

CHILDREN NOW



CALIFORNIA REPORT CARD 2011
SETTING THE AGENDA FOR CHILDREN



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The question no longer is should we do these things; it's why haven't we done them.

This year's *Report Card* breaks new ground by providing *The Children's Agenda*, which details the top ten high-priority, high-impact actions California policymakers should take to reverse the declining status of children. It's clear any sound plan to revitalize our state must prioritize children's development. California's history backs this up, as do countless examples from across the nation and around the world. And yet, for decades, our state has failed to do so.

Topics covered in the *Agenda* include a comprehensive P-to-12th-grade education reform and revenue package, coordinating and streamlining the delivery of children's services, effectively implementing federal health care reform and reducing childhood obesity rates, among others. All of which reflect deep documentation and the collective expertise of the children's policy field.

As in previous years, the *Report Card* analyzes and grades the key domains of children's well-being. This year's grades range from Ds for K-12, Oral Health and Integrated Services to the only B achieved, a B+ for Afterschool, giving the state an overall grade point average of C- (or 1.69). The grades remain so low year-over-year largely due to disproportional state budget cuts to children versus other budgetary items.

We are hopeful that California's new leaders can do a much better job of working with the facts and representing children's best interests.

Sincerely,

A handwritten signature in black ink, appearing to read "Ted Lempert". The signature is fluid and cursive, with the first name "Ted" being more prominent and the last name "Lempert" following in a similar style.

Ted Lempert

President

A white outline of the state of California is positioned in the upper left corner. To its right and below are several overlapping circles in shades of light blue, teal, and yellow. The title 'THE CHILDREN'S AGENDA' is written in a large, thin, sans-serif font across the top, with an orange horizontal bar underneath it.

THE CHILDREN'S AGENDA

California's new leadership should pursue the following top ten high-priority, high-impact goals to improve children's well-being and rejuvenate the state. Further detail is provided for each in the pages that follow.

1

Adopting a comprehensive P-to-12 education revenue and reform package that establishes an equitable and adequate finance system, ensures transparency, enables greater local decision-making flexibility, and strengthens human capital and accountability.

2

Clarifying the state's role in the education system by focusing it on developing standards for student success and holding districts accountable for meeting those standards, including a greater emphasis on knowledge and skills in the areas of Science, Technology, Engineering and Mathematics.

3

Implementing a comprehensive, high-quality early learning and development system for all children from birth to age five to ensure children's life-long success, and improving the system's alignment with early elementary through the use of such tools as a kindergarten readiness observation assessment.

4

Strengthening the state's afterschool infrastructure and building summer programs to deliver high-quality expanded learning opportunities and to support the preparation of future teachers.

5

Establishing a comprehensive, longitudinal data system that connects early learning and development through higher education, health, juvenile justice, child welfare and other data in order to better track and address the educational outcomes and well-being of children throughout their lives.

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Better coordinating and streamlining the state's delivery of children's services, establishing a children's cabinet and promoting health homes as well as integrated, school-based health centers and other student supports to improve access, cost efficiency and effectiveness.

6

Providing every California child with affordable health coverage and access to quality care.

7

Decreasing the number of school-age children with dental caries to achieve better health outcomes and improve school attendance and student achievement.

8

Significantly reducing obesity rates among California children by implementing a more coordinated, multivariate approach.

9

Providing children at risk of entering the child welfare system with the supports and services they need to remain safe and stable, and ensuring all children who enter the foster care system find legal permanence and are supported to become thriving adults.

10

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1

Adopting a comprehensive P-to-12 education revenue and reform package that establishes an equitable and adequate finance system, ensures transparency, enables greater local decision-making flexibility, and strengthens human capital and accountability.

Developing a student-centered finance system.

The distribution of funding through the state's current education finance system is outdated, incomprehensible and inequitable, and not based on the actual needs of students. Instead, the state should set a base funding amount for each student, set above the current state average, and then districts should receive more resources for high-need students, including for early education. The state's categorical system should be dismantled, shifting decision-making locally to encourage innovation and the allocation of dollars based on distinct local needs.

Ensuring complete financial transparency and holding the system accountable.

To enable local decision-making flexibility, there needs to be complete financial transparency and a robust accountability system. Anyone should be able to go online and see how money is spent in each California school and district, now that each student will be generating a set dollar amount. Districts need to be measured on growth in student achievement as well as college and career readiness indicators, and will be required to meet financial and student outcome measures.

Strengthening human capital.

The plan must ensure that districts develop local strategies to recruit, support, evaluate, retain and equitably distribute skilled and knowledgeable staff. In addition, several statewide policies, including dismissal procedures, need to be modified to remove barriers at the state level that restrict the local level ability to ensure there is a high-quality teacher in every classroom.

Providing substantial additional resources to schools.

In order to implement the student-centered finance system and accountability infrastructure, the voters need to adopt a major, broad-based education tax increase at the state level, along with

Anyone should be able to go online and see how money is spent in each California school and district.

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changing voter thresholds at the local level to allow for significant additional revenue. While the above reforms will transform how all current dollars are spent, additional dollars are needed to effectuate these reforms—i.e., meaningful reform and revenue increases should be adopted simultaneously.

Clarifying the state's role in the education system by focusing it on developing standards for student success and holding districts accountable for meeting those standards, including a greater emphasis on knowledge and skills in the areas of Science, Technology, Engineering and Mathematics.



Implementing a strong core curriculum and aligned assessments.

California has adopted an augmented version of the Common Core State Standards that will ultimately allow for more accurate state-by-state comparisons of students' knowledge and skills. There now needs to be legislation to allow the California Department of Education (CDE) to begin implementing curriculum frameworks aligned to the Common Core. The CDE's updated frameworks should integrate 21st century learning skills, including building on brain research that demonstrates the effectiveness of hands-on, inquiry-based approaches and youth development principles.

To further implement the Common Core and ensure California's testing system is adequately measuring the skills and knowledge necessary for success, the state should continue to participate in the Partnership for Assessment of Readiness for College and Career consortium and ultimately adopt new assessments, starting in English Language Arts and Mathematics. The state assessment system should include formative and summative exams, provide actionable assessment data for school staff, and more effectively measure student's problem solving and complex thinking skills.

Developing a more effective accountability system.

California must reengineer its school accountability system to be based on individual, year-to-year student growth in order to more accurately measure the impact schools are having on student achievement. In addition, this new accountability system

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should integrate accurate drop-out and graduation data. It also should place a greater emphasis on Science, which will require the development and implementation of Science assessments for additional grades to ensure appropriate sample sizes for accountability purposes.

3

Implementing a comprehensive, high-quality early learning and development system for all children from birth to age five to ensure children's life-long success, and improving the system's alignment with early elementary through the use of such tools as a kindergarten readiness observation assessment.

Improving access to high-quality early learning and development programs for children from birth to their entry into kindergarten.

Less than 4% of public investments in education and development are targeted at children from birth to age four, despite research showing that most brain growth occurs before age five and the fact that higher income families spend major sums to ensure their own young children are receiving high-quality developmental and early educational support prior to kindergarten. Unless the state's leaders want to limit California's future economic success by not ensuring children are prepared to succeed in school and life as well as abandon the goal of equal opportunity, they must work towards every child having access to high-quality early learning and development programs. As an immediate step, funding that was eliminated by Governor Schwarzenegger for child care programs must be restored and steps must be made to ensure that more children currently served have access to quality programs.

The assurance that basic health and safety standards are being met by early learning and development programs is an essential step toward creating more high-quality learning opportunities. Currently, California ranks among the bottom five states on licensing standards and oversight provisions. To remedy this, the state must:

- Evaluate the current structure of the Community Care Licensing Division, the state agency responsible for ensuring the basic health and safety standards of licensed family child care homes and centers;

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- Expand the existing state licensing website so that parents and providers have access to accurate licensing information;
- Review and modify current licensing protocols in order to streamline the process for obtaining licenses, including the possibility of allowing local agencies to conduct licensing reviews and site visits to support the state system.

Implementing recommendations from the Early Learning Advisory Council (ELAC) to pilot a state Quality Rating and Improvement System (QRIS) would move the state closer to ensuring that young children have access to quality early learning and development programs. The ELAC secured \$7 million in new federal funding to pilot a QRIS, which can be combined with funds from local and state quality improvement efforts in order to sustain the system statewide.

The state must also support efforts to strengthen its early learning education and professional development delivery system. Ensuring the workforce is well trained is critical because the quality of interaction between the teacher/provider and child is a key factor in program success. CDE, First 5 California and other stakeholders are working to create early learning educator core competencies that describe key workforce knowledge and skills. These competencies, which are to be released this year, should serve as the foundation for streamlining the education, training and professional development of the early learning and development field.

Identifying and addressing children's needs earlier in their lives through ongoing, developmentally-appropriate assessments in early learning settings and kindergarten, including the adoption of a statewide kindergarten readiness observation assessment.

Numerous local counties have used kindergarten readiness observation assessments effectively to determine how best to help young children succeed. Readiness data gathered through developmentally-appropriate assessments that look at multiple domains of development, including socio-emotional factors, can be utilized to help parents focus on how to better support their children's development, inform the instructional practices of preschool and kindergarten teachers, and assist preschools and elementary schools in addressing the needs of students transitioning into kindergarten. Readiness data could also play an

Less than 4% of public investments in education and development are targeted at children from birth to age four, despite research showing that most brain growth occurs before age five.

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A unified data system would allow the state to accurately assess the impact of early learning programs and provide the information necessary for further coordination between agencies.

important role in implementing new transitional kindergarten programs. Additionally, aggregated data can provide policy-makers with information about the overall level of kindergarten readiness of the state's children.

Including statewide early childhood data that tracks school readiness indicators from birth to kindergarten entry, connects to California's K-12 data system, and enables the evaluation of quality improvement and workforce development efforts.

The Early Learning Advisory Council (ELAC) recently secured \$1.8 million in new federal funds to support the development of an early learning data system. The state needs to ensure that timely, accessible and appropriate data regarding children, families, teachers/providers, programs and funding is available to support continuous program improvement, increased access and better childhood outcomes. A unified data system would allow the state to accurately assess the impact of early learning programs and provide the information necessary for further coordination between agencies.

Bridging birth-to-three, preschool, K-12 and health in an integrated birth-to-five strategy that more completely reflects the developmental needs of the state's youngest children and supports their well-being.

In order to ensure children's development of strong social and emotional skills that support academic success and proficiency in reading and math by the end of third grade, the state must work toward building a pre-kindergarten to third grade early education system, including infant and toddler care, to support quality early learning experiences and seamless supports throughout children's early years. Promising local practices connecting infant/toddler care, preschool and early elementary should inform the state's pre-kindergarten to third grade policy agenda.

Additionally, the state should advocate for increased flexibility and efficiency in its utilization of federal funding, including the Child Care and Development Block Grant (CCDBG), Early Head Start and Head Start, Title I and IDEA. More flexibility in federal funding, which comprises the majority of dollars for state services impacting young children, would help California serve this population more comprehensively and effectively. For

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example, many programs have distinct eligibility and reporting requirements, making it difficult to blend and braid available funds to cover the true cost of high-quality early learning and development programs and provide the coordinated, integrated services that young children need.

Promoting maternal, infant and early childhood home visitation.

California should fully support the timely implementation of the federal home visitation program and ensure its effective coordination with early learning programs. The federal Affordable Care Act (ACA) appropriates \$1.5 billion over five years for home visitation grants to states that provide pregnant and newly-parenting families with culturally-competent information about newborn care and enriching home environments. Evidence-based home visitation programs improve child well-being, health and cognitive outcomes. California Department of Public Health's Maternal and Adolescent Health Program must have support in developing a robust home visitation program.

Strengthening the state's afterschool infrastructure and building summer programs to deliver high-quality expanded learning opportunities and to support the preparation of future teachers.

4

Protecting afterschool program funding.

State policymakers should continue to protect funding for afterschool programs in California. These programs provide expanded learning opportunities for children, while simultaneously keeping them safe and allowing their parents to work.

Promoting high-quality afterschool programs as part of education reform.

California has an opportunity to promote afterschool programs as a critical piece of education reform. High-quality afterschool programs offer students hands-on, inquiry-based and collaborative learning experiences, and connect the knowledge and skills gained in the classroom with real-world applications. The state should implement policies that encourage the meaningful integration of afterschool staff in school improvement

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planning, professional development and data reflection, as well as support the implementation of complementary curriculum and instructional strategies between the traditional school day and afterschool programs.

Incorporating afterschool data.

California has invested in building the largest public afterschool infrastructure in the nation, which provides over 300,000 children with safe, enriching learning environments between the hours of 3:00 and 6:00 p.m. Currently, afterschool grantees are required to submit data on their programs, but this data is not linked to the state's student information system. This data must be linked in the near term to CALPADS and ultimately be included in the new data system.



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Enhancing summer learning and enrichment opportunities.

Research suggests that more than half of the achievement gap between lower- and higher-income students can be explained by unequal access to enriching summer activities. As such, policy-makers should develop incentives for local communities to build on their existing state- and federally-funded afterschool programs to provide high-quality summer learning and enrichment opportunities.

Supporting an effective teacher pipeline.

To address the impending teacher shortage, the state should scale effective teacher pipeline models that foster collaboration among community colleges, universities, local education agencies, community-based organizations and afterschool providers. These models would be especially useful in attracting teachers to high-need communities and high-demand subjects such as Science, Technology, Engineering and Mathematics (STEM).

Establishing a comprehensive, longitudinal data system that connects early learning and development through higher education, health, juvenile justice, child welfare and other data in order to better track and address the educational outcomes and well-being of children throughout their lives.



5

Immediately restoring CALPADS/CALTIDES funding and continuing to make progress on implementing a new, comprehensive student information system.

The state needs to establish the governance structure and dedicated resources to support the use of data. This includes CALPADS/CALTIDES funding and building capacity to meet seven additional requirements needed to fulfill California's obligations that secured the state's \$4.9 billion in funding through the American Recovery and Reinvestment Act (ARRA). Currently, California only meets five of the 12 required elements. Additionally, the state should strive to attain the "10 State Actions to Ensure Effective Use of Data" identified by the Data Quality Campaign as fundamental steps to change the culture around how data is used to inform decisions and improve student outcomes; California currently meets none of the ten.

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Developing an early warning system for dropout prevention.

Chronic absence, defined as a child who misses more than 10% of the school year, is an early predictor of academic distress and dropout. To support districts in combating this problem, policy-makers should continue to promote the inclusion of attendance data in the new statewide student data system and advance the development of an “early warning system” to identify and address the problem at its outset.

Ensuring high-quality data.

A student information system is only as valuable as the quality of the data in it. As such, California needs to provide school districts with resources for the maintenance and reporting of data and should apply for federal dollars for data quality tools that reduce workload, minimize entry errors and automatically identify data anomalies when present.

Leveraging the data to support continuous improvement of the education system.

District-level technology plans should address the use of data from the aspects of professional development and supporting a culture of continuous improvement in student achievement. A statewide data warehouse, dashboards and useful reporting formats should be established to efficiently enable all districts to access the information they need.

6

Better coordinating and streamlining the state’s delivery of children’s services, establishing a children’s cabinet and promoting health homes as well as integrated, school-based health centers and other student supports to improve access, cost efficiency and effectiveness.

Developing eligibility and enrollment standards across all income-based children’s programs and facilitating more effective inter-agency cooperation.

The new federal healthcare law requires California to develop a single, streamlined enrollment form for all children and families applying for health coverage on the basis of income. The state should leverage this opportunity to expand new, streamlined

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eligibility and enrollment standards across all income-based children's programs. This is an immediate first step the state can take to facilitate more effective inter-agency collaboration. Additionally, California should develop new approaches to training case workers so that they become versed in all of the child-serving programs provided by various state departments.

Establishing a Children's Cabinet.

The Children's Cabinet should comprise the heads of each agency and department that serve children's well-being, and the Superintendent of Public Instruction. The cabinet should be charged with promoting and implementing information sharing, collaboration, increased efficiency and improved service delivery among and within the state's child-serving agencies and organizations.

Promoting health homes for children.

The state needs to nurture promising health home pilots and bring them to scale. Health homes provide accessible, coordinated, prevention-focused care, including medical, behavioral, dental, vision, and community health and social services. Only half of California children are receiving the complete scope of care they need, as defined by a health home. Visits to hospital emergency departments can be cut substantially when a health home model is used to coordinate care for chronically ill children.

California should expand its school-based services to improve children's access to regular dental, vision and mental health care.

Providing school-based preventive health care and other support services to children.

Children's access to social services and health care, including dental, vision and mental health, is often lacking because there is no convenient "intake" location. The screening for these critical support services should occur at schools, including early learning and development locations, where children already spend the majority of their time. This common sense reform removes a major barrier to access, enabling more efficient and effective service delivery. Existing integrated programs in California, as well as those in other states and nations, have clearly documented these benefits.

California should expand its school-based services to improve children's access to preventive screenings and connections to follow-up care, immunizations, and regular dental, vision and mental health care.

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Allowing counties and local agencies to blend funding streams that serve children.

Too often, counties and local agencies are forced to keep the myriad state funding streams for their children separate even when they are serving the same child. California has successfully implemented programs that allow local governments to blend funding streams, such as those for children's mental health and early care settings, in order to increase the efficiency of state investments. California should build on past successes such as the IV-E Waiver program that allowed counties to blend foster care funds.

Strengthening the linkage between environmental protection and children's health initiatives.

The state should play a leading role in protecting children's health and well-being through integrated environmental policies. For example, the state should ban bisphenol A (BPA) in baby products. BPA is a known hormone disruptor, and infants and children are at the greatest risk of later problems with brain development and behavior, early puberty, breast cancer, and prostate cancer. The state should also improve indoor air quality in schools to help reduce asthma by educating school management about proper protocols and establishing penalties for air quality problems.

7

Providing every California child with affordable health coverage and access to quality care.

Maximizing the number of eligible children enrolled in state health insurance programs.

At least 700,000 of the roughly 1.5 million uninsured California children are currently eligible for existing Medi-Cal or Healthy Families coverage. California should lead the national challenge recently issued by the Obama administration to enroll all eligible children in health insurance. To meet this challenge, the state needs to focus on:

- **Streamlining the eligibility and enrollment system for children.**

The state needs to expand and improve the entry points to applying for coverage by continuing to pursue a “no wrong

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door” system and developing a single application for all available coverage options. The state could achieve this by capitalizing on new opportunities in the federal Affordable Care Act (ACA) and directing state agencies and the new California Health Exchange to develop eligibility and enrollment standards across all programs.

- **Aligning eligibility levels for children in Medi-Cal so that all of the children in a family are in the same program.**

California should align eligibility levels at 133% of the federal poverty level (FPL) for all children ages one to 19. Currently, children ages one to five are eligible for Medi-Cal if their families earn up to 133% of the FPL, while their older siblings, ages six to 19, are only eligible up to 100% of the FPL. The ACA requires that Medi-Cal eligibility be simplified by 2014 to include all children and adults up to 133% of the FPL.

- **Reducing “churn” in health coverage programs by making it easier for children to stay covered.**

Keeping children covered continuously would reduce state administrative waste and improve children’s access to uninterrupted health care. California should follow Louisiana’s example of automating a large portion of coverage renewals.

- **Supporting efforts by local programs, providers, and community-based organizations (CBOs) to educate families about new coverage opportunities under the federal law and connect children to coverage.**

Leading up to and after 2014, there is a need to inform families and connect them to the new coverage options available to them through the ACA. California should leverage federal “navigator” and outreach grants to support CBO efforts in this regard, giving strong, experienced organizations a preferential role. Strengthening local programs and safety-net providers will help ensure that all California children, even those not covered under the new federal law, will be able to access critical health services.

Keeping children covered continuously would reduce state administrative waste and improve children’s access to uninterrupted health care.

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Leading up to and after 2014, there is a need to inform families and connect them to the new coverage options available to them through the ACA.

Prioritizing funding for existing children's health coverage programs vis-à-vis other state budget items, accounting for increased need during the economic downturn.

The state needs to prioritize the funding of public health insurance programs to fully cover the increased demand for them in the down economy. This should be done by providing stable, ongoing General Fund dollars. Recent cuts in funding have led to enrollment in Healthy Families dropping by over 50,000.

Expanding access to pediatric care providers, including supporting the development of new pediatric care delivery models.

California needs to ensure an adequate supply of pediatric care providers for children. A first step is to identify the highest-need areas and review provider reimbursement rates. In addition, the ACA provides an opportunity for California to develop new pediatric accountable care organizations as an innovative way to deliver coordinated care to more children. The state should apply for a federal demonstration grant and strategize with pediatric providers and other stakeholders about how to develop a successful model.

Increasing access to preventive screenings and services.

California should leverage federal dollars from the ACA's prevention and public health fund to increase the availability of preventive services. In addition, the state should educate the public about the ACA provision that allows for no-cost preventive services.

Improving the delivery of mental health services to children.

To help fight the growing and costly epidemic of poor mental health, the state should demand improvements in the delivery, coordination with primary care networks and providers, and follow-up of mental health services provided by the health plans that contract with Healthy Families. The state should work expeditiously with counties to effectively leverage newly available funds generated by the Mental Health Services Act of 2004 and emphasize early intervention programs.

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Preserving vision services for children so they can read and learn.

Providing vision screenings and eyeglasses to low-income children is often threatened by budget cuts, but is vital to ensuring children can see, read and learn. The state should strengthen children's vision care by ensuring that Healthy Families coverage preserves vision benefits and that school health screenings include vision screenings.

Increasing the percentage of children who receive evidence-based immunizations.

Immunization rates fell in California from 2008 to 2009. The state should bolster its immunization programs, including developing an outreach campaign to educate and inform parents about the importance and availability of immunizations and screenings. The state also should apply for grants available through the ACA to improve immunization rates and support community public health.

Reducing infant mortality rates, especially for African Americans.

In addition to supporting existing programs like Access for Infants and Mothers (AIM), the state should re-establish programs that have been cut recently, such as the Black Infant Health Program. While the overall infant mortality rate in California (5.2 deaths per 1,000 live births) is lower than the national average (6.8 deaths per 1,000 live births), the state's African American infant mortality rate is more than double the state average, at 12.4 deaths per 1,000 live births.

Decreasing the number of school-age children with dental caries to achieve better health outcomes and improve school attendance and student achievement.



Capitalizing fully on federal funding opportunities available to California for children's oral health.

California should pursue all available federal funding opportunities to strengthen existing and create new programs to improve the oral health of California's children. The Affordable Care Act (ACA) provides California with significant federal grant opportunities focused on addressing dental disease prevention,

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California should align Medi-Cal reimbursements with those negotiated by private dental insurers for the top five childhood dental procedures.

expanding the dental workforce, investing in state infrastructure and improving dental data collection.

Aligning Medi-Cal dentist reimbursement rates more closely with private dental coverage to improve children's access to pediatric dental care.

There is a shortage in the supply of dental providers willing to accept child Medi-Cal patients. Medi-Cal reimbursement rates are very low—about one-third to one-half of dentists' usual fees—leading many providers to reject new Medi-Cal patients. To improve children's access to oral health services, California should align Medi-Cal reimbursements with those negotiated by private dental insurers for the top five childhood dental procedures.

Increasing the percentage of pediatricians who educate parents about oral health during well-baby visits.

A significant barrier to children accessing oral health check-ups is simply a lack of education. If pediatricians made a concerted effort to explain the importance of routine pediatric dental care to parents, there likely would be much greater utilization of cost-effective, preventive childhood dental services.

Expanding the use of tele-dentistry to reach underserved child populations, especially those in rural areas.

Tele-health technologies can help children in remote and other underserved areas receive needed dental screenings, preventive care, treatment and referrals. Several pilot programs already are underway in California. Community-based dental hygienists and assistants are collaborating with off-site dentists via tele-dentistry systems to serve children in schools, Head Start centers and other convenient locations. These programs should be optimized and expanded.

Adding a new member to the oral health care workforce so dentists' time can be used more efficiently and more children can access needed services.

Expanding the dental workforce to help meet the oral health care needs of underserved children is a vital component of solving

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A significant barrier to children accessing oral health check-ups is simply a lack of education.

the oral health epidemic in California. The introduction of a new oral health care team member in other states, such as Alaska and Minnesota, has increased children's access to high-quality, cost-effective services.

Reinstating Medi-Cal's dental benefits for adults.

The 2009-10 state budget's elimination of most adult Denti-Cal benefits has severely impacted children's access to oral health services. Many care providers and clinics relied on Denti-Cal income from both adults and children to make ends meet. Furthermore, children whose parents visit the dentist are 13 times more likely to access dental services themselves.

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9

Significantly reducing obesity rates among California children by implementing a more coordinated, multi-variate approach.

Centralizing the creation of a comprehensive public policy agenda to address obesity.

Current policy efforts to combat childhood obesity in California are too fragmented, impeding clear prioritization of the many policy issues at play and hindering policymakers in setting a clear, comprehensive agenda. The factors contributing to childhood obesity—everything from lack of access to healthy food to junk food advertising to unsafe walking routes to school—are numerous and interrelated in complex ways. Informed prioritization of the broad range of variables contributing to childhood obesity is needed at the state level to determine where and how policymakers should direct their focus.

Supporting a state tax on sweetened beverages to help reduce dental decay and obesity.

The state should support soda tax proposals such as those contained in SB 1210 and AB 2100 from the 2009-10 legislative session. Due to soda's connection to obesity and other serious health conditions, many health experts consider it to be "the next tobacco." Taxing sweetened beverages would greatly benefit the state by reducing consumption and creating a significant amount of revenue dedicated to funding prevention and treatment efforts for California's children.

Making it easier for needy families to participate in CalFresh.

By improving participation rates in CalFresh, known as the Supplemental Nutrition Assistance Program (SNAP) in other states, California could collect an additional \$3 billion in federal funds to support the state's neediest residents. According to the USDA, 50% of eligible households do not participate in the CalFresh program. The program's current quarterly reporting requirements are overly burdensome on participants and prevent families from securing access to food. Adopting a semi-annual reporting schedule would both reduce the state's administrative costs and significantly improve program participation rates.

Due to soda's connection to obesity and other serious health conditions, many health experts consider it to be "the next tobacco."

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Increasing physical activity during and after school.

California should implement policies to ensure students will spend at least 50% of physical education class time engaged in moderate to vigorous physical activity. Additionally, the federal Affordable Care Act (ACA) includes funding for community-based childhood obesity demonstration projects that could be used to promote increased physical activity in these and other ways.

Resuming the adoption process for the health curriculum framework in public schools in 2012-13 and ensuring the inclusion of nutrition education.

California needs to better educate students about healthy eating as a component of its approach to fighting childhood obesity. In 2002, the Education Code was revised to require CDE to incorporate nutrition education into the next revision of the health curriculum framework. Per the Code, “the curriculum shall be research-based and focused on pupils’ eating behavior.” In 2009, the process was suspended and procedures for adopting instructional materials, including framework revisions, were postponed until the 2013-14 school year. The state should restart this process immediately so that healthy eating curriculum can make its way into schools as soon as possible.

California needs to better educate students about healthy eating as a component of its approach to fighting childhood obesity.

Providing incentives for redevelopment projects to incorporate health concerns into planning by conducting health impact assessments and involving affected residents.

Only in recent years have redevelopment agencies, public health departments and health advocates started collaborating on projects. Many counties have begun to integrate health into their general plans, which will result in the creation of more walkways and bike paths, traffic calming methods, park development and other tactics to help facilitate physical activity. Despite the demonstrated success achieved by pioneering counties so far, there is no current state mandate for counties to incorporate health aspects in all redevelopment projects.

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10

Providing children at risk of entering the child welfare system with the supports and services they need to remain safe and stable, and ensuring all children who enter the foster care system find legal permanence and are supported to become thriving adults.

Strengthening and expanding prevention, early intervention and at-home services for children at risk.

The state should take the lead in promoting child abuse prevention campaigns and implementing a statewide prevention program for children and families at risk. The goals of prevention, early intervention and at-home services are to keep children safe, to support families as they learn to care for their children successfully, and to save children from the trauma of being removed from their homes and families when possible. The state should streamline court practices when children are at risk of removal from their families and allow more coordination between dependency courts and other agencies to ensure families with multiple issues, such as substance abuse and mental health, are receiving coordinated services.

Prioritizing permanency and stability in order to maximize the well-being of children in the child welfare system.

The state should support policies that unite families and encourage successful family reunification. Youth who enter the foster care system have been exposed to abuse or neglect, are traumatized by being removed from their homes and often end up being moved to multiple placements, thus losing the chance to form meaningful connections. Studies have shown that remaining connected to parents and siblings and finding a stable, legally-permanent family environment are crucial to the well-being of children in foster care. 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 and provide family maintenance services after reunification.

Providing the resources and supports necessary to ensure that children in foster care can heal and thrive within their communities should be a top priority.

AGENDA DETAILS

Preparing youth aging out of the foster care system to transition successfully.

The state should provide health care, employment and quality education to foster youth. Youth who transition to adulthood from the foster care system often struggle to become self-sufficient without the help and support of a caring adult or the compassionate understanding of their communities. These young people are rarely prepared by caregivers or caseworkers to face the challenges of adulthood and as a result they often struggle to secure stable housing and transportation, to find and maintain employment, to pursue and attain their educational goals, to access health care, and to positively connect with their communities. The state should apply for a federal waiver and enact legislation to allow former foster care youth to receive healthcare benefits until the age of 26 in order to mirror provisions in the federal health care act that allow young adults to stay on their parents' policies until that age.



EDUCATION

Early Learning & Development | K-12 | Afterschool

INTRODUCTION

California's educational system provides children key structured learning opportunities that are crucial to their success: early learning and development programs, K-12 schools, and afterschool and summer programs. The strength or weakness of these components largely determines the state's ability to give today's children the knowledge and skills they need to become contributing members of our economy, society and democracy.

Quality early learning and development opportunities are critical to achieving strong cognitive and emotional development and ensuring young children transition into the K-12 system successfully. K-12, in turn, should build on a solid early learning foundation to support the development of good citizenship and arm children with the knowledge and skills required for success in the 21st century. Finally, expanded learning programs during the summer and afterschool hours can play a critical role in closing the achievement gap, providing all children with learning supports often only available to higher income children. These programs can boost academic achievement and offer safe, enriching environments that support broader well-being.

Investment in and reform of the education system can shore up the state's economic and civic outlook.

Investment in and reform of the education system can shore up the state's economic and civic outlook. Children could be much better prepared for college and career, and become more productive members of their communities. Moreover, the state currently incurs enormous economic costs from failing to educate all its students. For example, the total costs associated with the state's 120,000 high school drop-outs per class is an astounding \$46.4 billion or nearly 3% of gross state product.¹

California's poor academic achievement and low high school graduation rates have several root causes. First, too few children are given the opportunity to build the early learning and development foundation they need to be ready for kindergarten, significantly decreasing their chances of success

EDUCATION



The component parts of the state's education system need to be linked so that they work together more seamlessly and efficiently in supporting children's learning and development.

in K-12. There are also not enough quality early learning and development programs and services to meet demand. Those quality programs that are available are often not affordable for the children who need them most, nor are they aligned with the K-12 system to ensure children's successful transition to school. Second, the K-12 system remains chronically underfunded, resulting in its failure to provide all children the rich educational experiences they need to reach critical academic milestones. The K-12 system is also in need of major structural reform. Third, expanded learning opportunities in summer and afterschool also fall short of reaching all the children and families that need them.

The component parts of the state's education system need to be linked so that they work together more seamlessly and efficiently in supporting children's learning and development. Better monitoring and information sharing will enable the early identification of factors known to undermine educational success—such as failing to meet key achievement milestones or missing too much school—and allow for prompt and coordinated interventions. With more robust data, the state can do a better job supporting children and ensuring that all children reach their full potential.

EARLY LEARNING & DEVELOPMENT



: Grade

The care and early learning opportunities children receive during their first five years need to be of the highest quality.

OVERVIEW

The early years of children's development are uniquely formative. During this crucial period, rapid brain growth occurs and important bonds with caregivers are formed. Supporting children's socio-emotional and cognitive development² during this time influences the degree to which they will be prepared for kindergarten and a lifetime of learning. Children who fall behind in this stage of their development often struggle academically and fail to catch up throughout their K-12 education.³

The care and early learning opportunities children receive during their first five years need to be of the highest quality. Effective early care and education supports children in each of the major developmental domains by optimizing their physical activity and growth, fostering nurturing relationships, supporting social development, providing high-quality nutrition, and delivering developmentally-appropriate learning opportunities.

Too few California children are getting the high-quality early learning and development support they need: high cost⁴ and limited capacity often put it out of reach. While publicly subsidized programs are available, waiting lists are prohibitively long, with only a small percentage of eligible children actually receiving care.⁵ To make matters worse, parents often find themselves unable to discern the quality of early learning programs. The development of a uniform quality rating system and an early learning data system connected to K-12 would greatly benefit parents, providers, teachers and policymakers in their efforts to foster children's success. Additionally, a range of tools, including kindergarten readiness observation assessment, could be utilized to support young children's early learning, their transition to kindergarten and their success throughout elementary school.

Unfortunately, California's budget woes are undermining efforts to improve children's access to quality early learning programs. The budget delay in 2010, which lasted 100 days, forced some providers to close their doors permanently, leaving families scrambling to find safe places for their children to receive care. When the budget was finally completed, it had cut early learning and development by \$600 million—a major setback that affects the state's youngest and most vulnerable population.

Among these cuts, the deepest was Gov. Schwarzenegger's elimination of child care funding for families who have successfully transitioned off CalWORKs cash assistance (\$256 million). As a result, up to 56,000 children may be without care.⁶ The Legis-

EARLY LEARNING & DEVELOPMENT

lature also made its own cuts, which will hurt efforts to improve the quality of the state's early learning programs. These include reductions to quality improvement initiatives and the new Early Learning Advisory Council, whose purpose is to improve the quality, availability and coordination of children's services, from birth to school entry. Congress is also debating whether it should maintain federal investments in early learning. If it decides to discontinue the current level of federal funding, California may make further cuts to early learning, thereby negatively impacting thousands more children. These cuts will end up costing the state far more in the long term, due to greatly decreased opportunities for improving young children's school readiness and their ability to achieve academically.



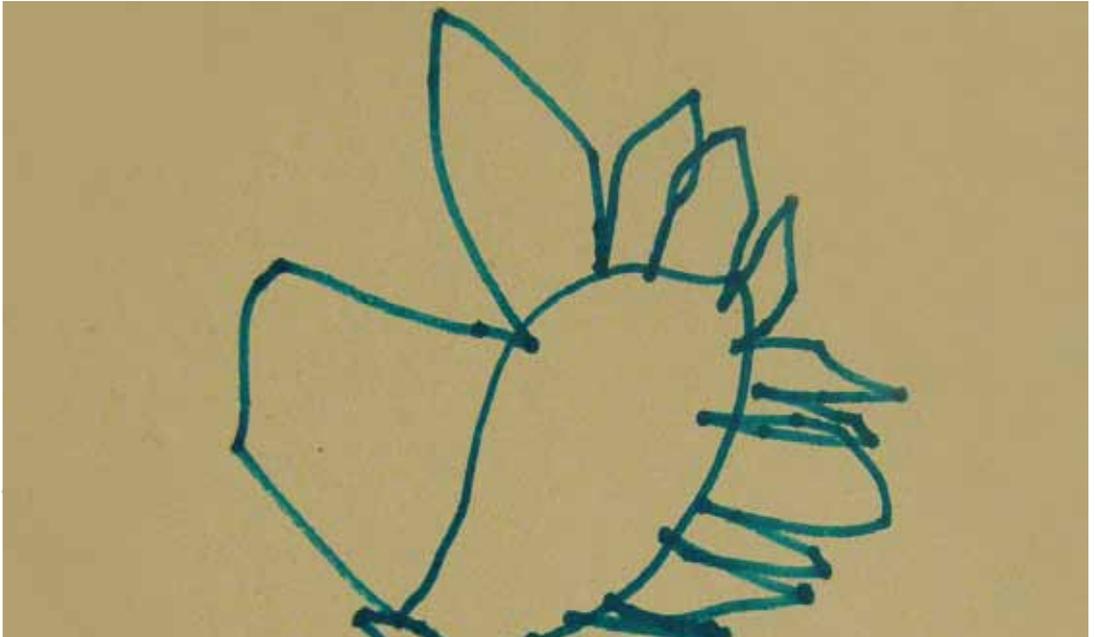
Cuts to early learning will end up costing the state far more in the long term, due to greatly decreased opportunities for improving young children's school readiness and their ability to achieve academically.

EARLY LEARNING & DEVELOPMENT

FACTS & FIGURES

California's Youngest Children

- More than 500,000 infants are born in California every year.⁷
- California is home to 3.2 million young children, ages 0-5.⁸
- California's zero-to-five population is ethnically and racially diverse: 53% are Latino, 28% are white, 10% are Asian and 6% are African American.⁹
- In California, 694,000¹⁰ (22%) children, ages five and younger, live in poverty.¹¹ Nearly 1.4 million (45%) live in low-income families (below 200% of the federal poverty level, or \$44,100 annually for a family of four).¹²
- Over one-third (39%) of California's zero-to-five population live in families where the most knowledgeable adult does not speak English well.¹³



85% of children's core brain structure is developed by age four, providing the foundation for their future health, academic success, and social and emotional well-being.

EARLY LEARNING & DEVELOPMENT

Benefits of Early Learning & Development

- Children's early experiences impact their future development and school readiness.¹⁴ The early years are when the brain grows the most: 85% of children's core brain structure is developed by age four, providing the foundation for their future health, academic success, and social and emotional well-being.¹⁵
- Socio-economic factors are evident in school-readiness. When entering kindergarten, the average cognitive score of the nation's most affluent children is 60% higher than that of the nation's poorest children.¹⁶
- By age three, children in more affluent families will have heard 30 million more words, on average, than children in low-income families.¹⁷ This difference is likely to contribute to future achievement gaps, as children's vocabulary development by age three has been shown to predict school achievement in third grade.¹⁸
- High-quality preschool generates about \$7 for every \$1 spent, yielding government savings on welfare, education and criminal justice, as well as increased earnings for participants.¹⁹
- Children who attended higher quality kindergartens, as measured by overall class test scores, have higher college attendance and are more likely to earn more at age 27.²⁰

California is the nation's fifth least affordable state for center-based infant care.

Affordability of Early Learning & Development Opportunities

- The average annual cost of care for an infant in licensed family child care in California is \$7,937, and \$11,850 in a licensed center. The average annual cost of providing licensed center-based care for a preschooler is \$8,234.²¹
- California is the nation's fifth least affordable state for center-based infant care, with the cost of care representing more than 40% of the median income for a single-parent household.²²
- Considering the average cost of licensed family infant care is \$153 per week,²³ a California parent making minimum wage and working forty hours a week (earning \$320 a week)²⁴ would use almost half of their income for childcare, leaving roughly \$170 a week for all other necessities such as food, shelter and transportation.

Access to Quality Early Learning & Development Opportunities

- Child care centers in the state are routinely inspected once every five years, unlike those in the majority of other states, where visits, on average, are once a year. One likely cause of this problem is the ratio of centers to child care licensing staff, which is 229:1.²⁵

EARLY LEARNING & DEVELOPMENT

Latino children are the least likely among the racial/ethnic groups to attend preschool.

- In 2009, licensed child care was available to only 27% of children with working parents.²⁶
- 11% of the state's 3-year-olds and 24% of the state's 4-year-olds are enrolled in state preschool or Head Start programs.²⁷ Still, just 40% of eligible 3- and 4-year-olds are enrolled in publicly-subsidized preschool programs.²⁸ When combining public and private enrollment, it is estimated that 51% of California's 3- and 4-year-olds are enrolled in preschool or nursery school, up from 43% in 2001.²⁹
- Latino children are the least likely among the racial/ethnic groups to attend preschool.³⁰ This national trend is also evident in California, where only 42% of Latino children attend preschool, compared to 60% of white, 56% of Asian and 53% of African American children.³¹
- Only 8% of eligible children, ages 0-2, are enrolled in publicly-subsidized early learning programs in California.³²
- The average number of California children, ages 0-13, served each month by federal Child Care and Development Block Grant funding was cut nearly in half between 2001 (202,000 served) and 2008 (104,900 served). Roughly 60% of those children affected were ages five and younger.³³
- Among the nearly 200,000 eligible children on county waiting lists for child care assistance, 34% (66,059) are ages 0-2 and 43% (83,078) are ages 3-5. Only 23% (45,343) are ages 6 and older.³⁴

Coordinated and Integrated Early Learning & Development System

- California's early learning and development system is a web of state and local programs that provide services that are financed through a combination of federal, state and local funding sources.³⁵
- Three state agencies oversee approximately 26 early learning programs. The California Department of Education (CDE) is the primary state agency responsible for program administration. The two other agencies are the California Department of Social Services and California Department of Developmental Services.³⁶
- In addition to state agencies, First 5 California, the 58 First 5 county commissions, and a number of local agencies funded by Head Start and Early Head Start provide comprehensive early childhood services to children birth to age five. They coordinate education, child care, health and other important services for young children.³⁷
- CDE's Child Development Division (CDD) serves over 500,000 low-income children each year through its contracts with nearly 800 public and private agencies.³⁸ The children range in age, from birth through age 12, or up to age 21 for those with exceptional need.³⁹

EARLY LEARNING & DEVELOPMENT

- 48% of children served through CDD are under age six.⁴⁰
- CDD administers 37 early learning quality improvement and professional development initiatives aimed at improving California's early learning and development system.⁴¹
- First launched in California in 1998, the Nurse-Family Partnership®, an evidence-based home visitation model, serves more than 8,400 families in eleven California counties.⁴²

Transition from Early Learning & Development to K-12

- California received \$1.8 million in federal funding to plan an Early Care and Education data system that would connect with K-12. Early learning data is essential for quality assessments. It also helps teachers and providers identify additional supports and services that some children may need.
- SB 1381 (Simitian) pushes the kindergarten cut-off date back from December 2 to September 2 to ensure all children who enter kindergarten are at least five years old. For children born between September 2 and December 2, a “transitional kindergarten” year will be established.
- Children in low-income families typically enter kindergarten 12-14 months behind the national average in pre-reading and language skills, demonstrating the fact that disparities in children's developmental outcomes widen throughout early childhood.⁴³
- Approximately 40% of kindergartners in California are English learners.⁴⁴ Only 11% of students originally designated as English learners are re-designated Fluent English Proficient (FEP), indicating they have met district criteria for English proficiency.⁴⁵
- Kindergartners who enter school behind are likely to remain behind as they move through the education system.⁴⁶ Early gaps in school readiness that are evident in kindergarten are mirrored in third grade standardized test results.⁴⁷
- Kindergarten readiness data has been collected in several California counties so that parents, teachers, administrators and policymakers can better address the needs of children as they enter school and move through the early grades.

Children in low-income families typically enter kindergarten 12-14 months behind the national average in pre-reading and language skills.



K-12

: Grade

OVERVIEW

California's public K-12 education system comprises roughly 9,900 schools⁴⁸ in 1,043 districts⁴⁹ and serves approximately 6.2 million students.⁵⁰ These students represent California's future, determining the state's economic and civic stability, or lack thereof. California's well-being depends on its public education system's ability to provide each child a solid academic foundation, including the skills and knowledge necessary for success in the 21st century.

California's K-12 system, unfortunately, is failing far too many children. One out of every two students is below proficient in English Language Arts; 54% are below proficient in mathematics; and 64% are below proficient in science. Additionally, approximately one-fifth of California's students fail to graduate from high school.⁵¹

The opportunity and financial costs of such failings are staggering. The cost of 120,000 high school dropouts is estimated to be \$46.4 billion in total economic losses.⁵² Although California has helped lead the nation in setting standards for what children should learn in K-12, the state's own academic achievement goals remain woefully unmet.

A dangerous and persistent achievement gap also continues to widen. Latino and African American students, economically disadvantaged students and other vulnerable youth, such as those in foster care, are much more likely to lag behind their peers in school.^{53, 54} These students often lack sufficient support from an early age. By third grade, Latino⁵⁵ and African American⁵⁶ students are half as likely as Asian⁵⁷ and white⁵⁸ students to score proficient or advanced on the English Language Arts portion of the California Standardized Testing and Reporting (STAR) test. They also are more likely to drop out.⁵⁹ This pattern is echoed across the country. Collectively, the achievement gap that exists among various racial and ethnic groups has been likened to "a permanent national recession," costing the nation between \$310 billion and \$525 billion each year.⁶⁰

At the same time, California schools continue to be chronically underfunded;^{61, 62} 2010-11 funding for education is estimated to be \$4.1 billion below the "minimum constitutional guarantee" approved by voters.⁶³

The cost of 120,000 high school dropouts is estimated to be \$46.4 billion in total economic losses.

K-12 enrollment

- California's public schools serve 6.2 million students⁶⁴ in 1,043 districts.⁶⁵
- California students are racially and ethnically diverse. For the first time ever, the majority of California's K-12 students are Latino (50%), while 27% are white, 9% are Asian, 7% are African American, 3% are Filipino, 2% are non-disclosed, 2% are two or more races, 1% are Native American and 1% are Pacific Islander.⁶⁶

FACTS & FIGURES

K-12 Funding

- California ranks near last among the 50 states on a number of measures of education spending. In per pupil spending that is adjusted for cost of living, California ranks 44th.⁶⁷
- Education spending as a percentage of personal income is the broadest gauge of a state's economy and the resources available to support public services, and the state ranks 46th, spending 3% of its personal income on K-12 education in 2008-09 compared to a national average of 4%.⁶⁸
- While state funds for K-12 increased slightly to \$49.7 billion in 2010-11, from \$49.5 billion in 2009-10, it still fell \$4.1 billion short of the



For the first time ever, the majority of California's K-12 students are Latino.

K-12

state's "minimum constitutional guarantee" for K-14 spending. The 2010-11 budget also includes a delayed payment of \$1.7 billion.⁶⁹

- Gov. Schwarzenegger used his line-item veto authority to cut \$133 million in general fund support for mandated mental health services for special education students. Despite the cut and given the tremendous need among these students, \$76 million in federal funds will continue to be allocated by the California Department of Education (CDE) for continued mental health services for special education students.⁷⁰
- It is estimated that 48% of districts have made cuts to art, music and drama programs in 2008-09 and 2009-10.⁷¹ Art programs play an important role in education, particularly for at-risk youth. For these students, art programs have been shown to increase school engagement,⁷² prevent dropout,⁷³ reduce risky behaviors,⁷⁴ and improve academic achievement.⁷⁵
- This year, two legal cases—the Campaign for Quality Education v. California and Robles-Wong v. California—have challenged the constitutionality of the state's school finance system. These lawsuits



Latino and African American students, economically disadvantaged students and other vulnerable youth, such as those in foster care, are much more likely to lag behind their peers in school.

claim that the state is violating California's Constitution by failing to provide low-income and minority students with a meaningful education that prepares them for civic engagement and success in the 21st century.⁷⁶

Using Data to Promote 21st Century Instruction & Learning

- California is working towards a comprehensive student information system to improve instruction. Once implemented, this system will enable all education stakeholders to understand and react to the myriad factors that impact children's academic achievement.
- California has made significant progress in attaining eight of ten "essential elements" needed to develop a robust, longitudinal data system that can follow student progress over time, from early childhood through 12th grade and into postsecondary education as identified by the Data Quality Campaign, a national, collaborative effort to encourage and support state policymakers to increase the availability and use of high-quality education data to improve student achievement. According to 2009-10 survey results, 12 states have attained all ten of these elements.
- California meets only three of 12 data system requirements outlined in the American Recovery and Reinvestment Act (ARRA) that are needed to be competitive for Race to the Top grants. These requirements, first established by the America COMPETES Act of 2007, are more expansive because they require states to create a P-16 longitudinal data system with stronger linkages between preschool, K-12 and higher education data.
- SB 19 (Simitian) establishes strong principles for a P-16 student data system, removing barriers for using student achievement data to evaluate teachers and principals, and making California eligible for federal competitive grant programs.
- SBX5 2 (Simitian) establishes a process toward ensuring student data is accessible to bona fide researchers while protecting student privacy.
- California retrenched its efforts to implement a comprehensive data system due to budget cuts. Gov. Schwarzenegger eliminated \$6.4 million in federal funding for the development activities of the California Longitudinal Pupil Achievement Data System (CALPADS) and California Longitudinal Teacher Integrated Data Education System (CALTIDES). Additionally, \$3.9 million was cut from the development and implementation of remaining functionality planned for 2010-11. These funds would also have provided service support and training to school districts.

Once implemented, California's data system will enable all education stakeholders to understand and react to the myriad factors that impact children's academic achievement.

K-12

In 2009,
California ranked
47th out of the
50 states in
eighth grade
mathematics.

Achievement and Readiness: Progressing Through K-12

- Critical benchmarks in K-12 can provide essential information about students' progress as they move through the education system. Enrolling in kindergarten with the necessary social, cognitive and academic skills marks the foundation for a smooth transition to schooling and places children on track for academic success.⁷⁷ Third grade reading is a key indicator for future academic success, because third grade marks the shift from when children are learning to read to when they are reading to learn.⁷⁸ Eighth grade enrollment in Algebra I is another key milestone, as it enables enrollment in upper level math courses in high school.⁷⁹ Failure to pass the California High School Exit Exam (CAHSEE), a requirement for graduation, in tenth grade may be an indication that a student is at risk of failing to graduate. Among seniors who fail to pass the CAHSEE, 40% re-take the exam as repeat high school or adult education students, and less than one-quarter pass the exam within a year.⁸⁰
- SB 1357 (Steinberg) addresses the need to identify struggling students early by using predictive indicators like chronic absence. It defines chronic absence and supports the development of an early warning system, which would identify and assist students at risk of academic failure or dropping out of school. It also lays the groundwork for the inclusion of student attendance data in CALPADS.

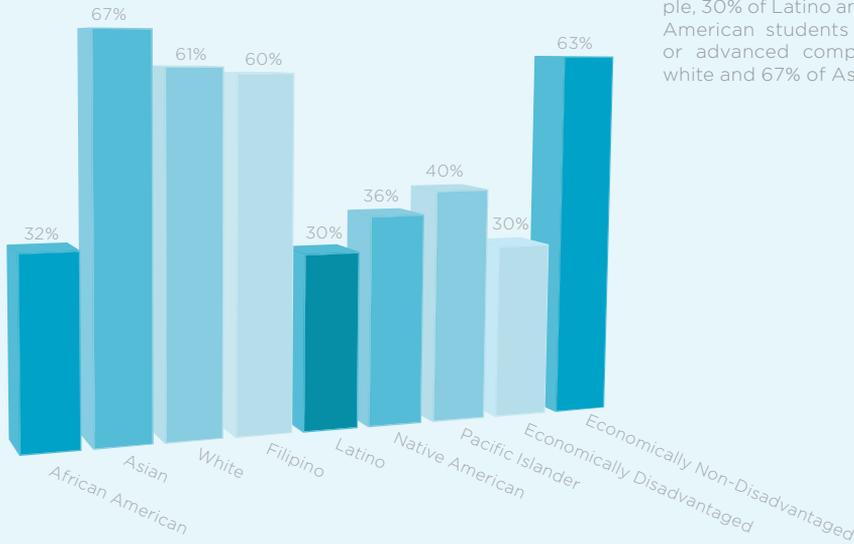
From Learning to Read, to Reading to Learn: 3rd and 4th Grade Achievement

- California is falling behind in early reading skills. In 2009, the state ranked 49th out of the 50 states in fourth grade reading:⁸¹ only 24% of students scored at or above proficient.⁸²
- Racial/ethnic disparities in student achievement are evident in third grade STAR English Language Arts scores. 30% of Latino students,⁸³ 32% of African American students,⁸⁴ 61% of white students⁸⁵ and 67% of Asian students⁸⁶ score proficient or advanced.
- Economically non-disadvantaged students are much more likely to perform well on the STAR test. 63% of economically non-disadvantaged third-graders are proficient or advanced in English Language Arts compared to 30% of economically disadvantaged third-graders.⁸⁷

The Inflection Point: Eighth Grade Achievement as a Precursor Towards Advanced Math

- In 2009, California ranked 47th out of the 50 states in eighth grade mathematics.⁸⁸

RACIAL AND INCOME DISPARITIES IN THIRD GRADE READING
(BY PERCENTAGE WHO ARE PROFICIENT OR ABOVE ON STAR)



Disparities in student achievement are evident in third grade STAR English Language Arts scores. For example, 30% of Latino and 32% of African American students score proficient or advanced compared to 61% of white and 67% of Asian students.

- In 2003, 34% of the state's eighth-graders were enrolled in Algebra I or a higher-level math class.⁸⁹ By 2010, that percentage had increased to 62%.⁹⁰
- 46% of eighth-graders enrolled in Algebra I scored proficient or advanced on STAR's Algebra I, but significant racial/ethnic disparities underlie that percentage. Only 29% of African American and 35% of Latino students scored proficient or advanced compared to 58% of white and 76% of Asian students.⁹¹

Progressing Toward High School Graduation: California High School Exit Exam (CAHSEE)

- 81% of California's tenth-graders passed the English Language Arts section of the CAHSEE in the 2009-10 school year.⁹² While this is a 4% increase from 2006,⁹³ over 92,972 students still fail this section as first-time test-takers.⁹⁴
- While the percentage of California's tenth-graders who passed the Mathematics section of the CAHSEE has increased from 76% in 2006⁹⁵ to 81% in 2010, many students continue to fall behind. Only 74% of Latino students and 67% of African American students passed the Mathematics section in 2010.⁹⁶

K-12

Each year, the state incurs \$1.1 billion in costs associated with crime committed by high school dropouts.

- Approximately 95% of the graduating class of 2010 passed both the English Language Arts and Mathematics portions of the CAHSEE.⁹⁷ CAHSEE requires only ninth grade math and tenth grade English proficiency, so passing the test is not equivalent to being fully prepared for postsecondary education.⁹⁸

California's High School Dropouts

- In one study, 75% of sixth graders who received an F as a final grade in mathematics or English, missed 20% or more of the school year, or received a final "unsatisfactory" behavior mark in at least one class dropped out of school by the 12th grade.⁹⁹
- Regular attendance is a clear indicator for high school graduation. In the Los Angeles Unified School District, only 17% to 24% of chronically absent ninth-graders (who had missed 10% or more of the school year) eventually graduated from high school.¹⁰⁰
- Approximately one in five (22%) California students dropped out by 12th grade in the 2008-09 school year.¹⁰¹ Each year, the state incurs \$1.1 billion in costs associated with crime committed by high school dropouts.¹⁰²
- The four-year dropout rate is 37% for African Americans, 30% for Native Americans, 27% for Latinos, 25% for Pacific Islanders, 14% for whites, 11% for Filipinos and 10% for Asians.¹⁰³
- California ranks 16th out of the 50 states in the percentage of teens, ages 16-19, who are neither working nor attending school (8%).¹⁰⁴

College, Career and Civic Readiness

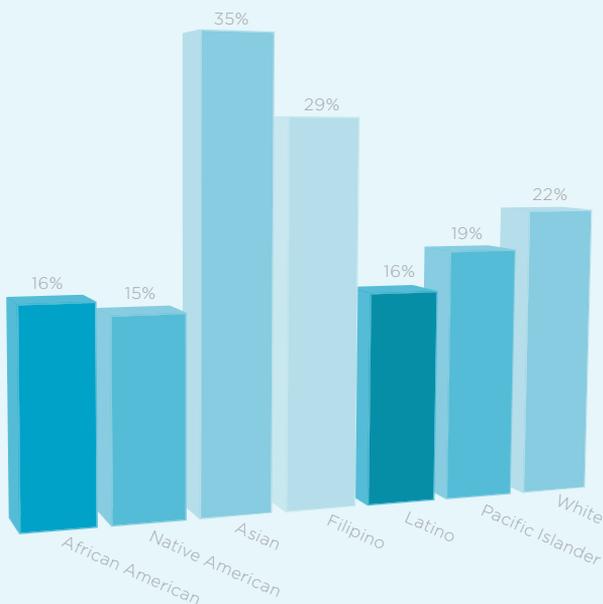
- California spends \$1.4 billion a year on remediation for recent high school graduates.¹⁰⁵
- In 2009, 34% of California's high school graduates had completed the course requirements for the University of California (UC) and California State University (CSU) systems.¹⁰⁶ Approximately 35% of California's 12th-graders also took the SAT, another requirement.¹⁰⁷
- Among California's high school graduates, 23% of African Americans, 23% of Latinos, 40% of whites and 59% of Asians completed the coursework to qualify for the state's post-secondary education system.¹⁰⁸
- Academically and economically underprivileged students are less likely than privileged students to receive learning opportunities that promote democratic participation, thus exacerbating civic inequities.¹⁰⁹

- In 2010, 21% of 11th-graders who took CSU's Early Assessment Program (EAP) English test were deemed ready for college—a 5% increase from 2009.¹¹⁰
- Budget cuts have led to lower in-state acceptance rates into the UC system. Despite increases in the number of applicants in the last two years, acceptance rates have dropped nearly 4%.¹¹¹

Science, Technology, Engineering and Math (STEM) in 21st Century Instruction & Learning

- Nine out of the ten fastest-growing occupations require at least a bachelor's degree and significant training in math or science.¹¹² Consequently, children need to develop math and science skills from an early age to be prepared for the future job market.
- Despite growing demand for math training, only 54% of California's tenth-graders who took the CAHSEE in 2009-10 scored proficient or above in mathematics,¹¹³ indicating a significant proportion of them are not meeting the state's benchmark in math.
- Gender plays a role in students' interest and confidence in science and math, starting in middle school and continuing into adulthood. In middle school, girls show less interest and confidence in math and

CALIFORNIA STUDENTS ENROLLED IN UPPER LEVEL SCIENCE COURSES (GRADES 9-12, 2008-09)



In 2008-09, only 20% of California's high school students were enrolled in upper level science courses. Among those enrolled, racial/ethnic disparities are evident. For example, only 16% of Latino and African American students were enrolled in advanced placement science courses compared to 22% of white, 29% of Filipino and 35% of Asian students.

K-12

Nine out of the ten fastest-growing occupations require at least a bachelor's degree and significant training in math or science.

science than boys.¹¹⁴ Despite similar levels of math achievement,^{115,116} only 15% of female college freshman students plan to major in a STEM-related field compared to 29% of male college freshman.¹¹⁷

- In 2008-09, only 20% of California's high school students were enrolled in upper level science courses. Among those enrolled, racial/ethnic disparities are evident. Only 16% of Latino and African American students were enrolled in advanced placement science courses compared to 22% of white, 29% of Filipino and 35% of Asian students.¹¹⁸

Technology in 21st Century Instruction & Learning

- Incorporating Web 2.0 tools such as blogs, podcasts, wikis and comic-creating software into teaching has been linked to improvements in students' writing and thinking skills.¹¹⁹
- Technology provides a scaleable means of individualizing learning. In San Jose, a national nonprofit elementary charter school network called Rocketship Education customizes student learning by ensuring elementary students spend 20% of their day working independently online.¹²⁰
- New technologies have become an integral part of student learning in higher education. Advances such as integrated mobile computing in campus instruction and the use of open content, which makes coursework available completely online, are projected to become more accessible within the next year. Other technologies, such as electronic books, are becoming increasingly prevalent.¹²¹

School Staffing: The Driving Factor in Student Success

- Quality teacher training that responds to current, evidence-based research is crucial to offering the best learning environment for students. Social and emotional learning incorporated into instructional strategies increases achievement and positive classroom behavior.¹²²
- 23% of new teachers in the U.S. graduated in the top third of their college class, whereas only 14% of new teachers in high poverty schools graduated in the top third of their college class.¹²³
- Low-income children in the nation's schools have only a 10% chance of experiencing high-quality instruction throughout their critical years in elementary school.¹²⁴
- Reed v. State of California, filed February 2010 in Los Angeles Superior Court, argued that schools serving low-income, ethnic minority students were disproportionately affected by teacher layoffs through the "last hired, first fired" district-level seniority system. In a settlement agreement, Los Angeles Unified School District agreed to exclude up to 45 schools that demonstrate academic growth from the

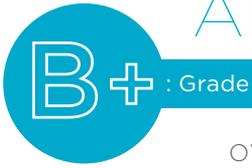
“last hired, first fired” system. The settlement also provides arrangements for targeted schools to develop retention incentive programs for teachers and administrators who agree to remain at the school site for a specified number of years and contribute to the school’s academic growth.¹²⁵

- In a survey of local educational agencies (LEAs), which represent 26% of California’s K-12 students, nearly one-third (32%) report that they had cut teachers during the 2008-09 and 2009-10 school years.¹²⁶
- In 2009-10, California classrooms had 7.5 more students per teacher than the rest of the nation – the largest gap in over a decade.¹²⁷ The average class size in California is 25 students.¹²⁸
- Only 17% of the state’s schools have a school nurse or school health center,¹²⁹ which indicates that the majority do not have medical professionals readily available to assist them with ailments, such as asthma and juvenile diabetes.

Educating Foster Care Youth

- Students across grade levels with a history of foster care placement perform 16 to 20 percentile points below students who are not in foster care.¹³⁰ Roughly 40,000 of California’s children, ages 6-17, are in the foster care system.¹³¹
- Foster youth often experience instability at home and in school. Two-thirds of children in California, who have been in foster care at least 24 months, have changed home placements three or more times.¹³² Over one-third of young adults in the U.S. who have aged out of foster care report having changed schools at least five times.¹³³
- Educational attainment among youth in foster care is low. Only 54% of California’s children who age out of foster care complete high school. While 70% of them hope to go to college,¹³⁴ less than 3% go on to earn a four-year degree.¹³⁵

AFTERSCHOOL



OVERVIEW

Afterschool and summer programs provide access to expanded learning opportunities that are necessary for success: safe and enriching environments outside of school, academic assistance, and connections to caring adults. High-quality programs also offer hands-on, inquiry-based and collaborative learning experiences. California is a national leader in state-funded afterschool programs, with the After School Education and Safety (ASES) Program serving over 300,000 children every school day in more than 4,000 schools across the state. ASES reaches 80% of the state's low-income schools.

Afterschool programs are known to positively impact student achievement,¹³⁶ increase school attendance rates¹³⁷ and decrease dropout rates.¹³⁸ Students in afterschool programs also are less likely to become involved in criminal activity,¹³⁹ due in part to the adult supervision they receive during the hours of 3:00-6:00 p.m., when many parents are still at work. Additionally, high-quality afterschool programs encourage healthy habits by increasing physical activity and emphasizing good nutrition.¹⁴⁰

California is a national leader in providing afterschool programs, but many schools still do not offer afterschool opportunities. Additionally, while most programs provide adequate support for their students, there remains a need to continually improve quality. Increasingly, the highest quality afterschool programs are integrating more seamlessly with the traditional school day to successfully support student learning and achievement and to provide meaningful, engaging enrichment activities. As such, afterschool and K-12 have more room for growth and collaboration.

There is also growing awareness of the need to provide continued access to learning and enrichment programs during the summer in order to stem "summer learning loss," a significant factor in the achievement gap. Across the state, communities are building on their existing afterschool programs to offer summer opportunities, which incorporate academics and enrichment, with an emphasis on active learning, literacy, out-of-doors experiences and nutrition.

A number of teacher pipeline models across the state place aspiring teachers in afterschool programs while they are pursuing their undergraduate degree and teaching credential. By placing college students on the path to a teaching credential in afterschool programs, they are more likely to gain practical experience that

81% of adolescents in high-quality afterschool programs report they do not participate in risky behaviors.

AFTERSCHOOL

will allow them to enter the teaching workforce with increased confidence and a higher skill level.

Benefits of Afterschool to Academic Achievement and Attainment

FACTS & FIGURES

- Students who attend afterschool programs regularly are likely to show improvements in academic achievement and are less likely to drop out of school.¹⁴¹
- Art, music, theatre and dance contribute to student learning and achievement.¹⁴² Increasingly, afterschool programs are one of the few places that offer these opportunities, due to dwindling resources and time in the traditional school day.¹⁴³
- Afterschool programs can target students' specific needs by offering them the assistance necessary to make improvements. For example, students involved in a literacy support program in the Central Valley showed substantial academic gains after their first year. At the beginning of the academic year, 15% were reading at grade level. By the end of the year, nearly 50% were reading at grade level and half had improved by at least one full grade level.¹⁴⁴ Additionally, English learners who attended the program were three times as likely to be reclassified as fluent in English as other students in the region.¹⁴⁵
- Project-based learning and learning that builds upon children's personal experiences enhances classroom learning. High-quality afterschool programs often incorporate these learning strategies, increasing students' mastery of skills and knowledge.¹⁴⁶
- Students who attend afterschool programs regularly see significant increases in their standardized test scores and are less likely to repeat grades.¹⁴⁷

Benefits of Afterschool to Health

- Afterschool programs that employ evidence-based strategies to improve students' personal and social development offer many benefits for children, including increased self-esteem and improved social and academic skills.¹⁴⁸
- Problem behavior (e.g., noncompliance, aggression and delinquency) and drug use are significantly reduced among children who attend afterschool programs.¹⁴⁹
- Afterschool programs can offer a unique intervention to improve children's health: they can encourage healthy behaviors by providing nutritious snacks and physical activities.¹⁵⁰

Benefits of Afterschool to Safety

- The hours between 3:00 p.m. and 6:00 p.m. are the peak time for

AFTERSCHOOL

For every \$1 spent on afterschool programs, between \$5 and \$7 is generated in public savings.

juvenile crime to occur in California.¹⁵¹ Afterschool programs provide children adult supervision and keep them off the streets and away from negative peer influences.¹⁵²

- 81% of adolescents in high-quality afterschool programs report they do not participate in risky behaviors, compared to 66% of adolescents who do not participate in an afterschool program.¹⁵³
- Students involved in Bayview Safe Haven, a San Francisco afterschool program for at-risk children, ages 10-17, are less likely to be suspended—even if they have a history of suspension. They also are less likely to be arrested in the period following their involvement than their peers who do not attend the program.¹⁵⁴
- Students involved in LA's BEST, a Los Angeles afterschool program, are 30% less likely to be involved in criminal activities than students who do not attend the program.¹⁵⁵

Benefits of Afterschool to Economic Development

- Afterschool programs serve an import role in California's current and future economy. They provide jobs for afterschool workers, allow parents to work, cut costs associated with juvenile crime, train children in job skills, and provide children with community service and leadership opportunities.¹⁵⁶
- Parents whose children are not in an afterschool program miss an average of eight days of work per year compared to three days for parents whose children are in an afterschool program.¹⁵⁷ Decreased worker productivity related to parental concerns about afterschool care costs California businesses up to \$300 billion a year.¹⁵⁸
- Nearly 80% of families who are wait-listed for subsidized afterschool programs report needing care because of current or prospective employment.¹⁵⁹
- California loses \$46 billion each year due to high school dropouts, through increased crime, welfare and health expenditures, and decreased earnings and taxes associated with dropping out.¹⁶⁰ Afterschool programs are linked to improved academic achievement and fewer dropouts.¹⁶¹ They also play a critical role in cutting costs associated with poor academic outcomes.
- For every \$1 spent on afterschool programs, between \$5 and \$7 is generated in public savings.¹⁶²

Need for Afterschool

- Over 7 million children in the U.S. lack adult supervision during after school hours. Throughout California, 53% of fifth- and seventh-graders are regularly supervised after school. However, this average varies across counties with children in Trinity County (35%) least

AFTERSCHOOL

likely to be regularly supervised and children in San Francisco and Fresno counties (58%) most likely to have regular supervision.¹⁶³

- Approximately 328,752 elementary, 84,668 middle school and 60,790 high school students participate in state-funded afterschool programs.¹⁶⁴ This is a 4% decrease from 2008 to 2009.¹⁶⁵ More than half of state-funded afterschool programs have waiting lists.¹⁶⁶
- 36% of California's children, who are not in an afterschool program, would likely participate if one were available in their community.¹⁶⁷

Summer Learning and Enrichment Programs

- Approximately 1.8 million children (27%) in California participate in summer learning programs. Among parents whose children do not participate in such programs, 66% of them report that they are interested in enrolling their child in the future.¹⁶⁸
- Parents consistently cite summer as the most difficult time to ensure their children have productive things to do. Lack of high-quality affordable programs, however, keep enrollment for summer programs low.¹⁶⁹
- Summer is a crucial time in supporting children's education,¹⁷⁰ health¹⁷¹ and safety.¹⁷² Summer learning and enrichment programs offer structured, supervised time where children and adolescents are able to build on what they learned during the school year and develop new skills.
- Students lose an average of one month of learning over summer recess. Children from low-income families are especially vulnerable to this learning loss, especially in reading and language arts.¹⁷³ Summer learning loss accounts for roughly two-thirds of the achievement gap between income groups.¹⁷⁴
- Summer learning opportunities can be particularly important to children who are at high risk of becoming obese, because they are more likely to gain weight during summer than during the school year.¹⁷⁵

Afterschool programs struggle to retain staff at every level, which often results in poor continuity with respect to program goals and relationships with children and collaborating agencies.

Afterschool Workforce

- Afterschool programs employ roughly 140,000 people in California. Nearly 80% of them work part-time.¹⁷⁶
- Staff turnover is a critical threat to sustaining supportive relationships. Program operators struggle to retain staff at every level, which often results in poor continuity with respect to program goals and relationships with children and collaborating agencies.¹⁷⁷
- While afterschool programs have a high rate of job satisfaction among teen workers (80%), low wages are a barrier to retention.¹⁷⁸



HEALTH

Health Coverage | Oral Health | Asthma | Mental Health | Infant Health | Adolescent Health

INTRODUCTION

Health is the foundation of every child’s physical, emotional, cognitive and social development. Poor health undermines development in all of these areas and jeopardizes children’s futures.

California is at a crossroads on children’s health. The economy has deeply strained the health care system. Parents are losing job-based coverage for themselves and their children in record numbers. The state has also made shortsighted budget cuts to numerous preventive and safety net health programs for children. Prior to the recession, however, California was making good progress toward improving children’s health. And now, despite the ongoing state budget crisis, significant opportunities to leverage federal health care reform are available, requiring the state’s commitment to implement them effectively and improve children’s access to cost-effective preventive care.

Health is the foundation of every child’s physical, emotional, cognitive and social development.

The federal Patient Protection and Affordable Care Act (ACA) has already brought important changes to children’s health. As of September 2010, insurance companies can no longer deny coverage or treatment to children with pre-existing conditions. They can no longer drop coverage when children get sick. They must cover immunizations and other preventive health services for children at no extra cost, and they are required to allow young adults to stay on their parents’ insurance until age 26. Additionally, Healthy Families and Medi-Cal programs are protected by the new federal law. As long as the state chooses to participate in these programs, children enrolled will not lose coverage. The federal government pays for the vast majority of costs associated with these new benefits, and other competitive federal grants are also available to help California further improve its health care system.

The ACA could provide more improvements to children’s health in the future. Beginning in 2014, Californians will be able to buy health coverage through a new, affordable



California is at a crossroads on children's health.

marketplace called the California Health Benefit Exchange. New plans sold to individuals and small businesses will need to cover maternity and newborn care. Medi-Cal will be available to all U.S. citizens, up to 138% of the federal poverty level (roughly \$30,000 per year for a family of four). Enrollment processes for health coverage will be streamlined and modernized. Former foster youth will be able to keep their Medi-Cal coverage up to age 26. Additionally, California could qualify for federal funding for home visitation, school-based health centers and other programs which could help California catalyze its effort to improve children's access to complete care (including dental, vision and mental health services), and better address pervasive childhood issues, such as asthma, obesity and tooth decay.

With the signing of SB 900 (Alquist and Steinberg) and AB 1602 (Pérez) into law, California became the first state in the nation to establish a health benefit exchange under the new federal health care law. If the state's leadership stays focused, effective implementation of the exchange could ultimately expand health coverage to millions of Californians, paving the way for hundreds of thousands of uninsured children to access regular preventive care and improving the overall health and well-being of the state's children.

HEALTH COVERAGE

D+ : Grade

OVERVIEW

High-quality health coverage allows children to regularly access a comprehensive and affordable system of preventive and treatment services. When children receive regular care, doctors are better able to monitor developmental milestones and physical health, administer periodic screenings that allow for early intervention and better health outcomes, and provide standard immunizations to protect against serious diseases. When illness does arise, coverage allows children to get prompt and cost-effective treatment. In addition, children with coverage are more likely to reap the benefits of having a health home, a continuous source of care that is accessible, comprehensive, family-centered, coordinated with specialists and culturally competent.

California has seen its number of uninsured children increase by 40%, from 1.1 million in 2007 to 1.5 million in 2009.

Health outcomes for children without health insurance are far worse. Without coverage, children are 60% more likely to die during hospitalization.¹⁷⁹ That is due, in part, to a lack of preventive care and early treatment. Children without insurance receive care when an illness is more serious and, unfortunately, less treatable. Because health is a fundamental component of a child's overall well-being, poor health impacts other areas of their development. For example, children who lack health coverage also perform worse in school,¹⁸⁰ ultimately inhibiting their potential. Such negative outcomes, apart from being devastating to children and families, have real costs to Californians because delayed care increases the overall costs of health care.

California has a long way to go in providing affordable, high-quality coverage to children. The state has seen its number of uninsured children increase by 40%, from 1.1 million in 2007 to 1.5 million in 2009.¹⁸¹ Of California's uninsured children, nearly eight in ten (79%) are eligible for a public health coverage program, yet are not enrolled.¹⁸² Compounding the issue, employer-based coverage has been declining since 2000.¹⁸³ Only 47% of California's children receive insurance through their parents' employer.¹⁸⁴

Despite this negative direction in California, the federal Patient Protection and Affordable Care Act (ACA) provides new opportunities and funding to improve children's health coverage and access to regular preventive care. Seizing on the opportunities in the ACA, SB 900 (Alquist & Steinberg) and AB 1602 (Pérez) made California the first state in the nation to establish a health insurance exchange under the new federal health care law. California also enacted a number of other new laws to further align

HEALTH COVERAGE

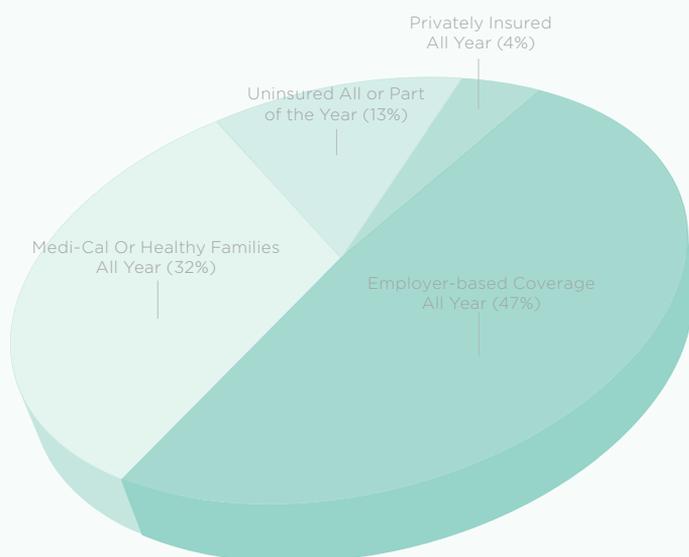
with and help lead ACA implementation. Additionally, California children will benefit from the federal government's "Connecting Kids to Coverage Challenge," which supports state and organizational efforts to do more to enroll eligible children.

California's Uninsured Children

- Following years of progress to provide health coverage to more low-income children, the state has slid backwards on many of its improvements, due in large part to budget cuts and the recession. An estimated 1.5 million California children were uninsured for at least part of 2009—a 40% increase over the 1.1 million children who were uninsured for at least part of 2007.¹⁸⁵
- Children are less likely to have health insurance in only nine other states aside from California.¹⁸⁶
- Nearly eight in ten (79%) of California's uninsured children are eligible for public health coverage of some kind; however, some local programs have waitlists.¹⁸⁷
- During 2007-09, when 400,000 California children lost their health coverage, the rate of California children covered by their parents' employer decreased from 52% to 47%.¹⁸⁸

FACTS & FIGURES

TYPES OF HEALTH COVERAGE



In 2009, 83% of California's children were covered by their parents' employer (47%), public programs such as Medi-Cal and Healthy Families (32%), or private insurance (4%). 13% (1.5 million) were uninsured. The remaining 4%, covered through other means such as local public programs, are not displayed.

HEALTH COVERAGE

Children's Public Health Coverage Programs in California

- Medi-Cal and Healthy Families are lifelines for California families. Together, these programs cover one in three (33%) California children.¹⁰⁹ Without these programs, many more children would be uninsured.
- The 2010-11 state budget cut county administration of Medi-Cal by \$54.8 million. Specifically, the state budget agreement includes a \$32.8 million cut, made worse by an additional \$22 million cut as a result of Gov. Schwarzenegger's line-item veto. Both cuts will have a substantial impact on county workforces.
- In 2010, due to federal requirements, California repealed burdensome paperwork requirements for children in Medi-Cal – Mid-Year Status Reports (MSRs), which would have required the renewal of children's Medi-Cal coverage every six months instead of annually. The repeal of MSRs ensures the continuation of annual renewals for children, which will help reduce gaps in coverage¹⁰⁰ and prevent unnecessary administrative costs.¹⁰¹



Together, Medi-Cal and Healthy Families cover one in three California children. Without these programs, many more children would be uninsured.

HEALTH COVERAGE

- In spite of record need, due to the economic downturn and parents losing employer-based health coverage, Healthy Families enrollment dropped from 922,429 to 869,127 (decreasing more than 53,000) between July 2009 and 2010, in the year following a temporary enrollment freeze.¹⁹²

Patient Protection and Affordable Care Act (ACA) Implementation in California

- SB 900 (Alquist and Steinberg) and AB 1602 (Pérez) were signed into law to establish the California Health Benefit Exchange, a key feature of the Patient Protection and Affordable Care Act (ACA). This new health insurance marketplace is designed to provide uninsured, and in some cases under-insured, individuals and small businesses access to affordable health coverage.
- When the newly created California Health Benefit Exchange becomes operational in 2014, an estimated 2.4¹⁹³ to 3.5¹⁹⁴ million Californians, including nearly one million children, will be eligible for federal subsidies through the Exchange, equal to an estimated value of about \$13.8 billion.¹⁹⁵ An additional 3.8 million small business employees and their dependents will also be eligible for coverage through the Exchange.¹⁹⁶
- AB 2244 (Feuer), enacted in September 2010, aligns state law with the ACA by prohibiting insurance companies from denying children coverage or treatments based on “pre-existing conditions.”
- SB 1088 (Price), enacted in September 2010, aligns state law with the ACA by requiring insurance companies to allow young adults to stay on their parents’ insurance as dependents until age 26.
- AB 2470 (De La Torre), enacted in September 2010, aligns state law with the ACA by prohibiting insurance companies from dropping coverage when a person becomes sick (a common practice called “rescission”).
- AB 1825 (De La Torre), which would have phased in maternity coverage as a basic benefit and aligned with the ACA requirement that all new health plans sold to individuals and small businesses cover maternity and newborn care beginning in 2014, was vetoed by Gov. Schwarzenegger.
- In California, Medi-Cal eligibility income thresholds vary depending on the age of the child. The ACA simplifies this eligibility system by expanding eligibility to U.S. citizens of all ages under 138% of the federal poverty level (roughly \$30,000 per year for a family of four) by 2014.

When the newly created California Health Benefit Exchange becomes operational in 2014, nearly one million children will be eligible for federal subsidies.

HEALTH COVERAGE



Only two states pay less per child in their Medicaid programs than California.

The Cost of Children's Health Coverage

- Since 2002, employer-sponsored health insurance premiums in California have risen by 118%. In 2009, the average employer-sponsored family plan in California cost \$13,525, with families paying about \$3,398 (25%) of the premium.¹⁹⁷
- In California, the average cost to cover a child in Medi-Cal is \$1,445 per year. Only two states (Louisiana and Wisconsin) pay less per child in their Medicaid programs. The cost is shared by federal and state governments.¹⁹⁸
- The Healthy Families Program, California's Children's Health Insurance Program (CHIP), provides health coverage at an average cost of \$1,250 per year per child, and the cost is shared by federal and state governments, as well as by family contributions.¹⁹⁹ For every \$1 the state invests in Healthy Families, the federal government contributes roughly \$2.
- Since February 2009, Healthy Families enrollees have seen their premiums increase by either 60% or 78%, depending on their annual income. Co-pays for certain services and prescriptions have also increased by 200% to 300%.

HEALTH COVERAGE

Access & Prevention

- For children between the ages of three and 21, preventive medical examinations are recommended once per year.²⁰⁰ Only 87% of California children receive a preventive medical visit each year, similar to the 89% national rate. Of those children, only 78% have an overall health status of “very good” or “excellent,” compared to 84% nationally. Uninsured children (76%) and children, ages 12-17, (78%) are least likely to receive preventive care.²⁰¹
- Only 50% of California children have health coverage that meets all components of a health home: a primary care model that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally effective. Nationally, 58% of children have a health home. Children are less likely to have a health home in only two other states (Nevada and New Mexico).²⁰²
- The ACA provides new opportunities for states to enhance access to care. For example, Medicaid demonstration projects will develop models to better deliver and effectively coordinate care for children. This law also allows pediatric medical providers to join together to form Accountable Care Organizations (ACOs), which would be held accountable for the cost and quality of care delivered to children. If designed properly, ACOs could provide many important features of a health home.
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a Medi-Cal benefit to help children maintain their physical and mental well-being. In 2007, California’s EPSDT participation rate was 43%, besting only Arkansas (25%), Wyoming (38%) and Mississippi (42%).²⁰³

ORAL HEALTH



: Grade

OVERVIEW

Oral health care is an essential part of children's overall health. Children need basic preventive care—fluoride applications, sealants, demonstrations of flossing and brushing, and cleanings—as well as early treatment when problems emerge. When children lack these basics, tooth and gum disease begins, and, if left untreated, can become painful and debilitating. As with many health conditions, tooth decay is progressive. Failure to obtain early care means small problems that might otherwise have been easily treated can lead to infection and other serious complications, or even become life-threatening.²⁰⁴

Thirteen rural counties do not have any dentists listed as a Medi-Cal provider.

The pain associated with poor oral health impacts other areas of children's development. It can interfere with children's sleep and lead to nutritional problems, due to difficulty eating. It can also hinder socio-emotional well-being, because of persistent pain as well as embarrassment. Additionally, children with mouth pain experience more difficulty paying attention in school, which affects their test performance and school attendance.²⁰⁵

Providing simple and affordable preventive care is enormously cost effective: \$1 in preventive care saves as much as \$50 in restorative and emergency care.²⁰⁶ Whereas a standard oral exam costs roughly \$60 in a dentist's office, an emergency room visit for dental care where treatment has been delayed averages \$172 and balloons to \$5,044 if hospitalization is needed.²⁰⁷

Additionally, oral health problems mean lost revenue for schools: California students miss an estimated 874,000 school days annually due to dental problems, and these absences cost local school districts approximately \$29.7 million.²⁰⁸

Unfortunately, too few children receive basic oral health care. Approximately 20% of California children under the age of 12 have never been to the dentist.²⁰⁹ Consequently, dental disease is one of the most significant unmet health needs facing children.²¹⁰ Nonetheless, the state has progressively cut funding for cost-effective programs and now invests virtually nothing in children's oral health. In California, only 1.2% of the total 2010-11 Medi-Cal budget supports dental services.²¹¹

Another key barrier to regular care is lack of provider access. Partly as a result of low reimbursement rates, fewer than half of pediatric dentists in California participate in Medi-Cal. Among participating dentists, two-thirds limit the number of Medi-Cal patients they will see.²¹² Access is particularly problematic in

ORAL HEALTH

rural parts of the state. Thirteen rural counties do not have any dentists listed as a Medi-Cal provider. Further compounding the problem are cuts to adult Medi-Cal, which impact children because many providers rely on income from treating adult Medi-Cal patients to continue their participation in the program and also because children are less likely to receive dental care if their parents are not receiving it.²¹³ Finally, because federal health reform will provide dental coverage for more children, even more dentists and other types of oral health providers will be needed to efficiently deliver services.

While the state needs to re-invest in children's oral health, the federal health care law also offers new opportunities for California to improve its children's oral health care—including mandatory children's dental coverage for insurers in health benefit exchanges, grants for state school-based dental sealant programs, a national oral health public education campaign focusing on young children and pregnant women, and investments toward expanding the dental workforce. Many of these opportunities are contingent upon Congress appropriating sufficient funding to support these initiatives going forward.

Oral Health Status

- Tooth decay is the single most common chronic disease of childhood in the U.S.²¹⁴
- Nationally, an estimated one in three children enrolled in Medicaid has untreated tooth decay, and one in nine has untreated tooth decay in three or more teeth. Children enrolled in Medicaid are almost twice as likely to have untreated tooth decay as children with private insurance.²¹⁵
- California ranks near last in the nation on children's oral health status.²¹⁶ Approximately two-thirds (6.3 million) of all California children suffer needlessly from poor oral health by the time they reach third grade.²¹⁷
- 54% of kindergartners and 71% of third-graders in California have a history of dental decay.²¹⁸
- Since 2006, California law, under AB 1433 (Emmerson/Laird), has required that children have a dental check-up before entering kindergarten or 1st grade, with the goal of establishing a regular source of dental care for every California child. Unfortunately, due to state budget cuts, school districts have not been required to implement the new law.

FACTS & FIGURES

ORAL HEALTH

Dental Insurance

- One in five (1.8 million) California children does not have dental coverage,²¹⁹ a slight increase from 2003, when approximately 1.6 million children (18%) lacked coverage.²²⁰
- Among racial/ethnic groups in California, Pacific Islander children are most likely to lack dental insurance (30%), followed by Latino children (22%), white children (20%), Asian children (18%), African American children (12%) and Native American children (10%).²²¹
- Children in California without dental insurance (59%) are more likely to miss two or more school days per year due to a dental problem than children with private dental insurance (33%).²²²

Access to Dental Care

- 20% of California's children under age 12, excluding children who have not yet developed teeth, have never been to the dentist.²²³
- Only 78% of California's children received a preventive dental visit in 2007, which parallels the national rate.²²⁴
- Having dental insurance does not guarantee children will access dental services. Only 59% of children covered by Healthy Families receive a dental visit each year.²²⁵



Children in California without dental insurance are more likely to miss two or more school days per year due to a dental problem than children with private dental insurance.

ORAL HEALTH

- In fiscal year 2008, only 30% of children with Medi-Cal coverage received dental care, and only 25% received preventive dental services. Compared to other states, California ranks 44th and 45th, respectively, in these categories.²²⁰ Furthermore, the dental care utilization rate among children in Medi-Cal varies by age in California, from 21% to 37%. California's youngest children, ages 0-5, are least likely to access oral health care (21%).²²⁷
- Medi-Cal's low reimbursement rates for dentists are a barrier to increasing children's access to and use of oral health care services, and the number of providers who accept Medi-Cal is decreasing. Between 2003 and 2010, the percentage of providers accepting Medi-Cal patients has decreased from 40% to 25%.²²⁸
- While children across the state generally lack sufficient access to dental care, the problem is particularly acute in rural areas: no dentists are listed on Medi-Cal's referral list in 13 rural California counties.²²⁹

Community water fluoridation is considered one of ten great public health achievements of the 20th century.

Fluoridation

- The Centers for Disease Control and Prevention considers community water fluoridation as one of ten great public health achievements of the 20th century.²³⁰
- Although the percentage of California's population with access to fluoridated water has increased dramatically, from 27% in 2006²³¹ to 59% presently,²³² that rate is still well below the national average (72%).²³³
- Prior to its funding suspension in 2009-10 and 2010-11, California's Children's Dental Disease Prevention Program provided fluoride varnish and weekly fluoride rinses to over 300,000 preschool and elementary school children annually.²³⁴
- Every \$1 spent on community water fluoridation saves \$8 to \$49 in dental treatment costs, depending on the size of the community, with the largest communities experiencing the greatest savings.²³⁵

ASTHMA

D+ : Grade

OVERVIEW

In California, one in six (1.6 million) children has been diagnosed with asthma.²³⁶ Children with asthma are more likely to experience problems with concentration and memory and have their sleep disrupted.²³⁷ They also miss more school days.²³⁸ In severe cases, asthma can lead to hospitalizations²³⁹ or death,²⁴⁰ with approximately 20 California children dying each year because of it.²⁴¹

Closer examination of the incidence and severity of asthma indicates that significant racial, income and geographic disparities exist. For example, 24% of African American children have been diagnosed with asthma compared to 17% of white children and 14% of Asian and Latino children.²⁴² Because asthma is often triggered by pollutants and allergens, the environment in which children play, learn and live can lead to disproportional outcomes. Children who live in West Oakland, a neighborhood next to the Port of Oakland, the fifth largest seaport in the nation, are seven times more likely to be hospitalized for asthma than the average child in California.²⁴³

Children who live in West Oakland are seven times more likely to be hospitalized for asthma than the average child in California.

On the state level, asthma takes a substantial economic toll due to expensive emergency room visits,²⁴⁴ missed school days and lost productivity for parents. When asthma is well managed with appropriate medical care and medication, the frequency and severity of symptoms can be minimized,²⁴⁵ which dramatically improves outcomes for child sufferers and reduces costs to society.

Gov. Schwarzenegger cut \$1.2 million from the California Asthma Public Health Initiative (CAPI) in the 2010-11 budget, a 56% reduction from CAPI's previous \$2.2 million funding level. This cut will significantly restrict CAPI's efforts to reduce preventable asthma morbidity and mortality; eliminate disparities in asthma practices and outcomes; and implement asthma education, management, and prevention programs and policies.

California's implementation of the Patient Protection and Affordable Care Act (ACA) is especially important for children with asthma. The ACA includes the elimination of pre-existing condition exclusions, no-cost access to preventive services and support for medical home pilot projects.

FACTS & FIGURES

Incidence of Childhood Asthma

- One in six children (1.6 million) in California has been diagnosed with asthma.²⁴⁶
- Approximately 11% of California's children with asthma are severely asthmatic, experiencing symptoms weekly or even daily.²⁴⁷
- 11% of California's school-age children who have been diagnosed with asthma (134,000) miss five or more days of school per year as a result of their condition.²⁴⁸
- Asthma prevalence is highest among African American children (24%) followed by white children (17%), underscoring significant racial/ethnic disparities.²⁴⁹ This disparity is even wider when measuring health care utilization: asthma-related emergency room visits for African American children (36%) are nearly three times higher than for white children (13%).²⁵⁰

Access to Care for Children with Asthma

- Asthma hospitalizations and deaths are largely preventable and can be avoided with proper prevention and management.²⁵¹ Only 35% of children with asthma, however, have received an asthma management plan from their health care provider.²⁵²
- In 2007, nearly one-fifth (19%) of California's children with asthma had to visit an emergency room or urgent care clinic for their condition, indicating that their asthma was not well-managed.²⁵³
- Roughly three-quarters (74%) of children with frequent asthma symptoms take daily medication.²⁵⁴

Environmental Factors

- If California met federal and state standards for air quality for two years, it could reduce asthma-related emergency room visits and respiratory- and cardiovascular-related hospital admissions by 30,000, potentially saving hospitals \$193 million.²⁵⁵
- Secondhand smoke in California is estimated to cause 31,000 asthma attacks in children each year.²⁵⁶
- Damp conditions and mold are known asthma triggers.²⁵⁷ In California schools, incidence of mold is common. 21% of portable classrooms and 35% of traditional classrooms have water stains on their ceilings, and inadequate ventilation adversely affects 40% of total class hours.²⁵⁸

MENTAL HEALTH



: Grade

OVERVIEW

Mental health is important at every stage of a child's development: it is central to learning, building relationships, developing self-regulation and, ultimately, achieving one's full potential. A child's mental health is affected by a combination of biological, psychological and environmental factors. Accessible, affordable and culturally-appropriate mental health services are needed to screen for and assess mental health needs and to provide care for everything from minor learning disabilities to severe emotional problems. In every case, the earlier the problems are identified, the greater the chances are that the intervention will be effective.

Children face many barriers in accessing mental health services with only 53% of California's children, ages 2-17, receiving necessary mental health services.²⁵⁹ Services which are often fragmented and underfunded leave uninsured and underinsured children particularly susceptible to inadequate mental health care. In addition, the stigma associated with mental illness can deter children and families from seeking treatment because of embarrassment and fear of discrimination. Furthermore, the limited availability of culturally appropriate services contributes to racial and ethnic disparities in the utilization of mental health services.²⁶⁰

Only 53% of California's children, ages 2-17, receive necessary mental health services.

Access to necessary and timely mental health services is further threatened by California's recent budget woes. The Mental Health Services Act of 2004, which relies on state revenues to fund preventive mental health services for children, may suffer a significant drop for the next few years due to the recession. Add to that the state's fiscal crisis, which is straining county mental health care budgets. And, to make matters worse, Gov. Schwarzenegger eliminated all \$133 million of funding for county mental health departments to provide school-based mental health services for special education students, leaving local school districts, already stretched thin, with the onus of funding these critical services.

While the absence of comprehensive screening makes it impossible to estimate the number of children with undiagnosed mental health needs, it is clear that the stresses to children's mental health—violence in their communities and in their homes, economic pressures, bullying and discrimination—are all too common and affect them adversely. With roughly 15% of California's high school students reporting that they have seriously considered committing suicide within the past year,²⁶¹ the state

MENTAL HEALTH

must do a better job in providing children with the supports and services needed for good mental health.

Prevalence of Mental Health Disorders in Children

- 29% of seventh-graders, 32% of ninth-graders and 33% of 11th-graders in California report feeling “so sad and hopeless almost every day for two weeks or more that [they] stopped doing some usual activities.”²⁶²
- Foster youth have an especially high incidence of mental illness. Nationally, incidence of post-traumatic stress disorder is higher among children who have aged out of foster care (22%) than among war veterans (6% for Afghanistan war veterans and 12-13% for Iraq war veterans).²⁶³
- While data on the prevalence of socio-behavioral health issues among young children (i.e., prior to high school) is insufficient, research has shown that children’s experience with positive socio-emotional health and development in their first three years of life is critical to their future educational success, health and life prospects.²⁶⁴

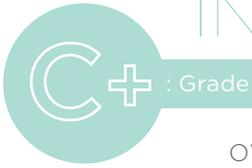
Children’s Access to Mental Health Services

- The American Academy of Pediatrics recommends that children receive a total of 14 behavioral assessments by the time they reach age five.²⁶⁵ In California, only one in seven (14%) children, ages ten months to five years, received standard screenings for developmental or behavioral problems in 2007. Nationally, that rate was one in five (20%).²⁶⁶
- 53% of California’s children, ages 2-17, who need mental health services, receive them. Among children, ages 2-5, the rate is 40%. California lags behind the rest of the nation, where 60% of children, ages 2-17, who need mental health services, receive them.²⁶⁷
- Healthy Families offers mental health services to children, but only a small percentage (0.07% to 3.98%) access outpatient mental health services through qualified providers.²⁶⁸
- 5% of California’s children, ages 0-17, who are enrolled in Medi-Cal, receive mental health services—slightly below the overall average (for children and adults) of 6%.²⁶⁹ Medi-Cal ranks last among national Medicaid programs on this measure, for which overall mental health service utilization ranges from 6% to 13%.²⁷⁰

FACTS & FIGURES

Every effort to support healthy cognitive, emotional and physical development during infancy pays off in children’s increased potential and productivity.

INFANT HEALTH



OVERVIEW

California's overall infant mortality rate is 5.2 per 1,000, yet for African American infants that rate is 12.4 per 1,000.

Children develop rapidly during the prenatal period and infancy. Every effort to support healthy cognitive, emotional and physical development during these stages pays off in children's increased potential and productivity. The speed with which infants develop requires that they receive regular comprehensive screenings for disease, disability and developmental delays to allow for early detection and intervention. Complete infant health care also needs to include the screening of caregivers for common physical, emotional and economic stresses.

Failure to provide early prenatal care to pregnant women can have serious and tragic consequences. Mothers who do not receive prenatal care are three times more likely to give birth to low birthweight newborns; these infants are five times more likely to die in the first year of life than are healthy weight newborns.²⁷¹ Moreover, infants born with a low birthweight are at increased risk for long-term disability and impaired development.²⁷² In addition to improving health outcomes for infants, prenatal care makes good economic sense, saving between \$2,369 and \$3,242 in medical costs associated with caring for low birthweight babies during the first year of their lives.²⁷³

California is doing well overall on certain key infant health indicators, such as birthweight and infant mortality.²⁷⁴ Still, significant disparities exist in infant health, which severely disadvantage some infants and their families. For example, African American infants as a whole continue to be underserved and suffer much higher mortality than other racial/ethnic groups. The state's overall infant mortality rate is 5.2 per 1,000, yet for African American infants that rate is 12.4 per 1,000.²⁷⁵

Unfortunately, some of the most important supports for African American children have also been cut. In particular, Gov. Schwarzenegger extended the suspension of funding for the Black Infant Health Program in the 2010-11 budget, eliminating services to more than 7,000 infants. The Patient Protection and Affordable Care Act (ACA) does, however, provide new opportunities to improve infant health by requiring that all new plans sold to individuals and small businesses cover maternity and newborn care.

INFANT HEALTH

FACTS & FIGURES

Infant Mortality

- Every week in California, 55 infants die before their first birthday.²⁷⁶
- Between 1999 and 2007, the infant mortality rate in California decreased from 5.4 per 1,000 to 5.2 per 1,000, paralleling a similar decrease nationwide (7 per 1,000 in 1999, to 6.8 per 1,000 in 2007).²⁷⁷
- In 2007, the infant mortality rate for African Americans was 12.4 per 1,000,²⁷⁸ underscoring a disparity that is not unique to California. Nationally, African American infant mortality rates are 2.4 times higher than the rate for white infants. African American infants are also four times more likely than white infants to die from complications related to low birthweight.²⁷⁹

Prenatal Care & Birthweight

- Rates of early prenatal care vary by race and ethnicity. In California, white mothers have the highest rate of early prenatal care (90%), followed by Asian (89%), Latina (84%), African American (83%) and Native American (75%) mothers.²⁸⁰
- 3% of mothers in California receive late (third trimester) or no prenatal care compared to 4% nationally.²⁸¹ In the state, Native American mothers (7%) have the highest rate of late or no prenatal care, followed by African American (4%) and Latina (3%) mothers.²⁸²
- Approximately 11% of California births are preterm compared to 12% nationally.²⁸³ In the state, the preterm birth rate is highest among African American infants (15%), followed by Native American (13%), Latino (11%), Asian (10%) and white (10%) infants.²⁸⁴
- The percentage of infants born at a low birthweight is 7% in California and 8% nationally.²⁸⁵ The low birthweight rate in California is highest among African American infants (12%), followed by Asian (8%), Native American (7%), white (6%) and Latino (6%) infants.²⁸⁶

For every \$1 spent on immunizations, as much as \$29 can be saved in direct and indirect costs.

Immunizations

- According to the Centers for Disease Control and Prevention, American Academy of Pediatrics, and American Academy of Family Physicians, immunizations should begin at birth and continue throughout life.²⁸⁷
- While infants are born with immunities, these last only between one month and one year, and may not include immunities not carried by the mother. Consequently, vaccinations are an important part of infant and community health.²⁸⁸
- As a result of the Patient Protection and Affordable Care Act, federal law now requires that insurance companies include immunizations

INFANT HEALTH

and other preventive services to infants and older children at no extra cost to families. AB 2345 (De La Torre) enacted this policy in California.

- With his line-item veto authority, Gov. Schwarzenegger cut \$18 million from the state Department of Public Health's local immunization programs. The funds had been used to reach underserved children under age two whose immunization records were not up-to-date.²⁸⁹
- California ranks 12th in the nation in the percentage of young children, ages 19-35 months, who receive the recommended vaccinations. Still, in 2009, only three quarters (75%) of California's children, ages 19-35 months, received all recommended vaccinations.²⁹⁰
- For every \$1 spent on immunizations, as much as \$29 can be saved in direct and indirect costs.²⁹¹
- Nationally, the percentage of vaccinated children who are enrolled in Medicaid (74%) is lower than children who have private health insurance (78%).²⁹²

Health Benefits & Prevalence of Breastfeeding

- Breastfeeding reduces the risk of children becoming overweight. For each month of breastfeeding until an infant reaches nine months, the



California ranks 12th in the nation in the percentage of young children, ages 19-35 months, who receive the recommended vaccinations.

INFANT HEALTH

odds of that child becoming overweight decreases by 4%. Children who are breastfed for nine months are more than 30% less likely to become overweight compared to children who are never breastfed.²⁹³

- Infants who are breastfed are at decreased risk of developing eczema, type 2 diabetes and childhood leukemia.²⁹⁴
- Despite the health benefits, only 54% of California's infants are even partially breastfed at six months, and only 17% are exclusively breastfed at six months.²⁹⁵
- The percent of California children breastfed at age one (31%) is well above the national average of 22%.²⁹⁶
- Frequency of breastfeeding varies dramatically by race/ethnicity in California. While more than two-thirds of white newborns (70%) are exclusively breastfed in the hospital, rates are much lower for Latino (40%), African American (41%) and Asian (50%) newborns.²⁹⁷
- Barriers to breastfeeding are especially common for low-income mothers. Hospitals that serve low-income populations have faced cuts to programs that support breastfeeding; hospitals may be unprepared to translate important breastfeeding information for new parents who don't speak English; and many low-income mothers may not be able to afford unpaid leave or have access to flexible work schedules and lactation accommodations.²⁹⁸

Breastfeeding reduces the risk of children becoming overweight.

Maternal Mental Health

- Nationally, about 9% of mothers experience major depression during the year after giving birth. The rates are even higher for mothers with previous histories of depression or mothers experiencing other stressors, such as financial hardship or social isolation.²⁹⁹
- Children raised by depressed mothers are at risk for mental health problems later in life, as well as social adjustment difficulties and other difficulties while in school.³⁰⁰ For example, children of depressed mothers are less likely to participate in age-appropriate preschool activities³⁰¹ and are more likely to "act out."³⁰²
- Poor mothers, living at or below the federal poverty level, are more likely to experience depression when their children are infants than higher-income mothers, living at or above 200% of the federal poverty line. Among mothers of nine-month-old babies, those who were poor are more than twice as likely (25%) to experience depression as higher-income mothers (11%).³⁰³
- Fewer than one in six (15%) depressed new mothers seeks professional care.³⁰⁴

ADOLESCENT HEALTH



OVERVIEW

Adolescence is a period of increased independence and new opportunities for growth, education and enrichment. It also holds risks and unique vulnerabilities, including increased access to alcohol and drugs; developing sexuality and corresponding risks, such as dating violence, sexually transmitted diseases and unplanned pregnancies; increased exposure to community and peer violence, such as bullying; and, for some, a diminished sense of opportunities in education and career. During this period, adolescents' relationships with adults may also recede as a result of their increased self-sufficiency and focus on peers.

One of the most serious risks for adolescents today is teen pregnancy. A recent analysis of the National Longitudinal Survey of Youth finds that, after adjusting for other risks, daughters of teen mothers are 66% more likely to become teen mothers themselves.³⁰⁵ Teen pregnancy substantially reduces life opportunities for young women. Roughly 66% of American girls who give birth at age 19 or younger earn a high school diploma or GED by age 22 compared to 94% of girls who do not give birth during adolescence.³⁰⁶

Due to the economic downturn, there are fewer positive opportunities for adolescents, greater stressors for families and more cuts to critical programs. In the 2009-10 state budget, Gov. Schwarzenegger cut all funding from the Adolescent Family Life Program (AFLP), which sought to enhance the health, social, economic, and educational well-being of pregnant and parenting adolescents and their children. Although the Legislature tried to restore funding in the 2010-11 budget, Gov. Schwarzenegger again vetoed this funding, which means over 12,000 pregnant and parenting teens no longer will receive services to assist them in obtaining health and child care, nutrition, job training and new parenting skills.³⁰⁷

Resiliency & Connectedness among Adolescents

- Resiliency is the ability to cope with adversity, such that when adversity does occur, one has the ability to recover or “bounce back.” Factors that promote resilience in adolescence include the ability to distance oneself from negative influences, the development of long-term purposes or goals, and good conflict resolution strategies.³⁰⁸
- School connectedness is measured in many ways. Each of the following indicators of connectedness is predictive of success in school: having a sense of belonging in one's school, participating in extra-

54% of California's ninth-graders feel a teacher or some other adult really cares about them.

ADOLESCENT HEALTH

curricular activities, and perceiving that teachers are supportive and caring.³⁰⁹

- Adolescents in continuation and community day schools are in greatest need of strong social ties at school. Only 42% of students in these schools report feeling they are part of their school compared to 49% of ninth-graders in traditional high schools.³¹⁰
- Approximately 19% of high school students report that they are “not at all” involved in music, art, literature, sports or a hobby.³¹¹
- Roughly half (54%) of California’s ninth-graders feel a teacher or some other adult “really cares” about them.³¹²

Birth Rate among Adolescents

- Teen births are costly to young women and the state. For every teen birth that is prevented, taxpayers save \$13,809, if the young woman is a minor, or \$1,741, if she is between ages 18 and 19.³¹³ The costs associated with teen pregnancy are a result of decreases in incomes and consumption following teen pregnancy, as well as increased social service utilization.
- California won \$2.2 million from a competitive federal grant to assist pregnant and parenting teens and women complete high school or postsecondary degrees and gain access to health care, child care, family housing and other critical supports. California is one of only 17 states to win this important funding.³¹⁴
- Between 1991 and 2008, the teen birth rate in California decreased by 50%, from 71 per 1,000 to 35.2 per 1,000. During the same period, the national teen birth rate dropped by 33%, from 61.8 to 41.5 per 1,000.³¹⁵
- Latinas have a higher teen birth rate than any other racial/ethnic group in California. Still, their teen birth rate declined by a remarkable 8.1 births per 1,000 between 2006 and 2008.³¹⁶

FACTS & FIGURES

Adolescents’ Romantic Relationships & Reproductive Health

- Adolescents who receive comprehensive sex education, which includes both abstinence messages as well as information on birth control methods, are less likely to experience a teen pregnancy than adolescents who receive abstinence-only or no sex education. Moreover, comprehensive sex education does not increase adolescents’ likelihood of engaging in sexual intercourse or reporting a sexually transmitted disease diagnosis.³¹⁷
- One in five (20%) adolescents in California, ages 14-17, reports being sexually active.³¹⁸ Among those who are sexually active, the

ADOLESCENT HEALTH

vast majority report having used a condom during their last sexual intercourse (91%).³¹⁹

- 6% of ninth-graders report that a boyfriend or girlfriend was physically violent with them within the last year. Physical violence includes hitting, slapping or causing bodily harm.³²⁰

Drugs, Alcohol & Tobacco Use among Adolescents

- Binge drinking, defined as consuming five or more alcoholic beverages on the same occasion, is harmful to adolescents. Heavy drinking can have numerous adverse effects. Heavy drinkers are more likely to engage in a range of risky behaviors, such as drinking and driving and having unprotected sex. Moreover, heavy drinking can undermine health, increasing one's chances of having high blood pressure and becoming overweight.³²¹



Most children who begin smoking during adolescence are addicted by age 20.

ADOLESCENT HEALTH

- 34% of California's adolescents report having consumed an alcoholic beverage.³²² Among adolescents who report having consumed alcohol, 14% report having engaged in binge drinking within the past month.³²³
- Most children who begin smoking during adolescence are addicted by age 20.³²⁴ Approximately 5% of California's adolescents report that they are smoking.³²⁵
- Substance abuse among adolescents places them at greater risk of engaging in delinquency, displaying anti-social attitudes and developing health-related issues,³²⁶ including drug addiction.³²⁷ 11% of California's adolescents report having tried marijuana, cocaine, sniffing glue or other drugs.³²⁸



CROSS-SYSTEM ISSUES

Integrated Services | Obesity | Safety

INTRODUCTION

Numerous factors affect children's physical, cognitive, emotional and social well-being, yet California's system of support services often addresses these factors individually and in isolation. Studies suggest that a more integrated, holistic approach to supporting children's well-being benefits children and may be especially useful in addressing complex childhood issues that lack a singular cause, such as obesity and safety.

Fortunately, there are a number of integrated service models the state can learn from to enhance its own services to children. These models address children's needs in concert, in order to maximize effectiveness and minimize cost of service delivery. They bring together different providers to improve outcomes, co-locate services at one site to increase access, and implement strategies that combine funding and administration to further increase efficiency.

For an issue like childhood obesity, which requires a multi-systems approach to stem the epidemic, interventions must address food accessed at schools, physical education requirements, food and beverage marketing to children, accessibility of neighborhood parks and sidewalks, and availability of healthy, nutritious food, among others. California's anti-obesity efforts would benefit greatly from a coordinated, cross-agency approach—one that prioritizes the factors for all policy stakeholders and clearly plans the necessary future steps.

For an issue such as children's safety, a long-term solution requires understanding and effectively addressing the various risks children face in their homes, schools and communities. The solution also needs to take into account the unique insights of those directly involved in protecting children, from parents and caretakers to counselors, mental health providers, caseworkers and probation officers.

The integrated approach promotes the centralization of numerous children's services at a convenient location, such as a child care center, school or community center.

INTEGRATED SERVICES

Grade :

D

OVERVIEW

Integrated children's services have the potential to better serve the full spectrum of children's developmental needs where they live, learn and play. They recognize the complex, interrelated nature of children's well-being and seek to address issues in a more time-efficient and cost-effective manner. Integrated services benefit children's health,³²⁹ education³³⁰ and family well-being³³¹ by providing services where children and families are most likely to access them and by promoting inter-agency coordination and information-sharing, as well as blending of funding streams.

In California, some of the best models for integrated services can be found in the early learning and development field, where the interconnectivity of various aspects of child development has long been recognized. First 5 California, First 5 county commissions, Head Start, Early Head Start, and the Women, Infants, and Children (WIC) program all practice a whole child approach to service delivery, addressing physical, cognitive and socio-emotional needs together, and often including parents and caregivers in screenings and interventions.

Increasing access is a key benefit of integrated services. California's current system of support services for low-income families requires children to go to different sites for the assistance they need, which is often time-consuming and logistically challenging, and can be expensive. The integrated approach, however, promotes the centralization of numerous children's services at a convenient location, such as a child care center, school or community center.

On the state level, integrated services allow for inter-agency coordination, which in turn helps streamline administration and provision of services, thus helping eliminate redundancies³³² in paperwork, workload, equipment and other overhead. By integrating related enrollment processes into one, parents can more easily connect their children to the programs for which they are eligible. Express Lane Eligibility is one such approach that allows state health insurance programs to use information from other public programs in order to streamline enrollment. By bringing together two or more sources of funding, agencies are given the opportunity to use limited dollars more effectively. With greater flexibility, these agencies can leverage a larger pool of resources to better serve the state's children.

California has a long way to go in delivering integrated services to children. But new federal funds are now available. These

Since 1987, 176 school-based health centers have opened in California, but they serve only a small fraction of the state's 6.2 million students.

INTEGRATED SERVICES

resources should be seen as opportunities for the state to expand promising models, including school-based health services and evidence-based home visitation programs, such as the Nurse-Family Partnership®. The new funds should also be used to simplify application materials and eligibility requirements for health coverage and other public programs.

FACTS & FIGURES

Benefits of Integrated Services to Children & Families

- Co-location of community and family resources in schools has been effective in decreasing student hospitalizations,³³³ increasing attendance and improving parents' involvement in their children's education.³³⁴
- The availability of mental health services in schools is critical to children's well-being. Adolescents are ten to 21 times more likely to utilize a school-based health center (SBHC) for mental health services than a community health center or HMO.^{335, 336} Since 1987, 176 SBHCs have opened in California, but they serve only a small fraction of the state's 6.2 million students.
- When programs that promote socio-emotional skills are incorporated into elementary and middle schools, test scores increase by 11% to 17%. Students' connection to school and their attitudes about themselves and others also improve.³³⁷ Incorporation of mental health supports in early childhood programs to address behavioral issues has shown similar promise in developing social competence and reducing expulsion rates.³³⁸
- Head Start and Early Head Start provide educational, health, nutritional and social services for low-income children, ages 0-5, and their families. Children often gain important cognitive and academic benefits through their participation. For example, participants exhibit improved vocabulary,^{339, 340} increased school attendance,^{341, 342} and are more likely to finish high school.³⁴³
- Healthy Start, a statewide initiative that expanded schools' efforts to offer a full spectrum of academic, health and social supports for students and their families, shows promise as an integrated model for removing barriers to learning. Before state funding ran out in 2007, Healthy Start had helped reduce absences in one Los Angeles school by 30%, reduce detentions in one San Diego school by 50% and improve reading scores in one Humboldt County school by 40%.³⁴⁴ It also helped the efforts of over 1,400 schools across the state.

Cost-Saving Benefits of Integrated Services to the State

- California's Nurse-Family Partnership® (NFP®) program connects first-time, low-income mothers with registered nurses, from pregnancy

INTEGRATED SERVICES

through their child's second birthday, in order to provide ongoing support and resources. Long-term outcomes include improved prenatal health, fewer childhood injuries, increased maternal employment and improved school readiness. Additionally, every \$1 the state invests in the NFP® saves more than \$4 through reduced crime among participant mothers and children.³⁴⁵

- Head Start and Early Head Start provide early learning opportunities, health screenings and family support services. Every \$1 invested in Head Start and Early Head Start saves approximately \$9 in societal benefits, through increased personal earnings, family stability, and decreased welfare and crime costs.³⁴⁶ In 2009, more than 100,000 young children were served by these programs, and nearly all (96%) received dental examinations and medical screenings.³⁴⁷
- A health home is a coordinated, continuous source of care that is accessible, comprehensive, family-centered and culturally competent. In addition to improving outcomes for children with special health care needs,³⁴⁸ they also save money. In one Los Angeles-based model, emergency room visits were cut by more than half (55%) when a health home was used to coordinate care for chronically ill children.³⁴⁹
- The Alameda County Social Services Agency and Los Angeles County Department of Children and Families are piloting projects that involve collaborating with county probation departments to promote permanency for families at risk of separation. As a result of their efforts, the rate of children entering foster care has decreased in both counties. In 2008-09, they also generated savings of \$20 million (Alameda County) and \$59 million (Los Angeles County).³⁵⁰

Too few
California
children have
access to a
health home.

Children in Need of Integrated Services in California

- Too few California children have access to a health home. Of the 50 states, only children in Nevada and New Mexico are less likely to have one.³⁵¹
- Although they are eligible, only 2% (7,430) of California's 332,825 children under age three living in poverty receive educational, health, nutritional and social services offered by Early Head Start.³⁵² Nationally, Early Head Start serves 4% of eligible children.³⁵³
- 18% of California's children under age 12 have never been to a dentist.³⁵⁴ Funding for California Children's Dental Disease Prevention Program, which brings dental services to schools, remains suspended in the 2010-11 state budget, further impacting 300,000 children across 1,100 low-income schools.³⁵⁵
- While over half (56%) of California's school-based health centers provide dental screenings, and 12% provide additional preventive

INTEGRATED SERVICES

care, such as dental cleanings, on-site,³⁵⁶ they are limited in number. The services are offered in less than 1% of California's schools.³⁵⁷

- Gov. Schwarzenegger used his line-item veto authority to cut \$133 million in general fund support for mandated mental health services provided to special education students. Despite this cut and given the tremendous need among these students, \$76 million in federal funds will continue to be allocated by the California Department of Education for continued mental health services for special education students.³⁵⁸
- Only 88% of California's foster care children receive recommended medical examinations,³⁵⁹ and fewer (65%) receive recommended dental examinations.³⁶⁰
- 40% to 70% of children in California's juvenile justice system have some form of mental health disorder or illness,³⁶¹ yet only 16% have an open mental health case.³⁶²

New Federal Opportunities to Promote Integrated Services

- In 2010, California was awarded \$7.7 million to fund home visitation activities as part of the Patient Protection and Affordable Care Act (ACA).³⁶³ Evidence-based home visitation programs have been shown to improve pregnancy outcomes, boost children's health and developmental outcomes, and increase parents' economic self-sufficiency,³⁶⁴ thus saving the state money.³⁶⁵
- The ACA provides \$200 million over four years to support school-based health centers (SBHCs) nationwide. SBHCs have a positive impact on absences, dropout rates, disciplinary problems and other academic outcomes.³⁶⁶
- The ACA requires states to develop one single, streamlined health coverage application form for children and families. Notable enrollment gains, such as those in Ohio when it simplified its children's health application, are anticipated for California's Medi-Cal and Healthy Families programs.³⁶⁷
- Express Lane Eligibility, promoted in the Children's Health Insurance Program Reauthorization Act of 2009, allows state health insurance programs to synchronize eligibility determination information with other public programs. Through this approach, Louisiana was able to increase children's Medicaid enrollment by more than 10,000 in a single month.³⁶⁸

OBESEITY

Grade :



OVERVIEW

Childhood obesity is one of the leading health risks facing California today. The rate of obesity has tripled in just one generation,³⁶⁹ leaving today's children the first in modern history with a shorter life expectancy than their parents.³⁷⁰ California's approximately 600,000 obese children³⁷¹ are more likely to suffer from a range of chronic health problems, such as cardiovascular disease, high blood pressure, diabetes and sleep apnea. They are also more likely to be obese as adults.

Obesity threatens children's socio-emotional development, increasing the likelihood they will experience poor self-esteem, depression and discrimination. Furthermore, the financial cost associated with adult overweight and obesity is staggering; according to one estimate, the annual cost covered by California families, employers and government is \$21 billion.³⁷²

Efforts to reduce childhood obesity are complicated by the various factors that contribute to this epidemic. Numerous and wide-ranging influences—from the quality of foods and beverages provided in school, early learning and afterschool settings, to health and nutrition education, to local access to produce and grocery stores, to family food purchasing decisions, to children's food and beverage preferences—shape what children eat. Similarly, many factors shape children's activity levels, including the availability and safety of neighborhood parks and sidewalks, and opportunities for activity in school and after school. In recent years, the state has made progress in promoting access to healthy food and physical activity at schools by improving the quality of available food and beverages and providing guidance to districts on how to effectively implement school wellness policies. Additionally, the state has increased access to fruits and vegetables for participants of the CalFresh program, known as the Supplemental Nutrition Assistance Program (SNAP) in other states, by allowing them to purchase produce at certified farmers markets. Still, given the complexity and magnitude of this problem, much more needs to be done.

One especially insidious factor contributing to childhood obesity is the unregulated advertising and promotion of unhealthy foods to children. Research shows that advertising has a powerful influence on children's food preferences and that less than 1% of television food and beverage advertising to children is for healthy products.³⁷³ Young children, in particular, cannot distinguish commercial intent and are particularly vulnerable to advertis-

Advertising has a powerful influence on children's food preferences: less than 1% of television food and beverage advertising to children is for healthy products.

OBESITY

FACTS & FIGURES

Obese children, ages 6-8, are ten times more likely to be obese adults than children who are not obese.

ing. Restrictions and regulations of television and other forms of advertising can help children form healthier preferences at a young age. They can also support parents and caretakers in promoting better food choices for their children.

The Need to Combat Childhood Obesity

- Overweight and obesity are associated with serious health risks. In children and adolescents, overweight and obesity are associated with increased risk for cardiovascular disease, whose indicators include high total cholesterol, high blood pressure and high fasting insulin, also an early indicator for diabetes.³⁷⁴
- In addition to posing many physical health risks, obesity in children is associated with low self-esteem, sadness, loneliness and nervousness. As a result, obesity may have adverse effects on children's social development.³⁷⁵
- Overweight or obese children are more likely to be obese as adults. Obese children, ages 6-8, are ten times more likely to be obese adults than children who are not obese.³⁷⁶
- Overweight and obesity increase the chances of developing type 2 diabetes.³⁷⁷ If obesity trends persist, one in three California children born in 2000 is expected to develop type 2 diabetes in their lifetime. The risk is highest among Latino and African American children: nearly half are expected to develop type 2 diabetes in their lifetime.³⁷⁸
- Health care associated with adult overweight and obesity costs Californians \$12.8 billion each year.³⁷⁹

The Prevalence of Childhood Obesity

- About one in three California children (31%), ages 10-17, is overweight or obese, just slightly below the national average (32%).³⁸⁰
- The number of children, ages 10-17, who are overweight or obese in California increased by an estimated 129,000 between 2003 and 2007,³⁸¹ but with wide racial/ethnic disparities. The rate of obesity for white children decreased by 8%, but the rate for Latino and African American children increased by 4% and 8%, respectively. In 2007, 40% of Latino children, 34% of African American children and 18% of white children in California were overweight or obese.³⁸²

Physical Activity and Children's Well-Being

- According to federal guidelines, children and adolescents should participate in physical activity for at least one hour every day.³⁸³ Only 29% of California's children, ages 5-11, meet this recommendation.³⁸⁴
- Participation in school-based physical activity programs, such as school sports, promotes teamwork, physical fitness and connected-

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ness, which in turn may lower dropout rates.³⁸⁵

- Gov. Schwarzenegger vetoed AB 2705 (Hall), which would have allowed communities the flexibility to apply for funding to open or create safe places for children to play. Examples include school facilities and other outdoor recreational facilities that could be used by the community during non-school hours. Had the bill passed, it would also have established minimum physical activity requirements in physical education classes and afterschool programs.
- Adolescents' physical activity differs by gender. In California, adolescent girls tend to be less active than adolescent boys. The percentage of adolescent boys involved in at least one hour of physical activity every week day (20%) is twice as high as the percentage for adolescent girls (10%). Of those who are involved in at least one hour of physical activity five or more days per week, nearly half (48%) are adolescent boys and one-third (33 %) are adolescent girls.³⁸⁶

Children's Access to Healthy Beverages

- Children, ages 12-19, in the U.S. get 13% of their daily calories from sugar-sweetened beverages.³⁸⁷
- 62% of California's adolescents, ages 12-17, drink at least one soda or other sweetened beverage every day.³⁸⁸
- 40% of California's school districts report having no access to free drinking water during meals.³⁸⁹ SB 1413 (Leno), which goes into effect January 2011, requires school districts to make free, fresh drinking water available in school food service areas.
- Two million children in early learning settings throughout California stand to benefit from AB 2084 (Brownley), which promotes healthy eating habits.³⁹⁰ Effective January 2012, licensed child day care facilities will be required to offer nonfat or low-fat (1%) milk, provide clean and safe drinking water, limit 100% fruit juice to one serving per day, and eliminate offerings of sugar-sweetened beverages.

Children's Access to Healthy Foods

- Fruits and vegetables have become more costly nationwide. Over the past 30 years, the cost of fruits and vegetables has risen nearly twice as fast as the cost of carbonated beverages.³⁹¹
- Economic disparities exist in access to healthy foods. Low-income neighborhoods have the lowest number of supermarkets and the highest number of fast food restaurants.³⁹²
- California has 40 farm-to-school programs, which bring farm fresh fruits and vegetables into school lunches, benefiting 516 schools.³⁹³ Unfortunately, they serve only a fraction of the state's approximately 9,900 schools.³⁹⁴

About one in three California children, ages 10-17, is overweight or obese.

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The percentage of students, ages 5-14, who usually walk or ride a bike to school has significantly decreased, from 48% in 1969 to only 13% in 2009.

Providing Healthy Foods and Snacks to Children and Families

- Federally-funded child nutrition programs, such as school lunch and breakfast, child care meals, afterschool snacks, summer foods, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, were reauthorized in 2010. This will ensure that the more than two million children in California who experience food insecurity have access to healthy meals. It also establishes standards for all foods sold outside the school meal programs, on school grounds and at anytime during the school day.
- California's participation in CalFresh, known as the Supplemental Nutrition Assistance Program in other states, is low. Only 44% of eligible families with children participate in the program; more than 800,000 eligible families with children do not participate in the program.³⁹⁵
- The passage of AB 537 (Arambula) ensures fresh fruit and vegetables are more readily available to families that participate in CalFresh. This bill allows participating farmers to operate an Electronic Benefit Transfer (EBT) payment system at certified farmers markets and flea markets, if the markets do not already operate their own payment system.
- More than 2.1 million California students eat free or reduced-price lunches, but more than one million eligible students do not participate in the program. Since the state integrated its school nutrition certification program with the California Longitudinal Pupil Achievement Data System (CALPADS) last year, districts have enrolled hundreds of thousands of eligible children in school nutrition programs. Gov. Schwarzenegger, however, vetoed funding for CALPADS, putting on hold the U.S. Department of Education's plans for enhancements that would have certified between 70,000 and 200,000 additional eligible students for free or reduced-price meals.³⁹⁶

Children's "Built" Environments

- Over the past 30 years, the percentage of students, ages 5-14, who usually walk or ride a bike to school has significantly decreased, from 48% in 1969 to only 13% in 2009.³⁹⁷ Significant income disparities exist in the number of children who walk to school. Children from high-income families are half as likely to walk to school as children from low-income families.³⁹⁸
- Walking to school is one way to encourage physical activity. Yet, not all children can safely navigate the streets from home to school. Residents in low-income urban areas, who are more likely to be obese or overweight,³⁹⁹ report higher numbers of busy streets and lack of crosswalks and bike lanes,⁴⁰⁰ which jeopardize safety and create barriers to

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physical activity. Such barriers also likely decrease children's safety. Children from low-income families are more likely to be injured or killed as pedestrians than children from higher income families.⁴⁰¹

- In 2010, California received \$23 million as part of the continued federal Safe Routes to School program, which promotes safe bicycling and walking to and from school.⁴⁰² Gov. Schwarzenegger vetoed AB 2147 (M. Perez), which would have allowed for improved targeting of funds to communities with the greatest need.
- Only two-thirds (64%) of California's children live in neighborhoods with available playgrounds, community centers, sidewalks and/or walking paths.⁴⁰³
- Access to safe outdoor places that promote physical activity can be challenging for low-income adolescents. Those who live in neighborhoods with a lower proportion of college-educated adults tend to get less physical activity and have less access to parks. Higher neighborhood education levels increase the percentage of teens with access to a safe park near their home (19% to 35%).⁴⁰⁴ Still, 25% of all teens report not having a safe park near their home.⁴⁰⁵

Advertising to Children

- Children do not develop skills to recognize persuasive intent in advertising (the ability to discern commercial from non-commercial material) until ages 8-11.⁴⁰⁶ Therefore, younger children are especially vulnerable to the influence of advertisements until these skills develop.⁴⁰⁷
- Television advertising has been shown to influence the food and beverage preferences, purchase requests, and consumption habits of children, ages 2-11.^{408, 409} Yet, over two-thirds (69%) of all food advertising to children is for unhealthy food.⁴¹⁰
- In 2009, the fast food industry alone spent more than \$4.2 billion in marketing to children. Young children, ages 2-5, see almost three fast food ads per day. Children, ages 6-11, see three-and-a-half fast food ads per day. And teens see almost five fast food ads per day. Since 2003, fast food marketing to children has increased by 34% for young children, ages 2-11, and 39% for teens.⁴¹¹
- While television is the most common medium for food advertisements to children, representing an estimated 46% of youth-directed marketing expenditures, new media accounts for a growing 5% of these expenditures.⁴¹²

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 D+ : Grade

OVERVIEW

Children raised in safe and secure environments are more capable of building healthy relationships, benefiting from educational opportunities, successfully engaging in their communities, and achieving better overall health.

Safety is fundamental to children's healthy growth and development. Children raised in safe and secure environments are more capable of building healthy relationships, benefiting from educational opportunities, successfully engaging in their communities, and achieving better overall health. In contrast, children who are neglected or abused at home, or who feel unsafe in their schools or communities, experience trauma that can have lasting negative repercussions.^{413, 414, 415, 416}

One central component to keeping children of any age safe is to ensure the family unit's health and well-being. Young children, in particular, are most vulnerable to family instability because they depend on family members to provide for all of their basic needs. Families under great economic, emotional or interpersonal stress may lack the resources to adequately care for their children.

Nearly two-thirds (63%) of all substantiated allegations of maltreatment are for neglect or failing to adequately provide for a child's basic needs.⁴¹⁷ Fortunately, California's prevention, early intervention and at-home services offer an alternative to removing children who have been or are at risk of being neglected. They also provide additional support and supervision for families in crisis. These programs are backed by research which finds that children who remain in their homes have better long-term outcomes than those who are removed from them.^{418, 419} In cases where children cannot safely remain in or be returned to their home, the state must focus on how best to get them legal permanency to live with relatives or other caring adults, because numerous temporary placements further undermine children's well-being.⁴²⁰

Outside the home, children spend most of their time in a school environment, where too often they fall victim to emotional and physical violence.^{421, 422, 423} The consequences of being bullied can be devastating. Children who are victims of frequent bullying are more likely to experience depression and attempt suicide than children who are not victimized by bullying.⁴²⁴ In California, roughly 15% of high school students report that they have seriously considered committing suicide.⁴²⁵

Another essential component to ensuring children's safety is to address violence in their communities. Community violence is not experienced equally. It disproportionately affects poor, African American and Latino children, who are much more likely to be killed by gang violence.⁴²⁶ Because community violence has the greatest impact on children of certain racial/ethnic and

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economic groups, the successful implementation of any solution needs to include targeted intervention of these groups.

Keeping children safe also means preventing their entrance into the juvenile justice system and helping those who become involved to successfully transition into adulthood. Children who end up in this system often faced multiple obstacles to their healthy development, including mental health challenges,⁴²⁷ exposure to violence, low achievement and other problems in school.⁴²⁸ Efforts to protect these children require identifying and addressing these problems earlier in their life. One positive step the state can take is to establish a comprehensive, longitudinal data system, which would collect and track data from early learning and development through higher education. By providing health, juvenile justice, child welfare and other key data, this system would help California improve how it identifies, tracks and addresses the needs of its most vulnerable children.



Keeping children safe also means preventing their entrance into the juvenile justice system and helping those who become involved to successfully transition into adulthood.

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FACTS & FIGURES

Less than one-third of California's high school students feel safe at school.

Teen Mortality

- In California, teen mortality is 52 per 100,000 compared to the national average of 62 per 100,000.⁴²⁹ But significant racial/ethnic disparities persist. In the state, the teen mortality rate is 91 per 100,000 for African Americans, 56 per 100,000 for Latinos, 43 per 100,000 for whites and 35 per 100,000 for Asians.⁴³⁰
- Since 1998, the percentage of homicides that are gang-related in California has increased by 50%, from 22% to 33%.⁴³¹ The percentage of gang-related homicides is much higher for Latinos (43%) and African Americans (35%) than for whites (7%).⁴³² Roughly 10% of middle and high school students in California belong to a gang.⁴³³
- Huge disparities exist for the rates in which California adolescents, ages 15-19, are killed in a violent manner. The rate for African Americans is almost twice as high (75 per 100,000) as the rate for Latinos (36 per 100,000), the next highest racial/ethnic group.⁴³⁴

Safety at School

- When students feel connected to their school, they are less likely to be involved in fights. 83% of middle and high school students who feel connected to their school have not been involved in a fight at school compared to only 62% of middle and high schools students who do not feel connected to their school.⁴³⁵
- Roughly 20% to 25% of middle and high school students report being afraid of being beaten up at school within the past year.⁴³⁶
- Almost half of middle school students report being pushed, shoved or hit in school (47%).⁴³⁷
- Less than one-third (32%) of California's high school students feel safe at school.⁴³⁸
- 25% of 11th-graders report having seen a weapon at school.⁴³⁹ Boys are nearly three times more likely to carry a weapon than girls. Among 11th-graders, 85% of boys and 95% of girls report never having carried a weapon to school.⁴⁴⁰

The Prevalence and Effects of Bullying

- Half of the nation's high school students report having bullied (i.e., physically abusing, teasing or taunting in a way that seriously upsets the victim) someone in the past year, and 52% report having hit someone out of anger at least once in the last year.⁴⁴¹
- In the U.S., 10% of adolescents, ages 12-18, report having had hate-related words directed at them during school in the past six months.⁴⁴²
- Almost half (46%) of California's seventh-graders report being made fun of because of the way they look or talk.⁴⁴³ One-third (33%) report

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being harassed in the past year due to their race, ethnicity, national origin, religion, gender, sexual orientation, or physical or mental ability.⁴⁴⁴

- In the U.S., cyberbullying afflicts one-third of children, ages 12-17,⁴⁴⁵ and one-sixth of children, ages 6-11.⁴⁴⁶
- Cyberbullying disproportionately affects lesbian, gay, bisexual and transgender (LGBT) students. More than half (54%) of LGBT students have been victimized by cyberbullying in the past 30 days. Of the victims, 45% felt depressed afterwards, and more than one-quarter (26%) had suicidal thoughts.⁴⁴⁷

Maltreatment of Children

- California law defines two broad types of child maltreatment: neglect and abuse. Child neglect is defined as negligent treatment, which threatens the child's health or welfare. Child abuse is defined as either physical abuse, sexual abuse or emotional abuse.⁴⁴⁸
- California children are slightly less likely to have substantiated allegations of maltreatment than children in the rest of the nation. In 2008, 9.7 per 1,000 California children⁴⁴⁹ were victims of maltreatment compared to 10.3 per 1,000 nationwide.⁴⁵⁰
- Neglect, which includes general and severe neglect, and caretaker absence or incapacity, accounts for 63% of all substantiated allegations of maltreatment in California. 9% of substantiated allegations are for physical abuse; 6% are for sexual abuse; and 22% are for a variety of other reasons, such as exploitation and emotional abuse.⁴⁵¹
- Because young children depend upon parents and caregivers to provide for all of their basic needs, neglect disproportionately affects the youngest children. Among infants (0-1), 80% of substantiated maltreatment allegations are for neglect,⁴⁵² and among children ages 1-2, 72% of substantiated maltreatment allegations are for neglect.⁴⁵³
- The highest incidences of substantiated maltreatment in California affect African American children (24 per 1,000),⁴⁵⁴ infants younger than age one (20 per 1,000), 455 and Native American children (19 per 1,000).⁴⁵⁶

Cyberbullying disproportionately affects lesbian, gay, bisexual and transgender students.

The Effects of Maltreatment on Children's Well-Being

- Individuals who are physically abused in the first five years of life are at greater risk for being arrested as juveniles, are more likely to become teen parents and are less likely to graduate from high school.⁴⁵⁷
- Child abuse and neglect increase the likelihood of children becoming delinquent. Victims of maltreatment are 59% more likely to be arrested as juveniles.⁴⁵⁸

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Foster youth are wards of the state, so California is responsible for ensuring they receive regular, preventative health services.

- Children who have been victims of maltreatment have poor health outcomes as adults. They are more likely to suffer from allergies, arthritis, asthma, bronchitis, high blood pressure and ulcers.⁴⁵⁹

Youth in the Child Welfare System

- In 2009 and 2010, Gov. Schwarzenegger cut \$80 million from the state's child welfare services budget, and, as a result, forfeited \$53 million in matching federal funds. This cut jeopardizes children in foster care by slashing funding for more than 600 social workers, which will lead to increased caseloads, cuts to services that help children reunify with their families or find new adoptive families, and cuts to programs designed to help foster youth transition successfully from the system.
- Following maltreatment, children may be removed from their families and placed into foster care, which covers a wide range of out-of-home placement options, such as group homes, shelters and living with foster care families or relatives.
- Roughly 60,000 children are in foster care in California.⁴⁶⁰ This reflects a steady decline from the approximately 110,000 children in care in 1999.⁴⁶¹
- Congregate care, caring for children in group homes or institutions, costs three to five times more than family-based placements with some research indicating that such arrangements have worse outcomes for children.⁴⁶² California has been gradually shifting away from the use of congregate care. In 2010, less than 7% of children were placed in congregate care.⁴⁶³
- Foster youth are wards of the state, so California is responsible for ensuring they receive regular, preventative health services. Yet, only 88% of California's foster care children receive timely medical examinations,⁴⁶⁴ and even fewer (65%) receive timely dental examinations.⁴⁶⁵
- Placement instability among foster youth increases mental health costs.⁴⁶⁶ Two-thirds (67%) of children who have been in California's foster care system over two years have been moved to three or more placements. Almost all (94%) children in group homes have been placed in three or more separate settings compared to 58% of children placed with kin.⁴⁶⁷

Prevention, Early Intervention & At Home Services as an Alternative to Foster Care

- The child welfare system works to keep children safe at home or permanently re-unite children with their families.⁴⁶⁸ However, when this is not possible the system seeks alternative permanency for children.⁴⁶⁹

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- Research suggests that maltreated older children placed out-of-home experience higher delinquency and teen birth rates, and lower earnings than children who remain in their homes.⁴⁷⁰
- In California, 45% of children entering care for the first time are reunified with their families within one year,⁴⁷¹ and 61% are reunified within two years.⁴⁷² As of 2007, a federal waiver allows Alameda and Los Angeles counties to use and reinvest Title IV-E foster care funds flexibly—to assist the child welfare and probation systems in developing and implementing alternative services to foster care to bring about better outcomes for children and their families.
- Alameda County family preservation programs have served over 1,000 families, with children at imminent risk of removal, keeping more than 90% of them in their homes.⁴⁷³

Transitioning from the Child Welfare System to Adulthood

- AB 12 (Beall and Bass), the California Fostering Connections to Success Act, was signed by Gov. Schwarzenegger in 2010. The law will (a) recast and expand California's Kinship-Guardianship Assistance Program, which allows foster youth to exit the child welfare system into stable and permanent relative guardianships, and (b) extend foster care supports and services to foster youth until they reach age 21 (provided they continue to meet employment and education-related requirements) all with federal financial assistance.
- By 2014, The Patient Protection and Affordable Care Act (ACA) will extend Medicaid Coverage to former foster youth, so they can maintain their coverage until they reach age 26.
- Four years after aging out of foster care, 48% of the young adults are employed, more than three-fourths of the young women have experienced pregnancy and 45% of the young men have been incarcerated.⁴⁷⁴
- One study found that 65% of California's foster youth who age out of the system needed safe and affordable housing.⁴⁷⁵

38% of children in juvenile detention in the U.S. read below the fourth grade level.

Preventing Juvenile Delinquency

- High-quality education is needed to stem delinquency. 38% of children in juvenile detention in the U.S. read below the fourth grade level.⁴⁷⁶ California spends an estimated \$1.1 billion per year addressing crime associated with high school dropouts.⁴⁷⁷
- Students' participation in academic enrichment programs is tied to decreased delinquency. In one Los Angeles afterschool program, child participants were found to be less likely to participate in crim-

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inal activities later in life than their peers who did not attend the program.⁴⁷⁸

- On school days, the time immediately after school ends (3-6 p.m.) is when teens are most likely to commit crimes, become victims of crime, become involved in a car crash, and smoke, drink and use drugs.⁴⁷⁹ Between 2005 and 2009, the percentage of elementary and middle school students in California supervised by an adult after school decreased from 56% to 53%.⁴⁸⁰
- The Juvenile Justice Crime Prevention Act (JJCPA) funds programs to curb crime among children and adolescents. Children in JJCPA-funded programs are less likely to be incarcerated than those who are not,⁴⁸¹ yet continued funding is uncertain, affecting more than 100,000 children. JJCPA programs have been given temporary funding through a temporary increase in the vehicle license fee (VLF), which is set to expire in June 2011.

Youth in the Juvenile Justice System

- More than 200,000 children in California were arrested in 2009. Boys (74%) were nearly three times more likely to be arrested than girls (26%). While more than half (57%) of all juvenile arrests were for misdemeanors, nearly one-third (29%) were for felonies. 15% of the arrests were for status offenses (e.g., curfew violations, truancy and running away).⁴⁸²
- The number of children committed to state custody has declined steadily over the years. As of October 2010, only 1,322 children were housed in state Division of Juvenile Justice facilities,⁴⁸³ while less serious offenders were entrusted to county facilities, which are closer in proximity to their homes, families, social programs and other support systems.
- On any given day in California, approximately 5,800 children are in juvenile halls and 1,600 children are in juvenile camps.⁴⁸⁴
- Among children committed to county juvenile halls in 2009-10, 22% (14,497) were gang members and 16% (10,436) had open mental health cases.⁴⁸⁵

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