, promote and participate in trainings to improve child development outcomes.</p> <p>NOTES FROM REVIEW/DISCUSSION: After discussion the Commission determined that this objective could be eliminated and incorporated into a locally crafted CARES program strategy.</p>	◆	◆	◆	◆
<p>C. Electronic Resource and Referral. Continue support and development of an electronic resource and referral directory with a web-based referral component.</p> <p>NOTES FROM REVIEW/DISCUSSION: This strategy, while needed and an asset for the community, it was felt that it was bigger than a First 5 focus area. Final comments indicated that this could be eliminated if necessary.</p>	◆	◆	◆	◆
<p>D. Family Resource Centers. Continue to advocate for Family Resource Centers.</p> <p>NOTES FROM REVIEW/DISCUSSION: After discussion, the Commission felt that they would retain this strategy and it would continue to have no funding allocated.</p>	◆	◆	◆	◆
<p>E. Home Visiting. Continue to coordinate with public and private agencies to delivery countywide school readiness programs and activities through implementing First 5 Lassen’s home visiting program.</p> <p>NOTES FROM REVIEW/DISCUSSION: After discussion, the Commission felt that this strategy is effective and will be retained programmatically and fiscally.</p>	◆	◆	◆	◆

Strategies	Improved Child Development	Improved Family Functioning	Improved Child Health	Improved Systems of Care
<p>F. New Parent Kits. Coordinate distribution of New Parent Kits in Spanish and English with local resources and funded programs. NOTES FROM REVIEW/DISCUSSION: This strategy will be retained however local financial allocation for additional materials for the kits may be reduced or eliminated.</p>	◆	◆	◆	◆
<p>G. Tobacco Cessation. Partner with Tobacco Use Reduction project and other systems to extend information and referral services regarding tobacco cessation services. NOTES FROM REVIEW/DISCUSSION: The commission will retain this strategy. There is no cost to the Commission.</p>	◆	◆	◆	◆
<p>H. Mini-Grants. Sustain mini-grant program and award mini-grants that are consistent with the mission and vision, and current priorities of the Commission. NOTES FROM REVIEW/DISCUSSION: The Commission will retain this strategy however, funding may be reduced.</p>	◆	◆		◆
<p>I. Oral Health Initiative. Continue to work with Oral Health Task Force and other partners to maintain funding for the hospital and conscious sedation treatment programs; the fluoride varnish and sealant program; training, case management, and a public awareness campaign. NOTES FROM REVIEW/DISCUSSION: The strategy will be retained both programmatically and fiscally.</p>	◆		◆	◆
<p>J. CARES. Continue implementation of CARES to build providers' capacity and increase quality, educational level, and retention of child care providers / early development programs. NOTES FROM REVIEW/DISCUSSION: A great deal of discussion ensued around the CARES program. It was felt that Strategy B regarding child development training and Strategy J should be merged into a locally designed CARES program. The Commission felt that an initiative should be training focused rather than stipend focused. The Strategy is to be reworded and submitted for review at the February meeting.</p>	◆			◆
<p>K. Capacity Building. Provide technical assistance and training to funded organizations for utilizing web-based integrated data collection system and evaluation reporting. NOTES FROM REVIEW/DISCUSSION: This strategy is to be retained as is.</p>				◆
<p>L. Coordinated Needs Assessments. Partner with identified public and private agencies to develop a consolidated assessment of service needs and gaps at intervals not greater than 5 years. NOTES FROM REVIEW/DISCUSSION: This strategy is to be retained but modified to reflect joint financial participation among partners.</p>				◆

Strategies	Improved Child Development	Improved Family Functioning	Improved Child Health	Improved Systems of Care
<p>M. Diversified Funding. Establish Medi-Cal Administrative Activities (MAA) claiming plan for Oral Health, Behavioral Health, and build on success of claiming plan for home visiting.</p> <p>NOTES FROM REVIEW/DISCUSSION: The strategy is to be modified as follows: Establish Medi-Cal Administrative Activities (MAA) claiming plan for Oral Health, Behavioral Health, <i>appropriate new or expanded First 5 programs</i>, and build on success of claiming plans for home visiting <i>and First 5 program development and monitoring activities.</i></p>				◆

All of the decisions/changes made by the Commission are to be incorporated into the 2008-2009 strategic plan draft document for presentation at the February Commission meeting. Based on these decisions, changes, and assumptions, staff is to work with the evaluation and planning consultant to develop a draft long range financial forecast for consideration at the February 7th meeting. The meeting is to be an extended meeting that will begin at 1:00 p.m. and extend until 5:00 p.m. if necessary to allow for adequate time to finalize the strategic plan and financial plan documents.

PROGRAM UPDATES: Reports were received from Lassen Child & Family Resources for the Behavioral Health Initiative, CARES, and the Car Seat Program. The next car seat installation events are scheduled for February. On December 14, 2007, Commissioners Barbara Malone, Mae Sherman, Amiee Osborn, and Brenda Poteete were reappointed to the Commission by the Board of Supervisors. The 2008 Fiscal Workshop will be held in Oakland on February 28 and 29. Executive Directors and fiscal staff are to attend. The Form 700 for 2008 was distributed. Everyone is to complete and turn in by the next meeting. Information about the Secure and Affordable Healthcare Act was presented. It is not known specifically the impact to local funds if this initiative should be passed by the voters at the November 2008 election. All Commissioners and Staff that have not completed the ethics training should do so and turn in their Certificates of Completion to the Executive Director.

ADJOURN: The meeting was adjourned at 4:00 p.m. The next meeting will be held on February 7th and will begin at 1:00 p.m. rather than 1:30. The meeting will be an extended meeting, lasting until 5:00 p.m. if necessary in order to complete the strategic plan review and begin the long term fiscal plan preparation.

Respectfully Submitted,

Laura J. Roberts
Executive Director