

Action Item: First 5 Network Resilience Initiative \$18M Investment

Thursday, January 30, 2025

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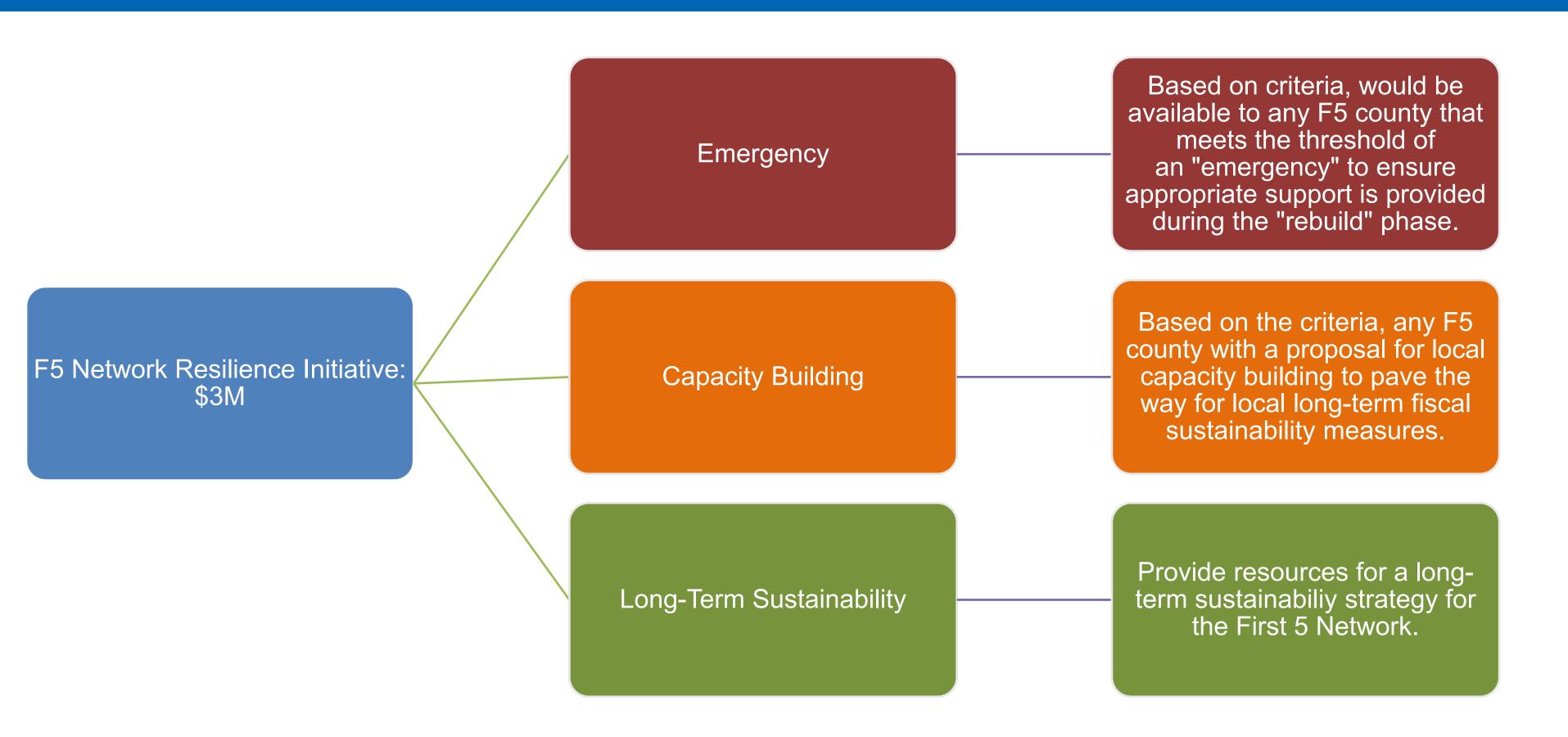
Action Item: Part I

Emergency, Capacity Building, and Long-term Sustainability Advocacy: \$3M

Projected: July 1, 2025 to June 30, 2028



F5 Network Resilience Initiative: \$3M (Part 1)





Action Item: Part II

Small Population County Funding Augmentation: \$15M

Projected: July 1, 2025 to June 30, 2028



Reimagining Small Population County Investment

Augmentation
= F5CA for 25
years has
offered limited
term grants to
address
funding issues

Stabilization =
F5CA seeks to
provide
consistent
funding as a
long-term
commitment

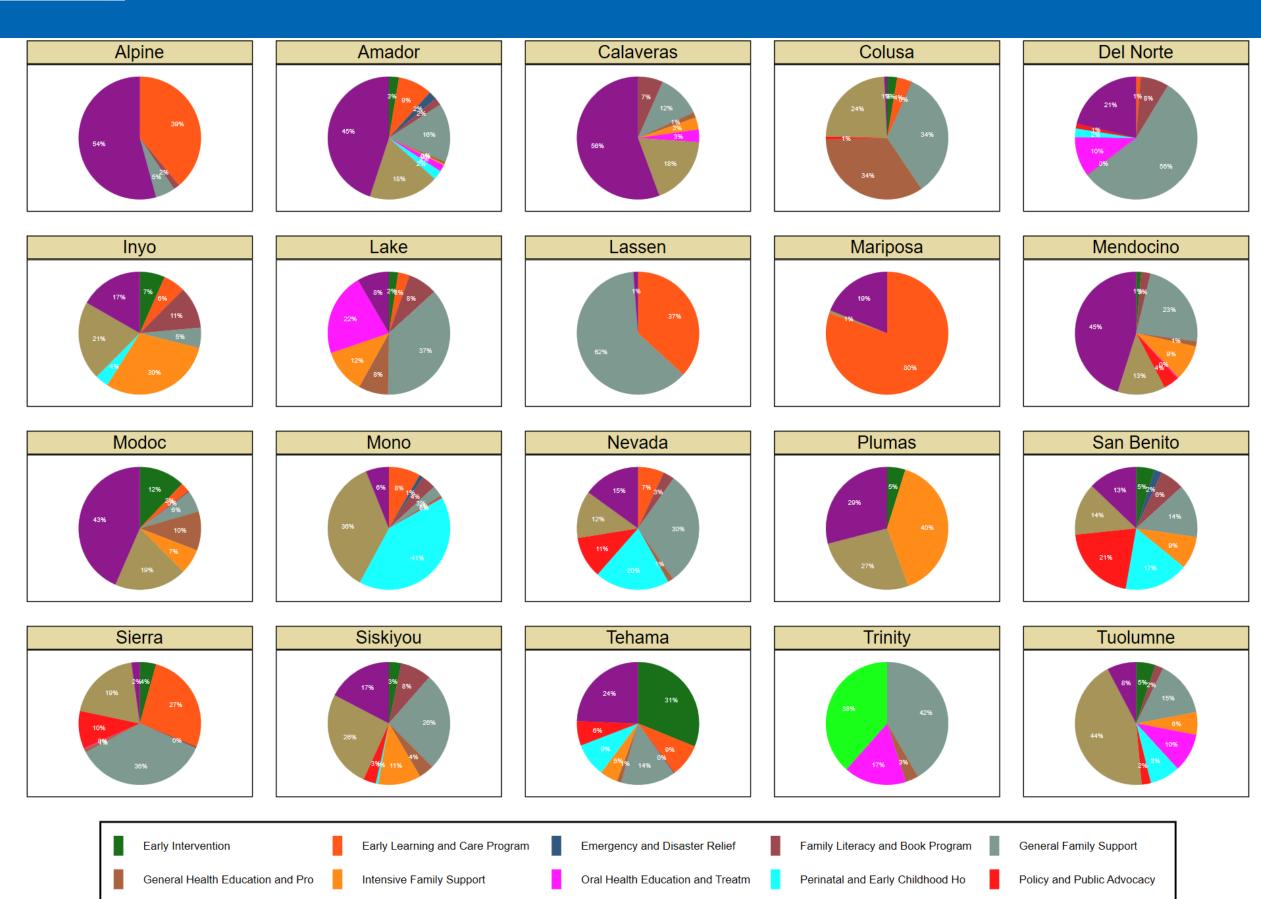
Tangible
Outcomes =
Performance
Measures and
Metrics

North Star and Audacious Goal



Prenatal and Infant/Toddler Pedi

Structure FY 22-23 AR

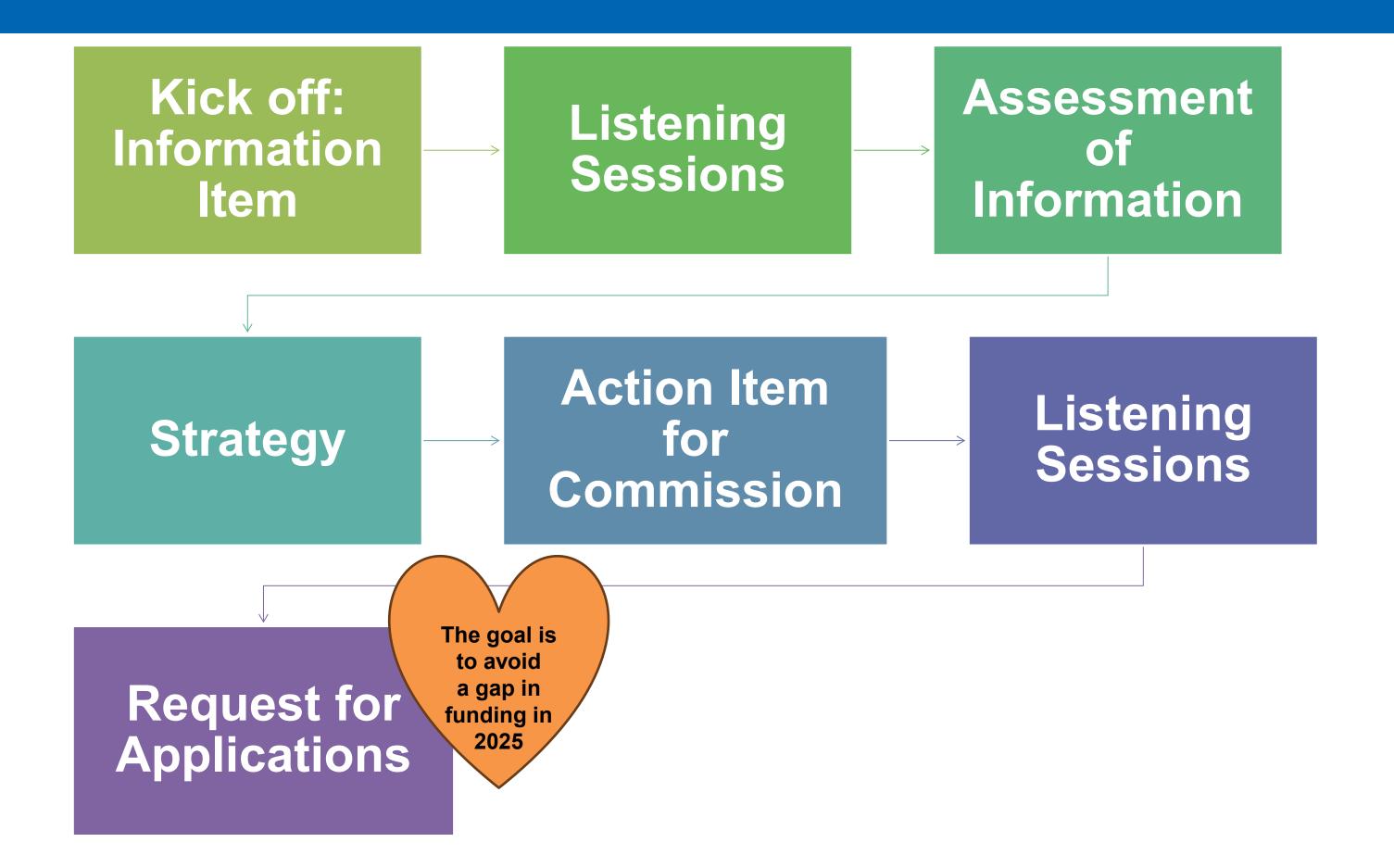


Systems Building

Quality Early Learning and Care



Process Construct





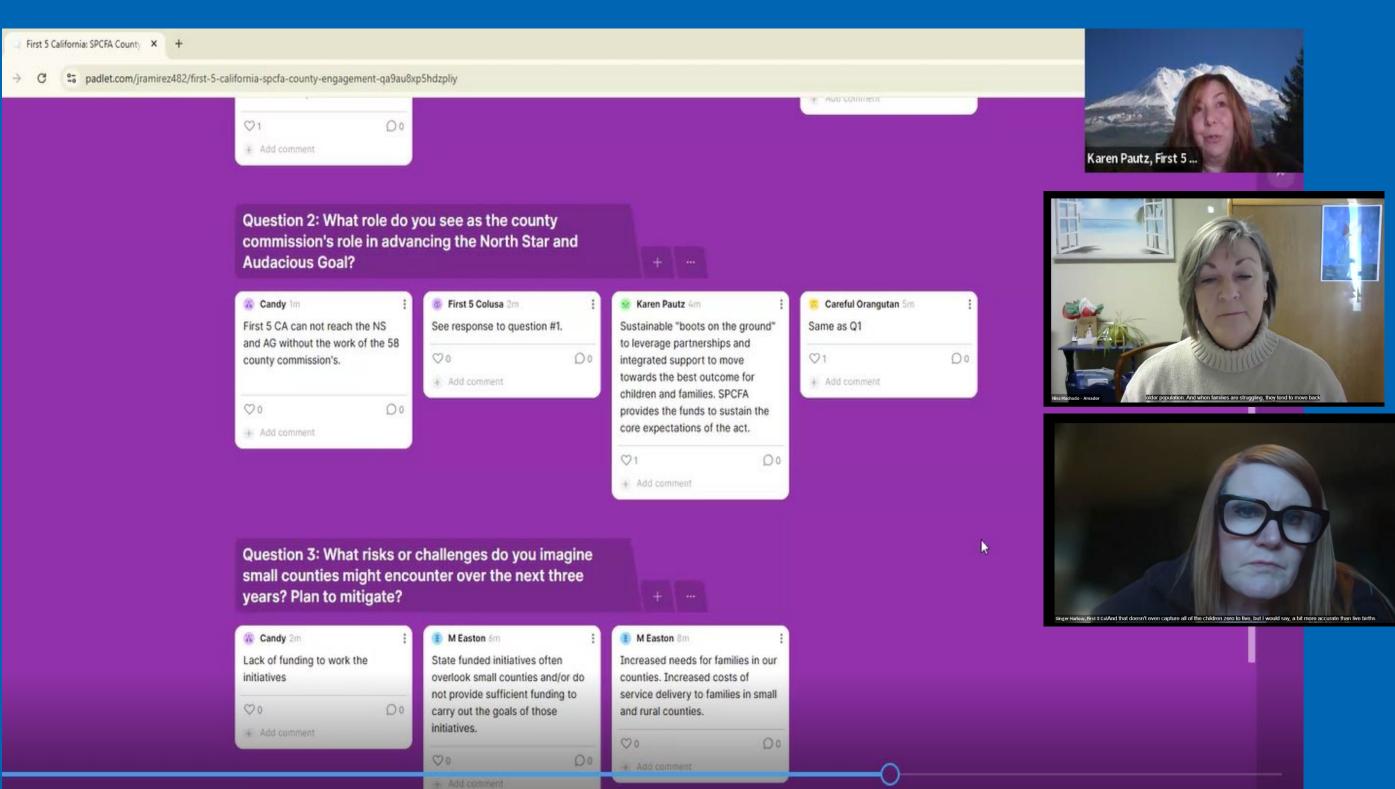
Key Efforts: Small Population County Partnership





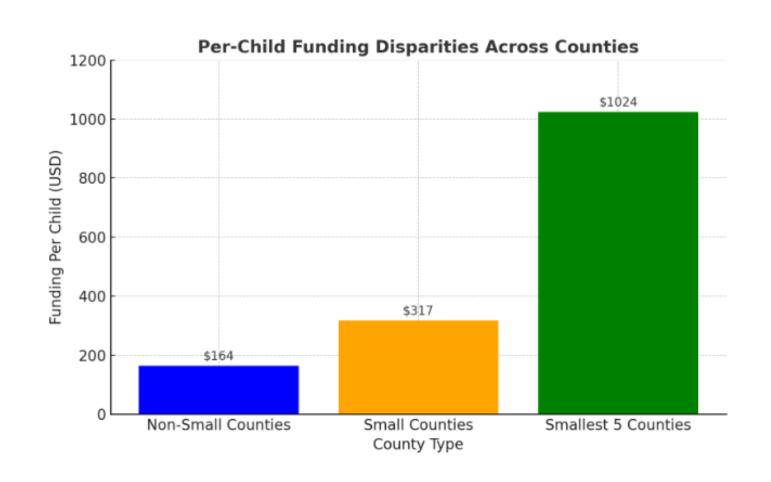








Challenges with the Current Funding Formula



- 1) The existing financing mechanism does not fit with the F5CA's Audacious Goal and North Star Statement, particularly in terms of prioritizing marginalized families and children. Instead, it is just dependent on the number of births in each county.
 - Linking to the number of children aged 0–5 would help reduce these disparities in per-child funding amounts
- 2) Current **funding does not correlate** with the number of children in a county.
- 3) There is a **substantial disparity in funding** when analyzed on a "per child" basis.
 - On average, per child funding in small counties is \$317, compared to \$164 in non-small counties—a difference of 1.93 times.
 - This disparity is even greater when examining the smallest five counties, where the average per-child funding is \$1,024—a 6.24-fold difference compared to the non-small population counties.



Data Sources - Tracking Children 0-5

- California Department of Public Health (CDPH)
 - Maternal, Child, and Adolescent Health Division (MCAH)
 - Maternal and Infant Health Assessment (MIHA)
- California Department of Education
- California Department of Social Services
- California Department of Finance
- California Health and Human Services (CHHS) Open Data Portal
- California Health Interview Survey (CHIS)
- U.S. Census Bureau, Population Division
- KidsData.org
- Strong Start Index



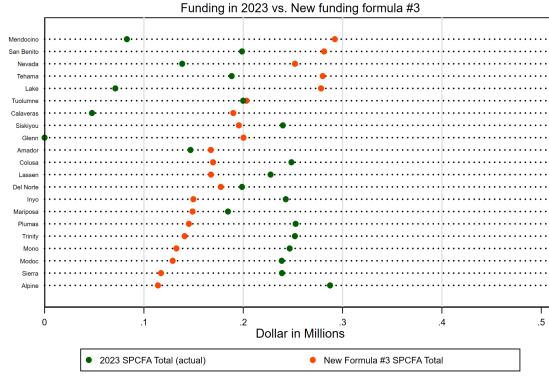
New Funding Formula Recommendation

The new funding formula

<u>WILL</u> allocate more resources
to areas with a higher number
of disadvantaged children
aged 0-5, aiming to maximize
the potential return on
investment.

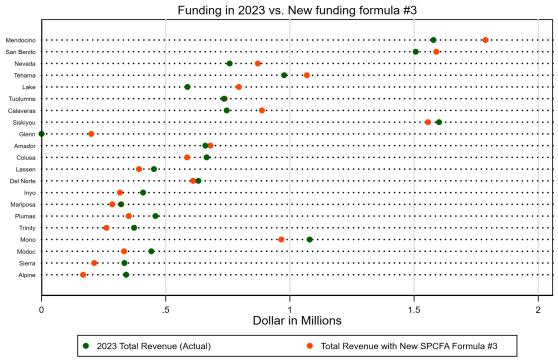
This approach will continue to support small counties to remain sustainable.

SPCFA revenue comparison by County



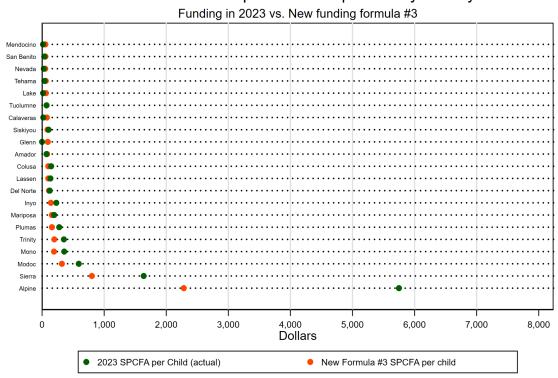
Note: The average SPCFA in 2023 was (=\$0.155), new funding formula #3 is (=\$0.230)

Total revenue comparison by County



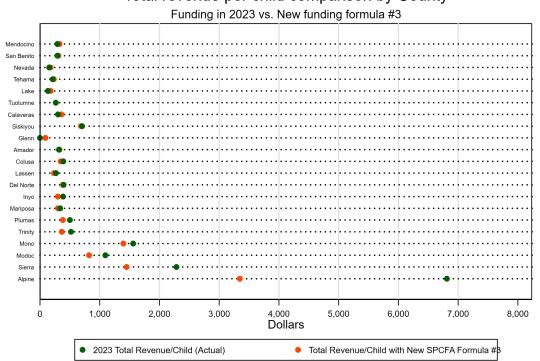
Note: The average SPCFA in 2023 was (=\$0.895), new funding formula #3 is (=\$0.971)

SPCFA revenue per child comparison by County



Note: The average SPCFA/child in 2023 was (=\$ 85), new funding formula #3 is (=\$ 85)

Total revenue per child comparison by County



Note: The average SPCFA in 2023 was (=\$316.855), new funding formula #3 is (=\$316.855)



Result-Based Accountability

A consistent data reporting system is necessary to drive meaningful change—one that tracks state spending.

F5CA will use a result-based accountability approach and county-year-level data sources to track and as proxies to reach the North Star and Audacious Goal.

- 1. Strong Start Index: The Strong Start Index consists of 12 measures that analyze the conditions under which infants are born, arranged into four domains: Family, Health, Service, and Financial. The index, or birth asset score, is computed by calculating the presence of these assets, yielding a value ranging from 0 to 12. Family indicators include legal paternity, non-teen parenting, and parents with at least a high school diploma. Health indicators prioritize a healthy birth weight and the absence of congenital abnormalities or transmissible illnesses. The Service domain stresses timely access to prenatal care and nutritional assistance, whereas the Financial domain assesses healthcare affordability, parental education (at least a college degree), and parents' career histories.
- 2. Health Places Index: The Healthy Places Index (HPI) is a powerful data, mapping, and policy platform developed by PHI's Public Health Alliance of Southern California. HPI is designed to identify opportunities to improve neighborhood health and help guide investments, programs, and policy changes to where they will have the strongest impact on life expectancy. The HPI provides overall scores, detailed data, and recommended actions on specific areas that shape health, like housing, transportation, education, and more.
- 3. California Women's Well-Being Index: The California Women's Well-Being Index is from the California Budget & Policy Center. This tool was created in collaboration with the California Commission on Women and Girls to provide a crucial look into the well-being of women across the state. WWBI is a robust tool designed to evaluate women's well-being at the county level. The Index covers five key dimensions: health, safety, employment, economic security, and political empowerment. Each dimension is assessed through six indicators, culminating in an overall Index score for each of California's 58 counties. The data reveal critical insights into how women are faring across various aspects of their lives and support the creation of informed equitable public policies.



Small Population County Augmentation (Part II) Projected: \$15M for July 1, 2025 to June 30, 2028

Key Features:

- Grant-based funding for 3-years for current Small Population Counties (21)
 - Quarterly Invoices and Payments
 - New Funding Formula Approach: Children Data 0-5
 - New Independent Evaluation for 3-years
 - New Streamlined Programmatic Reporting through Annual Report

Thank you/Gracias

