## Potential Funding Sources for First 5 Services and Capacity Building

Medicaid / CalAIM		Child Welfare Services		Home Visiting		Behavioral Health
Enhanced Case Management (ECM) - This is a newly covered set of benefits pursuant to the CalAIM Waiver. ECM may include home visiting for recipients who meet certain criteria, which could enable First 5 commissions that offer home visiting services to expand services. Care is needed to avoid duplication of services/funding.	Targeted Case Management (TCM) - TCM is funded with local and federal Title XIX (Medicaid) funds. The program reimburses participating counties for the federal share of costs (typically 50%) for case management services provided to Medi-Cal beneficiaries in specific target populations.	Family First Prevention Services Program - Makes available state and federal funding for participating counties and tribes to provide prevention services to reduce the likelihood of children and families being more formally engaged in the child welfare system.	Rate Reform - Strengths Building Activities - When implemented (likely in 2026), a child assessed as needing these services, and their family, will work with a spending plan manager to develop a plan for purchasing goods and services in the community.	CalWORKs Home Visiting - Services are funded through the CalWORKs program. Eligible families may be able to receive home visiting services for up to 24 months or until the child's second birthday, whichever is later.	Early Head Start—Home Based Option (EHS-HBO) - Funded by the Federal Office of Head Start at the U.S. Department of Health and Human Services. Programs are designed to promote child development and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency.	Behavioral Health Services Act (BHSA) - Also known as Proposition 1, previously the Mental Health Services Act (MHSA). Requires counties to spend at least 17.85% of funding on early intervention services for Californians age 25 and under. Funds are very flexible and can be used for either mental health or substance use disorder services.
Community Health Workers (CHW) - CHWs provide system navigation support for families whose children are at risk of or have identified health and/or developmental needs. This is a newly covered service provider under the Medi-Cal program pursuant to the CalAIM Waiver. First 5 commissions may wish to work with managed care plans to offer CHW services.	Dyadic Benefit - This Medi-Cal funded service allows for reimbursement for specified behavioral health related services provided to child and parent/caregiver. Programs include: Positive Parenting Program, Parent-Child Interaction Therapy, HealthySteps.	Realignment - Created and governed by state law changes enacted in 1991 and 2011 and Proposition 30 enacted by voters in 2012, counties receive dedicated taxes and fees to cover the costs of specified health and human services programs, including the provision of child welfare services to children and families. These funds are relatively flexible in their use within the requirements of the law, but can fluctuate from one year to the next as they are tied to consumer spending and the economy.	allocation to contract for or otherwise arrange services to meet the immediate needs of children, including children aged 0-5 who are assessed as benefiting from immediate needs services.	California Home Visiting Program (CHVP) - This program is funded by the California State General Fund and the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. CHVP offers evidence-based home visiting models, such as Nurse Family Partnership, Healthy Families America, and Parents as Teachers.	seeks to expand and enhance behavioral health services to children and youth across California through several	Realignment - Created and governed by state law changes enacted in 1991 and 2011 and Proposition 30 enacted by voters in 2012, counties receive dedicated taxes and fees to cover the costs of specified health and human services programs, including the provision of behavioral health care to their residents. These funds are relatively flexible in their use within the requirements of the law, but can fluctuate from one year to the next as they are tied to consumer spending and the economy.

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