



First 5 California Commission

Partner Presentation

Children First Collective San Diego

August 22, 2024

9:00AM

San Diego County Administration Board Chambers

San Diego region child care continues to be...





ACCESSIBILITY

FOR FAMILIES

San Diego County is facing a child care crisis with a lack of available licensed child care slots in the region, leaving far too many families without access to child care.

64% of children in San Diego County under age 5 have working parents. 48% of those families have no available licensed child care option.²

Our Interactive Child Care Supply Maps offer insight into the local child care landscape, pinpointing regions of opportunity where there is a gap between availability and need. The largest gaps are considered child care deserts. 41% of San Diego County is a child care desert, highlighting a substantial need for more child care slots across the region.⁶

FOR PROVIDERS

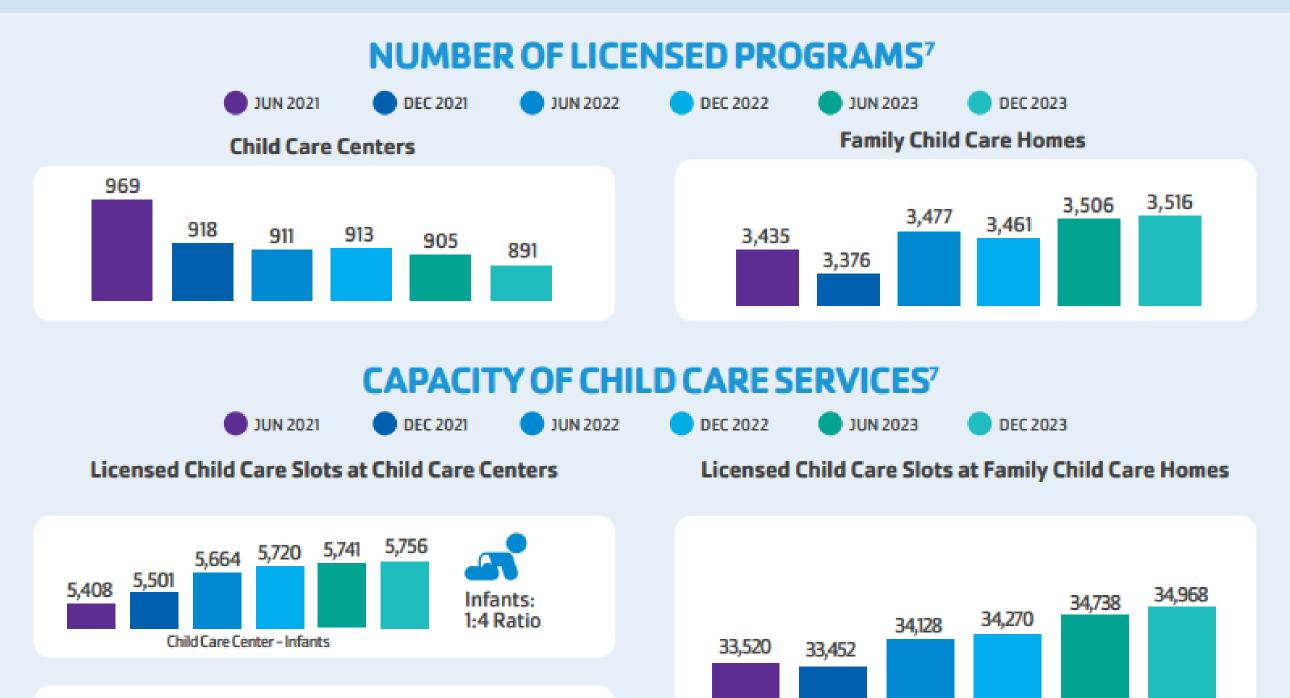
Child care supply is subject to change over time, as license capacities may increase or decrease and individual programs may open or close. The fluctuations that occurred between July 2023–December 2023, resulted in:

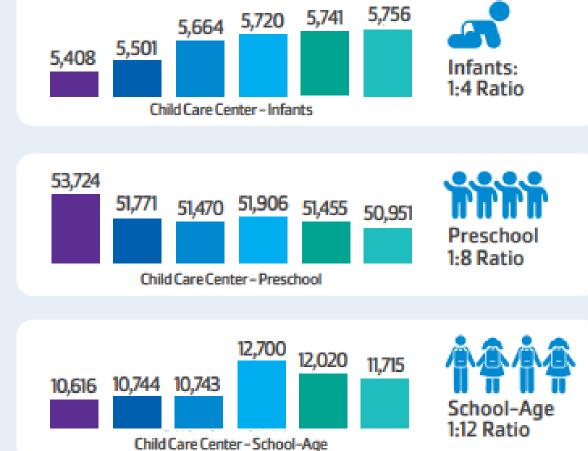


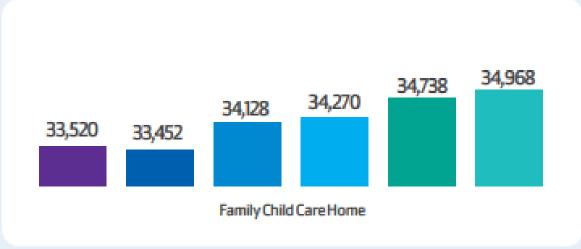












As of December 2023, there are 15 Child Care Centers and 231 Family Child Care Providers that are licensed but inactive and therefore not currently providing care. Combined, they are licensed for 2,652 child care slots in San Diego County. They are included in the data provided on this dashboard because they are licensed. However, there is uncertainty if they will reopen again and the slots are not currently available.7

AFFORDABILITY

FOR FAMILIES

Finding affordable child care is a significant challenge for many families, particularly in regions like California, where infant care ranks as the third most expensive in the nation. This financial burden places a strain on household budgets, limiting access to high-quality care for children.

In San Diego, the average family with two young children spends around 40% of their income on child care, far exceeding the recommended 7% deemed affordable by the U.S. Department of Health & Human Services. 1

Despite eligibility, **69% of children** ages 0–5 in San Diego County who need child care and qualify for a subsidy are **not enrolled in a subsidized child care program.**²

Between July 2023–March 2024, YMCA Childcare Resource Service has successfully **enrolled 1,859 families for state-funded child care subsidies**. Currently, there are still **3,209 families waiting** on the Centralized Eligibility List for approval.³

The high cost of child care, combined with the substantial number of children eligible for assistance, emphasizes the crucial need for equitable access to affordable, high-quality care. This underscores the importance of providing families with access to information and financial assistance to ensure that child care is accessible to all who need it.

FOR PROVIDERS

Child care rates are driven by market considerations rather than the true cost of quality care, resulting in a strain on both families and child care providers.⁴

The price families pay for full-time care at a licensed child care center only covers 52% of the estimated true cost of high-quality care for an infant and 66% for a preschool aged child.⁴

	Child Care Center Subsidy Reimbursement Rate ⁵	Family Child Care Homes Subsidy Reimbursement Rate ⁵
Infant Care	\$1,628.90 per month	\$1,051.24 per month
Preschool	\$1,198.54 per month	\$987.78 per month
School-Age	\$965.69 per month	\$744.18 per month

While child care providers are reimbursed for caring for families enrolled in subsidy programs, reimbursement rates fail to match the high and rising cost of providing quality care.

Read the latest report, "Understanding the True Cost of Child Care in California" by Prenatal to Five Fiscal Strategies here.

WORKFORCE IMPACTS

TO PROVIDERS

Long-term underinvestment in our child care system has left those who care for, nurture, and educate our youngest children unsupported and undervalued. Child care providers, who are primarily women of color, bear the brunt of this systemic issue, as they are among the country's lowest-paid workers.

The rate child care providers charge is 30% to 60% less than what it costs to care for a child, which includes staffing and supplies.8

In fact, nearly **75% of child care providers** don't even include a wage for themselves.9

93% of child care providers in San Diego County report trouble hiring qualified staff.²

Child care providers in California make \$18 per hour on average.10

Increasing pay and benefits for child care providers is needed to sustain this essential workforce and strengthen the existing child care infrastructure.

YMCA Childcare Resource Service is delivering targeted business-focused supports to San Diego child care providers, including financial aid, technical assistance, information, resources, training, and educational opportunities.

TO BUSINESSES

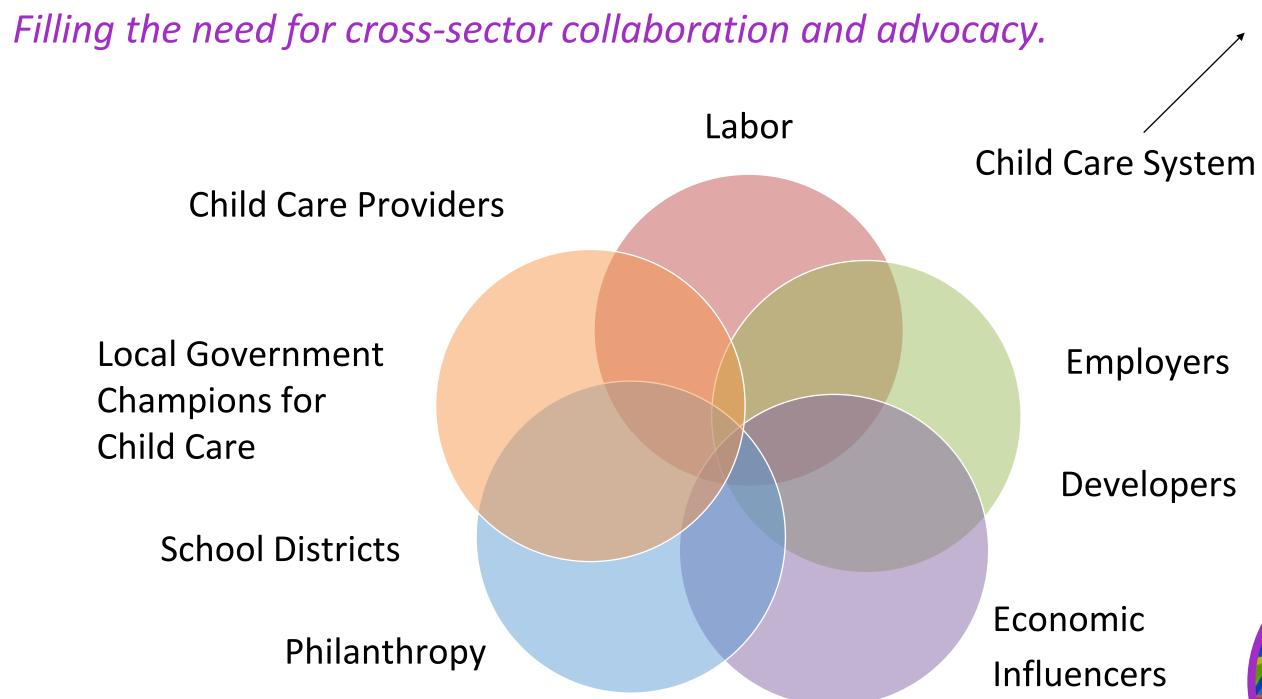
The lack of accessible child care options poses significant challenges for businesses, as it can create financial strain and barriers to workforce participation for parents. When parents struggle to find affordable and reliable child care, they are often forced to make difficult choices, such as reducing their work hours or leaving the workforce altogether to care for their children. This not only affects individual families but also has wider economic ramifications, as businesses experience reduced productivity and talent loss. Solving the child care crisis is not only crucial for supporting working families but also essential for fostering a thriving and competitive business environment.

Each year, businesses in the U.S. face a staggering loss of \$4.4 billion due to child care-related absenteeism."

The lack of accessible child care makes it difficult for working parents, especially mothers, to remain in their jobs – contributing to the 25% gender gap in workforce participation between mothers and fathers in California.¹²

The YMCA's Employer Supported Child Care Benefit Program partners with local businesses and organizations to understand their employee's child care needs, connect them to child care that meets their needs, and in some cases help them cover the cost of child care.

Important New Coalition



Children First Collective Workgroup Members:

- First 5 San Diego
- City of SD Office of Child and Youth Success
- APs
- R&R
- Local Planning Council
- County Office of Ed
- UDW Child Care
- Providers
 - Head Start
 - o Family Child Care
 - o Child Care Centers
- Parent Voices
- Local State University
- Local Foundation
- Close Media Allies





Our Focus Areas



Child care homes and facilities in a mixed-delivery system



Child care workforce crisis



Mental and behavioral health support



Job-related benefits and policies for working parents



Local government infrastructure for children and



Local dedicated funding for children and families



Addressing the Child Care Workforce Crisis

Our local approach to reconcile early educator pay parity and sluggish provider subsidies considering increasing child care costs.

- Local San Diego County Cost Model Analysis (by Prenatal to Five Fiscal Strategies)
- Head Start Family Child Care Provider wage increases
- Workforce and Business Development: STEPS, <u>Chicano</u>
 <u>Federation Women's Small Business Development Program</u>, Shared Service Alliance





Workforce Development & Access to Child Care















STEPS Model (Funded by Price Philanthropies, San Diego Foundation, Girard Foundation, Blue Shield of California)

- Cohort-based
- Cultural navigators & ECBOs
- Languages served: Spanish, Somali, Arabic, & Dari.
- Business Practices Checklist to tracked best business practices and goals.

STEPS Outcomes (4 years of programing):

- 14 cohorts; 230 FCC providers; 1400 children.
- 80% increased or sustained enrollment.
- 21% average increase in enrollment.
- \$394,509 additional capital funding received
- 196 business goals were completed during year 4.
- 93% of providers completed business plans.
- SDSU facilitates research to practice.



First 5 San Diego SSA Pilot Model (Funded by F5CA)

- · Coaching and training was individualized
- Goal-setting was as-needed.
- Business practice assessment tools identified strengths and opportunities.
- CCMS Provider software & ECE Shared Resources

SSA Pilot Outcomes (2 years)

- 5 Center-based providers and 10 FCC providers, serving 277 children.
- Indicators Improved: hourly wage, tuition rates, subsidy participation, CACFP participation and business management efficiency.
- Indicators Maintained: staffing levels, staffing benefits, enrollment, SDQPI participation

County of San Diego Child and Family Well-Being SSA Year 1 Outcomes: SSA Pilot and STEPS joined together (Funded by ARPA)

- 105 providers, serving 869 children. (All 15 pilot providers will join SSA Year 2.)
- 1683 coaching hours
- 73% increased or sustained enrollment
- 9% total increase in enrollment.

- 100% of providers completed a business goal.
- 205 business goals were completed during year 1.
- Luminary and SDSU facilitate data-driven program implementation

Facilities—Child Care Centers and Homes—in the Mixed Delivery System

Getting creative with co-location of childcare and affordable housing.

- Partnership with the Low Income Investment Fund, '<u>A Community Win-Win: Co-Locating</u>
 <u>Child Care with Affordable Housing in San Diego County</u>
- Child care as additional points in <u>City NOFAs</u> for affordable housing build-outs
- Measure H Implementation Utilizing City-owned property for child care





Mental and Behavioral Health Supports for Children and Their Caregivers

Collaborative advocacy for the mental and behavioral health of children ages 0-5, their parents, families, and caregivers.

- Joint advocacy campaign with
 Rady Children's Hospital and American Academy of Pediatrics, California Chapter 3.
- Goals with County of San Diego Behavioral Health Services. Plan(s) for prioritizing child and youth mental health services in the region and supplementing sustainable funding for Health Development Services.







After the devastating loss of his father Angel felt confused and angry, leading to disruptive behavior at school. Through mental health consultation provided by the Chicano Federation, Angel and his mother bund the validation and support needed to navigate their grief. With personalized one-on-one support at school, Angel had a lafe and supportive environment to openly discuss and process his emotions about his father's passing, which has enabled him to better articulate his needs and emotions.

The Facts Tell Us...

Care. Can't. Wait.

The 2023 Behavioral Health Services Director's Report acknowledges a transforming system, but largely overlooks the needs of children and youth. There is no specific mention of **0-5** or key prevention in early years.

In San Diego County, 20% of the population is aged 0-17, and, 33% of all Medi-Cal eligible community members are under 18, yet there is **very little transparent information** available on spending for children and youth.

Investment in the Children's Behavioral Health System of Care in the County of San Diego has decreased by 25% over the past 5 years.5

Hospital emergency departments have reported an alarming increase in **youth psychiatric crises**. Rady Children's Hospital San Diego reported a 1,746% increase from 2011 to 2019.6

Despite the growing need, only 10,817 children and youth received services through the County Behavioral Health Specialty Care System in FY 21-22, marking a 5% decrease from the previous year.

Provide Data We Can Trust

The County Behavioral Health Services with the Department of Child and Family Well-Being should collaborate to expand the UCSD Community Experience Dashboards. This will ensure a system that accurately captures the services provided to and the projected needs of children and youth. With accurate data projection and collection in place, the County of San Diego can design a Continuum of Care with clear, measurable goals similar in structure to the County's Adult Continuum of Care.



Integrate strategies tailored to the needs of the child and youth populations in behavioral health workforce development discussions. Any investment in the behavioral health workforce should reflect the specific needs of children and youth compared to the adult system.

Protect What We Have

Acknowledging state budget deficits, we ask the County to protect children and youth behavioral health services funding in Fiscal Year (FY) 24-25 budget (similar to FY 22-23 levels) to maintain access for children that are currently engaging in services, with an emphasis to allow for efficiencies and collaboration with these resources.

Give Children and Youth A Fair Share

If the County's general fund investment and/or other flexible funding sources for behavioral health services increase in the FY 24/25 budget, we recommend prioritizing programs with the highest demand to address waiting lists. At the very least, ensure that a proportional amount of the overall FY 24/25 behavioral health services budget is allocated to children and youth services.

Make No Decisions For Youth and Families, Without **Hearing From Youth and Families**

this, we recommend elevating the youth and family voice in San Diego's community commissions and boards related to Behavioral Health Services. This includes allocating at least two seats for parents/caregivers and youth on the Behavioral Health Advisory Board and incorporating regular updates and discussions about children and youth during public meetings.

Representation of youth and families in decision-making processes is essential. To achieve





HELP









Local Government Infrastructure that Supports Children and Families

Keeping the interests of children, youth, and their families at the forefront when making policies and decisions. Ensuring there is designated space in municipal governments to address child care.

- City of San Diego, Office of Child and Youth Success
 - O Child and Youth Plan, with unanimous support from City Council
 - Child Care and Development Local Planning Council
 - O Countywide <u>Child Care Needs Assessment and Plans</u> to address needs, with unanimous support from Board of Supervisors
 - County of San Diego, Child and Family Well-Being Department,
 Office of Child and Family Strengthening
 - Child Care Blueprint, with unanimous support from Board of Supervisors









GOAL 1

The child care¹ workforce is well-trained, supported, valued as a profession, and paid competitive wages.²



GOAL 2

Safe and quality facilities are developed and renovated to expand child care programs, particularly in geographic areas where child care is scarce or family demand outpaces supply.

CALL TO ACTION

This Blueprint is responsive to the Board's October 2022 call to action.

San Diego County needs an equitable system that simplifies the child care equation for working families and makes it possible for child care providers, a vital component of our economy, to earn a competitive wage.

To equitably and fully commit to these recommendations, a significant local investment for San Diego's child care sector is needed to support children, families, and child care providers.



GOAL 3

All families have access³ to child care that meets their needs and preferences⁴ and supports their children's learning, physical and mental health, and social-emotional development.





Innovative and Exciting Work to Support Babies, Young Children, and their Families in San Diego

Things we think you should know about!

- Cultural Navigators within STEPS and SSA
- Guaranteed Income pilots (by Jewish Family Service of San Diego)
 - San Diego for Every Child Guaranteed Income Pilot
 - Early program data available in the <u>Economic Mobility and</u>
 <u>Opportunity 2024 Programs Report</u>
 - Additionally, there is the <u>Family Income Empowerment Program</u> (FIEP),
 in partnership with the Child and Family Well-Being Department
- 2026 Ballot Measure(s) for Children, Youth, Families, Providers
 October 16th We Choose Care Event!









Tackling the challenges of child care across our San Diego County communities

www.SDChildrenFirst.org

We choose Care.





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