

Data Reporting on Populations Served and Outcomes Achieved

Data is the only tool we can review to confirm that we are reaching the goals discussed in ensuring First 5 financial support is reaching the neediest of families and children and to ensure that we are meeting identified measurable outcomes that improve the lives of our neediest families and children. To make data driven decisions on how to prioritize funding reductions, the following data should be collected and reviewed to ensure that all funded programs are providing direct services to families and children with the highest needs and that the programs have the greatest impact.

- For each First 5 supported program
 - Amount of each contract (not by category) and cost per participant
 - Population served and % of population that are identified as low income and/or Medi-Cal eligible
 - Identified measurable outcomes (not numbers served)
 - Identified outcomes and percentage the program met the identified outcome (this is not numbers served)
 - Example for Vison Screening
 - Amount of contract and cost per participant
 - Population served and % of population that are identified as low income and/or Medi-Cal eligible
 - Number who were screened and % who received corrective eyewear
 - Example for Learn Well
 - Amount of contract and cost per participant
 - Population served and % of population that are identified as low income and/or Medi-Cal eligible
 - Ages by raw number and percent of population served
 - Number of childcare homes served
 - Number of for-profit centers served
 - Number of non-profit centers served
 - Number for each category after assessment and what tier they were identified in
 - Number for each category after training and education and the percentage that improved to the next tier
 - Example for College Tuition Partnership Program
 - Amount of contract and cost per participant
 - Population served and % of population that are identified as low income and/or Medi-Cal eligible

- Number of ECE participants that received tuition assistance and the number that was still working in the childcare field 6 months and one year after completion of education

When in difficult times and being forced to make reductions, it is imperative to develop a comprehensive multi-tiered reduction plan to ensure that the limited dollars we have are focused on the highest needs of the most vulnerable children and families in our communities. We need to ensure that we provide direct services to our low-income children and families and that they have access to these services in a timely manner. I recommend considering the following information.

Prioritize Direct Services for Highest-Need Populations

Maintain funding for programs that provide direct services to children, focusing on those serving Medi-Cal-eligible populations.

- Ensure delivery service remains equitable and accessible for vulnerable children and families.

Reduction Approach

Step 1: To the Greatest Extent Achievable Preserve Essential Direct Services for High-Need Populations (Medi-Cal Eligible)

Preserve funding for programs that are:

- Serving critical services for Medi-Cal-eligible children that can significantly change a child's lifelong outcomes.
- Operating in areas where alternative service providers do not exist.

Step 2: Non-Essential or Indirect Services – Eliminate Non-Direct Service/ Programs

Programs and expenditures that do not provide direct services to children should be eliminated to preserve essential funding.

Programs to be Eliminated:

- Marketing & Communications
- Public Awareness Campaigns
- Research and Pilot Programs that do not directly impact service delivery.
- Community-based event sponsorships that are not directly tied to service provision.
- Workforce training & education programs.
- Technical assistance services that do not result in direct programmatic impact.

Step 3: Alternative Service Providers Available – Partial Reduction or Transfer

Programs may be reduced or transferred if there are alternative agencies that can serve the same population.

Criteria:

- Identify duplicative or overlapping programs offered by community agencies, state programs, or nonprofit organizations.
- Assess whether program clients can be served under existing county or state programs (e.g., Can a home visiting program transfer clients to the County Nurse-Family Partnership?).
- Transition program participants to these alternative providers while ensuring minimal disruption.
- Establish referral pathways and transition assistance to support families in accessing equivalent or improved services.

Step 4: Fee-for-Service Model for Medi-Cal and Non-Medi-Cal Eligible Clients – Revenue Diversification & Cost Recovery

Programs that serve non-Medi-Cal eligible clients should explore revenue generation models to reduce dependency on First 5 funding.

Implementation Strategies:

- Maximize Medicaid reimbursement opportunities.
- Introduce a fee-for-service structure for families not eligible for Medi-Cal but still seeking services.
- Offer sliding scale payment options to ensure affordability for low-income families who do not qualify for Medicaid.

Cost-Saving and Innovation Measures:

- Require contracts to provide a determined match for First 5 Funding.
- Revise new contracts to be outcome-based not just numbers served and allow for more flexibility in service model delivery, encouraging innovation and cost savings.
- Require providers to leverage additional funding streams such as Medi-Cal reimbursement (ECM & CHW) DSEP and others to supplement services.

Respectfully
Sandy McBrayer
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