FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

Executive Committee Meeting
AGENDA
Monday, November 30, 2026 ~ 5:00 PM
2300 Clayton Road, Suite 300, Concord, CA 94520

The Executive Committee meeting will be accessible in-person, and via Zoom to all members of the public. Persons who wish to address the Committee members during public comment or with respect to an item on the agenda may call in during the meeting by dialing 669-444-9171 or 669-900-6833 or use the "raise your hand" feature in the Zoom app. The Committee Chair may reduce or eliminate the amount of time allotted to read comments at the beginning of each item or public comment period depending on the number of comments and the business of the day. Your patience is appreciated.

Virtual Meeting Information
Join Zoom Meeting
https://cccounty-us.zoom.us/j/81896666971?pwd=lx7o7o0Lat4YFJGdZ89yQkobxOxIdV.1
Meeting ID: 818 9666 6971
Passcode: 465898

1.0 Convene and call to order

2.0 Closed Session
Public Employee Performance Evaluation (Gov. Code § 54957.6)
Title: Executive Director

3.0 Public Comment

4.0 Approve the Minutes of the Special Executive Committee Meeting of October 12, 2026. **Action**

5.0 CONSIDER accepting the report on significant program, financial or contracts matters, and on any personnel matters relating to Commission staff. **Discussion**

5.1 Receive updates from the Deputy Director
- Community Impact Report
- Community Listening Sessions

5.2 Receive updates from the Finance and Operations Director
- Q1 Fiscal Report
- FY 2027-28 Budget Development Timeline

5.3 Receive updates from the Executive Director
- Strategic Plan Updates
- Organizational Updates

6.0 DISCUSS matters regarding the operation of the Commission. **Discussion**

6.1 Review and discuss proposed 2027 Commission Meeting Calendar
6.2 Review Officer Slate for 2027 Executive Committee Recommended by Nominating Committee

7.0 REVIEW agenda items for upcoming Commission Meetings. **Discussion**
- Discuss December 14 Commission Meeting

The public may comment on any agenda item or any item of public interest within the jurisdiction of the First 5 Contra Costa Children and Families Commission. In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur.

The First 5 Contra Costa Children and Families Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Commission's offices, at least 48 hours before the meeting, at (925) 655-0360.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the First 5 Contra Costa Children and Families Commission to a majority of members of the First 5 Contra Costa Children and Families Commission less than 96 hours prior to that meeting are available for public inspection at 2300 Clayton Road, Suite 300, Concord, CA 94520 during normal business hours.

In consideration of those who may suffer from chemical sensitivities and may have allergic reactions to heavy scents, First 5 Contra Costa requests that staff and visitors refrain from wearing perfume, cologne, or the use of strongly scented products in the work place. We thank you for your consideration of others

8.0 CONSIDER accepting the report on statewide activities pertaining to children 0-5, including the activities of the First 5 Association of California, First 5 California, and other statewide advocacy groups. **Discussion**

- First 5 CA Resilience Initiative
- Other First 5 CA RFAs
- Choose Children Campaign Policy Frameworks
- 2027 Advocacy Day

9.0 Communications

- EdSource Article: Gov.-elect Xavier Becerra says he wants to improve childcare, fueling high expectations
- Policy Brief: How California's Patchwork Mental Health Financing Leaves Young Children Without the Care They Need

10.0 Adjourn

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FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

Special Executive Committee Meeting
MINUTES
Monday, October 12, 2026, 5:00 p.m.

2300 Clayton Road, Suite 300, Conference Center, Concord, CA 94520

1.0 Convene and call to order.

Chair John Jones called the meeting to order at 5:17 p.m.
In attendance: John Jones, Dr. Marla Stuart, Gareth Ashley, and Mary Helen Rocha.
Absent: None.
Staff present: Executive Director, Dr. Ruth Fernández; Finance and Operations Director, Kelly Sessions, Deputy Director, Sandra Naughton, Executive Assistant, Mikele Nelson and Operations Manager, Tammy Henry.
Guest: Layla Elsumeri, Manager, Eide Bailly (via Zoom)

2.0 Public Comment.

No public comment.

3.0 Approve the Minutes of the Executive Committee Meeting of September 28, 2026.

Commissioner Rocha motioned to approve the minutes of the Executive Committee Meeting of September 28, 2026, and Commissioner Stuart seconded the motion. Motion passed.

4.0 RECEIVE Overview Presentation of Fiscal Year 2025-26 Financial Audit.

Finance and Operations Director Kelly Sessions introduced Layla Elsumeri, Manager with Eide Bailly, who presented an overview of the FY 2025-26 financial audit.

Eide Bailly issued an unmodified (clean) opinion on the Commission's financial statements. Layla reported no uncorrected misstatements, significant audit difficulties, or disagreements with management. Three corrected reclassification entries did not materially affect the financial statements. Contract and procurement testing identified no deficiencies.

Commissioner Ashley asked about the definition of management in the audit materials and Layla clarified that included staff and Commission members. He also asked for clarification on contract testing; she stated contracts are selected for review using a risk-based approach. Layla explained that the governance letter would provide more details and it was made available for the Commission meeting.

Commissioner Stuart motioned to receive the FY 2025-26 Financial Audit overview presentation, and Commissioner Rocha seconded the motion. Motion passed.

5.0 Adjourn

The meeting adjourned at 5:33 p.m.

FY 2026/27 FIRST QUARTER FINANCIAL REPORT

FIRST 5 CONTRA COSTA

		FY 2026/27 Budget				FY 2026/27 Actuals			
		Adopted		Total		First Quarter			
1	REVENUE [1]	F5 Contra Costa Funds	Other Funds	Total Revenue	% of Total	F5 Contra Costa Funds	Other Funds	Total Revenue	% Budgt Rec'd
2	State Tobacco Taxes [2]	5,181,582	-	**5,181,582**	46%	655,816	-	**655,816**	12.7%
3	Federal Grants	-	-	**-**	0%	-	-	**-**	0.0%
4	State Grants [3]	-	869,200	**869,200**	8%	-	117,254	**117,254**	13.5%
5	Subrecipient Awards [3]	-	1,784,058	**1,784,058**	16%	-	######## #	**240,326**	13.5%
6	Philanthropic Grants [3]	-	336,880	**336,880**	3%	-	-	**-**	0.0%
7	Other Revenue [4]	538,094	-	**538,094**	5%	91,091	-	**91,091**	17%
8	TOTAL REVENUE	**5,719,676**	**2,990,138**	**8,709,814**	**77%**	**746,907**	**357,580**	**1,104,487**	12.7%
9	*Prop 10/56 Fund Balance Drawdown*	**-**	-	**2,529,121**	23%	**-**	-	**-**	0.0%
10	TOTAL REVENUE	**6,781,922**	**1,649,857**	**11,238,935**	**100%**	**746,907**	**357,580**	**1,104,487**	9.8%
11									
12	PROGRAMMATIC FOCUS AREAS EXPENSES	F5 Contra Costa Funds	Other Funds	Total Expense	% of Total	F5 Contra Costa Funds	Other Funds	Total Expense	% Budgt Spent
13	**Early Childhood Education**								
14	Workforce Development [5]	-	154,258	**154,258**	1%	(21,040)	166,108	**145,068**	94.0%
15	Quality Early Learning	25,300	275,101	**300,401**	3%		27,284	**27,284**	9.1%
16	Inclusion in Early Learning	-	375,731	**375,731**	3%		80,562	**80,562**	21.4%
17	Ready Kids East County	-	157,130	**157,130**	1%		3,017	**3,017**	1.9%
18	Total	**25,300**	**962,220**	**987,520**	9%	**(21,040)**	**276,971**	**255,931**	25.9%
19	**Strengthening Families**								
20	First 5 Centers	3,494,615	425,161	**3,919,776**	35%	800,096	47,806	**847,901**	21.6%
21	Home Visiting System Coordination	10,650	-	**10,650**	0%	1,326		**1,326**	12.5%
22	Parent Advisory Group	15,100	-	**15,100**	0%	2,057		**2,057**	13.6%
23	Total	**3,520,365**	**425,161**	**3,945,526**	35%	**803,479**	**47,806**	**851,285**	21.6%
24	**Early Intervention**								
25	EI Support Services	-	43,451	**43,451**	0%		19,553	**19,553**	45.0%
26	Capacity Building and Outreach [6]	393,727	-	**393,727**	4%	93,259	27,200	**120,459**	30.6%
27	Total	**393,727**	**43,451**	**437,178**	4%	**93,259**	**46,753**	**140,012**	32.0%
28	**Policy Advocacy & Communications Strategies**								
29	Communications Strategy & Policy Advocacy	176,370	40,000	**216,370**	2%	11,116		**11,116**	5.1%
30	Total	**176,370**	**40,000**	**216,370**	2%	**11,116**	**0**	**11,116**	5.1%
31	**Program Salaries/Benefits and Overhead Expenses**								
32	Program Salaries & Wages	1,444,665	766,540	**2,211,205**	20%	351,344	198,012	**549,356**	24.8%
33	Program Employee Benefits	754,863	394,556	**1,149,419**	10%	180,659	110,477	**291,136**	25.3%
34	Program Expenses and Overhead [7]	314,309	-	**314,309**	3%	50,275	52,742	**103,017**	32.8%
35	Total	**2,513,837**	**1,161,096**	**3,674,933**	33%	**582,278**	**361,231**	**943,509**	25.7%
36	TOTAL PROGRAM EXPENSE	**6,629,599**	**2,631,928**	**9,261,527**	**82%**	**1,469,091**	**732,760**	**2,201,851**	**23.8%**
37									
38	EVALUATION EXPENSES	F5 Contra Costa Funds	Other Funds	Total Expense	% of Total	F5 Contra Costa Funds	Other Funds	Total Expense	% Budgt Spent
39	Evaluation Salaries & Wages	286,753	16,475	**303,228**	3%	74,390		**74,390**	24.5%
40	Evaluation Employee Benefits	156,823	5,559	**162,382**	1%	34,953		**34,953**	21.5%
41	Professional Services	76,175	-	**76,175**	1%	7,925		**7,925**	10.4%
42	Purchased Services and Supplies	13,900	-	**13,900**	0%	2,616		**2,616**	18.8%
43	Evaluation Expense and Overhead [7]	49,851	-	**49,851**	0%	8,176		**8,176**	16.4%
44	TOTAL EVALUATION EXPENSE	**583,502**	**22,034**	**605,536**	**5%**	**128,059**	**-**	**128,059**	**21.1%**
45									
46	ADMINISTRATIVE EXPENSES	F5 Contra Costa Funds	Other Funds	Total Expense	% of Total	F5 Contra Costa Funds	Other Funds	Total Expense	% Budgt Spent
47	Administrative Salaries & Wages	601,540	-	**601,540**	5%	126,710		**126,710**	21.1%
48	Administrative Employee Benefits	283,328	-	**283,328**	3%	61,487		**61,487**	21.7%
49	Professional Services	237,057	49,000	**286,057**	3%	53,561		**53,561**	18.7%
50	Purchased Services and Supplies	67,800	11,500	**79,300**	1%	146		**146**	0.2%
51	Administrative Expense and Overhead [7]	120,647	1,000	**121,647**	1%	75,664		**75,664**	62.2%
52	TOTAL ADMINISTRATIVE EXPENSE	**1,310,372**	**61,500**	**1,371,872**	**12%**	**317,568**	**-**	**317,568**	**23.1%**
53									
54	GRAND TOTAL	**8,523,473**	**2,715,462**	**11,238,935**	**100%**	**1,914,718**	**732,760**	**2,647,478**	**23.6%**

FY 2026/27 BUDGET	% of Total Expense
Program Initiatives	82.4%
Evaluation	5.4%
Administration	12.2%
Total:	100.0%

FY 2026/27 Q1 ACTUALS	% of Total Expense
Program Initiatives	83.2%
Evaluation	4.8%
Administration	12.0%
Total:	100.0%

NOTES:

1. *Revenue sources are detailed in "FY27 Revenue Detail 5.19.26-FINAL-REV"*
2. *State Tobacco Taxes includes Prop 10, Prop 56, CECET, and SMIF Interest accrued while in State interest earning accounts prior to distribution to counties; only two months of Prop 10 revenue had been received at time of publication.*
3. *Includes indirect revenue from grants totaling $49,646: State Grants ($15,040) and Subrecipient Awards ($34,606).*
4. *Includes interest earnings proportional to First 5's share of County pooled investments (fluctuations based on investment returns).*
5. *Includes spend down of SCCOE Catalyst grant which grant closed out 9/30/26.*
6. *Expenditure of $27,200 in Other Funds (unbudgeted) is due to carryover funding of CYBHI (COPE) grant from last fiscal year.*
7. *Includes departmental expenses plus allocated costs (e.g. rent, CAM, insurance, and maintenance Admin Bldg; Finance, HR and IT support; County Counsel, etc.).*

FY 26/27 Proposed Budget: Revenue Detail x Source

	REVENUE	FY 2026/27 Proposed Revenue Budget			
		F5 Contra Costa Funds	Other Funds	Total Revenue	Totals
1	**State Tobacco Tax**				**5,181,582**
2	Sales Tax Apportionment - Proposition 10	3,625,025		**3,625,025**	-
3	Proposition 56 (Flavor Ban Backfill)	1,442,095		**1,442,095**	-
4	CECET (CA Electronic Cigarette Excise Tax)	71,768		**71,768**	-
5	SMIF (CA Surplus Money Investment Fund)	42,694		**42,694**	-
6	**Federal Grants**			**-**	**-**
7	---	-	-	**-**	-
8	**State Grants**			**-**	**869,200**
9	First 5 California IMPACT Legacy Grant (965) [2]		610,628	**610,628**	-
10	HUB Bay Area (974) [2]		91,003	**91,003**	-
11	Office of Traffic Safety/Child Car Seats (987) [1]		167,569	**167,569**	-
12	**Subrecipient Awards**			**-**	**1,784,058**
13	CA State Preschool Quality Block Grant (CSPP, 959)		558,012	**558,012**	-
14	Quality Counts California (QCC, 968)		200,009	**200,009**	-
15	Workforce Pathways (CCCOE, 969)		-	**-**	-
16	CocoKids - Child Care Wage Boost Initiative (984)		98,924	**98,924**	-
17	Inclusion In Early Learning - EHSD (981)		506,461	**506,461**	-
18	EHSD - Children and Family Services Bureau (949)		300,000	**300,000**	-
19	MHSA Behaviorial Health (Triple P, 946)		52,652	**52,652**	-
20	We Care - Everyday Moments (948)		2,500	**2,500**	-
21	Santa Clara County Office of Education - Catalyst (986) [2]		65,500	**65,500**	-
22	**Philanthropic Grants**			**-**	**336,880**
23	Lesher Ready Kids East County - Womb to Classroom (976) [2]		229,025	**229,025**	-
24	Sunlight Giving (926)		100,000	**100,000**	-
25	Contra Costa Together - CC Regional Health Foundtn. (988) [2]		7,855	**7,855**	-
26	**Other Revenue**			**-**	**538,094**
27	Interest Income	492,494		**492,494**	-
28	Other Misc. Income [3]	45,600		**45,600**	-
29	**TOTAL FY 26/27 REVENUE**	**5,719,676**	**2,990,138**	**8,709,814**	**8,709,814**

[1] *Awaiting confirmation that grant application will be funded*

[2] *As a multi-year grant, may include funding carried forward from a previous year's award*

[3] *Rental Income from Black Infant Health (BIH) at Pittsburg site, Suite B*

FY 27/28 Budget Preparation Calendar
First 5 Contra Costa
November 24, 2026

Date	Event, Activities, and Deliverables	Who	Lead
Week 1: Nov 16-20, 2026			
	Staff Develops Draft Budget Calendar & Process	Kelly	Kelly
	Staff Requests Budget Instructions Handbook from County	Kelly	Kelly
Week 2 (Thanksgiving): Nov 23-27, 2026			
Week 3: Nov 30 - Dec 4, 2026			
Exec Cmte Mtg 11/30/26	Staff Presents Draft Budget Calendar & Process and Draft Q1-27 Financial Report	Kelly	Kelly
	MIP/Microix Budget Module: Discovery and Training Kickoff: Wed, Dec 2	Kelly, Carolina, Lisa, Daryn, Ruth	Kelly
Week 4: Dec 7-11, 2026			
	Finalize Draft Budget Calendar and Draft Q1-27 Financial Report	Kelly	Kelly
	Begin MIP/Microix Budget Module Provisioning	MIP Staff	Kelly
Week 5: Dec 14-18, 2026			
Mgt Team Mtg Commissn Mtg 12/14/26	Present Q1-27 Financial Report	Kelly, Accountant	Kelly
	DRAFT budget development workbook --Timeline, Workflow, and Deliverables --ED Parameters and Assumptions --Finance trains on MIP Budget Development Software	Kelly, Ruth, Sandra, Carolina	Kelly
Week 6 (Winter Break): Dec 21-23, 2026			
	Begin development of Labor Budget (data collection and MIP input)	Kelly, Tammy	Kelly
Week 7 (Winter Break): Dec 28-31, 2026			
Weeks 8-9: Jan 4-15, 2027			
	Continue work on budget development workbook --Timeline, Workflow, and Deliverables --ED Parameters and Assumptions --Finance trains on MIP Budget Development Software	Kelly, Ruth, Sandra, Carolina	Kelly
	Receive CoCo County CAO Budget Instructions	Kelly	Kelly
Mgt Team Mtg (1/18/27)	Budget Kick-Off Meeting: --Present Budget Calendar: Review Workflow, and Deliverables --Review ED Parameters and Assumptions --Train managers on use of MIP Budget Development Templates	Kelly, Carolina, Ruth, Sandra, Tammy, Liliana, Stephanie, Lisa, McKenzie	Kelly
Weeks 10-11: Jan 18-28, 2027			
	Complete development of Labor Budget (data collection and MIP input)	Kelly, Tammy	Kelly
	FINALIZE budget development workbook --Timeline, Workflow, and Deliverables --ED Parameters and Assumptions --Finance trains on MIP Budget Development Software	Kelly, Ruth, Sandra, Carolina	Kelly
	Begin development of Mid-Year Budget Amendments	Kelly, Carolina	Kelly
Week 12: Feb 1-5, 2027			
	Continue development of Mid-Year Budget Amendments	Kelly, Carolina	Kelly
Week 13: Feb 8-12, 2027			
	Program Teams begin development of budgets based on anticipated or known funds, carryover funds, etc.	All (Ruth, Sandra, Program Team)	Kelly
	Begin 1st draft of 5-year revenue projections	Kelly	Kelly
	Finalize development of Mid-Year Budget Updates	Kelly, Carolina	Kelly

FY 27/28 Budget Preparation Calendar
First 5 Contra Costa
November 24, 2026

Date	Event, Activities, and Deliverables	Who	Lead
	Finalize preparation of MIP Budget Module & begin Training staff	Kelly	Kelly
Weeks 14: Feb 15-19, 2027			
Mgt Team Mtg (2/15/27)	Continuation #1: Departments develop budgets based on anticipated or known funds, remaining funds, etc. in MIP Budget Module	All (Ruth, Sandra, Program Team)	Kelly
	FINAL draft of Labor cost estimates and COLA recommendation	Kelly	Kelly
	Finalize preparation of Q2-27 Budget Report	Kelly	Kelly
Week 15: Feb 22-26, 2027			
Commissn Mtg 2/22/26	Staff Presents Updated Budget Calendar, Q2-27 Financial Report, and Proposed Mid-Year Amended Budget	Kelly	Kelly
	Continuation #2: Departments develop budgets based on anticipated or known funds, remaining funds, etc. in MIP Budget Module	All (Ruth, Sandra, Program Team)	Kelly
Week 16: Mar 1-5, 2027			
F5 Exec Cmte 3/1/27	--Present Updated Budget Calendar & Monitor Progress --Present Mid-Year Budget Amendments --Present Q2-27 Financial Report	Kelly	Kelly
	Continuation #3: Departments develop budgets based on anticipated or known funds, remaining funds, etc. in MIP Budget Module	All (Ruth, Sandra, Program Team)	Kelly
	Begin calculation of new Indirect rate	Kelly	Kelly
Weeks 17-20: Mar 8 - Apr 2, 2027			
Commissn Mtg 3/15/27	'--Present Updated Budget Calendar & Monitor Progress	Kelly	Kelly
	Continuation #4: Departments develop budgets based on anticipated or known funds, remaining funds, etc. in MIP Budget Module	All (Ruth, Sandra, Program Team)	Kelly
	2nd draft of 5-year revenue projections and CPI information	Kelly	Kelly
	FINAL calculation of new Indirect rate	Kelly	Kelly
Week 21: Apr 5-9, 2027			
	Finance locks down budget and begins balancing budget requests	Kelly	Kelly
Week 22: Apr 12-16, 2027			
Exec Team Mtg 4/12/2027	Review Draft Budget Document. Make any necessary adjustments	Ruth, Sandra, Kelly	Kelly
	Prepare FINAL 5-year revenue projections with updated CPI information	Kelly	Kelly
Weeks 23-24: Apr 19-30, 2027			
Mgt Team Mtg 4/19/27	Review Draft Budget Document with Management Team	Kelly	Kelly
	Prepare Q3 Financial Report	Kelly, Carolina	Kelly
Exec Cmte Mtg 4/26/27	--Present DRAFT Proposed FY 27/28 Budget & make final adjustments --Present Q3 Financial Report	Ruth, Kelly	Kelly
	Prepare Proposed FY 27/28 Budget for review & presentation materials	Kelly, Carolina	Kelly
Weeks 25-27: May 3-21, 2027			
	Finalize Proposed FY 27/28 Budget & presentation materials	Kelly, Carolina	Kelly
Week 28: May 24-28, 2027			
Commissn Mtg 5/24/27	Present Proposed Budget for Adoption	Ruth, Kelly	Kelly

FIRST 5 CONTRA COSTA
CHILDREN AND FAMILIES COMMISSION

DRAFT

All meetings are held in hybrid modality with Zoom participation capability.
Meetings will be held at the First 5 Contra Costa offices located at 2300 Clayton Road, Concord, CA 94520.

Standing Meetings 2027

	Executive Committee 5:00 PM	Full Commission Meeting 6:00 PM
January		
February	February 8	February 22
March		
April	April 12	April 26
May	May 10	May 24
June	June 14	June 28
July		
August	August 30	
September		September 13
October	October 11	October 25
November	November 29	
December		December 13



CHOOSE CHILDREN

Birth Equity Framework

Goal: California birthing people and families receive high-quality, culturally responsive care and seamless services before, during, and after birth.

www.choosechildren.org

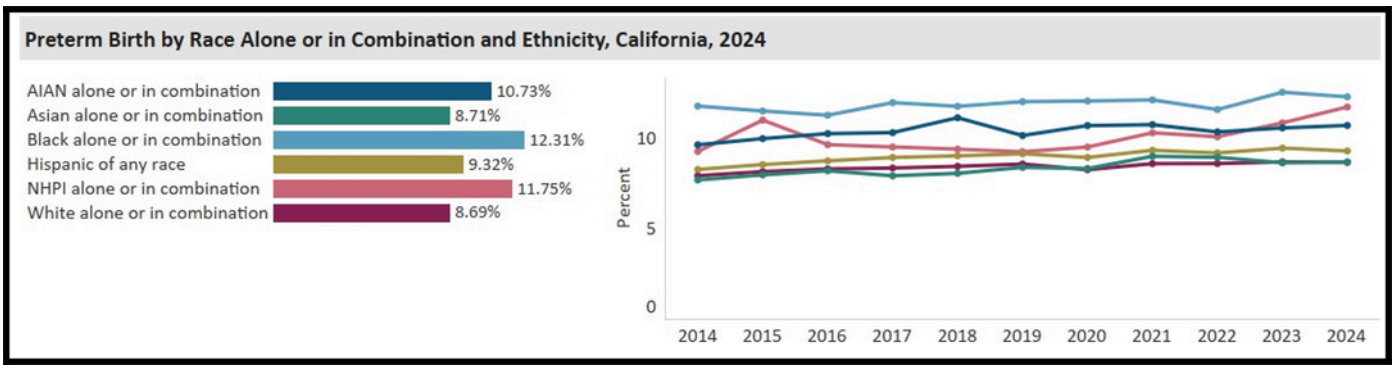
TIMELINE

1. WHAT CALIFORNIA NEEDS
2. KEY FACTS & FIGURES
3. CALIFORNIA'S SOLUTIONS
4. WHERE TO BEGIN
5. BEYOND THE FIRST 100 DAYS
6. FINAL THOUGHT

1 WHAT CALIFORNIA NEEDS

California has some of the best maternal health outcomes in the country. Unfortunately, those outcomes are not accessible to all Californians. Black families continue to experience the state's highest rates of maternal and infant mortality. The gap persists across income, education, and insurance status, which indicates that its drivers are structural rather than individual.

There are also significant disparities in perinatal mental health and health care access and utilization, with Black birthing people experiencing higher rates of perinatal depression, which is associated with preterm birth, while also experiencing lower levels of engagement with mental health care.



CHOOSE CHILDREN

2 KEY FACTS & FIGURES

Black mothers/birthing people are nearly four times more likely to not survive their birthing experiences than white women.[1]

Research increasingly links racism and stress to preterm birth and indicates these factors may explain the persistent deadly perinatal health outcomes of Black mothers and babies. [2, 3, 4]

Black infants are nearly twice as likely to be born prematurely compared to their white counterparts. [5]

Premature birth is the leading cause of infant mortality for Black infants and the second leading cause of mortality for all infants.[6]

[1] -https://www.chcf.org/resource/almanac/maternity-care/
2- Iturralde, E., Hsiao, C. A., Nkemere, L., Kubo, A., Sterling, S. A., Flanagan, T., & Avalos, L. A. (2021). Engagement in perinatal depression treatment: A qualitative study of barriers across and within racial/ethnic groups. BMC Pregnancy and Childbirth, 21(1), 1–11.
3 -Coussons-Read ME. Effects of prenatal stress on pregnancy and human development: mechanisms and pathways. Obstet Med. 2013;6(2):52-57. doi:10.1177/1753495X12473751
4- Braveman, P., Dominguez, T. P., Burke, W., Dolan, S. M., Stevenson, D. K., Jackson, F. M., ... & Waddell, L. (2021). Explaining the Black-White disparity in preterm birth: a consensus statement from a multi-disciplinary scientific work group convened by the March of Dimes. Frontiers in Reproductive Health, 49.
5 & 6- https://www.marchofdimes.org/peristats/reports/united-states/prematurity-profile





3 CALIFORNIA'S SOLUTIONS

Our state has invested in many strategies to improve maternal and infant health, yet Black families continue to experience the state's highest rates of maternal and infant mortality.

To address this disturbing crisis, we propose strengthening the existing infrastructure, deepening investments in the workplace, and pursuing new, innovative approaches to invest in the next generation:

Strengthen the implementation of the Medi-Cal Doula benefit: Enhancing and strengthening Medi-Cal's infrastructure can improve services and supports touching birthing people and families.

Strengthen and expand accessibility to midwifery care for families at greatest risk for adverse outcomes: Enhancing access to culturally-concordant care can support existing resource and service utilization.

Build and retain a culturally-concordant perinatal workforce and pipeline: Building and strengthening a culturally-concordant workforce supports professional development, service delivery and availability, and birth outcomes for the community.

CHOOSE CHILDREN

3 CALIFORNIA'S SOLUTIONS

Direct financial resources and support to birthing people at risk of adverse birth outcomes: Perinatal cash transfers and other direct resources during pregnancy have been demonstrated to improve birth outcomes.

Develop and strengthen infrastructure for the State of CA to meaningfully address disparities in birth outcomes: Strengthening CA's existing infrastructure to address birth outcomes can support quality improvement, improve effectiveness of investments, and facilitate accountability and transparency.

Establish public accountability and improvement of resource allocation for birth outcomes: California is well-resourced; various strategies can enhance the allocation of existing resources and ensure investments are aligned with intended outcomes.

4 WHERE TO BEGIN

Within his first 100 days, the Governor should issue an executive order declaring birth equity a statewide priority, with specific targets and deadlines for reducing racial disparities in maternal and infant deaths and severe complications. The same order should establish a Black Maternal Health Taskforce with executive authority to drive community-led research, evaluate progress against those targets, and translate findings into policy.



To protect access to care, California should require a Birth Equity Impact Assessment before any hospital closes, suspends, or substantially reduces maternity services, along with a community-informed plan to maintain continuity of care and mitigate harm.

To strengthen the community-based workforce that fills these gaps, the Governor should set timely payment standards for doula claims, with plan-level compliance reporting to the Department of Health Care Services (DHCS), and require Medi-Cal managed care plans to award at least 75% of their Enhanced Care Management, mental health, and doula contracts to local community-based organizations.



BEYOND THOSE FIRST 100 DAYS

While the first 100 days will be critical, the work will not end there. To ensure continued results, California's new Governor should:

Create meaningful financial incentives for birth centers, Federally Qualified Health Centers (FQHCs), and maternity wards providing high-quality care in maternity care deserts.

Standardize doula enrollment access across managed care plans and standardize doula contracts with managed care plans (MCPs)s (standard purchasing agreement).

Increase Medi-Cal reimbursement for doulas to living-wage levels, including full-spectrum and postpartum support.

Fund doula hub infrastructure – training, enrollment support, and admin for Medi-Cal provider status.

Require MCPs to contract with a minimum number of doulas per plan utilizing a formula based on births per year.

Adopt a revised bundled payment model for midwifery care.

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BEYOND THOSE FIRST 100 DAYS (cont):

Expand Medi-Cal reimbursement for birth center care to ensure financial viability.

Expand Guaranteed Basic Income for pregnant and postpartum families at greatest risk of adverse outcomes. See here for the full proposal and payment pathways.

Increase funding of the California Perinatal Equity Initiative in the upcoming budget to strengthen investment in Black birth outcomes.

Increase state investments in community-based organizations through multi-year general operating support, full-cost contracting, and developing a Birth Equity CBO Fund.

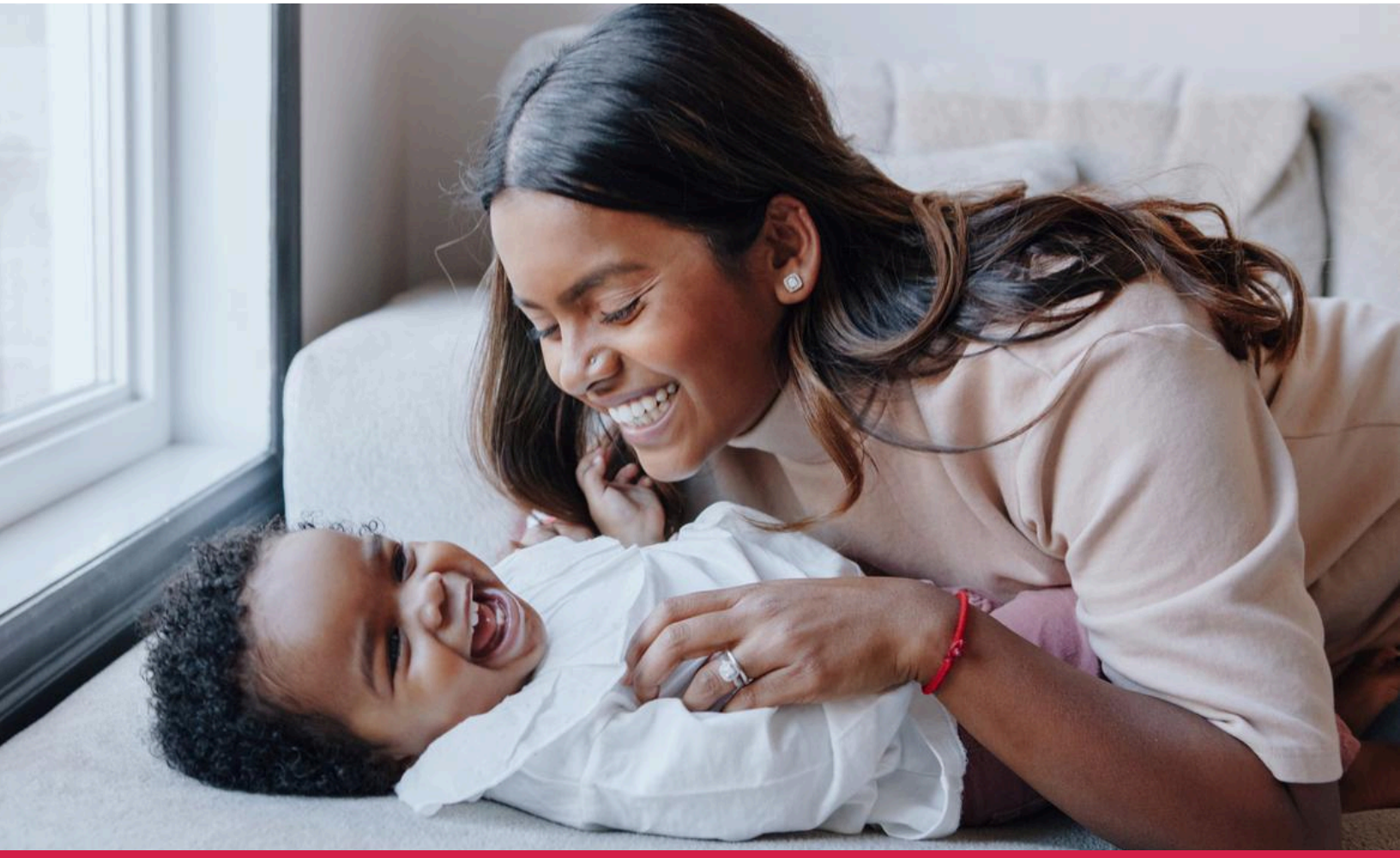
Increase hospital accountability – mandate public reporting of Black birth outcomes, enforce SB 464/AB 2319.

Centralize Medi-Cal Managed Care Plans' Community Reinvestment Funds for pooled investment in maternal and infant health outcomes.



6 FINAL THOUGHT: INNOVATION AND COORDINATION IS REQUIRED

Public health as a field has continued to pursue interventions and strategies that are not improving disparities in birth outcomes. We are overdue for innovative strategies that try something new, rather than continuing to reiterate existing efforts that are ineffective. Doing so will require many partners and stakeholders to align their vision and strategy. This roadmap is the result of a collaborative effort of several statewide birth justice advocacy organizations that have witnessed gaps in the perinatal system and have identified how to improve them. Ensuring coordination and alignment across organizations, coalitions, and stakeholders is key to advancing this work.





CHOOSE CHILDREN

Child Care Framework

Goal: California families get access to quality, affordable, and culturally informed early learning and care for children under 6.

www.choosechildren.org



WHAT CALIFORNIA NEEDS

California's mixed-delivery child care system includes centers, family child care homes, family, friend, and neighbor (FFN) care, Head Start, and school-based programs. Yet for many families, none of these options are within reach. Care now costs $25,000 or more per year, and there are far too few available slots to meet demand. As a result, many parents are struggling to find care they can afford, or any care at all.

The child care affordability crisis is inseparable from a workforce crisis. High turnover among providers, driven by low wages and economic stress, is linked to weaker outcomes for children (SIEPR, 2026). Meanwhile, gaps in child care access keep more than 100,000 California mothers of young children out of the workforce, costing the state as much as $23 billion in GDP (SIEPR, 2026).

KEY FACTS & FIGURES

Affordability:

In 2023, 70% of households with children under 5 spent $200 or more on child care weekly–a considerable increase from pre-pandemic costs (First 5 California, 2025).

KEY Facts & Figures (cont)

Affordability:

Median annual child care costs across California counties range from $10,980 to $24,636, averaged across care types and ages, county-level costs range from 8% to 21% of household income, with the largest shares in rural and agricultural counties (Stanford Institute for Economic Policy Research 2026 [SIEPR]).

At the low end of the income distribution, child care costs can reach 75% of annual household income; only 40% of mothers with young children in the lowest income decile are in the labor force, compared to much higher rates at the top of the income scale (SIEPR, 2026).

Fewer than half of California children ages 0–5 have a regular child care arrangement, and the state's licensed-slot shortfall exceeds 600,000 children, concentrated in rural areas (SIEPR, 2026). In 2022, only 1 in 9 children eligible for subsidized care actually received it (First 5 California, 2025).



CHOOSE CHILDREN



Workforce:

Early educator turnover in California runs 19 to 29% annually, compared to about 3% turnover across all industries statewide (Center for the Study of Child Care Employment, 2025 [CSCCE]).

ECE workers earn roughly 23% less than peers with comparable education and demographics. Center-based assistant teacher starting pay was about $18/hour in 2025 - below the state's $20/hour fast-food minimum wage; while lead teachers started around $21/hour (CSCCE, 2026).

47% of early educator households participate in one or more public safety-net programs (First 5 California, 2025); nationally, 53% of child care workers rely on Medicaid or SNAP (SIEPR, 2026).

The 2026-27 proposed state budget does not increase ECE funding beyond a cost-of-living adjustment that falls short of inflation, leaving voucher-funded programs, which are already the lowest payers, further behind (CSCCE, 2026).

CALIFORNIA'S SOLUTIONS

California has invested in expanded child care slots, preschool, TK and School Age programs over the past 8 years and the payoff is expected to be monumental. Research indicates that high-quality, 0-5 early childhood programs lead to an annual return on investment of more than 13% (Heckman Equation) and children who participate in Head Start are more likely to graduate high school and secure stable jobs (NHSA). These investments can be used as a foundation to chart a path toward universal access with smart investments and collaboration.

By combining existing state infrastructure with new investments, we can expand access to affordable child care, improve compensation for all care givers, and build provider spaces for California's children and their families.

WHERE TO BEGIN:

In his first 100 days, California's next governor should issue an executive order setting a north star to achieve universal child care for all children from birth through 12 years old.

The order should clearly define "universal" to build upon California's mixed delivery system to maximize longstanding investments while leveraging the existing workforce and infrastructure. The order should state explicitly that the goal is affordable, high-quality early learning and care for every family who wants it and adequate pay for providers.

Additionally, in partnership with local CBOs, child care partners, and agencies, the Governor should launch a public information campaign connecting families to their local child care options. Whether in the public or private setting they choose (a child care center, licensed

family child care home, transitional kindergarten, or a trusted relative or friend), families should know how and where to access care from quality providers.

To close out their first 100 days, the Governor should create a multi-year investment plan to leverage California's existing child care system to expand access, increase compensation for workers and create sustainable career pathways. This can be built in partnership with industry leaders, families and providers who will reference numerous reports and studies conducted in the past decade to add provability.

5 BEYOND THE FIRST 100 DAYS:

While the first 100 days will be critical, the work will not end there. To ensure continued results, California's new Governor should:

Make needed investments to implement a single, regionalized state reimbursement rate system that compensates all providers, including centers, family child care homes, and Family, Friend and Neighbor care, for the full cost of providing quality care.

Continue expanding Universal PreK in a true mixed-delivery system, including Transitional Kindergarten, California State Preschool Program, Head Start and community-based child care providers.

Incentivize partnerships between LEA's and community-based child care providers.



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BEYOND THE FIRST 100 DAYS (cont):

Invest in professional development, career ladders, and apprenticeships for the early learning workforce across all settings.

Build career ladders and apprenticeships for the early learning workforce ranging from family, friend, neighbor care providers through child care agency administration and leverage existing work in Quality Counts, Child Care Initiative Project and other best practice models.

Target investments to communities with the greatest access barriers, guided by an equity framework such as the Whole Child Equity Tool.

Launch a multi-year facilities grant program including flexible funding and technical assistance for expansion, deferred maintenance, renovations, and disaster-resilience upgrades, paired with streamlined state and local licensing and permitting.

Establish legal and financial resource pathways for undocumented child care workers, and expand access to multilingual programs and workforce supports.

Expand access to multilingual programs beginning at birth and supporting the multilingual workforce.

Align curriculum frameworks and approved instructional materials with developmentally appropriate, culturally and linguistically-affirming practices that are relevant for TK (Ed Trust).



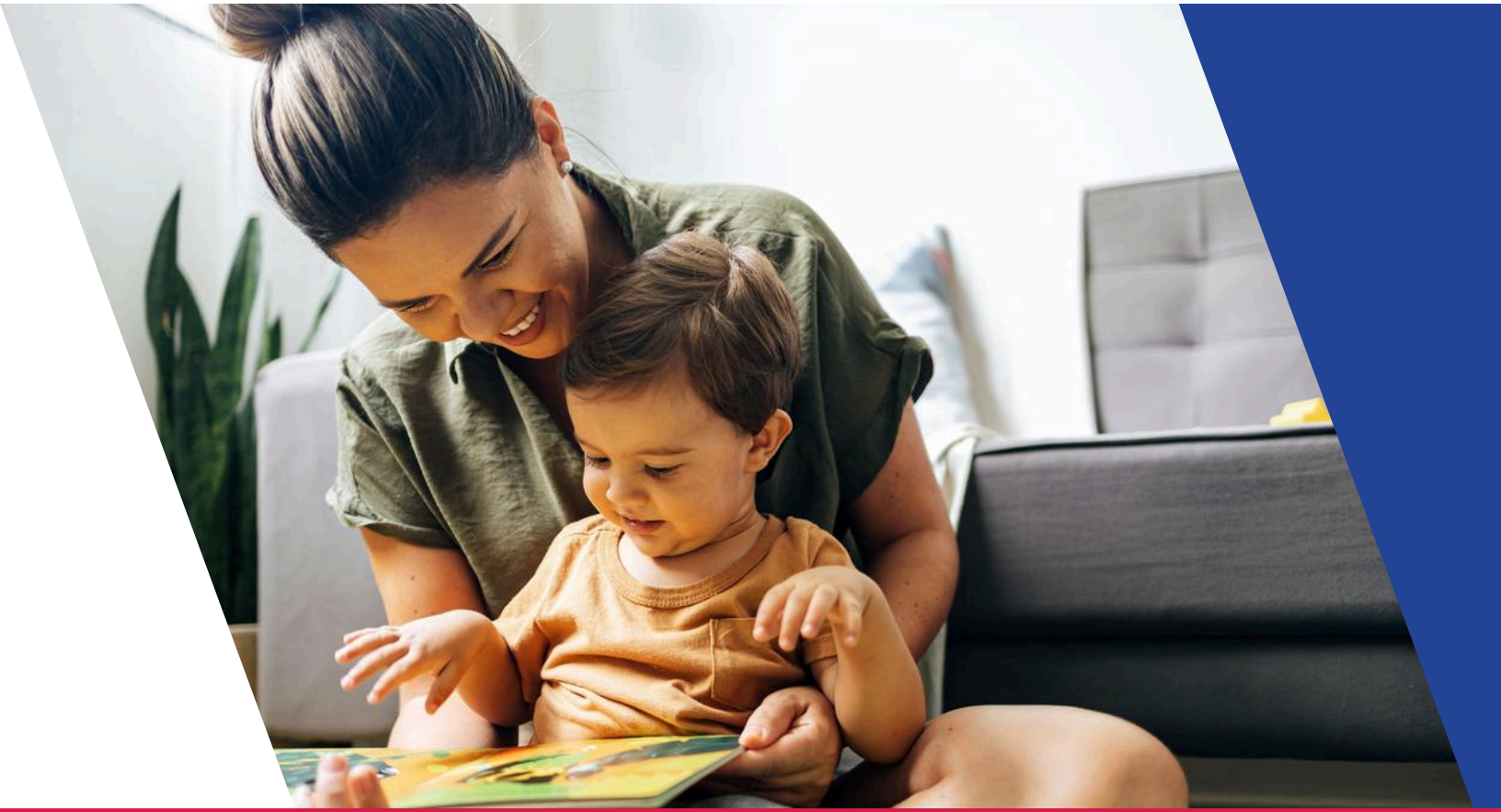
5 BEYOND THE FIRST 100 DAYS (cont):

Enhance state coordination and accountability for English learner outcomes and require adoption of culturally and linguistically affirming instructional materials.

Affirm commitment to defend federal funding for early care and education, including threats, cuts and harmful administrative changes to Head Start quality and safety standards; and Child Care and Development Fund (CCDF).

6 FINAL THOUGHT: SEQUENCING IS IMPORTANT

We have learned over the past decade that investing in only one part of the system at a time creates pressures and unintended outcomes in other areas. It is important to work in partnership with industry leaders to make sustainable, effective change across the 0-12 care system.





CHOOSE CHILDREN

Governance Framework

Goal: California's agencies and programs effectively provide needed early childhood resources and accountability in a timely manner.

www.choosechildren.org

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TIMELINE

1. WHAT CALIFORNIA NEEDS
2. KEY FACTS & FIGURES
3. CALIFORNIA'S SOLUTIONS
4. WHERE TO BEGIN
5. BEYOND THE FIRST 100 DAYS
6. FINAL THOUGHT

1 WHAT CALIFORNIA NEEDS

California's early childhood system spans multiple state departments and programs with differing responsibilities, authorities, requirements and funding streams. While individually they may address their individual department or program goals, there is limited coordination between agencies and programs.

Funding for young children and families flows through a patchwork of local, state, and federal programs, each with its own rules and requirements. As a result, families must navigate multiple entry points that often fail to connect them to the services and supports they need. Programs, in turn, ask families to repeat the same application and eligibility steps again and again just to get help.



2 KEY FACTS & FIGURES

A core early childhood governance challenge is the lack of empowered executive leadership and accountability, with sufficient authority to coordinate across the programs and agencies serving young children and families, resolve cross-agency barriers, and provide families, providers, and local partners a clear place to engage the state on issues spanning multiple systems.

- Improve governance, financing, and administrative structures to reduce fragmentation, clarify roles and accountability, and make programs easier for families and providers to navigate while building on effective state and local infrastructure already in place.
- Establish clear executive leadership, authority, accountability, and cross-agency mechanisms to identify and resolve barriers spanning departments, programs, funding streams, and levels of government.
- Align policies, requirements, data, and funding approaches where fragmentation creates unnecessary barriers for families, providers, or local implementation partners, including mechanisms for state-local feedback when implementation is not working as intended.

Potential Outcomes[1]:

- More children and families successfully accessing and connecting to needed services.
- Greater provider participation and local service capacity, with appropriate safeguards for quality, access, workforce stability, and public investment.
- Better alignment and utilization of state and federal resources, including reduced underspending and unnecessary funding silos.
- Clearer accountability and greater transparency regarding public investment and outcomes.
- More consistent access and quality across communities while allowing for locally responsive implementation.
- Better ability to identify needs and system gaps, coordinate resources, and assess whether investments are improving outcomes for children and families.

Experience in other states, including governance reforms documented by Vanderbilt University's PN3 Policy Impact Center, demonstrates the potential for improvements in these areas.

3 CALIFORNIA'S SOLUTIONS

- In his first 100 days, the new Governor should appoint a Cabinet-level Secretary for Early Childhood. The Secretary would provide the needed authority and oversight to set and drive cross-agency early childhood priorities, align programs and resources, resolve interagency barriers, and hold agencies accountable for shared outcomes.
- The Secretary should then establish and chair a California Children's Cabinet that coordinates policies, funding, and planning across state agencies serving children and families.[3] This Secretary and Cabinet would also serve as the administration's central point of engagement for families, providers, local partners, and other stakeholders on issues spanning multiple departments.[2]
- Launch a cross-sector task force to develop sustainable, long-term financing strategies for early childhood services, including opportunities to better align, leverage, and maximize existing state, federal, local, and private resources.
- Identify a lead agency for the Early Childhood Integrated Data System (ECIDS), with responsibility for convening an interagency early childhood data task force and ensuring data privacy protections across participating agencies.

Cost note: *Because these recommendations primarily involve governance and coordination, most can be advanced through executive action or budget trailer bill language without major new appropriations. Longer-term reforms, structure, staffing, and resource needs would be developed with the new Administration.*



CHOOSE CHILDREN



4 WHERE TO BEGIN

While the first 100 days will be critical, the work will not end there. To ensure continued results, California's new Governor should:

Formalize the authority, responsibilities, and accountability of the Secretary for Early Childhood and Children's Cabinet, including responsibility for cross-agency outcomes, implementation, financing alignment, data, any specific program oversight, and resolution of barriers that cannot be addressed by individual departments.

Establish shared outcomes, accountability, and referral pathways for coordinated whole child, whole family systems of care while allowing flexibility for local partnerships and infrastructure.

Work with the Legislature to establish an annual LAO cross-agency analysis of investments in young children and families, identifying funding trends, gaps, fragmentation, and opportunities for improved coordination, with findings publicly reported and considered by the Children's Cabinet, Administration, and Legislature.

Implement the recommendations of the financing task force.

Ensure sustained and intentional inclusion of local infrastructure partners, including First 5 Commissions in all 58 counties, Resource and Referral and Alternative Payment agencies, family resource centers, developmental services regional centers, local government, education and health systems, parents and caregivers, and community-based organizations, as part of California's state-to-local early childhood infrastructure.

5 BEYOND THOSE FIRST 100 DAYS

Establish and resource interagency governance for the Early Childhood Integrated Data System (ECID), including clear purposes, participating agencies, data stewardship, privacy protections, interoperability with the Cradle-to-Career Data System and other relevant systems, and state-local feedback mechanisms.

Align and streamline state and local licensing, permitting, and administrative requirements to reduce administrative burdens while maintaining health, safety, accessibility, and quality protections.

Identify and reduce statutory, regulatory, and funding barriers that inhibit local leveraging, collaboration, and partnership while maintaining appropriate accountability for public resources and outcomes.



6 FINAL THOUGHT: LOOK TO PARTNERS

With intentional engagement of families and local partners including local government, First 5s, health and education systems, child care and early learning partners, and community-based organizations, these governance reforms will strengthen, rather than disrupt, the services that are already serving California families. These changes are put forward to eliminate duplicative structures, align responsibilities to the right authority and resources, and make the system easier for families to navigate.
Statewide expectations must account for the significant differences among California's counties and communities. For that reason, reform should begin with the experience of families and be built around the core functions the system needs to perform.

[1] These outcomes are extrapolated from other state experiences as described in case studies from Vanderbilt's PN3 Policy Impact Center. For example, the state of Virginia's journey in governance reform netted several outcomes in categories described above.
[2] California could build on existing governance structures in states such as Illinois, Minnesota, New Mexico, Colorado, Oregon, and Washington, which have elevated responsibility for young children and families under dedicated cabinet-level leadership. The new administration can adapt these models to the scale and infrastructure of California's needs.
[3] At least 27 states, including Minnesota and New Mexico, have established children's cabinets, typically bringing together the cabinet secretaries responsible for health, human services, education, and early learning under a coordinating mandate from the governor.



EdSource

EARLY LEARNING

Gov.-elect Xavier Becerra says he wants to improve childcare, fueling high expectations



BETTY MÁRQUEZ ROSALES

PUBLISHED NOVEMBER 13, 2026

2 COMMENTS



Provider Vivian Renee Kuykendall last year hosted Xavier Becerra at her childcare center.

Child Care Providers United/Facebook

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TOP TAKEAWAYS

- Becerra is inheriting a childcare system that remains unaffordable for many.
- Childcare must be 'one of the top three' priorities for Becerra, advocates say.
- As Department of Health and Human Services secretary, Becerra sought to stabilize childcare during the Covid pandemic.

As California's next governor, Xavier Becerra will inherit a childcare system that remains unaffordable for many families and financially unstable for many

providers. Advocates hope he will use his experience as U.S. Health and Human Services secretary to create universal access, raise wages for providers and prioritize sustainable funding for early childhood education.

Childcare “can’t just be one amongst a hundred priorities — it needs to be one of the top three,” said Stacy Lee, chief learning officer and senior managing director of early childhood at nonprofit Children Now.

Becerra has experience with early education. As HHS secretary, he administered billions in childcare relief funds during the pandemic, and supported nationwide efforts to expand subsidized care. Becerra also oversaw the Office of Head Start and the Office of Child Care during the Biden administration.

RELATED READING



Growing pains for transitional kindergarten one year into full expansion

SEPTEMBER 21, 2026

Becerra’s team did not respond to a request for comment. But during the campaign, he spoke about the need to expand access to early learning while improving pay for the people who provide it.

“We can’t talk about universal pre-K, we can’t talk about having affordable childcare unless we’re willing to face the fact that we don’t pay childcare providers, we don’t pay Head Start teachers enough for them to make a living,” Becerra said in a forum held before the California primary election. “So we may say we want to expand it to everyone, but until we start to reward the people who are actually teaching, we don’t do that.”

At the same forum, hosted by Choose Children, a network of dozens of early education groups, Becerra shared a personal connection to the issue. Because his parents could not afford childcare, he said, he was a latchkey child who, along with his three sisters, "had to survive the two hours or so" at home alone after school until a parent arrived.

Throughout his campaign and his time as HHS secretary, Becerra emphasized the importance of investing in children early. At the forum, he repeated a quote he attributed to his mother: "*Es mejor prevenir que remediar*" or "It's better to prevent than to try to remediate."

What Becerra is inheriting

Expectations are high for Becerra as he prepares to succeed termed-out Gov. Gavin Newsom.

"We hope and expect that our governor-elect will implement childcare for all during his time or at least set California on the path to this universal model where it doesn't matter your work status or your income," said Julia Forte Frudden, senior policy analyst at the Child Care Law Center.

RELATED READING



Families remain concerned amid pause in federal child care funds

JANUARY 14, 2026

Newsom expanded transitional kindergarten to all 4-year-olds in California, widely considered a significant achievement despite a bumpy rollout. His administration also funded thousands of new subsidized childcare slots, though fewer than he promised in 2021.

Reimbursement rates for childcare providers remain low. The 2.01% cost-of-living adjustment for providers — meant to ensure their wages can keep up with inflation — falls short of their 2.87% statutory rate and of the 4.31% discretionary adjustment that K-12 teachers received in this year's state budget.

Becerra will take office amid uncertainty over federal funding for programs that support children and families. Head Start faces a potential overhaul that could significantly change how the early learning program has operated for nearly six decades.

Meanwhile, families and providers have faced persistent instability as the second Trump administration has sought to freeze, delay, or cut federal funding for programs including Medi-Cal, CalFresh and California's Temporary Assistance for Needy Families (TANF) program, which helps some families access childcare.

High hopes for Becerra for early education

Becerra's experience with early education policy has advocates hopeful about what childcare could look like in California during his next four years as governor.

"He knows it's a broken system that's not meeting the needs of parents or providers right now," said Forte Frudden of the Child Care Law Center.

The shortcomings of the childcare system became especially apparent during the Covid pandemic, when childcare facilities were shuttered due to lockdowns and outbreaks. Some parents, mostly mothers, left the workforce because they had no one to care for their children.

RELATED READING



California, four other states sue Trump administration over frozen welfare funds

JANUARY 8, 2026

Becerra became HHS secretary in 2021, when the early learning field was still reeling from the pandemic's impact.

His administration oversaw the disbursement of American Rescue Plan funds, which included $39 billion to stabilize the childcare industry. More than $2 billion of those funds had reached 50,115 childcare programs in California by mid-2023, according to a fact sheet from the federal Office of Child Care.

In 2024, Becerra supported President Biden's call for an additional $16 billion to extend those stabilization funds.

"Families with young children can't work, go to school, or get job training if they don't have childcare," Becerra wrote in his testimony. "If we don't give childcare providers — mostly small businesses — the support they need to serve their communities, working families across the country will suffer the consequences. Unstable childcare is a main reason workers leave their jobs."

Becerra was also HHS secretary when Biden introduced the Build Back Better plan, a nearly $2 trillion legislative package that proposed about $400 billion for universal prekindergarten and a major expansion of subsidized childcare.

In a February 2022 livestream discussing the proposal, Becerra met with parents and their children at the White House. The parents shared their struggles finding affordable childcare that met their children's needs.

But the childcare provisions were ultimately dropped from the legislation after then-Sen. Joe Manchin, D-West Virginia, and Republican members of Congress raised concerns about the cost, an outcome that disappointed many providers and families.

As Becerra prepares to take office, advocates said they hope California can become a leader in early education.

“California’s perfectly capable of finding a universal childcare solution. We have the resources,” said Lee of Children Now. “If you don’t provide care, people get pushed into poverty. If you do provide care, it lifts them up throughout their whole lifetime.”

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FIRST 5 CENTER FOR
CHILDREN'S POLICY

BRIEF
November 2026

Funded in Fragments:

How California's Patchwork Mental Health Financing Leaves Young Children Without the Care They Need



Supporting early childhood mental health requires interventions that engage both the adult and the child together.

Medi-Cal covers some of these services, including individual therapy and, more recently, dyadic care and family therapy for a child and caregiver together. But these benefits cannot support the full range of early childhood mental health care across the promotion, prevention, and treatment continuum, nor the variety of settings where the care is delivered. This leaves many services dependent on a patchwork of time-limited and program-specific funding.

WHY THE EARLY YEARS MATTER FOR MENTAL HEALTH

Babies' earliest relationships and experiences shape the architecture of their brain, laying the foundation for future learning and development.

When mental health needs are addressed early, children receive support during the most sensitive and rapid period of brain development leading to stronger social-emotional skills, communication, learning, and overall lifelong well-being. Because the emotional well-being of young children is directly tied to the functioning of their caregivers and families, mental health interventions look different for this population than they do for older children and adults.[i,ii]

Proven Early Childhood Interventions That Support Mental Health Lack Comprehensive, Sustainable Funding

Early childhood mental health supports work through the adults around a child, or serve whole classrooms, programs, or groups of families. They are also sometimes delivered by professionals other than licensed behavioral health practitioners. Therefore, they do not always fit the medical billing system. Some examples include:



- **Infant and early childhood mental health consultation (IECMHC).** A mental health professional partners with the adults who care for young children, such as early educators, home visitors, and parents, to strengthen their ability to support children's social and emotional development. Much of consultation is classroom- or program-level work with early childhood providers rather than a service to an identified child.
- **Home visiting.** A trained professional, such as a nurse, social worker, or parent educator, is paired with a family and visits them regularly from pregnancy through early childhood. Home visitors support mental health by screening for maternal depression, strengthening the caregiver–child relationship, and connecting families to services early.
- **Parenting programs.** Parenting groups, fatherhood engagement programs, and play-based activities help caregivers build skills and confidence, strengthening the relationships that protect young children's mental health.

While each of these approaches has some dedicated funding, it is often tied to specific models, settings, or eligible families, and rarely covers the full scope of the work. These programs also need funding that can support them holistically. This includes services delivered to caregivers, educators, and groups of families rather than to one identified child; training and reflective supervision for the professionals doing this work; delivery in the many settings where young children and families spend time; coordination across those programs; and the infrastructure to sustain services over time.

State Investments and Recent Changes

Over the past several years, California has started to acknowledge the connection between infant and early childhood mental health (IECMH) and the adults who care for young

children, increasing investments and launching initiatives that focus on the quality of those earliest relationships. This includes the:

- **Children and Youth Behavioral Health Initiative (CYBHI)**, a multi-year investment in behavioral health for children and youth from birth to 25, which
  - Provided one-time grant funding to scale evidence-based practices (EBPs) and community-defined evidence practices (CDEPs) in early childhood, including home visiting and IECMHC
  - Set up the Fee Schedule program, an ongoing reimbursement mechanism to support the delivery of behavioral health services for children from birth to 25 in school settings, off-campus clinics, and community organizations
- **California Advancing and Innovating Medi-Cal (CalAIM)**, which
  - Introduced new Medi-Cal dyadic care and family therapy benefits that cover treatment for a child and caregiver in one visit
  - Removed diagnosis as a prerequisite for Medi-Cal mental health services, so children under 21 can receive care based on trauma, risk factors, or a suspected condition, before symptoms are severe enough to diagnose [iii, iv]
- **Passage of AB 2698 in 2018** and subsequent updates, which
  - Introduced early childhood mental health consultation as a reimbursable service for children in California State Preschool Programs and General Child Care and Development Programs, funded through the mental health adjustment factor

These initiatives unlocked new funding sources for IECMH, helping to bolster prior behavioral health investments. Yet, together they do not go far enough to fully support all of the models that communities across California are trying to sustain. Furthermore, new changes starting in 2026 have created significant uncertainty for programs.

Behavioral Health Transformation Implications for Young Children

In 2024, Californians passed Proposition 1, amending the Mental Health Services Act (MHSA) to what is now called the Behavioral Health Services Act (BHSA). BHSA includes a targeted focus on behavioral health services for people experiencing or at risk of homelessness. In addition, BHSA removes the dedicated prevention and early intervention (PEI) funding stream that existed under MHSA, splitting it into state-led population-based prevention funding and separate county-led early intervention funding. Implementation is now underway. Counties began operating under their first three-year BHSA Integrated Plans in July 2026, and the California Department of Public Health (CDPH) recently released its first population-based prevention funding opportunity.

As the state rolls out these changes, it has used the graphic on the following page to show where population-based prevention programming, led by CDPH, and early intervention programming, administered by counties, fall along the continuum. This complicates the landscape because certain services do not fit neatly into one part of the continuum.

Beyond drawing arbitrary lines of responsibility across the state and counties, this split divides funding sources that have historically supported programs aimed at both prevention and early intervention, without a clear or adequate solution. Combined with an increased emphasis on addressing acute mental illness, it may lead counties to decrease or eliminate funding for early intervention programs serving young children.

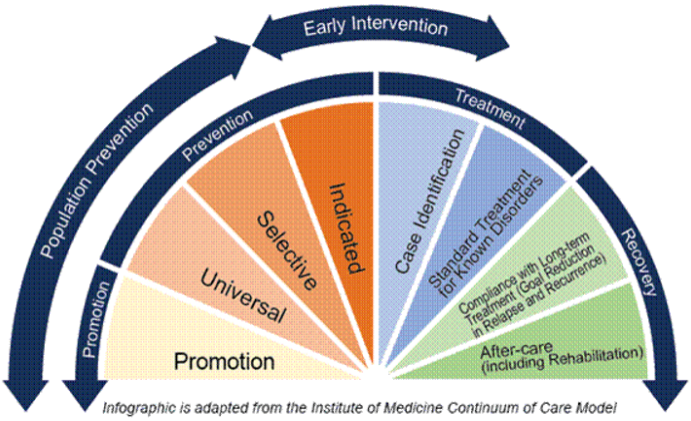

Image: Population-Based Prevention Final Plan, CDPH

While at least 51 percent of CDPH population-based prevention funding must serve people 25 and under, nothing requires a focus on children ages birth to 5. This will mean an overall decrease in investments for California's youngest children compared to the last several years.

WHAT IS IECMHC?

IECMHC is an evidence-based mental health intervention that builds the capacity of adults working with infants and young children to support healthy social and emotional development. IECMHC takes an indirect approach by partnering with the adults in children's lives to create healthy and supportive environments to support child well-being. A central component of IECMHC is the collaborative and trusting relationship developed between the consultant, a mental health professional with knowledge of early childhood development and early childhood mental health, and the adult caregiver, typically an early childhood provider or sometimes family member. Through this relationship, the consultant works with the caregiver to develop the best approach for addressing a child's social and emotional needs.

The consultant uses a combination of interventions and strategies informed by evidence-based behavioral health principles to identify needs and address them collaboratively with the caregivers they support. Consultation can focus on a specific child or family, the classroom environment, or the early childhood program, and can be delivered across a variety of settings. How the core principles of consultation look in practice varies depending on cultural strengths, the integration of consultation with other mental health interventions, and the setting in which it is implemented.

A Note on How Consultation Is Classified in BHSA. Consultation spans the continuum from promotion and prevention to early intervention, but CDPH's **Population-Based Prevention Strategy Resource Guide** has characterized it as an early intervention service. Under BHSA, this points consultation toward county early intervention dollars and away from CDPH's population-based prevention funds, even though much of consultation is classroom- and program-level prevention work.

Infant and Early Childhood Mental Health Consultation (IECMHC) as a Case in Point

The funding landscape for consultation provides a window into the complexity of IECMH funding in California overall. Each funding source focuses on a specific component of consultation, such as workforce development, or on implementing consultation in specific settings within the early childhood ecosystem, limiting both the reach and impact for children and families.

Two of the state's' more established funding sources for consultation are only available in child care settings. The **mental health adjustment factor** is a recurring funding source, but only for state-contracted child care programs, leaving out Family Friend or Neighbor care. **Consultation services** provided through the WestEd IECMHC Network, a statewide infrastructure, are currently limited to early childhood professionals working within the child care system. This leaves a large gap in reaching children who may benefit from consultation in home visiting, early intervention, or child welfare.

Even within child care, access is uneven. Consultant availability varies across regions, with some smaller and more rural counties having none available. Counties that do not have a sufficient mental health provider workforce may have one provider wearing multiple hats, operating as a part-time consultant, therapist, and preschool quality improvement coach all in one week.

One-time investments like **CYBHI** are insufficient to sustain the IECMHC workforce and program infrastructure over time. Counties need to know they can recruit, train, and retain a consultation workforce to be deployed wherever children and families are served. For smaller and more rural counties, the post-grant cliff is steeper. They have smaller budgets, and less capacity to piece together the patchwork of funding options.

There is also interest in **Medi-Cal billing pathways**, such as direct billing, Medi-Cal Managed Care Plan Community Reinvestment Funds, and leveraging Children's Health Insurance Program Health Services Initiatives. The Department of Health Care Services (DHCS) has even listed Medi-Cal billing codes that could be used to reimburse specific components of IECMHC in its Evidence-Based Practices and Community-Defined Evidence Practices Resource Guide. However, it is yet to be determined if these pathways are workable in practice. Some would require state involvement or policy change.



Furthermore, even if individual billing could work in theory, a consultant would need to be an eligible Medi-Cal provider, the child would need to be a Medi-Cal member eligible for the service rendered, and the program would need consent to bill the child's Medi-Cal for services rendered in addition to collecting the child's Medi-Cal information. The administrative burden and startup costs of Medi-Cal billing may outweigh the reimbursement available, especially in rural environments.

Consultation reaches some children and families but not others, and programs struggle to sustain it over time. The bottom line is there are few recurring funding sources available to support IECMHC, and what remains is not comprehensive enough to support a consultation infrastructure across the early childhood ecosystem.

SPOTLIGHT ON TEHAMA

First 5 Tehama launched a regional IECMHC workforce development investment funded by a CYBHI grant, training a cohort of consultants. It is now also using Title IV-E funding (federal child welfare dollars that can pay for training child welfare staff and foster and kinship caregivers), in partnership with Chabot College, to continue training those consultants, with a focus on trauma-informed consultation for the adults who support children in out-of-home placement, including social workers, foster families, and educators.

This funding covered training, but not the ongoing cost of delivering consultation. Tehama hopes to make consultation available to family child care providers, home visitors, foster parents, transitional kindergarten classrooms, and center-based child care. For now, funding for consultation services is pieced together from several sources, including the remaining funding from CYBHI Round 3 grants, First 5 Proposition 10 dollars, and the county school-based mental health team, with no single source able to fund a consultant full time.

The county is interested in Medi-Cal sustainability pathways, but more guidance from the state is needed to operationalize those ideas.

CONSULTATION'S IMPACT: A STORY FROM TEHAMA COUNTY

When four-year-old David started preschool, he spent much of his day alone. He rarely spoke. Transitions were hard. When he felt overwhelmed, his behavior could escalate quickly. His family and teachers wanted to help, but they weren't sure what he needed.

Through IECMHC, David's family, teachers, and a consultant began working together. They looked at what his behavior might be communicating and found ways to support him consistently at school and at home. They also started with something David already loved: music and trains.

By mid-year, his teachers saw a change. "Now he plays alongside other children, uses more language, and even asks peers for help. Kids aren't scared of him anymore, and we've learned how to support his interests like music and trains to help him connect and stay engaged."

David's story reminds us that supporting a young child often means bringing the people around that child together.

A Path Forward for State Leaders

To build a robust early childhood mental health infrastructure, county leaders need to understand what funds are available, where the dollars can be spent, and who can bill for those dollars. Often, local First 5 county commissions play the role of braiding together different funds to support IECMH, identifying which programs need support in their communities or what new programs the community needs. California is fortunate to have First 5s in this role. However, continually braiding new funding is inefficient and leaves programs exposed whenever a funding source shifts or ends.

The future of IECMH should not be a patchwork of funding sources that places the burden on counties to piece them together. Here are three actionable steps for the state to address what the system needs, and how consultation can serve as a place to start.

1. TRACK BHSA INVESTMENTS, PROGRAMS, AND OUTCOMES FOR CHILDREN AGES BIRTH TO 5

The division of the former PEI funding stream into state-led prevention and county-led early intervention has created barriers to funding and drawn lines of responsibility limiting the reach and sustainability of certain IECMH programs.

As BHSA implementation gets underway, the state should monitor funding changes for young children, including how counties are allocating early intervention dollars for the birth to 5 age group and which programs are no longer being funded because of the transition from MHSA to BHSA. SB 326 requires counties to report annually on spending for children and youth and on age-related disparities (W&I Code §5963.04), but leaves the form and

detail of that reporting to DHCS. Current guidance breaks out expenditures only for children and youth under 21. The state should also monitor the allocation of population-based prevention dollars for the birth to 5 age group.

If the state finds that young children are underinvested, it should adjust its approach to ensure that both prevention and early intervention dollars reach children ages birth to 5 and the adults who care for them. Strategies could include recognizing IECMHC as an approach that spans multiple parts of the continuum, rather than solely an early intervention service, and allowing First 5 county commissions to apply for CDPH population-based prevention funds.

2. OPERATIONALIZE MEDI-CAL BILLING AS PART OF THE SOLUTION

Medi-Cal is a promising long-term pathway for some IECMH services, such as the dyadic services benefit, which supports the child and caregiver relationship and provides reimbursement for evidence-based models such as HealthySteps. But billing requirements and startup costs can outweigh reimbursement, especially in smaller and more rural counties, and the reimbursement amount may not cover the full cost of care.

The state has published the Children and Youth Evidence-Based Practices and Community-Defined Evidence Practices Resource Guide, including IECMHC, but additional guidance and technical assistance opportunities are needed to help local leaders and Medi-Cal managed care plans understand what this looks like in practice. At the same time, Medi-Cal billing should be paired with funding for indirect, population-based work that Medi-Cal is not designed to cover. For consultation, this would include funding for classroom- or program-level consultation and reflective supervision.

3. ESTABLISH CLEAR OWNERSHIP OF IECMH

The patchwork funding landscape described earlier reflects a governance problem. No single state entity owns IECMH. Responsibility is spread across agencies and initiatives, and each covers a specific setting, service, or part of the continuum. The work of piecing them together falls to counties, and often to local First 5s. State leadership and cross-agency coordination are needed to ensure that IECMH services reach all child- and family-serving settings and that funding supports IECMH across the continuum. With a new administration taking office in January 2027, now is the time to establish leadership that can hold a full state vision for IECMH across departments.

Next Steps: California's IECMH Financing Policy Project

Earlier this year, the First 5 Center for Children's Policy started leading a group of more than 20 stakeholders across the state in the ZERO TO THREE IECMH Financing Policy Project (FPP). The FPP provides a dedicated space for states to tackle how they can sustainably finance IECMH across settings. Our group is honing in on consultation as a concrete starting point while also exploring the broader IECMH financing landscape. Our goals are:

1. Assess the infant and early childhood mental health landscape in California to understand where consultation fits in as well as potential funding avenues.
2. Create shared understanding and language about infant and early childhood mental health consultation for the purposes of statewide expansion and billing in partnership with the FPP team and state/county leaders.
3. Identify and support opportunities to utilize billing and financing pathways for consultation across all early childhood settings.

California has already shown it can pay for relationship-based care, as dyadic services demonstrate. The next step is a full state vision for IECMH, and consultation offers a concrete place to start. Getting it right would move IECMH financing from a patchwork that counties must piece together to a system that reaches young children, and the adults who care for them, wherever they are. The First 5 Center looks forward to working with partners and the incoming administration to build it.

ACKNOWLEDGMENTS

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CITATIONS

i. ZERO TO THREE: Infant and Early Childhood Mental Health
ii. Center on the Developing Child at Harvard University
iii. DHCS BHIN 26-002: Access Criteria
iv. Medi-Cal Provider Manual: Non-Specialty Mental Health Services

