IF YOU’RE PRO-KID®, IT’S TIME TO SHOW IT

There is strong consensus in our state and country around the notions of equal opportunity for all children and giving kids a chance of having it better than their parents. Yet we are moving further and further away from these ideals despite widespread belief in them. To course correct, we have to acknowledge the facts and take the bold steps needed together.

The reality in California is that most families lack the means and resources to provide their children with the basic building blocks of a productive life in the 21st century. Almost half of California’s children now live in low-income families. With inadequate access to high-quality early learning experiences, rigorous K-12 academics and enriching afterschool and summer programs, children growing up in lower-income families have disproportionately lower rates of high school graduation. Moreover, with limited access to basic health care services, too many of our state’s lower-income kids suffer needlessly from things like unmanaged asthma or untreated tooth decay. Despite strong public will to the contrary, a staggering number of children in our state lack access to the health and education supports they need to have a chance to reach their full potential, and that bodes very badly for the state’s future.

The good news is that a mountain of research also says state investments in quality programs for kids would more than pay for themselves in terms of increased earnings and revenues, and a stronger overall economy, as well as decreased healthcare, corrections and other public costs later on. We’ve seen this play out numerous times in other states and countries around the world. California needs to start paying more attention to its kids.

The 2014 California Children’s Report Card lets everyone know how kids in our state are really doing and what needs to be done about it from a public policy perspective. It covers the many education, health and child welfare issues – 27 in all – that work together to determine children’s well-being. Each one is defined, measured and graded – from A to F – to benchmark the past year and outline a path forward. Despite some positive recent efforts, children in California are doing very poorly overall.

So, if you’re Pro-Kid®, it’s time to show it. If you’re a policymaker, the Report Card will inform your agenda for children. If you’re anyone else who wants to see kids’ health and education improved, join The Children’s Movement of California at www.childrennow.org/join. By connecting all the people and organizations that are Pro-Kid to one another, providing them with meaningful research and information and enabling their collective action, The Children’s Movement can tip the scales in children’s favor, where the vast majority of Californians want them to be. It’s the new force for change our kids need and deserve.

Sincerely,

Ted Lempert
President
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CALIFORNIA’S CHILDREN

California is home to 9.3 million children, ages birth-to-18, 13% of the total child population in the United States.¹

California’s children are racially and ethnically diverse²

Nearly half of all California’s children are growing up in a poor or low income household, where a family of 4 earns less than $45,622 annually.³

Data Highlights

In a recent national ranking of children’s well-being, California ranked 41st out of the 50 states.⁴ California has more impact on national measures of children’s well-being than any other state because it is home to more children than any other state in the country (13% of national total), followed by Texas with 9% and New York with 6%.⁵

Each year approximately 500,000 infants are born in California.⁶ Roughly a quarter of infants are born to mothers with less than 12 years of education⁷ and 10% are preterm.⁸ The birth rate for teen moms, ages 15-19, reached a state low recently, at 29 per 1,000 births.⁹

Nearly half of all children living in California (4.4 million) live in immigrant families.¹⁰ 90% of these children are U.S. citizens living with at least one foreign born parent.¹¹ 22% of students in California are English learners (EL)¹² and the majority (85%) of EL students are native Spanish speakers.¹³
A single parent earning minimum wage in California ($16,640 a year) would need to spend 71% of that salary on full-day infant care\(^2,3\)

\[\text{Other expenses such as rent, health care, clothing and food} \quad 29\% \quad \$ \quad \text{Full-day infant care} \quad 71\%\]

Annual Salary of $16,640
Data Highlights

Income-based disparities in cognitive development emerge among infants as young as 9-months-old and continue to widen as they grow older. By age 3, children in more affluent families will have heard 30 million more words than children in low-income families. And because children’s vocabulary development at age 3 is predictive of 3rd grade achievement, these early differences increase the likelihood that low-income children will lag behind their middle- and high-income peers in future school readiness and student achievement. Nearly half (49%) of California’s 2 million 0-3-year-olds live in low-income families.

Access to high-quality infant and toddler care establishes the foundation all children need in order to develop their ability to think, concentrate, problem solve and interact with others. However, California’s licensed child care centers can only accommodate 40,340 infants, or 4% of the state’s children under age 2. Furthermore, California recently ranked 50th out of all states on program licensing standards and oversight, and did not meet benchmarks related to teacher education and training or facility inspections.

Early Head Start is a large provider of high-quality care and access to preventive health and social services for low-income pregnant women and families with children, up to age 3. Despite its positive effect on children’s cognitive, linguistic and social-emotional development, as well as parental self-sufficiency and healthy family functioning, more than 300,000 eligible California children and their families are not enrolled in this program. Moreover, only 6% of income-eligible children under age 3 are served by any publicly supported program.

Pro-Kid® Policy Agenda

California must provide all infants and toddlers with access to high-quality early care and education programs starting at birth. Specifically, the state should work to restore access to early care and education programs cut in recent years, including the 100,000 spaces eliminated for low-income children since 2008. The state should also explore ways to increase child care subsidies for additional low-income children.

Momentum

President Obama has proposed historic new investments to support infants and toddlers and their families as part of his Early Learning Initiative, including $1.4 billion in 2014 for high-quality child care. In California, new Early Head Start - Child Care Partnerships could provide 40,000 California infants and toddlers with access to higher-quality early care and education.

In 2013, the Governor’s State Advisory Council on Early Learning and Care published California’s Comprehensive Early Learning Plan, which provides long-term recommendations for improving and expanding the state’s early childhood education programs. The plan provides key input on how to develop a coherent, high-quality birth-to-5 system that provides all children with the knowledge and skills they need to achieve long-term success.
PRESCHOOL

High-quality preschool programs rely on well-trained teachers to deliver positive teacher-child interactions, implement effective curriculum and meaningfully engage parents.

Roughly half of California’s 3- and 4-year-olds are enrolled in preschool, with significant disparities by race and ethnicity

California is far below the national standard in how frequently preschools are inspected

---

<table>
<thead>
<tr>
<th>3- and 4-Year-Old Population</th>
<th>Enrolled in preschool</th>
<th>Not enrolled in preschool</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>Latino</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>White</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>Asian</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>African American</td>
<td>50%</td>
<td>50%</td>
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<tr>
<td>Other</td>
<td>42%</td>
<td>58%</td>
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</table>

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<table>
<thead>
<tr>
<th>Year</th>
<th>National Standard</th>
<th>California Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of inspections</td>
<td># of inspections</td>
</tr>
<tr>
<td>Year 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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2014 California Children’s Report Card
Data Highlights

Every dollar invested in high-quality preschool programs can yield a $7 return. Children who attend high-quality preschools have higher high school graduation rates, higher lifetime earnings and are less likely to spend time in the criminal justice system. Moreover, high-quality programs are particularly beneficial to low-income children, who are at greater risk of dropping out of school. Therefore, access to high-quality preschool is important for the 49% of California’s young children who live in low-income households.

While participation in high-quality preschool programs increases children’s academic and lifetime success, low-quality programs do not deliver the same positive results. Among California’s 3- and 4-year-olds most likely to benefit from preschool, approximately 15% were attending high-quality, center-based programs.

An educated, well-trained and stable workforce is essential to providing high-quality preschool programs. Yet, preschool teachers and staff in California are not required to complete annual professional training and less than 25% of them have a degree in a field related to early childhood education. Preschools have high teacher turnover, nearly 4 times higher than elementary schools. In fact, preschool programs lose one-third of their workforce annually, likely due to low wages.

Pro-Kid® Policy Agenda

California should provide all pre-kindergarten-aged children with access to high-quality programs. Additionally, the state should support a high-quality standard for all early care and education programs through continued Department of Education oversight, supporting quality rating and improvement systems, building workforce capacity and promoting family involvement.

Momentum

President Obama’s proposal for universal access to high-quality preschool for all low- and middle-income 4-year-olds has generated widespread awareness of the importance of early education. As a result, California’s legislature in the 2013-14 budget has instructed the California Department of Education to create a plan by April 2014 for implementing universal preschool in the state.

The 2013-14 state budget includes a 1-year increase of $25 million for state preschool programs, a small but important step toward restoring the more than 30,000 preschool spaces for low-income children that have been cut since 2008.

Funded by a federal Race to the Top – Early Learning Challenge grant and local First 5 Commissions, 16 counties are beginning to implement a Quality Rating and Improvement System that will promote continuous quality improvement in child care and preschool programs. Local Quality Rating Improvement Systems will initially serve an estimated 76,000 children and ultimately have the capacity to impact nearly 70% of the young children in the state.
KINDERGARTEN TRANSITION

Transitional kindergarten programs and kindergarten readiness assessments are critical to linking the early learning and K-12 systems.

An income-based achievement gap is evident as children begin kindergarten

<table>
<thead>
<tr>
<th>Emerging Academic Ability Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
<tr>
<td>Bottom 20%</td>
</tr>
<tr>
<td>Top 20%</td>
</tr>
</tbody>
</table>

![School Readiness Gap](image)

Well-prepared kindergartners are 10 times more likely to meet state academic standards in 3rd grade

<table>
<thead>
<tr>
<th>Kindergarten Readiness</th>
<th>3rd Grade Tests Proficient &amp; Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ready for kindergarten academics, self-regulation, social expression, self-care and motor skills</td>
<td>62% ★</td>
</tr>
<tr>
<td>Needs Prep for kindergarten academics, self-regulation, social expression, self-care and motor skills</td>
<td>6%</td>
</tr>
</tbody>
</table>
Data Highlights

Children who enter kindergarten well-prepared for school are more likely to have lasting academic success. In fact, children’s academic and non-academic school readiness skills prior to starting kindergarten are the strongest predictors of 3rd grade scores in reading and math. Children who enter school well prepared are 10 times more likely to meet state standards on 3rd grade standardized tests than are students who enter school underprepared.

Based upon kindergarten readiness assessments, one California county found that children who had mastered social and emotional skills prior to entering kindergarten were more likely to demonstrate comprehensive school readiness, including cognition and general knowledge, beneficial approaches to learning and communication skills. School readiness, as measured by such markers as self-control, interpersonal skills, disposition toward learning and behavior management improves student achievement.

Without access to high-quality preschool or transitional kindergarten (the first year of a 2-year kindergarten program that uses a modified kindergarten curriculum that is age and developmentally appropriate), young children - particularly those who are low-income, students of color or English learners - are likely to enter kindergarten under prepared and are often at risk of falling behind in school. In fact, only 33% of economically disadvantaged 3rd graders read at grade level.

Pro-Kid® Policy Agenda

California should establish stronger links between preschool, transitional kindergarten and kindergarten in order to better support children’s early learning and successful entry into school. These efforts should include aligning curriculum, using developmentally-appropriate assessments, using data to improve instruction and ensuring joint professional development. Specifically, California should build a statewide kindergarten readiness observation and assessment system that (a) helps parents better support their children’s development, (b) informs the instructional practices of preschool, transitional kindergarten and kindergarten teachers and (c) provides administrators and policymakers regional and statewide snapshots of overall kindergarten readiness.

Momentum

In fall 2012 districts launched the state’s newly established transitional kindergarten (TK) program, which moves the kindergarten entry age back to September 1st and provides an additional year of support to young children born between September 2nd and December 2nd, who are therefore no longer eligible for kindergarten. TK was offered in 89% of districts, serving about 39,000 4-year-olds and will eventually benefit an estimated 1 out of 4 kindergarten students, or 120,000 children each year. In 2014, California’s newly developed Desired Results Developmental Profile – School Readiness (DRDP-SR©) assessment will be fully available to all school districts for voluntary use, free of charge. The DRDP-SR© provides kindergarten teachers with a valid, reliable measurement tool to identify learning needs and monitor school readiness. In September 2013, the State Superintendent urged all school districts to utilize the new tool. These are important steps towards the statewide use of an accurate kindergarten readiness measurement tool, one that provides parents, teachers and state and local leaders with the data needed to better inform decision-making.
CHILDREN’S SAVINGS ACCOUNTS

Long-term, asset-building accounts intended to help close the opportunity gap include savings incentives and promote additional deposits and earnings over time.

Economically disadvantaged students are less likely to enroll in a post-secondary institution\(^1,2\)

<table>
<thead>
<tr>
<th>Parental Income Level</th>
<th>% Enrolling in Post-Secondary Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>$101,583+</td>
<td>79%</td>
</tr>
<tr>
<td>$62,435-$101,582</td>
<td>68%</td>
</tr>
<tr>
<td>$38,521-$62,434</td>
<td>52%</td>
</tr>
<tr>
<td>$20,263-$38,520</td>
<td>43%</td>
</tr>
<tr>
<td>$0-$20,262</td>
<td>34%</td>
</tr>
</tbody>
</table>

Over a lifetime, California’s college graduates will earn $1 million more than those who possess only a high school diploma\(^3,4\)

<table>
<thead>
<tr>
<th>Degree</th>
<th>Median Annual Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Diploma</td>
<td>$27,000</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>$53,000</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>$76,000</td>
</tr>
</tbody>
</table>
Data Highlights

Among youth who expect to graduate from a 4-year college, those who have a savings account in their name are up to 7 times more likely to attend college than those who do not.\textsuperscript{5} This is true even when accounting for other factors such as previous academic achievement and family income.\textsuperscript{6}

Since 1999, more than 310,000 college savings accounts have been opened through ScholarShare, California’s 529 college savings plan.\textsuperscript{7} Among youth who expect to graduate from college, whether or not they have accounts in their name and whether or not these accounts are earmarked for school are important predictors of college attendance and are more powerful predictors than family income, net worth and parent savings for youth.\textsuperscript{8}

Across the United States, students from high-income families are over twice as likely (79\%) to enroll in post-secondary education as poor students (34\%).\textsuperscript{9} One barrier to enrollment is the rising cost of attendance.\textsuperscript{10} Between 2007 and 2012, fees for University of California institutions rose by $4,488 and fees for California State Universities rose by $2,112,\textsuperscript{11} significantly reducing access to higher education for the state’s low-income youth.

Pro-Kid\textsuperscript{®} Policy Agenda

California should enhance economic and educational opportunity, including introducing a savings account program beginning in infancy. Creating Children’s Savings Accounts would create a pathway to economic self-sufficiency for more children, defray some of the high and increasing cost of college attendance and increase the college-going rate of California’s at-risk children, while also improving its tax revenue base.

Momentum

California has examples of savings account and financial literacy programs that aim to break cycles of multi-generational poverty. San Francisco’s Kindergarten to College initiative opens a savings account for all public school kindergarteners.\textsuperscript{12} EARN provides a Triple Boost education savings account service which allows San Francisco and Marin counties’ working class families to save up to $2,000 per child through a $3 match for every $1 contributed.\textsuperscript{13} Juma Ventures, one of the largest Individual Development Accounts providers in the nation, serves under-resourced youth in the Bay Area. Juma Ventures provides money management training as well as matched funds to accelerate college savings.\textsuperscript{14}
K-12 INVESTMENTS
To provide every student with a quality education, the K-12 system must be adequately funded. States that prioritize K-12 funding generally have better educational outcomes for kids.

California has chronically underfunded K-12 education with per pupil expenditures that are well-below the national average\(^1\)\(^2\)

California's spending per prisoner has increased roughly 4 times faster than spending on K-12 students since 1995\(^3\)
Data Highlights

The state is not prioritizing our children’s education. California ranks 11th nationally in per capita state and local tax revenues, ranks 2nd in per capita spending on corrections and prisons, but is ranked below the national average (30th) in per capita spending on K-12 education. In fact, California currently ranks 48th nationally on per-pupil spending when adjusted to account for regional differences in the cost of living. And while the 2013-14 state budget provides an average of $8,304 per student, this is still far below $11,824, the 2010 national average for per pupil spending adjusted for regional cost differences.

While reforms are necessary, educational outcomes are closely tied to the level of K-12 investment. Specifically, investment in instruction and instructional support has been correlated with positive gains in 3rd through 6th grade reading proficiency. Per-pupil spending at the school level is also a strong predictor of student academic achievement.

Pro-Kid® Policy Agenda

California continues to underfund our K-12 system, lagging behind most other states in measures of per-pupil spending and student achievement. The state should work to ensure that the necessary resources are provided so that all students can be successful in college and the workforce.

Momentum

California’s students saw funding for their education cut by 14% since 2008. The trend toward cutting education was stemmed in 2012 by Proposition 30, a stopgap intended to prevent deep cuts to education funding. Prop. 30 is set to expire partially in 2016 and fully by 2018. A more permanent education revenue solution is required in order to avoid future school funding cuts and to provide increased and stable revenues for schools.

The 2013-14 state budget provides $56.2 billion in funding for Proposition 98, a provision in the state constitution that funds K-12 education. This $2.7 billion (5%) increase in year-over-year funding represents the 1st time in several years when there has not been a cut. This translates to per-pupil spending of $8,304 on average statewide. By comparison, Massachusetts spends $13,507 per-pupil and ranks 1st nationally on 4th graders who read at grade level while California is ranked 46th in 4th graders who read at grade level.
The new Local Control Funding Formula (LCFF) provides more equitable funding for all students, greater local flexibility and accountability for outcomes and promotes community engagement.

How the new funding formula works (funding per student)¹

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>K-3</th>
<th>4-6</th>
<th>7-8</th>
<th>9-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Funding Based Upon:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Base</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade-Level Add-On</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental LI/EL/FY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concentration Districts With &gt;55% LI/EL/FY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Local Control Funding Formula provides districts and communities with 3 critical opportunities²

1. Focus on long-term, multi-year planning
2. Implement early, ongoing and meaningful community engagement
3. Link district budget to priorities and goals

LI = Low-income  EL = English Learners  FY = Foster Youth

¹ Grade Level
² How the new funding formula works (funding per student)
Data Highlights

Over 6 million students are enrolled in California public schools, 58% of whom are low-income and eligible for free or reduced price meals and 23% are designated English learners (ELs). There are more than 46,000 school-aged foster youth in California. Research has shown that on average low-income students, foster youth and ELs benefit from additional resources, such as extra instruction time, to be academically successful.

The Local Control Funding Formula (LCFF) recently enacted in California is the most significant and equitable reform made to the state’s school funding system in nearly 40 years. This historic law helps ensure all children have equitable access to a quality K-12 education and provides additional support to students who are low-income, ELs or foster youth. LCFF provides a uniform, or “base” amount of funding for all students and an additional 20% more funding for high need students, including ELs, low-income and foster youth. Moreover, districts with 55% or more high-needs students receive concentration grants, which translates into 50% more funding for each student above the 55% threshold. It is estimated that it will take approximately 8 years to fully fund the new formula.

New with LCFF, by July 1st of each year, school districts, county offices of education and charter schools will be required to formulate, with community input, and adopt Local Control and Accountability Plans (LCAPs), linking state priorities related to academic achievement, parental involvement, school climate and student engagement to a school’s annual budget.

Pro-Kid® Policy Agenda

California should work to successfully implement the Local Control Funding Formula by blending the benefits of flexibility and accountability. This would mean providing sufficient flexibility so local communities can respond to student needs, support innovation, monitor and ensure equitable investments are made in high-needs students and make certain that authentic community engagement is occurring throughout the state.

Momentum

A diverse coalition of education, equity, business, parent and civic leaders, in concert with the governor’s leadership, made the Local Control Funding Formula a reality. Now state and local leaders must focus on ensuring that it is implemented to achieve the intended results.

2013-14 represents a transition year from California’s old funding system to LCFF with some key policy decisions still pending that will establish specific parameters and guidelines around how local school districts craft and report their budget and spending plans. Local transitions to LCFF are beginning to focus on planning, community engagement and establishing an infrastructure for working under the new funding formula.
The Common Core State Standards (CCSS) better support students’ mastery of core subject matter and teach them to effectively analyze, reason, communicate, collaborate and problem solve.

Across all disciplines, Common Core State Standards call for 6 fundamental shifts to better prepare students for college and successful careers:

1. Balance literary & informational texts
2. Build knowledge in the disciplines
3. Increasingly complex text
4. Text-based answers
5. More persuasive and explanatory writing
6. Build academic vocabulary

Common Core State Standards improve upon current math standards by incorporating skills and conceptual understanding with real-world problem solving.
Data Highlights

Children in California and throughout the country are falling behind the rest of the developed world in acquiring the knowledge and skills they need to be competitive and succeed in the increasingly global economy. California spends $688 million per year on community college remediation for recent high school graduates who did not graduate with necessary basic skills. Furthermore, only 37% of California high school graduates were eligible to enter University of California campuses or California State Universities in 2012.

Common Core State Standards (CCSS) were developed based on the best state standards in the nation, in addition to feedback and support from experienced teachers, content experts, state leaders and the general public. The new Common Core standards, adopted by 49 states and territories as of 2013, delve deeper into crucial topics rather than simply scratching the surface on a wider range of topics.

California has joined over 20 other states in the Smarter Balanced Assessment Consortium (SBAC), which has developed assessments aligned to the Common Core standards. Students will take SBAC assessments in grades 3-8, and 11.

Pro-Kid® Policy Agenda

California should continue its progress on implementing the Common Core State Standards and aligned assessments through the Smarter Balanced Assessment Consortium. The new standards are a tremendous opportunity for the state to bring to scale a stronger educational program that represents the knowledge and skills that students need to master in order to be successful in the 21st century global economy.

Momentum

California adopted CCSS for math and English language arts in 2010 to better prepare all students for college and the workplace by supporting their deeper learning, critical thinking and real-world problem-solving skills. The majority of states have adopted CCSS for math and English language arts.

The 2013-14 state budget included $1.25 billion over 2 years for Common Core implementation, including professional development, instructional materials and technology investments. Technology investments in particular will help districts prepare to administer the computer-based SBAC assessments that are aligned to CCSS.

Assembly Bill 484 (Bonilla), signed into law in October 2013, accelerates California’s transition to Common Core by expanding the field test of SBAC assessments statewide in Spring 2014, with full administration in 2015.
STEM

Students’ mastery of Science, Technology, Engineering and Mathematics (STEM) subject matter is increasingly crucial to their career opportunities.

California’s STEM jobs are projected to grow 22% by 2020¹

Only 67% of 8th grade students met California’s science standards in 2013, with large disparities by race and ethnicity²

<table>
<thead>
<tr>
<th>Race</th>
<th>% Proficient or Advanced in Science</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Students</td>
<td>67%</td>
</tr>
<tr>
<td>African American</td>
<td>51%</td>
</tr>
<tr>
<td>Latino</td>
<td>56%</td>
</tr>
<tr>
<td>Asian</td>
<td>84%</td>
</tr>
<tr>
<td>White</td>
<td>81%</td>
</tr>
<tr>
<td>Other</td>
<td>72%</td>
</tr>
</tbody>
</table>

¹2014 California Children’s Report Card
²Only 67% of 8th grade students met California’s science standards in 2013, with large disparities by race and ethnicity.
Data Highlights

Providing students with quality STEM education is essential to California’s ability to compete in the global economy. 7 of the 10 fastest growing occupations are in STEM fields and, by 2020, the demand in California for employees in STEM jobs is projected to be roughly 1 million.³ Yet, according to the National Assessment of Educational Progress tests, 75% of California’s 8th graders are not proficient in national math standards,⁴ meaning they aren’t learning what they need to in order to succeed in STEM-focused jobs.

California schools are not adequately educating students in STEM subjects. Only 10% of public elementary school students in the state are frequently provided with high-quality learning opportunities in science.⁵ When surveyed, 40% of elementary school teachers stated that their students receive an hour or less of instruction in science every week and only 14% of middle school science teachers provide classroom experiences that support regular science engagement and practice.⁶

Middle school is a pivotal point in students’ science and math education and in determining their future preparedness to work in STEM-related fields.⁷ However, because their students receive widely varying degrees of STEM education in elementary school, middle school teachers have difficulty finding a common starting point from which to effectively teach them science.⁸ Therefore, it is not surprising that California elementary and middle school students rank 44th or lower among US states in science proficiency.⁹

Pro-Kid® Policy Agenda

California should fully implement new, rigorous curriculum standards with a greater emphasis on science, technology, engineering and math education for every child in every classroom.

Momentum

The Common Core State Standards (CCSS), adopted by California in 2010, introduced higher expectations for student performance in mathematics. New instructional materials have been developed and trainings for educators are being actively provided.

In September 2013, the State Board of Education adopted the Next Generation Science Standards (NGSS), developed by a 26-state consortium,¹⁰ to similarly enrich science instruction.¹¹ California will now move toward the development of frameworks to guide revised instruction.

California’s current school accountability system has historically undervalued the importance of science instruction. Only 6% of an elementary school’s Academic Performance Index score has been based on science outcomes for students.¹² However, California’s accountability system is in transition, and the shift to CCSS and NGSS and other changes should heighten the importance of science instruction.
Quality training provides teachers with the knowledge and skills they need to be effective educators, and meaningful evaluations are an important tool to objectively measure and improve the quality of instruction.

California districts serving low-income and minority students have higher proportions of inexperienced and uncredentialed teachers\(^1\)

Underachieving Los Angeles students were twice as likely to reach grade level in math when taught by a high “value-added” teacher\(^2\)

### Table: 

<table>
<thead>
<tr>
<th>Experience</th>
<th>Without Credentials</th>
<th>% of Teachers</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 3 Years Experience</td>
<td></td>
<td>7%</td>
<td>54%</td>
</tr>
<tr>
<td>Without Credentials</td>
<td></td>
<td>16%</td>
<td>45%</td>
</tr>
</tbody>
</table>

- **Lowest poverty districts**
- **Highest poverty districts**

### Diagram:

- Gaining performance level(s)
- Remaining at the “Basic” performance level
- Dropping performance level(s)
**Data Highlights**

Research shows that, in general, students in high-poverty schools are less likely to receive effective instruction. One study looking at the Los Angeles Unified School District found that low-income students are more than twice as likely to have less effective English teachers and 66% more likely to have less effective math teachers than their higher-income peers.

Quality training programs can make a significant difference in improving teacher quality. For example, according to one study, novice teachers graduating from stronger programs contribute the equivalent of 2.5 more months of learning in the school year than graduates from weaker programs. Furthermore, enrollment in teacher preparation programs declined by over 50% between 2001-02 and 2009-10. This has left a notable shortage of teachers in many subject areas, including math and science. These shortages are most severe in under-resourced districts with concentrated populations of low-income and minority students.

The Stull Act, passed in 1971, guides teacher evaluations in California and was meant to “establish a uniform system of evaluation and assessment of the performance of certificated personnel within each school district of the state.” However, even though the Stull Act stipulates the inclusion of student achievement in teacher evaluations, many districts do not do this.

**Pro-Kid® Policy Agenda**

California should update program standards for existing teacher credentialing programs to better prepare teachers for the implementation of Common Core State Standards and Next Generation Science Standards. Furthermore, the state should establish more meaningful teacher evaluation systems that support professional development and contribute to personnel decisions that specifically benefit the state’s struggling and most disadvantaged students and schools.

**Momentum**

There is general agreement that teacher evaluation systems in California are inadequate, but legislators seeking possible solutions have failed to reach consensus. California was denied a waiver from the federal No Child Left Behind program because it failed to establish a teacher evaluation system that met the minimum requirements for approval.

The defeat of policy reform efforts to improve teaching evaluation systems that would have increased the frequency of evaluations, ensured multiple measures and required a minimum of 4 performance rating levels has been a significant setback. However, individual school districts across California are leading the way in creating innovative alternative models for evaluating teaching. Los Angeles and Lucia Mar are 2 districts utilizing creative measures of teacher success, including classroom observation, feedback from students and parents or guardians, student outcome data and teacher contributions to the school community.
EXPANDED LEARNING

Quality summer and afterschool programs help kids stay on track and improve during out-of-school time. All children benefit from these programs, but primarily middle- and upper-income families can afford them.

By 9th grade, two-thirds of the achievement gap can be attributed to lost summer learning opportunities\(^1,2,3\)

Approximately 1 in 5 California children participate in afterschool programs and 1 in 4 participate in summer learning opportunities\(^4\)

<table>
<thead>
<tr>
<th>K</th>
<th>1ST</th>
<th>2ND</th>
<th>3RD</th>
<th>4TH</th>
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<td>School Year</td>
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<td>School Year</td>
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<tr>
<td>Average Reading Achievement Level</td>
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Middle Income Achievement Gap
Low Income
Loss of 2 months of reading achievement

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Approximately 1 in 5 California children participate in afterschool programs and 1 in 4 participate in summer learning opportunities\(^4\)

<table>
<thead>
<tr>
<th>% of Children Enrolled/in Care</th>
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<tr>
<td>Afterschool Programs</td>
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<tr>
<td>California</td>
</tr>
<tr>
<td>19%</td>
</tr>
</tbody>
</table>
**Data Highlights**

Disparities in academic achievement seen between students from low-income families and their more affluent peers are often referred to as the achievement gap. Two-thirds of the achievement gap in 9th grade is due to lost learning opportunities during the summer, demonstrating the importance of high-quality summer programs. For example, low-income students lose 2 months of reading achievement over the summer and are more likely to regress than their middle- and upper-income peers. 66% of teachers say it takes at least 3-4 weeks to re-teach the previous year’s skills at the beginning of a new school year, with 24% stating it takes 5-6 weeks.

High-quality summer learning opportunities can produce academic gains. Programs with high attendance rates, smaller class sizes, high-quality instruction and strong alignment with school-year curriculum have proven to be particularly effective. For example, 82% of 3rd-9th graders in one summer program in California showed significant gains in reading comprehension, phonics and vocabulary skills, according to tests administered at the beginning and end of the program.

1.7 million school-age children in California spend an average of 8 hours per week unsupervised after school. Children who do not attend afterschool programs are almost 3 times more likely to skip classes and use marijuana or other drugs, while students who participate in high-quality afterschool programs can significantly improve their grades and test scores, and have better behavior records compared to those who do not participate.

**Pro-Kid® Policy Agenda**

California should promote the value of expanded learning time as essential to improving student outcomes and extend proven afterschool and summer program opportunities to all children. Additionally, state and local communities should foster innovation that supports more intentional linkages between the traditional school day and expanded learning time.

**Momentum**

In 2013, the governor signed Assembly Bill 547 (Salas), which elevates career development programming within the context of the 21st Century High School After School Safety and Enrichment for Teens Program. This gives students the opportunity to explore various career interests and learn about what skills are needed in different industries.

The California Department of Education launched a multi-year effort to implement an Expanded Learning Time strategic plan which engages the field and is focused on 5 strategic initiative areas, including (1) system of support, (2) grant administration and policy, (3) communication/information systems, (4) expanded learning/K-12 integration and (5) data and evaluation.

Pilot summer learning programs in Concord, Elk Grove, Fresno, Gilroy, Glenn County, Los Angeles, Oakland, Sacramento, San Bernardino, San Francisco, San Diego, Santa Ana, San Jose, Orland and Whittier boost student achievement through fun, experiential and relevant programming that includes a mix of academics and enrichment and keeps children physically active and well fed throughout the summer.
Integrating rigorous academics with career-based learning and real-world workplace experiences, Linked Learning is an innovative and proven approach to improving educational outcomes.

Linked Learning prepares students for college and career by incorporating 4 evidence-based elements:

<table>
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<tr>
<th>Rigorous Academics</th>
<th>Real-world experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-based learning</td>
<td>Personalized support</td>
</tr>
</tbody>
</table>

Students who participate in Linked Learning opportunities have shown gains in skills related to college and career readiness:

- Work in a Team to Accomplish a Goal: 60% (Linked Learning), 43% (Comparison students)
- Make a Public Presentation or Performance: 61% (Linked Learning), 42% (Comparison students)
- Use Information or Communication Technology: 52% (Linked Learning), 35% (Comparison students)

[Graph showing the percentage of students with gains in skills]
Data Highlights

In 2012, 21% of California high school students did not graduate on time. As a result, these youth have a much lower chance of obtaining a stable, well-paying job. Today, roughly half (49%) of all jobs in California are for middle skilled workers, meaning they require at least some college or vocational training.

By 2025, California is predicted to have a workforce shortage of 1 million college graduates. Students participating in Linked Learning programs are 14 percentage points more likely to be on track to complete college preparation requirements at the end of their 2nd year of high school and have, on average, completed 6.8 more of the credits required for eligibility by California public universities than peers in their district. Additionally, these students have shown gains in key soft skills, including working in a team, understanding expectations and behaving appropriately within workplace settings.

For each high school graduate, the economic benefit to California’s state and local governments, taxpayers, citizens and businesses is estimated to be $392,000. The cohort of youth who dropped out of high school in 2012 will cost the state at least $25 billion over the course of a lifetime. Linked Learning prepares students for college and careers. For example, adult male graduates of career academies, the most common delivery model for the Linked Learning approach, have been shown to earn 18% more ($10,000) over the 4 years following high school compared to their peers.

Pro-Kid® Policy Agenda

California should create a policy infrastructure that supports bringing Linked Learning to scale in California, ensuring all high school students have access to rigorous academics integrated with career-based learning and real-world workplace experiences.

Momentum

College and career readiness outcomes are being incorporated into many aspects of the state’s education finance and accountability systems. The Local Control Funding Formula requires districts to address a variety of state priorities such as “college and career outcomes” and increasing access to effective Career Technical Education in their Local Control and Accountability Plans. Districts can meet both of these objectives with Linked Learning. Additionally, the State Board of Education is evaluating approaches to incorporate college and career readiness outcomes into the state’s accountability metric, the Academic Performance Index.

Over 50 school districts will launch the Linked Learning Pilot Program in 2013-14. 9 districts are already involved in the Linked Learning District Initiative. Once fully implemented, this initiative will make Linked Learning available to more than 30% of California’s high school students.

In 2013, The California Career Pathways Trust was established. This $250 million fund will provide competitive grants to districts/regions to support career pathway programs, strengthen K-14 alignment, and build a work-based learning (WBL) infrastructure to assure that WBL is an expected component of every child’s educational experience.
INNOVATION & TECHNOLOGY

Education technology innovations have tremendous potential to improve students’ learning and achievement, including supporting blended and deeper learning approaches and more individualized instruction.

Blended learning is the combination of using technological and face-to-face instruction methods in classrooms and comes in a variety of models.

Many California districts report high needs in technological equipment and support.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Percentage Reporting High Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wireless Access</td>
<td>42%</td>
</tr>
<tr>
<td>Professional Development</td>
<td>53%</td>
</tr>
<tr>
<td>Headphones</td>
<td>50%</td>
</tr>
<tr>
<td>Desktops</td>
<td>44%</td>
</tr>
<tr>
<td>Laptops</td>
<td>44%</td>
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<tr>
<td>Tablets</td>
<td></td>
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</tbody>
</table>
Data Highlights

While computers are an essential component of the workplace, California schools aren't providing students with enough technology-based learning opportunities. For example, California averages only 1 computer for every 5 students. Nationally, approximately 80% of schools don’t have adequate internet access and bandwidth for all of their students. However, many California school districts (19% of California elementary districts and 73% of high school districts) stated they currently are implementing online or blended learning models.

Online learning can be used to expand under served students’ access to a broader array of course offerings, especially in small, rural or inner-city schools. A study of rural middle schools that did not offer Algebra I found that students who took the online course knew more algebra at the end of 8th grade than those who took the usual curriculum, and were nearly twice as likely to participate in advanced math courses in high school.

Integrating technology in the classroom can improve student outcomes. For example, Rocketship Education, a blended learning model, combines online learning with traditional classroom instruction. In 2012, Rocketship schools using this model scored 855 on the Academic Performance Index, making it a top-performing school system in California serving primarily low-income students. In 2012, the student body was comprised of 75% English learners and 90% low-income students.

Pro-Kid® Policy Agenda

California should leverage technology to advance academic achievement and instruction. This can be done by providing resources and eliminating existing policy and regulatory barriers to more broadly incorporate proven education technology solutions and models. California must revamp the current education infrastructure to enable learning and to impart skills for the new global economy, advance student assessments and support professional development and training in this area.

Momentum

The 2013-14 state budget provides $1.25 billion for the implementation of Common Core State Standards (CCSS), including funds for professional development, instructional materials and the integration of CCSS through technology-based instruction. Approximately 88% of Local Educational Agencies reported that they will use this funding to purchase new technology equipment in preparation for CCSS.

Throughout California there are innovative ways that school districts are incorporating technology into the classroom, increasing digital literacy and promoting 1:1 computing by providing each student with a device. For example, Los Angeles Unified and Coachella Valley Unified initiated programs that provide a tablet to every student with the goal of enabling equal access to the latest technology for all students.

In 2013, the governor signed Assembly Bill 133 (Hagman) and Senate Bill 185 (Walters), which increase schools’ access to digital instructional materials and authorize districts to create online databases of such materials.
SCHOOL CLIMATE & DISCIPLINE

The elements of school climate include the safety and overall well-being of students, as well as students’ sense of connectedness and schools’ discipline practices and physical environments.

Higher student achievement is associated with safer and more supportive and engaging high schools

Suspensions for ‘willful defiance’ disproportionately impact Latino and African American students
Data Highlights

In 2012, 48% of suspensions in California were due to ‘willful defiance,’ an overly broad and subjective category defined as “disrupting school activities or otherwise willfully defying the valid authority of school staff,” including disruptive behavior, such as eye rolling, coming to class late or talking back to a teacher. Willful defiance as grounds for suspension and expulsion is problematic because research shows that minority students receive harsher discipline than their peers and are more likely to be suspended when the disciplinary action is subjective and not prescribed. For example, African American students are 3 times more likely to be suspended than White students, and in 9 out of 10 of California’s largest school districts, African American and Hispanic students are suspended and expelled at higher rates than other students.

Suspensions take students out of the classroom, depriving them of valuable instructional time and increasing the likelihood that they will fall behind. Students who are suspended once or more are 6 times more likely to repeat a grade and 5 times more likely to drop out of school. Alternative discipline models such as Restorative Justice and Positive Behavioral Interventions and Supports can improve school climate, attendance and student achievement rates, and reduce out-of-school suspensions.

Positive school climate, which includes connectedness, is associated with higher academic achievement and healthy behavioral outcomes for students. However, only 43% of California high school students report having a high level of connectedness to their school. Based upon student characteristics, schools that are outperforming expectations on state tests (i.e. “beating the odds”) also report more positive school climates.

Pro-Kid® Policy Agenda

California should address inequitable suspension and expulsion policies that result in disproportionate out-of-school suspensions and missed learning time. To support districts and communities in addressing these factors, policymakers should elevate the importance of monitoring school climate, eliminate or revise statutes that result in disciplinary disparities and encourage training for administrators and teachers to improve school climate and positive discipline strategies in order to better support struggling students.

Momentum

The Local Control Funding Formula (LCFF) requires districts to monitor school climate and suspension and expulsion rates through their Local Control and Accountability Plans and demonstrate how they are using LCFF funding to improve student success in 8 priority areas, including school climate. Statewide training around school discipline has been elevated through legislation, partnerships with the Superintendent of Public Instruction and revisions to the credential program standards for school administrators.

California law establishes over 20 offenses used to suspend and expel students. In 2013, the California Department of Education began releasing detailed suspension and expulsion data related to “willful defiance,” providing a starting point to better understand the impact of school discipline policies. And while the Administration continues to resist statutory changes to some of the most problematic statutes, local efforts to implement Restorative Justice and/or Positive Behavioral Interventions and Supports have been successful in places such as Los Angeles, Richmond and Oakland.
CHRONIC ABSENCE

Defined as missing 10% or more of the school year for any reason, chronic absence is a leading indicator of academic distress and dropout.

Students who were chronically absent in kindergarten and 1st grade are less likely to be reading at grade-level in 3rd grade\(^1\)

Each year a high school student is chronically absent, his or her risk of dropping out of school increases\(^2\)
Data Highlights

Good attendance is essential to student achievement and graduation. When children miss school, they miss out on critical academic, social and emotional growth and development. Chronic absence in preschool can continue into grade school: in one study, 80% of students chronically absent in kindergarten had been chronically absent in pre-k. The same study found that more than a quarter (26%) of students who were chronically absent in both pre-k and kindergarten had to repeat a school year by 3rd grade, compared with only 9% of students with no chronic absence problems.

Chronic absence is correlated with an increased likelihood of dropping out. By 9th grade, chronic absence can be more predictive of dropping out of school than 8th grade test scores. Furthermore, high school dropouts have missed on average over 4 months of school between kindergarten and 8th grade. Students who drop out are also twice as likely to live in poverty and more likely to be unemployed or incarcerated.

Student absence can be caused by transportation difficulties, illness, family responsibilities, housing instability, the need to work and avoidance of bullying or harassment. Low-income students are 4 times more likely to be chronically absent than their peers, leaving them more likely to fall behind. They also have fewer resources available to help them make up for lost instruction time.

Pro-Kid® Policy Agenda

California should address chronic absence, which is an early predictor of academic distress and dropout. To support districts and communities in addressing these issues, policymakers should reexamine policies that needlessly result in the loss of instructional time, ensure regular monitoring of school climate and chronic absence and incorporate these measures into the next generation of the accountability system for schools. Additionally, California policymakers must encourage the use of “early warning systems” to identify and support chronically absent students before it is too late.

Momentum

With the adoption of the Local Control Funding Formula, districts and schools are now required to include annual goals aligned to each of 8 state priorities outlined in the legislation, including chronic absence.

In 2012, Senate Bill 1458 (Steinberg) was signed into law, revising the Academic Performance Index (API) to include measures beyond test scores; and the Public School Accountability Act (PSAA) advisory committee is currently developing its recommendations for expanding API measures, which would benefit from the inclusion of attendance.

Some districts are already monitoring and creating holistic approaches to chronic absence. For example, the California Office to Reform Education districts have developed an accountability model that includes school climate and chronic absence and should be considered by the PSAA advisory committee as a model for their recommendations.
DEVELOPMENTAL & BEHAVIORAL SCREENINGS

Developmental and behavioral screenings for infants and toddlers are recommended to identify issues early on. Screenings enable better coordinated and more effective early intervention services for the young children and families that need them.

No more than 30% of developmental disabilities or delays are identified before children enter kindergarten

30% 70%

Children with disabilities, identified before entering kindergarten
Children with disabilities, identified after entering kindergarten

California’s early intervention programs don’t come close to meeting the need

California’s population under age 3

36% have a moderate- or high-risk of developmental delays
Only 2.2% of children under age 3 receive Early Start services
Data Highlights

Developmental screenings are critically important for identifying delays or disabilities early in their onset. However, California is failing to identify kids in need of early intervention services. Within 1 year, 72% or 1.7 million of California’s youngest children did not receive any of the developmental screenings that are recommended by the American Academy of Pediatrics.4

Developmental screenings are essential to identify and inform decisions regarding the need for further evaluation to ensure children and their families receive necessary early intervention services. For example, young children needing mental health services were 54% more likely to get those services if they received a developmental screening.5

Investment in developmental screenings and early intervention has long-term benefits, such as improvements in children’s school readiness and academic success. Early Start, California’s state and federally funded early intervention program, found 66% of the infants and toddlers in the program met age-level expectations in social and emotional skills by the time they exited the program.6 Furthermore, identifying developmental delays early can save up to $203,000 in treatment costs per child, ages 3-22.7 For example, every $1 spent on providing an autistic child with intensive early intervention services saves roughly $6 in future care costs.8

Pro-Kid® Policy Agenda

California should ensure all young children receive age-appropriate developmental and behavioral screenings and that there is a system in place to assist families and pediatricians in coordinating any necessary follow-up referral, treatment or other early intervention needs. California should dramatically expand funding for early intervention services and keep out-of-pocket costs low so that families of young children with developmental delays can get the services and supports they need.

Momentum

Local investments in developmental screenings and follow-up intervention service referrals, such as those provided by First 5s, Help Me Grow and 2-1-1 LA, provide a strong foundation on which to build a universal developmental screening program. Likewise, the Statewide Screening Collaborative provides a useful forum for state agencies and other stakeholders to build networks, share information and pursue common strategies.

Unfortunately, California’s Early Start program has had to significantly reduce services for infants and toddlers and their families due to the recent state budget crisis.

Federal health care reform illustrates the federal government’s commitment to prevention in health care, and the state has a unique opportunity to enforce federal provisions that require certain preventive services, including developmental screenings for young children, be provided at no cost to patients.
HOME VISITING
Voluntary home visiting programs match new and expectant parents with trained professionals who provide ongoing support during pregnancy and throughout their child’s first years of life.

The benefits of voluntary, high-quality home visiting programs far outweigh the costs¹

<table>
<thead>
<tr>
<th>Program Costs per Child</th>
<th>Benefits per Child</th>
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<tbody>
<tr>
<td>$7,271</td>
<td>$41,419</td>
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Only a small number of California’s young children have received home visits²,³

1.4 million Children, under age 3, in California

66% have 1 or more risk factors and would likely benefit from home visiting

Only 11% of California’s young children have received 1 or more home visits
Data Highlights

Voluntary, high-quality home visiting programs positively affect birth outcomes. Research has found that mothers who received home visits were nearly half as likely to deliver low birth weight babies as those who did not receive voluntary home visits4 – saving up to $40,000 for each low-weight birth averted.5 In 2010, 34,641 babies (6.8%) were born at a low birth weight in California,6 Therefore, reducing this number by half could save the state as much as $692 million.7

Home visiting programs increase children’s school-readiness and positively impact their education outcomes. Children who participated in a Healthy Families America accredited home visiting program were half as likely to repeat 1st grade (3.5% vs. 7.1%) than those who did not participate in the program. Furthermore, these children were more likely to demonstrate skills such as working cooperatively with others and following oral instructions and classroom rules – key measures of school readiness.8

Home visiting supports parents in learning how to promote healthy development and early learning and better prepare children for school and life. For example, home visiting programs, such as the Nurse-Family Partnership, have demonstrated a number of benefits, including:
- Reduced child maltreatment by 48%;9
- Reduced behavioral and intellectual problems among children by 67%;10
- Reduced youth arrests by 59%.11

Pro-Kid® Policy Agenda

California should expand the federally funded California Home Visiting Program, currently underway in 21 counties, so that more vulnerable young children, pregnant mothers and new parents receive regular visits by a trained professional who provides health services, child development information and learning activities and serves as a general resource for family needs.

Momentum

The California Home Visiting Program has provided more than 14,000 home visits since its creation in 2012.12 Likewise, 60% of local First 5s offer home visiting programs that cover 28,000 families annually.13 These efforts provide a strong foundation on which universal access to home visiting programs could be built, starting with the families most in need. Unfortunately, federal support for the California Home Visiting Program is set to expire in 2015; however, there is a national effort to renew this federal funding.

A number of counties are establishing strong partnerships between local Public Health Departments, First 5s, and community-based home visiting programs. For example, Alameda County is aligning best practices and current programs into an integrated, family-centered system of care for high-risk families with children, birth-to-age-3. And in Los Angeles County, a new Home Visiting Consortium is bringing together stakeholders from the county, First 5 L.A, providers and advocates to promote the expansion of quality home visiting services.
HEALTH INSURANCE

High-quality health insurance coverage allows children to regularly access comprehensive and affordable preventive services and treatment.

Public insurance programs have helped offset the decline in employer-based insurance for children.

Most of California’s 738,000 uninsured children are eligible for public coverage but not enrolled.

Uninsured Children

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<tbody>
<tr>
<td>% Insured</td>
<td>60%</td>
<td>59%</td>
<td>53%</td>
<td>53%</td>
<td>54%</td>
<td>49%</td>
</tr>
<tr>
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<tr>
<td>Public health insurance</td>
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Eligible for public coverage

Not eligible for public coverage
Data Highlights
Approximately 572,000 of the more than 738,000 uninsured children in California are eligible for public coverage but not enrolled. Of California’s uninsured children, 69% are Latino, 17% are White, 8% are Asian, 3% are African American, and 3% are of other or mixed ethnicities.

Uninsured children are:
- Over 13 times more likely to lack a usual source of care;
- Nearly 5 times more likely to have delayed or unmet medical needs;
- Over 3 times more likely to have unmet mental health service needs;
- 5 times more likely to have unmet dental and vision care needs;
- Nearly 4 times more likely to have an unmet need for prescription drugs.

Because health is a fundamental component of children’s overall well-being, poor health negatively impacts all areas of children’s development. For example, children who lack health coverage generally perform worse in school.

Insuring all children makes fiscal sense. Children accounted for 40% of Medi-Cal (California’s Medicaid program) enrollment in 2010, but only 18% of its expenditures. While providing children with comprehensive health coverage, including preventive care, through Medi-Cal is relatively inexpensive, the potential savings are significant since, for example, each preventable child hospitalization cost the state an estimated $7,000.

Pro-Kid® Policy Agenda
California should provide every child with affordable and comprehensive health insurance coverage. Specifically, the state should focus on maximizing the number of eligible children enrolled in state health insurance programs by streamlining eligibility and enrollment systems, making it easier for children to get and stay covered and supporting efforts to educate families about new coverage opportunities provided by federal health care reform and enroll children in them. Furthermore, the state needs to prioritize the funding of public health insurance programs to ensure adequate provider networks and timely access to services, so children can actually get the care these programs are intended to deliver.

Momentum
Federal health care reform significantly expands health insurance coverage opportunities for California’s children. For example, children with pre-existing conditions cannot be denied coverage, health plans cannot charge co-pays for preventive health care visits, young adults can stay on their parents’ plans until age 26 and youth who are aging out of the foster care system will be eligible for continued Medi-Cal coverage. Furthermore, through the Covered California exchange, families will be better able to compare health insurance plans and choose the plan that is best for them.

In 2014, roughly half of the state’s children will be enrolled in Medi-Cal. The Medi-Cal system is foundational to the state’s implementation of federal health care reform, which expands coverage for children, youth and families. Due to a state budget decision, all 875,000 children who had Healthy Families health insurance were transitioned to Medi-Cal coverage during 2013. This influx of large numbers of children into Medi-Cal has highlighted concerns around continuity of care and the adequacy of the program’s doctor, dentist and specialist networks.
ORAL HEALTH

Children’s oral health is a primary part of their overall health and well-being, requiring timely access to basic preventive dental services and treatment when problems occur.

In 1 year, kids on Denti-Cal had 26,614 ER visits for preventable dental problems¹

California’s Medicaid reimbursement rate for children’s dental exams is among the lowest in the nation²

<table>
<thead>
<tr>
<th>State</th>
<th>Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas</td>
<td>$29.44</td>
</tr>
<tr>
<td>New York</td>
<td>$29.00</td>
</tr>
<tr>
<td>Illinois</td>
<td>$28.00</td>
</tr>
<tr>
<td>California</td>
<td>$15.00</td>
</tr>
<tr>
<td>Florida</td>
<td>$15.00</td>
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</tbody>
</table>

²Data from Federal Bureau of Health Care Statistics, 2014

1/2

More than Half of Those Visits Were for Kids Ages 1-5
Data Highlights

Tooth decay is the most common chronic illness among school-age children, 34 times more common than childhood asthma.4 While the American Academy of Pediatric Dentistry recommends that children have a dental visit by the time their 1st tooth appears and no later than their 1st birthday,5 37% of 2- and 3-year-olds in California have never been to the dentist.6 These rates are even lower for California’s poorest young children, as only 1 in 3 children, ages birth-to-3, enrolled in Denti-Cal (the dental component of the state’s Medicaid program) have seen a dentist.7

By kindergarten, over 50% of children in California have already experienced dental decay and 28% have untreated decay.8 California students miss an estimated 874,000 days of school each year due to dental problems, costing schools over $29 million each year.9 Children who reported having recent tooth pain were 4 times more likely to have a low grade point average.10

Approximately 3.6 million children are enrolled in Denti-Cal with nearly half of all California children expected to be enrolled by 2014.11 There is currently a shortage of providers, with only 1 in 4 California dentists providing services to Denti-Cal beneficiaries.12 Most of these dentists see a low volume of children on Denti-Cal.13 Dentists often cite low reimbursement rates as the reason for not accepting Denti-Cal patients.14 In addition, 22 California counties have no pediatric dentists who accept Denti-Cal.15

Pro-Kid® Policy Agenda

California should strengthen current and create new programs promoting children’s timely access to dental care and improving their oral health, including investing in state infrastructure and improving data collection. The state must also increase Medi-Cal dentist reimbursement rates and provide incentives for pediatricians to explain the importance of routine dental care to parents to increase their utilization of cost-effective, preventive dental services for children. Additionally, the state should expand the use of tele-dentistry (the delivery of dental-related services and information via telecommunications technologies) to reach under served child populations, especially in rural areas, and expand the oral health care workforce so more children can access needed services.

Momentum

The 2013-14 state budget includes a 10% reimbursement rate reduction to most Medi-Cal providers. The only pediatric service affected by the cut is dentistry, despite the fact that California already ranks among the lowest nationally in reimbursing dental providers in Medicaid.16 In 2013, during the state-mandated transition of children from Healthy Families to Medi-Cal, the Department of Health Care Services worked to recruit more dental providers to accept Medi-Cal payments in order to ensure that children have access to oral health care. However, the Medi-Cal payment rate cuts will likely reduce the number of providers available and harm children’s access to care.

In response to the federal Centers for Medicare and Medicaid Services’ call to action to improve children’s oral health, the California Department of Health Care Services is creating a statewide pediatric oral health action plan to increase the numbers of children (ages 1-20) who receive preventive dental services and children (ages 6-9) who receive a dental sealant. These strategies will help increase dental utilization for children enrolled in Medi-Cal.
California is ranked 49th nationally in Medicaid spending per child, inhibiting children’s access to quality care\(^1\)

In 2011, 1.8 million California children did not have a recommended annual preventive medical examination, equal to more than twice the size of the child population in the city of Los Angeles\(^2,5,4\)

### Health Care Access

Health care access promotes the early detection and effective management of chronic conditions as well as disease prevention and limits costly emergency room visits and hospitalizations.

<table>
<thead>
<tr>
<th>State</th>
<th>Spending per Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Mexico</td>
<td>$4,551</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>$3,088</td>
</tr>
<tr>
<td>Texas</td>
<td>$3,016</td>
</tr>
<tr>
<td>Arizona</td>
<td>$2,902</td>
</tr>
<tr>
<td>Illinois</td>
<td>$2,630</td>
</tr>
<tr>
<td>New York</td>
<td>$2,580</td>
</tr>
<tr>
<td>Colorado</td>
<td>$2,405</td>
</tr>
<tr>
<td>National Average</td>
<td>$2,359</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$2,265</td>
</tr>
<tr>
<td>Oregon</td>
<td>$2,161</td>
</tr>
<tr>
<td>Florida</td>
<td>$1,716</td>
</tr>
<tr>
<td>California</td>
<td>$1,585</td>
</tr>
</tbody>
</table>
Data Highlights

Having health insurance coverage does not necessarily guarantee access to quality services. Although roughly 9 out of 10 California children have health insurance, approximately 2.2 million (26%) have plans that do not adequately cover needed pediatric services.

Access to quality health care, in combination with healthy social and environmental factors, can help control chronic conditions such as asthma. Children with poorly controlled asthma are more likely to visit the emergency room, be hospitalized and/or miss school. Last year roughly 129,000 (52%) children with asthma missed some school or day care due to symptoms, causing approximately 1.2 million absences that resulted in missed learning opportunities and reduced school funding.

Timely access to basic health care services – including recommended immunizations and dental, mental, vision and hearing care – is essential for helping children succeed in life. In 2013, over 400 low-income children with autism spectrum disorders were unable to access critical behavioral health services after their mandated transition from Healthy Families to Medi-Cal coverage. Moreover, Medi-Cal does not cover these behavioral therapies; since approximately 3.6 million children are enrolled in Medi-Cal and an estimated 1 in 88 children have an autism spectrum disorder, therefore too many children in Medi-Cal have no access to these life-changing behavioral therapies.

Pro-Kid® Policy Agenda

California should promote children’s timely access to the complete range of recommended health care services, including preventive screenings, immunizations and dental, mental, vision, hearing and specialty care. The state should leverage federal dollars from the federal health care reform law’s prevention and public health fund to increase the availability of preventive health care services. In addition, the state should educate the public about the health care reform provision which eliminates copays for many preventive services and educate and inform parents about the importance, recommended timing and availability of immunizations and screenings.

Momentum

As a result of federal health care reform, children will have access to 10 “essential health benefits” regardless of their health plan. 1 of the 10 categories of benefits is pediatric services, including dental and vision care.

Tele-health (the delivery of health-related services and information via telecommunications technologies) is emerging as a key way to connect patients to their providers and can be an especially crucial option for children in rural and other under served areas to access care. The federal health care reform law encourages the use of tele-health systems as a way to increase access to coordinated care.
Health homes are a proven team-based model for delivering the required range of health care services in a more coordinated and effective manner.

Health homes coordinate health care services to improve health outcomes and reduce costs

California ranks 49th nationally in the percentage of children who receive care through a health home\(^1\)

National Average: 54% of Children Receiving Care Through a Health Home

California: 45% of Children Receiving Care Through a Health Home

- Significantly higher than US
- Higher than US but not significant
- Lower than US but not significant
- Significantly lower than US
Data Highlights

Research shows that children who have a health home are less likely to have unmet health needs and are more likely to have annual preventive visits; however, only 45% of California children received coordinated care through a health home, ranking California 2nd to last among all states. California children in poverty are even less likely to receive coordinated care through a health home, with only 25% of them receiving such care.

Through collaboration and information sharing, health homes increase communication and coordination and can thereby reduce errors and costs. Common reasons for medical errors and increased costs include poor communication and lack of coordination between health care professionals. It is estimated that approximately 700 California patients die each year because of preventable medication errors. Children are at the greatest risk for medication errors. Additionally, in 2011, inadequate care coordination was responsible for over $25 billion in wasteful spending nationally.

Evidence suggests that health homes decrease costs by reducing the number of inpatient visits, emergency room trips and hospital readmissions. For this reason, health homes are especially beneficial to children with special health care needs or chronic conditions, such as diabetes or asthma. For example, in one study of a health home program for asthmatic children, asthma-related emergency room visits decreased by 63% and hospitalization rates decreased by 62% over a 3-year period.

Pro-Kid® Policy Agenda

California should establish a coordinated and comprehensive health home for every child. Health homes show strong potential to create cost savings for the state and improve children’s health over a lifetime. The federal health care reform law provides an opportunity for California to develop health homes using 90% federal matching funds. The state has evaluated this option and now should move forward quickly toward implementing a child-centered model. California should also ensure all health care systems, including health homes, incorporate technological advances such as electronic health records to deliver the best care to patients and use doctors’ time most efficiently.

Momentum

Federal health care reform gives California the opportunity to develop health homes using 90% federal matching funds, the remaining 10% could be financed through private funding. Particularly in light of the successful implementation of health homes models in other states under health reform, this is an opportunity that California cannot afford to miss.

The state is seeking funding from the federal government for a California State Innovation Model (CalSIM) initiative, which would test whether new payment and service delivery models improve health and health care delivery and reduce costs. Health home models are an important part of the CalSIM effort.

California Children’s Services (CCS) is a state program that provides services to children with serious conditions such as cystic fibrosis, heart disease and cancer, up to age 21. Given their complex health care needs, children enrolled in CCS could benefit greatly from the health home model. California’s Department of Health Care Services is evaluating whether to create a health homes program to serve the CCS population.
MENTAL HEALTH

Mental health is a state of psychological well-being in which a child can cope effectively with normal stresses, be productive and contribute to her or his community.

A mental health problem is the most common reason for hospitalization among California’s children\(^1\)

<table>
<thead>
<tr>
<th>Mental Health Diseases and Disorders</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma/Bronchitis</td>
<td>11%</td>
</tr>
<tr>
<td>Pneumonia/Pleurisy</td>
<td>9%</td>
</tr>
<tr>
<td>Fractures</td>
<td>6%</td>
</tr>
<tr>
<td>Seizures/Headaches</td>
<td>4%</td>
</tr>
</tbody>
</table>

Youth who have had more adverse childhood experiences are at greater risk of developing mental health problems\(^2\)

\(^1\) 2014 California Children’s Report Card
\(^2\) Data from 2014 California Children’s Report Card
Data Highlights

Children’s mental health problems are an important public health issue because of their prevalence, early onset and detrimental impacts on kids, families and communities. Half of all mental health disorders start by age 14 and, in any given year, up to 20% of US children have mental health problems. This translates to approximately 1.8 million California children that suffer from mental health problems each year. Left untreated, children with mental health problems are at greater risk of abusing drugs or alcohol, becoming involved with the criminal justice system, dropping out of school and committing suicide.

Significant adversity experienced in early childhood, such as stress associated with persistent poverty or chronic neglect, can severely impact brain development and lead to decreased mental and physical well-being throughout a child’s lifetime. Even very young children can suffer from serious mental health disorders: over 10% of children, ages 2-5, are diagnosed with a mental health disorder. Parental well-being also directly impacts early childhood mental health, which is of particular importance given that postpartum depression affects 1 in 7 women.

Annually, approximately 37% of California children who need mental health treatment or counseling do not receive services. Young children and those in poverty are even less likely to receive needed services. Despite the fact that early intervention is effective, 60% of California children under age 6 who needed mental health services did not receive them.

Pro-Kid® Policy Agenda

To fight the growing, costly and potentially tragic epidemic of poor mental health among children, the state should promote children’s access to mental health care by requiring the health plans that it contracts with to make improvements in mental health service delivery and follow-up, including coordination with primary care networks and providers. California should also work expeditiously with counties to effectively leverage all funds generated by the Mental Health Services Act of 2004, and emphasize early intervention programs.

Momentum

Mental health programs in California have been drastically cut recently; the state’s spending on mental health was reduced by 21% between 2009 and 2012. Federal health care reform makes mental health services an “essential benefit” in children’s health coverage, which means that children’s access to mental health coverage and care will be substantially increased beginning in 2014.

California’s Early Mental Health Initiative has helped tens of thousands of young children who suffer from mild to moderate mental health challenges through proven school-based prevention and early intervention programs; however, funding for the program was eliminated in the 2012-13 budget and has not been restored since, despite over 20 years of successful implementation and its modest cost of $15 million per year.
OBESITY

Nearly 1 in 3 children in California is overweight or obese, dramatically increasing their likelihood of developing serious and costly health conditions and making childhood obesity one of the biggest public health risks California faces.

Of California children, ages 10-17, 1 million or 30% are overweight or obese.

In 2 hours of Saturday morning TV, children see roughly 14 commercials for unhealthy foods.

The Federal Poverty Level (FPL) is an annual income of under $22,811 for a family of 4.
Data Highlights
77% of obese children become obese adults, increasing their risk of diabetes, hypertension, heart disease, stroke and cancer. Childhood obesity rates in California are high and begin when children are young. 17% of low-income, preschool-aged children in California are obese, the highest percentage in the nation. Childhood obesity is estimated to cost Americans over $14 billion annually; however, this figure balloons to $168.4 billion when obese children become obese adults.

Children's built environments affect their health. Children living within a quarter mile of a convenience store are nearly twice as likely to be overweight or obese as children living further away from such stores. Similarly, children living within a half mile of a large park are less than half as likely to be overweight or obese than those who do not. In 2010, only three-quarters (76%) of California high schools provided all students with the opportunity to participate in physical activities such as sports or clubs. And only 15% of California high schools always offer fruit and non-fried vegetable options in vending machines, school stores, canteens or snack bars.

Research shows that advertising has a powerful influence on the food preferences of children, ages 2 to 11, and that less than 1% of television food and beverage advertising to children is for healthy products. Moreover, the amount of children's television viewing is associated with their caloric intake. During weekends, 3 out of 4 California children (75%) spend at least 2 hours a day watching TV or playing video games.

Pro-Kid® Policy Agenda
California should institute a comprehensive approach to combating childhood obesity, focusing on healthy food and beverage choices, increased physical activity and nutrition education. Specifically, the state should create a public policy agenda to address the multitude of factors underlying childhood obesity, support a state tax on sweetened beverages, offer students healthy food and beverage choices and increase physical activity during and after school.

Momentum
Hundreds of school sites in California will benefit from more than $12.5 million in new state and federal grants to provide nutritious food to students. These grants provide eligible elementary schools with funding to offer students a variety of free fresh fruits and vegetables as snacks during the school day. Other grants will provide funding to start or expand the School Breakfast Program for K-12 students.

Despite the federal government’s failing to issue voluntary nutritional guidelines for food and beverage companies marketing to children, individual media companies have the opportunity to improve their own standards. For example, Disney established its own company nutrition standard to determine which food and beverage products are advertised, promoted or sponsored on the Disney Channel, Disney Junior, Disney.com and on Saturday morning programming for kids on ABC-owned stations. Additionally, Sesame Workshop recently announced plans to offer use of their characters including Big Bird and Elmo free of charge to supermarkets, produce companies and farmers to help promote fruits and vegetables.
SCHOOL-BASED HEALTH SERVICES

Health care provided at or near a school during school hours can improve children’s access to a variety of health care services, such as primary medical, mental health, dental, substance abuse and other services.

California is not among the 18 states that provide state funds for school-based health centers (SBHCs)\(^1\)

<table>
<thead>
<tr>
<th>State Funding for SBHCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
</tr>
<tr>
<td>$1-999,999</td>
</tr>
<tr>
<td>$1,000,000-19,999,999</td>
</tr>
<tr>
<td>$20,000,000 and above</td>
</tr>
</tbody>
</table>

California’s SBHCs are growing, but still only serve roughly 2% of the state’s more than 10,000 schools\(^2\)
Data Highlights

Health care services offered at schools are especially important for children who lack routine access to a health care provider, such as the 1.8 million (19%) children in California who don’t receive appropriate preventive medical care. Most school-based health services are provided in school-based health centers (SBHCs). Currently, only 2% of California’s schools have a SBHC. Those SBHCs that do exist in the state are located in schools where about 70% of students receive free or reduced price meals. A national study found that SBHC usage increased student health care visits significantly: 71% of students who had access to a SBHC reported having a health care visit in the last year compared to 59% of students who did not have access to a SBHC.

School-based health services provide more efficient care and can manage chronic conditions by reducing unnecessary emergency room use and related costs. For example, asthmatic children in schools with a SBHC are 50% less likely to be hospitalized than those who attend a school without a SBHC. A Cincinnati study found hospitalization costs for children with SBHCs decreased by 84%, or nearly $1,000 per child.

SBHCs can lead to academic improvements, including increased student attendance, reduced suspension and expulsion rates and decreased grade retention and dropout rates. Students who receive mental health services through SBHCs also improve their grades more quickly than their peers. A Dallas SBHC found students receiving mental health services had an 85% decline in school discipline referrals.

Pro-Kid® Policy Agenda

California should expand the number of children with access to school-based health services. Critical behavioral and health screenings, including dental, vision and mental health, should occur at schools, including early care and education facilities, where children already spend the majority of their time. The state should implement this common sense reform to dramatically improve children’s access to care and deliver services more efficiently and effectively.

Momentum

The federal health care reform law invested over $30 million in creating school-based health centers in California; however, a related federal grant program to provide ongoing operations support for those centers has not been funded. Currently, there is no state funding explicitly for school-based health services.

Recent state budgets have eliminated successful school-based health programs that provided needed mental, dental and other health care services to children. There are continued efforts to restore funding for proven school-based health programs and expand the services they provide to include mental health services for students affected by violence or other traumatic events in their communities.
EDUCATION OF FOSTER YOUTH

Children in the child welfare system face unique barriers to succeeding in school and therefore need additional educational services and support.

California foster youth graduate from high school at almost half the rate of the general population\(^1\)

![Bar chart showing high school graduation rates for General Population (79%), Disadvantaged Youth (53%), and Foster Youth (48%).]

Placement stability greatly affects a foster child’s ability to succeed in school: Foster youth with 5 or more placements are 31% less likely to complete high school than youth with 1-2 placements\(^2\)

\(^1\) California foster youth graduate from high school at almost half the rate of the general population.

\(^2\) Placement stability greatly affects a foster child’s ability to succeed in school.
Data Highlights

Many foster children struggle in school due to the trauma they experience as a result of abuse, neglect, separation and instability. Many foster children are held back in school at least once by the time they reach 3rd grade. Grade repetition is not always an effective form of intervention as retained students often do not improve academically, and are in fact more likely to experience behavioral problems and/or drop out of school.

When foster youth get the services and support they need, they do better in school. For example, Foster Youth Services (FYS) programs provide educational and social support to current and former foster youth. 69% of children supported by FYS programs gained more than a month academically for every month of tutoring they received and in 1 year 70% of eligible FYS 12th graders completed high school.

The number of times foster children change schools impacts their educational outcomes. Children who change schools frequently make less academic progress than their peers and often fall behind each time they change schools. It is estimated that California’s foster youth attend an average of 8 different schools while in foster care, and studies show these children lose 4-6 months of educational attainment every time they are transferred to a new school. This means that the average child in foster care loses over 3 years of critical learning due to school instability.

Pro-Kid® Policy Agenda

California should ensure that foster youth have equal access to a quality education. The state should work with districts to ensure that the elements of its new school finance system, the Local Control Funding Formula (LCFF), aimed at benefiting foster youth are implemented effectively. Specifically, California should ensure the success of this new system in the coming years by, (1) collecting and analyzing new data, (2) reviewing school districts’ self-reporting on foster youth outcomes and (3) evaluating the plans to further improve foster children’s education outcomes under the Academic Performance Index (API).

Momentum

California’s new school finance system, LCFF, provides school districts with additional funding to support the academic outcomes of foster youth. Additionally, foster youth are now included as a subgroup in the API. And districts are now held accountable for the educational outcomes of foster youth and must develop local plans to improve their educational outcomes.

Assembly Bill 216 (Stone), which was signed into law by the governor in September 2013, clarifies that foster youth are exempt from any district-level graduation coursework requirements if they transfer to a new district close to graduation, thus eliminating one of the many obstacles they face in obtaining a high school diploma.
Health of Foster Youth

Because foster children experience higher instances of neglect, abuse and trauma than their peers, they are more likely to face challenges to their health, such as developmental delays, physical disabilities and mental health problems.

California is providing bridge funding and leveraging federal health care reform to ensure former foster youth up to age 26 have health insurance¹

Elegibility for Public Care Before Reform

<table>
<thead>
<tr>
<th>Age of Former Foster Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
</tr>
</tbody>
</table>

Elegibility for Public Care After Reform

<table>
<thead>
<tr>
<th>Age of Former Foster Youth</th>
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</thead>
<tbody>
<tr>
<td>21</td>
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<tr>
<td>22</td>
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<tr>
<td>23</td>
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<tr>
<td>24</td>
</tr>
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<td>25</td>
</tr>
</tbody>
</table>

Nationally, 1 in 3 foster children with a potential mental health need lack access to mental health services²
Data Highlights

Children in the child welfare system often experience multiple traumatic events, such as abuse or neglect by caregivers, separation from family and placement instability. Exposure to trauma has significant short- and long-term negative health effects. For example, trauma early in life is directly correlated with higher risks of heart disease, obesity, alcoholism and drug use.3,4

Approximately 4,500 California foster youth age out of the child welfare system every year.5 Youth who age out of foster care are at high risk for health-related issues, such as homelessness and depression, and approximately 25% of former foster youth experience post-traumatic stress.6 Furthermore, these youth are much less likely to have health insurance coverage or receive other needed services.7

58% of foster children first enter the system when they are birth-to-5-years-old,8 and approximately half of young children in foster care have developmental delays.9 It is critical that these young children receive the services and supports they need, such as developmental screenings and early intervention programs, so they can enter school healthy and ready to learn. An example of a successful intervention is trauma-focused cognitive behavioral therapy, an evidence-based intervention that helps children overcome traumatic events and their effects.10

Pro-Kid® Policy Agenda

California should ensure that foster youth are provided with the complete range of health services they need, including medical, dental and mental health services. It is particularly critical that the state provide adequate, continuous health coverage for foster youth and provide outreach to former foster youth so they are aware of their coverage options.

Momentum

Effective January 2014, federal health care reform significantly expands health insurance coverage for youth who are aging out of the child welfare system. Former foster youth are now eligible for Medi-Cal coverage until age 26. Furthermore, California budgeted additional dollars in bridge funding to ensure that former foster youth who turned 21 between July 1 and December 31, 2013 were not dropped from Medi-Cal, but continued to receive health insurance coverage.11

In 2011, Katie A. v. Bonta, a class-action law suit filed on behalf of California foster youth was settled and, as a result, California must now ensure foster youth are receiving quality mental health services. Specifically, foster youth will be provided with in-home and community-based services, assessments and treatments through Medi-Cal.12
FAMILY PRESERVATION & REUNIFICATION

Families in crisis benefit from services to improve parenting and family functioning, which help prevent children’s entry into the child welfare system and support reunification after a child has been removed from their home.

The U.S. Department of Health and Human Services emphasizes 6 protective factors for child and family well-being:

1. Parental Resilience
2. Concrete Supports for Parents
3. Knowledge of Parenting and Child Development
4. Social and Emotional Competence of Children
5. Nurturing and Attachment
6. Social Connections

California children are nearly 50% more likely to be reunited with their family within 1 year of entry into foster care than they were in 1998.

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Foster Youth</th>
<th>Reunited with Family Within 1 Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>43%</td>
<td></td>
</tr>
<tr>
<td>2000</td>
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<td>2001</td>
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<tr>
<td>2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td></td>
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</tbody>
</table>
Data Highlights

When families are in crisis, prevention and intervention services, such as home visiting programs, can be powerful tools for strengthening families.\(^3\) The Prevention Initiative Demonstration Project home visiting program in Los Angeles County has demonstrated a nearly 50% reduction in Child Protective Service referrals for participating families when compared to non-participating families.\(^4\)

Parental substance abuse is a contributing factor in many cases of child maltreatment.\(^5\) Substance abuse treatment interventions, such as Family Treatment Drug Courts, are effective in helping families involved in the child welfare system safely reunite. For example, 45% of participating families in the Sacramento County Dependency Drug Court program were reunited, compared to 27% of families not in the program.\(^6\)

Family reunification is the preferred permanency option when it can be achieved in a safe and timely manner.\(^7\) In 2011, 43% of children were reunited with their parents within 1 year of entering the child welfare system.\(^8\) While California is improving its rate of family reunification, in 2011 roughly 12% of children returned to foster care within 12 months of reunification.\(^9\) Strategies to ensure successful family reunification include risk and reintegration assessments, providing aftercare services for 12 months post-reunification and helping parents build an adequate support network prior to reunification.\(^10\)

Pro-Kid® Policy Agenda

California must support a statewide prevention program for children and families at risk of entering the child welfare system to ensure that those facing multiple contributing factors, such as substance abuse and mental health issues, are receiving the well-coordinated services and interventions they need. Such a program would promote early intervention, at-home services and reunification to ultimately keep children safe, support families as they learn to care for their children successfully and prevent children from experiencing the trauma of being removed from their homes and families when possible.

Momentum

California State Assembly Bill 545 (Mitchell) was signed into law in September 2013. This legislation expands the definition of a nonrelated extended family member to include adult caregivers who have an established relationship with a family member of the dependent child.\(^11\)
STABILITY & PERMANENCY

To reduce trauma and promote healing, maltreated children who have been removed from their homes need stable foster care placements and supportive lifelong permanent connections.

Nearly 2 out of every 3 California foster children in care for 24 months or longer lack stable placements¹

In one high-quality foster parent training and support program in California, foster youth were twice as likely to exit to permanent family placements from the child welfare system²

- Effective foster parent training & support
- Improved family functioning & reduced behavioral issues
- Foster Youth 2X more likely to exit to permanency
**Data Highlights**

Frequent placement changes can adversely affect a child’s emotional well-being, ability to form secure and healthy attachments and educational attainment.¹ In 2013, 38% of California foster children in care for 24 months or more had experienced up to 2 placements and 62% of children experienced 3 or more placements.⁴

Foster children placed with relatives often experience greater placement stability and benefit from the continued connection to family.⁵ Placing siblings together can also increase placement stability and minimize trauma for foster children.⁶ In 2012, 36% of California’s foster children were placed with relatives.⁷

Effective foster parent training programs can include teaching emotional communication skills, disciplinary consistency and behavior management methods, as well as provide education on attachment.⁸ These programs increase positive changes in foster parent retention, placement stability and permanency.⁹ For example, an evaluation of the KEEP (Keeping Foster and Kin Parents Supported and Trained) program in San Diego County has shown participating children are twice as likely to exit to permanency, including reunifying with family, placement with relatives or adoption.¹⁰

**Pro-Kid® Policy Agenda**

California should support policies and practices that prioritize placement stability and ensure placement with quality caregivers. Youth who enter the child welfare system have been exposed to abuse or neglect, are often traumatized by being removed from their homes and may end up being moved to multiple placements, thus impacting their ability to form meaningful connections. Providing the resources and supports necessary to ensure that these vulnerable children can heal and thrive within their communities should be a top priority. The state should prioritize sibling placements, support policies that facilitate sibling bonds and ensure children exiting the child welfare system have a permanent, lifelong familial connection.

**Momentum**

The Quality Parenting Initiative is currently implemented in 18 California counties. This initiative tailors communication materials aimed at recruiting and retaining quality foster parents. Key successes of this model include smoother transitions between placement changes, reduced use of group care, more siblings placed together and increased reunification with biological families.¹¹

Assembly Bill 1133 (Mitchell) was signed into law in October 2013 and requires that California’s medically fragile foster children be placed with nurse providers when appropriate and available in order to minimize disruptions due to medical needs.¹²

California Senate Bill 342 (Yee) requires that visits with children in foster care occur within the group home or foster home. This allows social workers to more effectively assess the home situation by visiting regularly and meeting with the youth in their daily environment. Additionally, youth can request that a private discussion occur off the premises.¹³
Preschool

1 Other includes any respondent who identifies as Native American, multi-racial or declined to state her/his race/ethnicity. Public Reference Bureau (PRB) analysis of the U.S. Census Bureau’s 2009-2011 American Community Survey Public Use Microdata Sample (PUMS), Percent of Children Ages 3-4 Enrolled in Preschool, provided by PRB to Children Now August 2013.


7 Population Reference Bureau (PRB) analysis of U.S. Census Bureau, American Community Survey (ACS) 2011, Ages 0-5, provided by PRB to Children Now August 2013.


Kindergarten Transition


5 First 5 Monterey County, “Connecting the Dots: Findings from the 2009-10 First 5 Monterey County Evaluation,” First 5 Monterey County, November 2010, accessed September 2013.


Children's Savings Accounts


6 Ibid.


K-12 Investments


9 Ibid.


12 Ibid.

13 Ibid.


School Finance Reform


3 California Department of Education Dataquest, Free or Reduced Price Meals, 2011-2012, http://data1.cde.ca.gov/dataquest/Cbeds1.asp?FreeLunch%3aron%3aChoice%3aStatProfile1%3aYear%3a2011-12%3aLevel%3aState%26Topic%3aProfile%26MyTimeFrame%3a%26Submit%3aSubmit, accessed August 2013.


9 Ibid.


Common Core


4 Children Now analysis based on the number of students who graduated in 2012 (410,476) and the number who graduated UC/CSU Eligible (151,666). Data from California Department of Education Dataquest, Statewide Graduates Completing UC/CSU Classes 2011-12, http://data1.cde.ca.gov/dataquest/Cbeds1.asp?Grads%3aron%26Uccsu%3aron%26Choice%3aStatProfile1%3aYear%3a2011-12%26Level%3aState%26Topic%3aProfile%26MyTimeFrame%3a%26Submit%3aSubmit, accessed July 2013.


STEM


2 Asian includes any respondent who identifies as Asian American, Asian, Filipino or Pacific Islander. Other includes any respondent who identifies as Native American or two or more races. Children Now analysis based on data from California Department of Education Dataquest, “2013 STAR Test Results, California Standards Test Scores. CST Science - Grade 8,” http://dq.cde.ca.gov/dataquest1/, accessed October 2013.


6 Ibid.


Expanded Learning


Linked Learning


7 Ibid.


10 Children Now Analysis based on 3 and 5, multiplying the number of California dropouts (65,687) by the cost per dropout (392,000) which results in a cost of over $25 billion.


Innovation & Technology


School Climate & Discipline

1 The School Climate Index (SCI) provides a state normed, school-level description of several non-academic factors that are known to influence learning success in schools, including (1) Supports and Engagement, (2) Violence, Victimization, and Substance Use at School, and (3) Truancy Incidents. WestEd, “School Climate & Academic Performance Across California High Schools,” 2012, http://californias3.wested.org/resources/533/1/SCI_API_20120716.pdf, accessed September 2013.


Developmental & Behavioral Screenings


5. Ibid.


Chronic Absence


5. Ibid.


Developmental & Behavioral Screenings


Home Visiting


7. Children Now analysis based on 5 and 6, and dividing the number of California babies born at a low birth weight (34,641) by 2, and multiplying by $40,000, which equals $692,820,000.


12. California Department of Public Health, California Home Visiting Program, Phone Call, August 2, 2013.

13. First 5 Association of California, Phone Call, August 2, 2013.

Health Insurance


5. Other includes any respondent who identifies as Native American, multi-racial or declined to state her/his race/ethnicity. Data on the number of uninsured children from Population Reference Bureau (PRB) analysis of U.S. Census Bureau, American Community Survey (ACS) 2011, “California children under age 18 without health insurance, by race,” provided by PRB to Children Now October 2013.


Oral Health

1. Children Now analysis based on Public Records Act Request to the California Department of Health Care Services regarding the oral health of children enrolled in Denti-Cal for calendar year 2011, received May 2013. Counts of emergency room visits are based upon ambulatory care sensitive (ACS) dental conditions, i.e. conditions where timely and effective primary care may reduce or prevent the need for emergency care and hospitalizations.


13. Ibid.


Health Care Access


Health Homes & Care Coordination


Mental Health


5. Children Now analysis based on xii. and xiii.; 1 in 88 children has an autism spectrum disorder, and 3.6 million children are enrolled in Medi-Cal. (1/88) multiplied by 3.6 million equals 40,999.


9. Children Now analysis based on xii. and xiii.; 1 in 88 children has an autism spectrum disorder, and 3.6 million children are enrolled in Medi-Cal. (1/88) multiplied by 3.6 million equals 40,999.


13. Children Now analysis based on xii. and xiii.; 1 in 88 children has an autism spectrum disorder, and 3.6 million children are enrolled in Medi-Cal. (1/88) multiplied by 3.6 million equals 40,999.


13 Ibid.


Education of Foster Youth


2 Ibid.


10 Children Now analysis based on an average of 8 different schools multiplied by an average 5 months in lost educational attainment, which equals 40 months in lost learning.

Health of Foster Youth


CREDITS

The 2014 California Children’s Report Card: How Kids are Doing in our State and What Needs to be Done About It reflects the collective effort of the entire organization.

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