



# **MONICA MONTGOMERY STEPPE**

**SUPERVISOR, FOURTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS**

## **AGENDA ITEM**

**DATE: May 20, 2025**

**15**

**TO: Board of Supervisors**

### **SUBJECT**

**SUPPORTING SAN DIEGO CHILDREN AND FAMILIES THROUGH  
SUPPLEMENTAL FUNDING FOR HEALTHY DEVELOPMENT SERVICES  
(DISTRICTS: ALL)**

### **OVERVIEW**

The First 5 Commission of San Diego was established by the California Children and Families Act (Proposition 10), passed by California voters in November 1998. This statewide Proposition imposed an additional tax on tobacco products. The revenue generated from the tax is used to fund programs and activities that promote early childhood development from the prenatal stage through age five. The First 5 Commission of San Diego is responsible for implementing the California Children and Families Act in San Diego County.

In 2006, Healthy Development Services (HDS) was created and funded by the First 5 Commission of San Diego. HDS was created to address service gaps for children with developmental concerns and behavioral issues. It is a comprehensive system of developmental and behavioral services for San Diego County's young children whose challenges are not severe enough to qualify them for existing early intervention services. HDS created new treatment services for children with mild to moderate needs, providing help for children who otherwise would not receive care, and bridging crucial gaps in developmental care for traditionally underserved families.

HDS treatments focus on both the child and the caregiver. Caregivers are key partners and are given tools and support to enrich their child's development. Due to declining revenue from Proposition 10, the HDS program is facing a proposed budget reduction of \$4.3 million dollars for this upcoming 2025-26 fiscal year. Reductions to HDS Services will result in children and families facing avoidable challenges and stressors due to untreated developmental and behavioral delays. Community partners are already overburdened and will be further stressed by the HDS proposed budget cuts and access to care will become limited.

Since 2006, HDS has served over 352,800 San Diego children as well as their families and caregivers. Supporting the whole family is essential to success as parents and caregivers are the agents of change for their children. Today's Board action provides the opportunity for our region's

**SUBJECT: SUPPORTING SAN DIEGO CHILDREN AND FAMILIES THROUGH  
SUPPLEMENTAL FUNDING FOR HEALTHY DEVELOPMENT  
SERVICES (DISTRICTS: ALL)**

children and families to continue receiving these vital services while long-term funding strategies continue to be explored for First 5 San Diego programming.

**RECOMMENDATION(S)**

**SUPERVISOR MONICA MONTGOMERY STEPPE**

1. Establish appropriations of \$4,300,000 in the Tobacco Securitization Special Revenue Fund (12580), Operating Transfer Out, to fund First 5 Commission of San Diego for the Healthy Development Services program based on the available fund balance from the Tobacco Securitization Special Revenue Fund; and establish appropriations of \$4,300,000 in the Health and Human Services Agency, Services and Supplies, based on Operating Transfer In from the Tobacco Securitization Special Revenue Fund, to support the cost for First 5 program. This will create Proposition 10 funding capacity to avoid anticipated budget reductions for the Healthy Development Services program in Fiscal Year 2025-26.  
**(4 VOTES)**

**EQUITY IMPACT STATEMENT**

Children and adults with developmental delays and behavioral health conditions face a wide range of social inequities that hinder their access to resources and negatively impact their quality of life. Social stigma and deficient support systems create barriers to optimal educational attainment, employment opportunities, and healthcare access. This ultimately results in negative social outcomes, including higher rates of poverty, unemployment, housing insecurity, incarceration, and disease risk. HDS plays a vital role in identifying and working to address mild to moderate developmental and behavioral delays in children birth to five years of age. By focusing on early intervention, HDS helps get children back on track in meeting their developmental milestones and prevent mild to moderate delays from becoming severe delays that persist into adulthood and perpetuate associated negative social outcomes.

**SUSTAINABILITY IMPACT STATEMENT**

With the adoption of this recommendation, the County of San Diego will support Sustainability Goal #2 to provide just and equitable access to services and resources, and Sustainability Goal #4 to protect the health and well-being of everyone in the region. These actions will improve access to critical developmental screening and care services for children with mild to moderate developmental and behavioral delays and their caregivers. Access to these services will help address the needs of vulnerable children and families in the County of San Diego.

**FISCAL IMPACT**

Funds for this request are not included in the Fiscal Year (FY) 2024-25 Operational Plan in Health and Human Services Agency (HHSA) for the First 5 Commission. If approved, this request will result in costs and revenue of \$4,300,000 in FY 2024-25 for HHSA to support the Healthy Development Services (HDS) program under First 5. The proposed funding source is the Tobacco Securitization Fund (TSF) revenue. This will create Proposition 10 funding capacity in First 5 to avoid anticipated budget reductions for the HDS program in Fiscal Year 2025-26. There will be no change in net General Fund costs and no additional staff years.

**SUBJECT: SUPPORTING SAN DIEGO CHILDREN AND FAMILIES THROUGH  
SUPPLEMENTAL FUNDING FOR HEALTHY DEVELOPMENT  
SERVICES (DISTRICTS: ALL)**

The TSF was established for the use of amounts received related to the securitization of tobacco settlement revenue due to the County of San Diego. This funding source is to be used for health-based program services and is anticipated to provide funding for these programs through Fiscal Year 2032-33, pending market conditions and the resulting return of the TSF. This additional draw on the TSF should not materially impact the life of the TSF, though may push forward the date funds are exhausted by a few months.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

The First 5 Commission of San Diego was established by the California Children and Families Act (Proposition 10), passed by California voters in November 1998. This statewide Proposition imposed an additional tax on tobacco products. The revenue generated from the tax is used to fund programs and activities that promote early childhood development from the prenatal stage through age five. The First 5 Commission of San Diego (First 5) is responsible for implementing the California Children and Families Act in San Diego County.

In 2004, three studies were completed by First 5 to better understand the needs facing young children in the region. A key finding of these studies was that there was not a systematic approach to addressing the needs of children with mild to moderate developmental concerns. Additionally, The National Survey on Children's Health found that about one in four children in California from birth to five years of age are at risk for developmental and/or behavioral delays. The identification and treatment of these delays in the first five years of life have a greater positive impact on the trajectory of a child's development and a child is more likely to overcome delays with less cost than if the child is treated later in life. Only half of children with delays are identified before they enter school.

In 2006, First 5 made a significant investment to create and implement Healthy Development Services (HDS), a groundbreaking program that promotes young children's optimal development and learning by identifying and addressing problems early. What sets HDS apart from other early intervention programs is that it fills service gaps for children aged birth to five years of age with mild to moderate developmental and behavioral concerns who do not qualify for services provided by schools or through health insurance. HDS was designed to complement existing systems of care which focus services on children with the most severe developmental delays.

The HDS model was originally built and developed as a continuum of developmental services. Over time, HDS evolved into a more comprehensive and transformational system that also includes behavioral services focusing on social-emotional development, specific behavior concerns, and promoting positive attachment relationships. HDS eventually developed into a three-tiered model of development and behavior services, including screening, assessment, and treatment based on the child's clinical need and the family's ability to engage in services. Care

**SUBJECT: SUPPORTING SAN DIEGO CHILDREN AND FAMILIES THROUGH SUPPLEMENTAL FUNDING FOR HEALTHY DEVELOPMENT SERVICES (DISTRICTS: ALL)**

Coordination was added to support parents and caregivers engage in services and navigate the complex system of care. Care Coordination supports parents and caregivers understand their child's needs, how to support their child's needs at home, and how to access and advocate for appropriate services. HDS also performs screening and referrals for parents and caregivers related to mental health needs, allowing parents to optimally engage in HDS services with their children and improve outcomes.

Since its inception, HDS has continuously strived to enhance the quality of services, working alongside community experts and drawing upon current research and best practices. HDS has consistently been provided throughout San Diego County by four lead organizations, including SBCS, Palomar Health, Family Health Centers of San Diego, Rady Children's Hospital San Diego and several subcontracted organizations. Countywide coordination and technical support are provided by the American Academy of Pediatrics, California Chapter 3. These community partners have been crucial to the success of HDS and have established relationships and developed trust within their respective communities.

Since 2006, HDS has served over 352,800 children birth to five years of age, as well as their families and caregivers. On average, 95% of children who complete developmental treatment make improvements and 99.7% of families involved in HDS would recommend HDS to their friends and family. HDS helps prevent long term developmental and behavioral challenges and positions more children to succeed in school and in life by addressing development and behavior challenges early.

There are several key factors about HDS that make the program successful. HDS focuses on the whole child and the system recognizes that a child's social, emotional, and cognitive development are tightly intertwined, dependent on the quality of their early relationships, and influential in their long-term health and learning. HDS also recognizes the importance of the parent-child relationship. Services are provided in the context of the entire family as services for young children are most effective when they engage the parents along with the child to strengthen social-emotional development.

Access to care coordination and the utilization of relational approaches by care coordinators are hallmarks of the HDS program. These approaches optimize engagement and retention of services for families. Marginalization, trauma, mistrust of systems, perceived stigma of accessing services, and a parent/caregiver's own attachment relationships have a role in influencing their willingness and readiness to address their child's development and behavior concerns. Trust is built when Care Coordinators are trained and willing to have difficult conversations with families. This approach helps Care Coordinators understand families in a more empathetic way. Through care coordination and relationship building, families are able to best address their basic needs and build their capacity to access resources.

Due to declining revenue from Proposition 10, the HDS program is facing a proposed \$4.3 million budget reduction beginning in Fiscal Year 2025-26. Reduced HDS program funding will have profound negative impacts on San Diego families with young children. The anticipated budget reductions will lead to approximately 38% fewer families being served in Fiscal Year 2025-26. This equates to 3,346 children and families not being served. HDS serves some of our region's

**SUBJECT: SUPPORTING SAN DIEGO CHILDREN AND FAMILIES THROUGH  
SUPPLEMENTAL FUNDING FOR HEALTHY DEVELOPMENT  
SERVICES (DISTRICTS: ALL)**

most economically vulnerable families with more than 60% of children served being Medi-Cal eligible. Medi-Cal does not pay for these specific services, highlighting the critical gap in care that HDS fills. Anticipated service cuts include a 59% cut in clinical behavioral services (one on one behavioral interventions and dyadic therapy) and a 50% cut in clinical developmental services (physical, occupational and speech therapies).

Funding reductions will also result in staff cuts, including experts trained in early childhood mental health and development. These staff reductions will result in delays in accessing services, less time for staff to meet the individual needs of each child and family, and an increased risk of staff burnout and turnover from increased workplace stress. Additionally, families will experience increased stress as they go without the education and tools to confidently care for their children and support their child's healthy development.

Reductions in HDS service availability will mostly impact economically vulnerable families who are unable to afford private services. HDS community partners, who have been essential to the success of the program, will also feel the strain. Healthcare providers may reduce referral rates to HDS for their patients to receive treatment for development delays if there are impacts to quality and expediency of services. Other community partners and support services that complement HDS services will be further stressed by proposed HDS budget cuts. Without HDS, families may need to wait years until their child qualifies for school district evaluation and intervention and this lack of access to early intervention will significantly impact the social outcomes for these children and families.

When children do not receive treatment for developmental delays at an early age, it is more likely that their developmental issues will become lifelong challenges. The societal impacts can be significant and far-reaching, including higher rates of school dropout, poverty, unemployment, incarceration, and chronic disease. Early intervention is very cost-effective with studies showing that every dollar spent on early intervention saves multiple dollars down the road in education, health care, and social service costs.

The Board of Supervisors has adopted Board Policy E-14, Expenditure of Tobacco Settlement Revenue in San Diego County, which establishes guidelines for the expenditure of the Tobacco Securitization Fund. HDS fits within the E-14 guidelines, as it improves the health status indicators of vulnerable populations and minimizes disparities in health status. HDS also qualifies as a health-related program that leverages funding from other sources, namely Proposition 10 funds. HDS is also consistent with the IRS Regulations for Securitized Tobacco Settlement Funds that are incorporated into Board Policy E-14.

Today's Board action provides the opportunity for our region's children and families to continue receiving vital HDS services while long-term funding strategies continue to be explored for First 5 San Diego programming. Supporting the whole family is essential to success as parents and caregivers are the agents of change for their children and HDS provides them with the tools to enrich their child's development. Today's action will help support some of our region's most vulnerable children to optimize their health, independence, education, and long-term social and economic opportunity.

**SUBJECT: SUPPORTING SAN DIEGO CHILDREN AND FAMILIES THROUGH  
SUPPLEMENTAL FUNDING FOR HEALTHY DEVELOPMENT  
SERVICES (DISTRICTS: ALL)**

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's proposed actions support the County of San Diego 2025-2030 Strategic Plan initiatives of Sustainability (Resiliency), Equity (Economic Opportunity), and Community (Quality of Life) by expanding access to healthcare and social support services for children with mild to moderate developmental and behavioral delays and their caregivers.

Respectfully submitted,



MONICA MONTGOMERY STEPPE  
Supervisor, Fourth District

**ATTACHMENT(S)**  
N/A