

2020

California Children's Report Card



**Children
Now**



A survey of kids' well-being and
roadmap for the future.

2020

California Children's Report Card

The *California Children's Report Card* grades the state on its ability to support better outcomes for kids, from prenatal to age 26. Each grade is based on the state's progress (or lack thereof) on passing and implementing state-level policies and making investments in the supports and services needed for all kids to reach their full potential. The Pro-Kid Agenda provides recommendations to the state's leaders on how to improve outcomes for kids in each section.



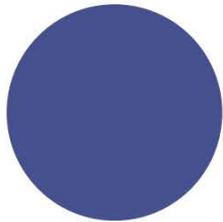
About Children Now

Children Now is on a mission to build power for kids. The organization conducts non-partisan research, policy development, and advocacy reflecting a whole-child approach to ensuring all children, especially kids of color and kids living in poverty, from prenatal to age 26, reach their full potential. The organization also coordinates The Children's Movement of California®.

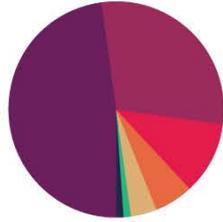
Learn more at www.childrennow.org

Introduction	2	Demographics	
	3	Letter from the President	
Health	6	Health Insurance	A
Pg. 4-21	8	Health Care Accountability	D
	10	Health Care Access	C-
	12	Preventive Screenings	D
	14	Behavioral Health Care	D
	16	Preventing Trauma & Supporting Healing	C-
	18	Oral Health Care	C-
	20	Food Security	C-
Education	24	Infant & Toddler Care	D+
Pg. 22-47	26	Preschool & Transitional Kindergarten	B
	28	Early Care & Education Workforce	C-
	30	Early Intervention & Special Education	D
	32	Education for Dual Language & English Learners	C-
	34	Education Funding	D+
	36	STEM Education	C-
	38	Teacher Pipeline & Retention	D+
	40	School Climate: Caring Professionals at School	F
	42	School Climate: Discipline & Attendance	B
	44	Afterschool & Summer Learning Programs	B-
	46	Higher Education	C+
Family Supports	50	Voluntary Evidence-Based Home Visiting	C-
Pg. 48-55	52	Paid Family Leave	B-
	54	Income Assistance for Low-income Families	B-
Child Welfare	58	Stable Homes & Enduring Relationships	C
Pg. 56-63	60	Health Care for Kids in Foster Care	C-
	62	Education Supports for Students in Foster Care	D+
Adolescents & Transition Age Youth	66	Relationships & Sexual Health Education	C-
Pg. 64-73	68	Supports for Unaccompanied Homeless Youth	D+
	70	Decriminalization of Youth	D+
	72	Opportunities for Youth Voice & Civic Engagement	C-
Conclusion	74	Connected Cradle-to-Career Systems	D
	76	Endnotes	
	90	Staff	
	91	Credits & Acknowledgments	
	92	Board of Directors	
	93	Leadership Council	

California is home to 9,159,878 children.



AGES 0-TO-17¹
9,159,878



RACE/ETHNICITY BREAKDOWN⁵

49%
Latino

30%
White

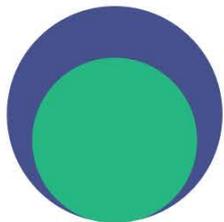
11%
Asian

6%
Black

4%
Multiracial

<1%
American Indian
or Alaska Native

<1%
Native Hawaiian or
Pacific Islander



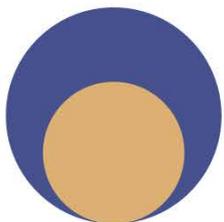
ARE ENROLLED IN
MEDI-CAL²
5,353,060

IN FOSTER CARE⁶
61,501

When the state removes children and youth from their homes – due to abuse, neglect, or other serious threats to well-being – it assumes parental responsibility via foster care.

ARE ENGLISH
LEARNERS IN
K-12 SCHOOLS⁷
1,195,998

Children learning English in addition to another language are called English Learners (EL) in grades K-12. California has the highest percentage of kids who are EL (21%) in the country.



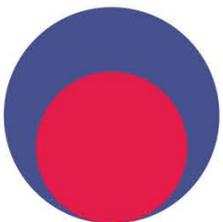
ARE LOW-INCOME³
43%

IDENTIFY
AS LGBTQ
(AGES 13-TO-17)⁸
11%

The total population of youth who identify as LGBTQ in California is likely higher, as this estimate represents only those students enrolled in traditional public high schools in California who self-identified as lesbian, gay, bisexual, transgender, or queer.

ARE TRANSITION
AGE YOUTH
(AGES 18-TO-25)⁹
4,744,453

The transition from childhood to adulthood holds promise and possibility. It is also a time when young people require significant supports to ensure their basic needs are met and their voices are heard.



FROM IMMIGRANT
FAMILIES⁴
4,195,000

Immigrant families are an asset to California. Recent and proposed federal policy changes have discouraged children in immigrant families from accessing health coverage, food assistance, and other benefits they are entitled to by law. These changes pose a risk to children's health and well-being, as well as to public health. Additionally, due to consistent threats of family separation, children in immigrant families have experienced trauma, depression, and anxiety, escalating the adverse child health impacts of these anti-immigrant policy efforts.

Letter from the President

California has long been on the cutting edge of social and political change. The popular saying “As California goes, so goes the nation,” came about due in part to the social and political movements that began here and spread across the country. This trendsetting continues today on issues from addressing climate change to supporting our immigrant communities to ensuring equal rights for all.

But, when reviewing the grades of this year’s California Children’s Report Card, it is difficult not to ask the question: why is California failing to be a leader when it comes to kids? In fact, in too many cases, we rank at the bottom of the country. In areas where there was a concerted effort to change policies and lead the nation, like children’s health insurance or paid family leave, we see high grades. Yet, in most areas, from mental health to childcare to caring professionals at schools to education supports for students in foster care, the state has failed to put kids first in policymaking.

As you’ll see from the Report Card, today’s kids face too many barriers to accessing the quality supports and services they need to reach their full potential. California must take swift action to break down these barriers, first and foremost for children of color, and then by addressing the intersectional impacts of poverty, immigration status, gender, sexual orientation, and foster care system involvement.

We know children’s issues are complex – each child has their own unique set of needed supports – and must be addressed with a whole-child approach. But this reality cannot be an excuse for insufficient action around each of the issues outlined in this report, or lead to a search for a “silver bullet” solution, only to realize there isn’t one.



California has a moment right now to be the leader in enacting a whole-child agenda, so that every kid has access to the full range of quality supports – cradle through career – needed to succeed. The public support is there. What’s needed is bold leadership for the state to act on each of the Pro-Kid Agenda items included in this report. Let’s not miss out on this critical moment to finally create the changes that will improve children’s well-being in our state – and our collective future.

Sincerely,

A handwritten signature in black ink that reads "Ted Lempert". The signature is fluid and cursive, written over a light gray background.

Ted Lempert
President

Health

Sections

- A** Health Insurance
- D** Health Care Accountability
- C-** Health Care Access
- D** Preventive Screenings
- D** Behavioral Health Care
- C-** Preventing Trauma & Supporting Healing
- C-** Oral Health Care
- C-** Food Security

California's health system should provide timely, quality, accessible, affordable, coordinated, and culturally-sensitive medical, dental, behavioral, and other health services for all children, as well as addressing fundamental social factors that contribute to children's health. However, the unique needs of children are often forgotten in a health care system that focuses more on treating chronic adult diseases rather than building a healthier population by focusing on needs of kids. Currently, the majority of kids are missing out on key preventive services, meaning the state's health system is failing to deliver on legally binding promises that have been made to all children with regard to health care screenings, primary care, and treatment. The system our children need would promote efficient care with an emphasis on prevention, early detection and intervention, and disease management — and allow all kids to grow, learn, and thrive.

Childhood is the essential time to intervene with health problems or habits — not only to help change the trajectory of children's development, but also to lead to a healthier overall population. California's failure to prioritize children's health and prevention ignores the potential to address medical and behavioral precursors to diseases later in life, which are costly in terms of dollars and human suffering.



Health Insurance

Grade A

Progress Report

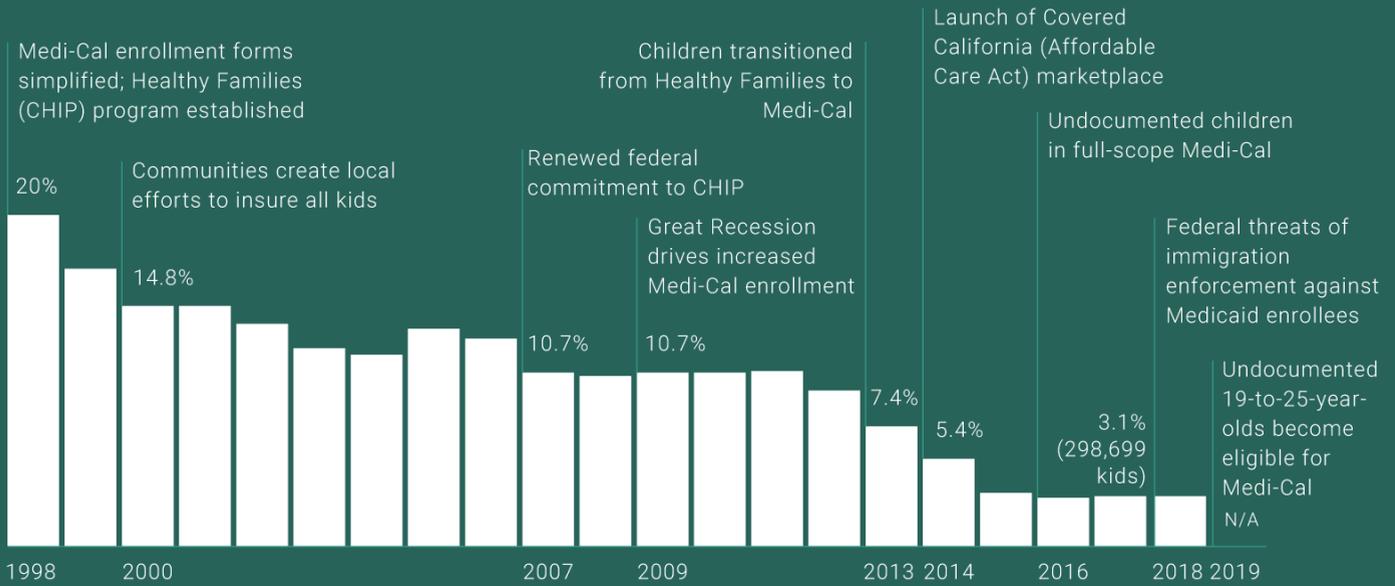
Quality, affordable health insurance helps kids access timely, comprehensive health care, and supports their overall well-being. California has made remarkable progress toward ensuring health coverage for every child. Medi-Cal is the bedrock program, providing coverage to more than half (5.4 million) of California children. The state extended Medi-Cal to undocumented income-eligible children: as of 2016, more than 130,000 kids ages birth-to-18; and starting in 2020, over 100,000 youth ages 19-to-25. Unfortunately, the gains California has made in children's health coverage are threatened by recent or potential changes in federal policies. For example, an alarming 274,000 children dropped off Medi-Cal between 2017 and 2019, partially driven by chilling factors like harsh federal immigration policies that deter enrollment in important programs.¹⁰

Pro-Kid® Agenda

California policymakers must ensure that every single child is enrolled in health coverage and receiving comprehensive and consistent benefits across public and private insurance plans, so that all families can access high-quality, affordable care for their children. In the near-term, the California Department of Health Care Services should work to streamline enrollment for all eligible-but-currently-uninsured California children and pregnant women into Medi-Cal coverage. The state should continue to fight against damaging federal proposals, such as restrictive and punitive changes to immigration laws and poverty calculations, to protect California children's health coverage and well-being.

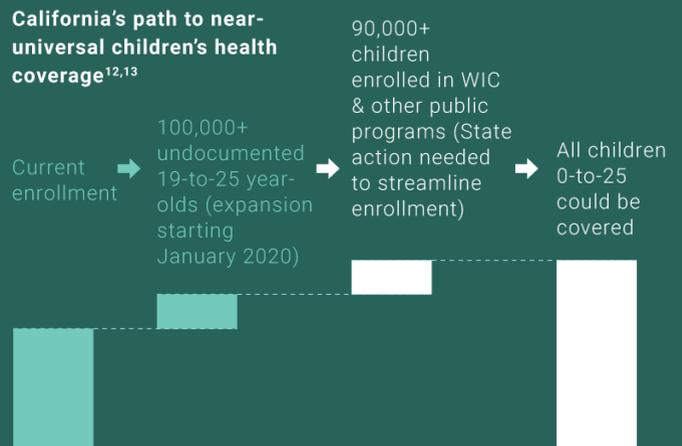
California has made effective strides towards insuring all kids.

Percentage of children in California under age 18 who were uninsured¹¹



California could achieve near-universal coverage for kids.

The state could cover all kids by fully implementing the Medi-Cal expansion to undocumented 19-to-25-year-olds, and taking action to streamline Medi-Cal enrollment for children who are in other programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).





Health Care Accountability

Grade D

Progress Report

Due to a federal law called the Early & Periodic Screening, Diagnosis, & Treatment (EPSDT) benefit, children enrolled in Medicaid are entitled to any health care services that a doctor determines they need to prevent or treat a problem. Nearly all (90%) of the 5.4 million children in Medi-Cal (California's version of Medicaid) are covered through managed care plans, a type of insurance that contracts with specific providers. Medi-Cal managed care, therefore, is a key driver of children's health outcomes in California. Managed care plans are paid a monthly rate by the state to cover the services that a kid needs to be healthy, yet children are not receiving the timely, quality care to which they are entitled.

Pro-Kid® Agenda

California policymakers must make kids the first priority in health care. Our leaders should ensure that the state is paying a fair rate for the services that kids need, and that kids are actually receiving those services. California should have strongest-in-the-nation contracts with Medi-Cal managed care plans that reward improvement in child health and are also closely monitored and effectively enforced to guarantee children will get the care they need. In the near-term, the state should implement all recommendations from the March 2019 State Auditor report to improve accountability for EPSDT care, including improving auditing procedures and requiring health plans to do a better job collecting and using data. The state needs to comprehensively collect and analyze a full range of data to effectively hold the Medi-Cal system accountable for payments made to deliver quality medical, dental, and behavioral health care for children that is required by federal law.

Children have a unique legal guarantee to medically necessary services.¹⁴

This standard is broader for children than adults. Services to maintain or improve a child’s health, not just to correct a problem, must be covered.

The Early & Periodic Screening, Diagnosis, & Treatment (EPSDT) benefit:¹⁵

- Applies to every child in Medi-Cal
- Guarantees any Medicaid services necessary to “correct or ameliorate” a diagnosed physical or mental condition
- Covers medical, dental, vision, and hearing screens
- Requires state monitoring of health plan compliance to ensure children are getting care
- Requires timely access to language-appropriate care, including transportation to and from appointments if needed

Medi-Cal managed care is the fundamental driver of children’s health care in California.

Percent of children in Medi-Cal who are in managed care¹⁶

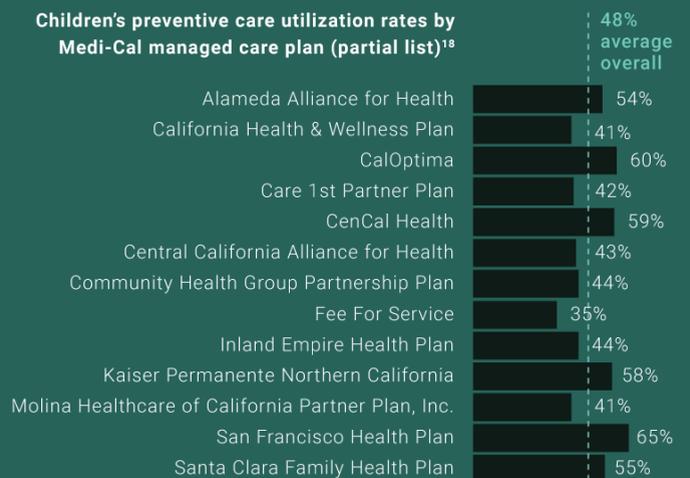


Of the 5.4 million total children ages birth-to-20 enrolled in Medi-Cal, 4.8 million of them are in managed care

Despite a legal guarantee, kids across California are not getting the services they need.

A 2019 audit showed that the state is not providing sufficient oversight of plans to ensure that children are receiving preventive care visits (“pediatric utilization”).¹⁷

Children’s preventive care utilization rates by Medi-Cal managed care plan (partial list)¹⁸





Health Care Access

Grade C-

Progress Report

Accessible, quality health care and seamless care coordination are critical to achieving positive health outcomes for children and to promoting efficient care through prevention, early detection, and disease management. Care coordination is especially critical for children with special health care needs. Though most California kids have health insurance, an unacceptable number lack adequate access to timely and coordinated care, ranking California 40th of all states for children's utilization of preventive services.¹⁹ While serious concerns about kids' access to health care have been repeatedly documented with the California Department of Health Care Services, these concerns have been insufficiently addressed to ensure that kids can access appointments in a timely way, preventive care and services are readily available, and health plans and providers are held accountable for delivering quality care.

Pro-Kid® Agenda

California policymakers must prioritize improving families' access to culturally-appropriate health care providers for their children in a timely way. In particular, there must be a stronger and more proactive focus on reducing the racial, socioeconomic, language, and geographic disparities in children's health care access and outcomes. In the near-term, the California Department of Health Care Services must promote better access and quality improvement of health care service delivery for children. The state should also prioritize children's access needs when exploring Medi-Cal reforms or policy options to innovatively address the health care, social, and environmental conditions that can exacerbate chronic problems, like pediatric asthma.

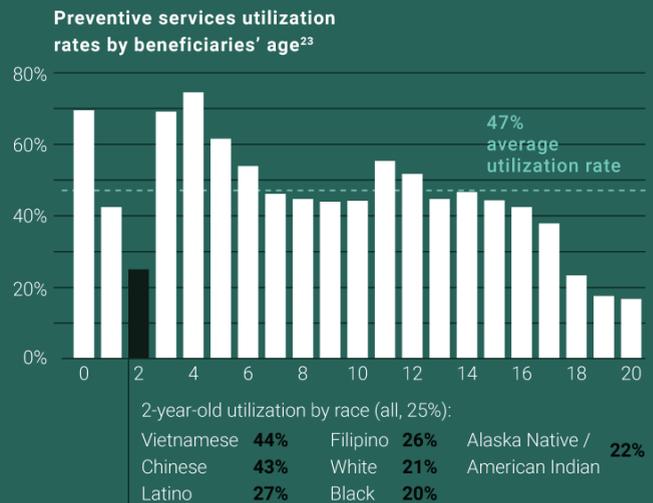
Kids are waiting too long and traveling too far for needed pediatric specialist care.

California established network adequacy rules that specify patients must wait no longer than 15 days and travel no further than 1.5 hours for a specialty appointment, but it has approved alternative standards for some areas and services that severely impede access to care.²⁰

Average appointment wait time compared to 15-day mandate ²¹		Maximum approved driving time compared to 1.5 hour mandate ²²	
Psychiatry	31 days	Psychiatry	3 hours
Pulmonary	31 days	Oncology	4 hours
Pain Services	33 days	Hematology	5 hours
Neurology	41 days	Dermatology	9 hours

Utilization of preventive services is far too low overall, and varies by a child's age.

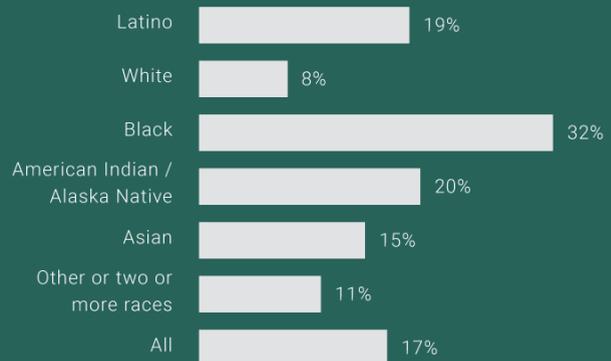
2-year-olds have especially low utilization rates, meaning too few receive preventive checkups; there are also significant racial disparities in utilization.



More kids visit the ER for asthma if they lack access to quality preventive care and healthy environmental factors.

Environmental triggers for asthma can include mold, allergens, pollution, and tobacco smoke. Due to environmental racism, children of color are more likely to live near such triggers.²⁴

Current asthmatic children by race who had emergency room/urgent care visits for asthma in the past 12 months²⁵





Preventive Screenings

Grade D

Progress Report

Pediatricians recommend and the law requires that children are provided preventive screenings to identify potential health and development concerns.^{26,27} Screening is the first step to connecting children with the services they need for healthy vision, hearing, and development. In response to the unacceptably low rates of preventive screenings for young kids, in 2019 California approved the use of tobacco tax funds to reimburse Medi-Cal providers for developmental and trauma screenings. This investment will help improve screening rates and highlight the need for better cross-sector health and early childhood collaboration, shared data, and parent and provider education and outreach to ensure that kids receive screenings and get connected to early intervention services.

Pro-Kid® Agenda

California policymakers must ensure that every young child receives required routine developmental, behavioral, and other preventive health screenings in a timely way and at the intervals recommended by the American Academy of Pediatrics. Also, to meet the requirements of federal law, the state must invest in robust referral and early intervention systems to connect kids with services they may need for supporting their healthy growth and development. In the near-term, the California Health and Human Services Agency should publicly report out and take action on all available data to improve the rate of kids receiving developmental screenings in Medi-Cal, and identify ways to strengthen and expand linkages to needed early intervention services.

Young kids need several types of preventive screenings.

The American Academy of Pediatrics has identified guidelines for preventive care that include regular well-child visits and a range of screenings.²⁸



Developmental screenings at the 9-, 18-, and 30-month well-child visits



Vision screenings regularly throughout childhood and adolescence



Psychosocial/behavioral assessments at every visit



Autism Spectrum Disorder screening at the 24-month well-child visit



Hearing screenings for newborns and then periodically throughout childhood



Trauma screenings



Maternal depression screening during the first 6 months of a child's life



Dental screenings for children up to age 21



Blood lead screening for young children

California is among the worst of all states in ensuring well-child screenings for Medicaid participants.

For all but one age group, California is in the lower half of all states for percentage of completed well-child screenings. For the youngest children, California ranks among the bottom handful of states.

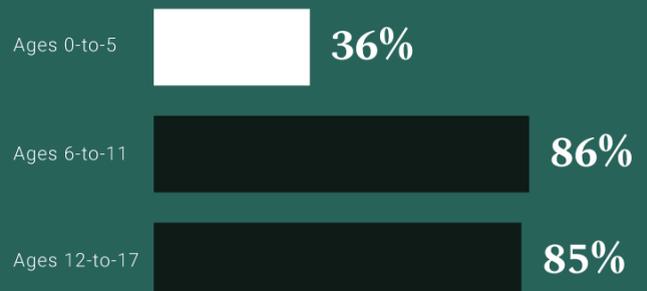
California's rank on well-child screening rates by age group²⁹

1 year	50th
1-to-2 years	48th
3-to-5 years	19th
6-to-9 years	35th
10-to-14 years	34th
15-to-18 years	37th
19-to-20 years	40th

Too few children under the age of five receive the vision screenings they need.

All children should receive age-appropriate vision screenings so that vision concerns can be identified and corrected before they lead to problems with development and learning.^{30,31} An estimated 80% of children with a learning disability have an undiagnosed vision problem.³²

California children who received vision screenings³³





Behavioral Health Care

Grade D

Progress Report

California is failing to reach children with the behavioral health services they need to thrive. A complete behavioral health care system includes mental health and substance abuse services. The majority of youth with substance abuse disorders also have a co-occurring mental illness. California's current patchwork of policies, siloed funding streams, lack of coordination among agencies and levels of government, burdensome administrative complexity, and diagnosis-driven treatment models prevent many California children from being deemed eligible to receive crucial services, hindering state and local systems from delivering on the promise of child well-being. There is far too little emphasis on preventing behavioral health problems with a focus on wellness and providing proactive supports, especially in light of high levels of depression and anxiety among young people. Efforts to build awareness of children's behavioral health needs through legislation requiring school districts to adopt suicide prevention policies are a good step, but the state must make transformative moves to develop a comprehensive system of care that meets kids' needs.

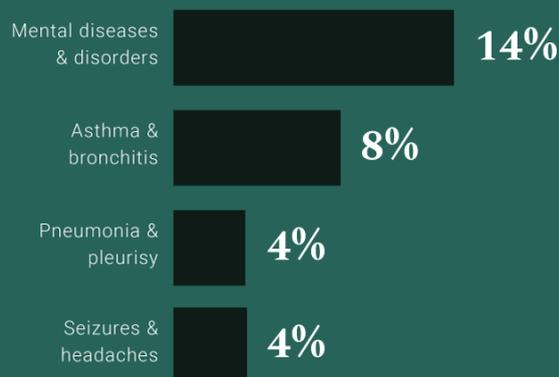
Pro-Kid® Agenda

California policymakers need to prioritize policies and programs that work across sectors to prevent behavioral health challenges as well as promptly and effectively treat difficulties that arise. In the near-term, the state should create a comprehensive plan to completely overhaul the current system because it has been unable to properly identify youth in need and provide supports. This plan must identify target metrics that will move the state forward on improving children's mental health outcomes, such as dramatically reducing youth suicides. The plan should also determine optimal inputs for child and youth wellness, such as increasing peer support workers, boosting youth mental health first aid training for those who work with kids, and greatly expanding preventive services that do not require a diagnosis.

Mental illness is the #1 reason California kids are hospitalized.

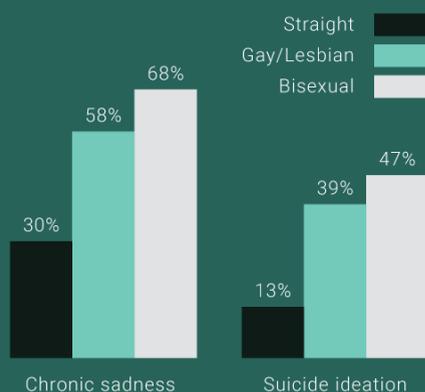
In 2017 there were 227,432 hospital discharges among California children ages birth-to-17; one in seven were for a primary diagnosis of mental disease or disorder.

Top child hospitalizations by primary diagnosis³⁴



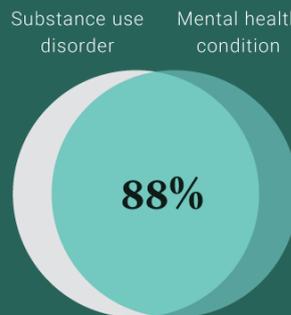
There are high levels of chronic sadness and suicide ideation reported among all students; students who are lesbian, gay and bisexual report even higher levels.

Percent of students in 9th and 11th grade reporting chronic sadness or suicide ideation by sexual orientation³⁵



The vast majority of youth with a substance use disorder (SUD) also have a co-occurring mental health condition.

Youth age 15-to-17 with SUDs who had a co-occurring mental health condition³⁶





Preventing Trauma & Supporting Healing

Grade C-

Progress Report

Traumatic events that occur in childhood – a subset of which are called “Adverse Childhood Experiences” – can sometimes be weathered without lasting effects. However, without buffering the effects of trauma, such experiences can create toxic stress that interferes with healthy development and creates lasting physical and mental impacts on an individual’s well-being.³⁷ Children who have endured traumatic events need support and services to heal and thrive. California’s first-ever Surgeon General took office in 2019 with an explicit focus on childhood trauma as a major public health issue facing the state, helping to elevate this important issue. Additionally, the state took an important step with the recent passage of funding and legislation to support trauma screenings for children, pediatric provider trainings in trauma-informed care, and linkages to community-based and other needed services.

Pro-Kid® Agenda

California’s leaders must work together across sectors to implement policies to prevent childhood trauma, such as mandating training for all child-serving professionals, providing proactive coping skills coaching for all students via Multi-Tiered System of Support approaches at all schools, and scaling up parenting support programs.^{38,39} The state must also support the healing and wellness of children who have already endured trauma, through routine screening, referral to services for the child and their family, and follow up. In the near-term, the state should ensure strong implementation of the new trauma screenings benefit in Medi-Cal, providing clarity on connections between trained pediatric providers, trauma-informed pediatric settings, thorough and thoughtful screenings, and robust linkages to needed services.

Children may face many types of Adverse Childhood Experiences (ACEs).

The term “Adverse Childhood Experiences” refers to a specific set of traumatic events including physical or emotional abuse or neglect; however, children can endure other significant traumas such as community violence, structural racism, homophobia, and separation from parents.

Among California children who reported experiencing ACEs, percent who reported the following:⁴⁰



Childhood trauma can negatively impact long-term physical and mental health and wellness.

ACEs are very common, with 62% of adults experiencing one or more ACEs as a child.⁴¹ Childhood trauma increases the risk of negative outcomes.

A person with four or more ACEs is:⁴²

2.2 times
more likely to have heart disease

2.4 times
more likely to have a stroke

27%
more likely to not have a college degree

39%
more likely to be unemployed

12.2 times
more likely to attempt suicide

10.3 times
more likely to use injection drugs



Oral Health Care

Grade C-

Progress Report

Tooth decay is the most common chronic childhood condition⁴³ that can lead to infection, pain, tooth loss, and associated behaviors like difficulties paying attention and sleeping.⁴⁴ Medi-Cal Dental provides coverage for more than half of California children, but too few receive needed services due to lack of providers, outreach, and coordination — despite efforts to increase access to preventive dental services among children and pregnant women. The Dental Transformation Initiative (DTI), ending in 2020, enabled the California Department of Health Care Services to incentivize providers to focus on prevention and continuity of care. DTI has also funded innovative pilots to develop local infrastructure and systems of care to connect children to dental services. The California Oral Health Plan guides local health departments' oral health work, including improving collection and reporting of kindergarteners' oral health status. This data, however, depends on resources and support available to local school districts and parents' ability to find a Medi-Cal Dental provider.

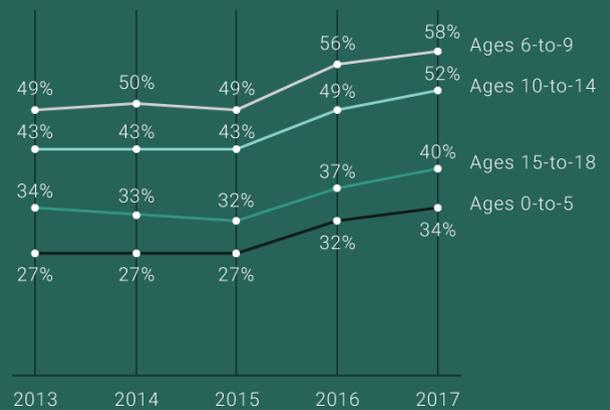
Pro-Kid® Agenda

California should achieve the vision of every child being cavity free at age three. To do so, policymakers must ensure all kids in Medi-Cal have access to timely dental services, and prioritize investments in preventive service programs that reach kids where they are, such as child care locations, schools, WIC centers, and pediatricians' offices. Tobacco tax revenue should remain dedicated to incentivizing Medi-Cal Dental providers and recruiting additional providers in high-need areas. The state should ensure that school districts have sufficient resources — outside of education dollars if needed — to collect Kindergarten Oral Health Assessment data. Policymakers should also scale local models like data-sharing agreements between a child's doctor and dentist, using community health workers to help caregivers make and keep dental appointments, and using virtual dental homes to bring care to areas where access is limited.

Too few children enrolled in Medi-Cal receive preventive dental services, but recent efforts to improve utilization look promising.

The Dental Transformation Initiative that ends in 2020 requires federally qualified health centers to report on dental services rendered, which contributed to this rate increase.

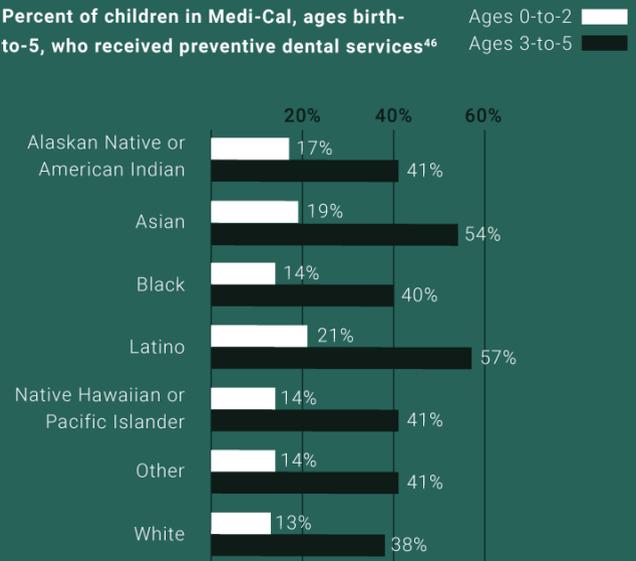
Percent of children enrolled in Medi-Cal who received preventive dental services⁴⁵



Medi-Cal is not providing adequate access for young kids to obtain preventive dental services.

Children should begin getting preventive dental services by age one, and law requires dental health assessments and referrals in Medi-Cal. However, dental services are low overall, and vary significantly by race. Sustained outreach and education efforts to Latino and Asian families seem to be improving kids' utilization; these efforts, including using care coordinators, should be expanded and replicated with other racial groups.

Percent of children in Medi-Cal, ages birth-to-5, who received preventive dental services⁴⁶



California's Kindergarten Oral Health Assessment helps identify children who need dental care to avoid future oral health-related problems including missed school days.

The state does not have oral health data on a large number of entering kindergartners.⁴⁷

20%

of kindergartners who completed oral health assessments had untreated dental decay

39%

of kindergartners did not complete oral health assessments, due to financial burden or lack of access



Food Security

Grade C-

Progress Report

Children who are food insecure have limited, uncertain, or inconsistent access to the quality and quantity of food that is necessary to live a healthy life. Food insecurity is paradoxically related to both hunger and obesity, as well as a higher likelihood of developing other serious and costly health conditions.⁴⁸ California's new Medi-Cal trauma screenings will inquire about family food security; the new Child Hunger Prevention and Fair Treatment Act prohibits students with unpaid school meal fees from being shamed or served a different meal than other students; and a new law makes CalFresh (known federally as the Supplemental Nutrition Assistance Program, or SNAP) more accessible to eligible college students. However, California is failing to ensure that all eligible children receive nutrition assistance. In addition, proposed federal cuts to SNAP eligibility are putting 74,000 California households with children at risk of losing access to CalFresh and free- and reduced-price school meals.^{49,50}

Pro-Kid® Agenda

California's leaders must ensure that every child has access to nutritious food, and at the very least that every eligible child is enrolled in CalFresh, school meals, and other nutrition supports. Policymakers must also dramatically increase access to healthy food choices for kids in and out of school. In the near-term, the state should make nutrition assistance benefits accessible to all California children experiencing need, regardless of immigration status; expand access to universally free school meals to more students across the state; and ensure that no child loses access to CalFresh or school meals due to proposed federal cuts to the Supplemental Nutrition Assistance Program.

At least two million California children are affected by food insecurity.⁵¹

Five of the 13 U.S. counties with the most food-insecure children are in California⁵²



Food insecurity affects every aspect of a child's well-being.

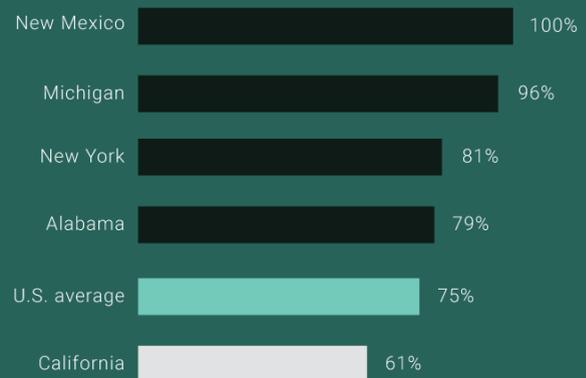
Food insecurity leads to poor child outcomes at every age^{53,54}



California is the fourth-worst state in reaching eligible low-income working people with nutrition assistance, though gains have been made in recent years.⁵⁵

CalFresh helps families afford the food they need, yet many eligible families are not enrolled. Three-quarters of CalFresh participants are families with children.⁵⁶

Percent of income-eligible working people enrolled in SNAP⁵⁷



Education

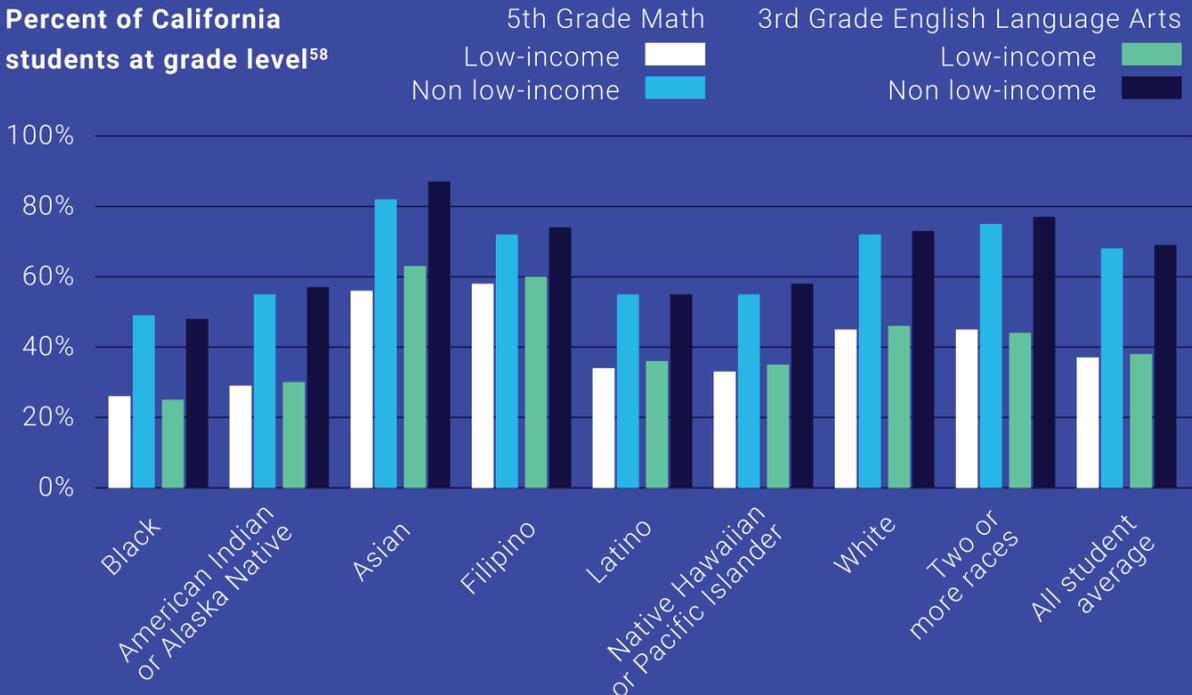
Sections

- D+** Infant & Toddler Care
- B** Preschool & Transitional Kindergarten
- C-** Early Care & Education Workforce
- D** Early Intervention & Special Education
- C-** Education for Dual Language & English Learners
- D+** Education Funding
- C-** STEM Education
- D+** Teacher Pipeline & Retention
- F** School Climate: Caring Professionals at School
- B** School Climate: Discipline & Attendance
- B-** Afterschool & Summer Learning Programs
- C+** Higher Education

California should ensure that every child, from early childhood through adulthood, has access to rigorous, engaging, and relevant learning experiences, taught by effectively-supported, skilled educators, in safe environments. Children are born learning and need educational experiences that nurture their curiosity and capacity to learn from the very beginning of life. Yet, in California, alarming achievement gaps — fueled in large part by lack of public resources, poverty, and institutional racism — remain among the biggest in the nation. Research shows that these gaps often open early in children’s lives, far before kindergarten, and persist over time. It is critical the state adequately invest in high-quality child care, preschool, TK-12, and higher education systems that are transparent to the public, held accountable, and provide the supports necessary to eliminate disparities and improve student outcomes. Failure to do so risks underpreparing entire generations of kids for the challenges of the future, putting the state’s economic and social well-being at risk.

Race disparities in academic achievement

Due to the state’s failure to provide adequate supports and services for students, California’s academic performance is unacceptably low. Fewer than one-half of students meet standards in English Language Arts and Mathematics, and significant disparities in outcomes by race and income demonstrate the structural barriers that exist for too many students.





Infant & Toddler Care

Grade D+

Progress Report

More than 1.5 million families with infants and toddlers live in California, and most of them qualify for child care assistance. Yet, the state has failed to ensure sufficient subsidies and spaces for the vast majority of income-eligible children — only 14% have access, which means that families struggle to find affordable, stable, quality child care.⁵⁹ This lack of support results in a major, systemic school readiness gap, increasing the likelihood of significant challenges for the future workforce and state overall. Healthy brain development and growth in the earliest years is fueled by responsive caregiving, consistent everyday interactions, and safe, enriching experiences that establish a strong foundation to support early learning, but the stark access gaps mean that many children and families are left without necessary care.⁶⁰ There has been some increased investment in the last several years. However, the state has been slow to expand child care assistance for struggling families, and has primarily relied on expanding access through the Alternative Payment program (serving children birth-to-12) without tracking the age group of recipients to ensure the youngest have access.

Pro-Kid® Agenda

California policymakers must ensure all families with infants and toddlers have the ability to access child care in a variety of settings that are high-quality, stable, and affordable. It is especially important to ensure foster families, families in poverty, and other families experiencing need or risk have this critical support. In the near-term, the state should at least triple the number of infants and toddlers that receive state-funded child care services while simultaneously investing in the infrastructure necessary to ensure all eligible infants and toddlers in the state have access to quality care, including targeting resources for workforce development and facilities. It is also critical to restructure rates in order to rationalize the finance system and incentivize quality improvement.

High-quality child care is critical for young children’s development, boosting health and short- and long-term learning.

During the earliest years, infants and toddlers:



Form one million new neural connections every second



Develop skills – gross and fine motor, communication, social-emotional, problem solving



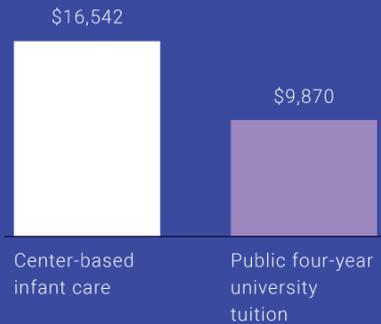
Usually (63%) have all available parents in the labor force⁶¹



Gain key skills through everyday experiences and environments such as child care

The cost of child care consumes a huge portion of family income.

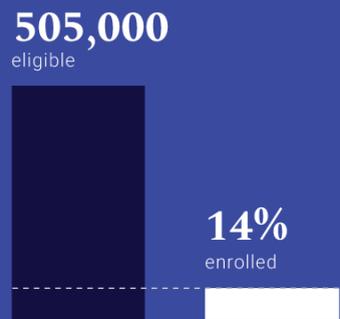
The average annual cost of child care for an infant in a licensed center is more than college tuition.⁶²



Low-income families with young kids need much better access to quality child care programs in California.

Of California’s infants and toddlers, 62% are born into low-income households and are therefore eligible for subsidized child care.⁶³

California’s early care and education programs serve few income-eligible birth-to-3-year-olds⁶⁴





Preschool & Transitional Kindergarten

Grade B

Progress Report

Quality early learning programs are critical to school readiness and long-term educational success.⁶⁵ Such programs address the achievement gap before it begins – especially for children disadvantaged by structural inequities such as kids of color, kids from low-income families, and kids in foster care. While California has shown increased commitment to early learning by expanding investments in its State Preschool Program and establishing transitional kindergarten, states across the nation are making faster progress expanding access and investing in quality improvement efforts. Specifically, the State Preschool Program lacks sufficient funding to serve all 3- and 4-year-olds, and transitional kindergarten is not designed to serve all 4-year-olds nor does it target the most vulnerable kids. Further, despite consistently low national rankings, neither program has improved its quality. Research also shows that two years of preschool are more beneficial, especially for vulnerable children⁶⁶, yet the state has not adequately expanded access to quality preschool for 3-year-olds.

Pro-Kid® Agenda

The state must ensure high-quality, universal preschool for all 3- and 4-year-olds and align and elevate quality metrics across programs, including student-teacher ratios, professional standards, and environmental factors. In the near-term, it should expand access to State Preschool for 3-year-olds; lower student-teacher ratios in transitional kindergarten classrooms to ensure developmental appropriateness; and provide more wraparound care to allow for parents' varying work hours and ensure children have supportive services that enable them to learn. Finally, the state should leverage federal early learning investments including better coordination with Head Start and Early Head Start.

Too few 3- and 4-year-olds have access to preschool.

High-quality early learning programs can narrow the achievement gap and produce more equity in academic opportunities.⁶⁷

Percent of income-eligible 3-year-olds enrolled in early care and education programs⁶⁸



Percent of income-eligible 4-year-olds enrolled in early care and education programs⁶⁹



California preschool and transitional kindergarten programs do not meet research-aligned benchmarks of quality, and have made little progress since 2002.

California ranks

39th out of 46

states on quality rankings.⁷⁰





Early Care & Education Workforce

Grade C-

Progress Report

Young kids learn best through enriching experiences and relationships with caring adults,⁷¹ so well-trained, experienced teachers are critical to high-quality early care and education (ECE) programs. Yet, the educational requirements for staff remain low even though the knowledge and skills necessary to effectively support young children are complex. In addition, due in part to low reimbursement rates, poor compensation is a significant problem, with 58% of the ECE workforce relying on public assistance to make ends meet.⁷² This results in high staff turnover, and leaves professionals without clear pathways to further their education, develop their skills, and advance to higher-paid positions.⁷³ Although child care investments are central to California's plan to promote family self-sufficiency, the state's own lack of leadership has actually reinforced income disparities for critically important ECE professionals. Additionally, only sporadic progress has been made toward revising ECE qualifications through the Commission on Teacher Credentialing.

Pro-Kid® Agenda

California must elevate early care and education as a profession, by raising education and experience standards over time, ensuring compensation rises commensurate with higher qualifications, and building future expansions of preschool and child care upon the foundation of a highly skilled, well-compensated workforce. Greater investment is needed in a coordinated quality improvement and workforce development system that supports individuals in gaining research-based competencies and skills, as well as the implementation of a statewide workforce registry. In the near-term, essential work includes articulating competencies, qualifications, and related career advancement pathways. In addition, it is critical to restructure financing and rates to raise compensation and stabilize the workforce, over time bringing pay to parity with the TK-12 workforce for equivalent education and training.

The knowledge and skills of early childhood educators are critical to child outcomes.

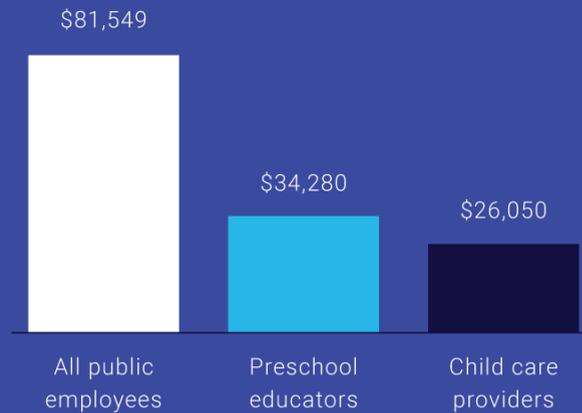
However, professional development requirements are inconsistent across early learning settings, and compensation is far too low for the expertise required.⁷⁴

Essential early childhood educator competencies:⁷⁵



Early child care providers are supporting kids during the period of their lives with the most rapid brain development, yet they are poorly compensated.

Average of annual earnings in California^{76,77}





Early Intervention & Special Education

Grade D

Progress Report

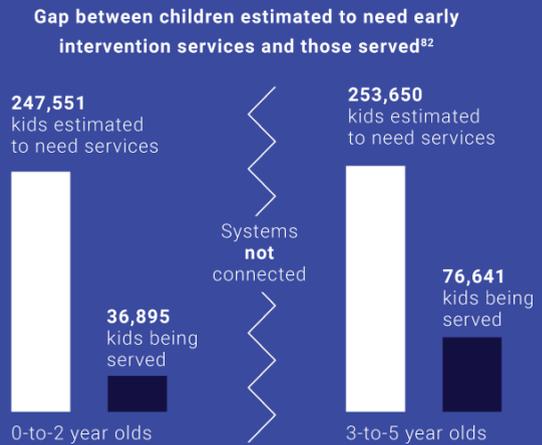
In the first few years of life, babies' brains form more than one million new neural connections every second, setting the foundations for success in school, adult earnings, and lifetime health.⁷⁸ Such rapid development can mask missed milestones in one or more areas. An estimated 12-16% of infants and toddlers will experience some form of developmental delay.⁷⁹ However, there are disconnects between the early intervention system for infants and toddlers, the special education system for preschoolers, and the TK-12 system.⁸⁰ For example, just 7% of California's first graders with Individualized Education Programs were participating in early intervention at age two.⁸¹ Further, race- and income-based disparities in outcomes and opportunity begin early in children's lives and once present, are more difficult to resolve and more likely to persist. The state has made some recent, important investments to help with early identification and support, including funding for developmental screenings, inclusive early learning spaces, and services for 3- and 4-year-olds receiving special education supports in schools. However, these investments fall far short of what children need.

Pro-Kid® Agenda

Every California child who needs special education supports should get them, seamlessly, and as early as possible. The state must ensure every eligible child has access to an accountable, results-oriented, continuum of cradle-to-career special education supports and services. In early childhood, this means ensuring universal developmental screening and significantly expanding and improving early intervention services. In the TK-12 system, the state must improve the quality of services and invest sufficiently in special education to keep pace with need.

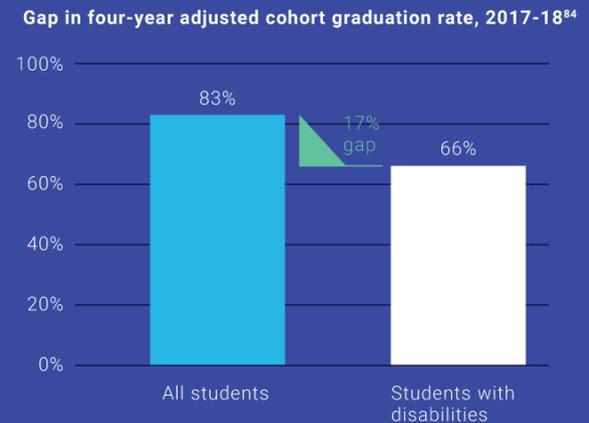
California is failing to provide services to young children who need early intervention.

The two systems – for infants/toddlers, and preschool-age kids – are disconnected and do not work together to serve kids.



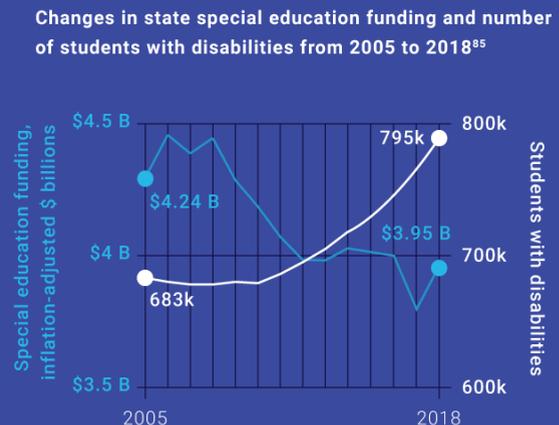
Due to inadequate access to needed services and supports, students identified with disabilities are less likely to graduate from high school than other students.⁸³

“Students identified with disabilities” are those with Individualized Education Programs under the Individuals with Disabilities Education Act.



State funding for special education is not keeping up with caseload.

The most common student disabilities are learning, speech, and language disabilities. While still relatively rare, the number of students diagnosed with Autism Spectrum Disorder has increased significantly, from 2% of all disabilities in 2000-01 to 15% in 2018-19.





Education for Dual Language & English Learners

Grade C-

Progress Report

Children learning English in addition to another language are considered dual language learners (DLL) before entering school, and designated English Learners (EL) in grades TK-12. California has the highest percentage of kids who are DLL (60%)⁸⁶ and EL (21%)⁸⁷ in the country. With the passage of Proposition 58 in 2016, California reversed Proposition 227's harmful restrictions on bilingual education. The state has taken important first steps toward an asset-based approach to children's bilingualism by adopting and budgeting \$10 million to implement the English Learner Roadmap⁸⁸ for TK-12, a common vision to welcome, understand, and educate ELs. In addition, the state is embracing the English Language Arts/English Language Development Framework, which is intended to support educators on teaching the standards, and has adopted a high school Seal of Biliteracy.

Pro-Kid® Agenda

California policymakers must promote an asset-based approach to children's bilingualism by providing supports to students to learn English as well as strengthening their home language. The state should recognize the benefits of bilingualism for all students. At a minimum, this should include ensuring children who are dual language and English Learners have the support necessary to develop knowledge and skills in both their home language and English, while providing rigorous core content with a focus on creating equity in opportunities and eliminating achievement gaps. Policymakers should continue to invest at the state and regional levels to build educators' capacity to implement the English Language Arts/English Language Development Framework, and leverage the English Learner Roadmap. California must ensure that Local Control Funding Formula (LCFF) supplemental and concentration grant funds are directly benefiting English Learners, as the law intended, and also continue to improve the accountability system to truly highlight English Learners' achievements and needs.

California's English Learners are diverse.

California is the top state for demand for bilingual workers, with almost 20% of the bilingual job listings in the U.S.⁸⁹

963 / 1000

of the state's districts have English Learners⁹⁰

3 out of 5

young children are dual language learners⁹¹

82%

of California's English Learners speak Spanish⁹²

The remaining 18% speak

66 languages



English Learners confer the benefits of multiple languages throughout the state.

Benefits of speaking a second language:⁹³



Allows people to take part in diverse cultural activities



Opens opportunities for economic success



Boosts mental flexibility, and strengthens memory and cognitive processes



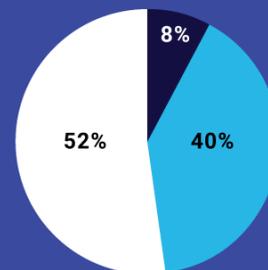
Enhances students' ability to learn all subjects

Nearly half of English Learners are not receiving the support they need to become proficient in English.

English Learners need opportunities to integrate language development, literacy, and content learning, as well as comprehension and participation through native language instruction and scaffolding.⁹⁴

6th grade English proficiency outcomes, 2018-19⁹⁵

-  Classified as English Learner (not proficient) 0-to-5 years
-  Entered kindergarten as an English Learner & still not proficient in 6th grade
-  Entered kindergarten as an English Learner & reclassified as English proficient by 6th grade





Education Funding

Grade D+

Progress Report

California has been underfunding education and shortchanging children for decades. We are in the bottom half of states when it comes to equitable access to quality early learning programs, resulting in among the largest gaps in school readiness in the nation.⁹⁶ In addition, despite California's relatively high state and local taxes, per-capita TK-12 funding is well below the national average resulting in less access to needed services and opportunities for kids. And, although the state is heralded for its historic Master Plan for Higher Education, California now trails many states in terms of higher education investments, outcomes, and affordability.

Pro-Kid® Agenda

Policymakers should address the state's severe underfunding of education, both through prioritization in the state budget and through the ballot, to place California among the top funded states. Overall funding needs to increase much faster than the general cost pressures education faces, including those of special education, pensions, health benefits, and facilities. Policymakers should set a new, higher target for the Local Control Funding Formula (LCFF), and implement effective transparency mechanisms, including a standardized approach for accounting, to ensure an equitable distribution of funding. And, a single negotiated revenue measure focused solely on education (quality child care, preschool, TK-12, and higher education) should be placed on the November 2020 state ballot.

California is vastly underfunding its early learning system.

Approximately 645,000 children birth-to-5 are eligible for California's early care programs, but unserved.⁹⁷

\$10,499 — \$30,219

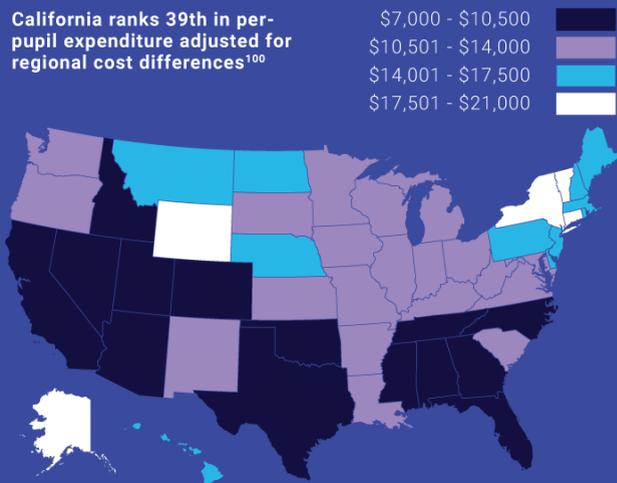
Range of costs per child per year in the current system; costs vary by age of child, program, setting, and region.⁹⁸

More than \$20 billion

Cost for a comprehensive, high-quality early care system that adequately compensates teachers and serves all eligible children birth-to-5.⁹⁹

California TK-12 per-pupil expenditures are among the lowest in the nation.

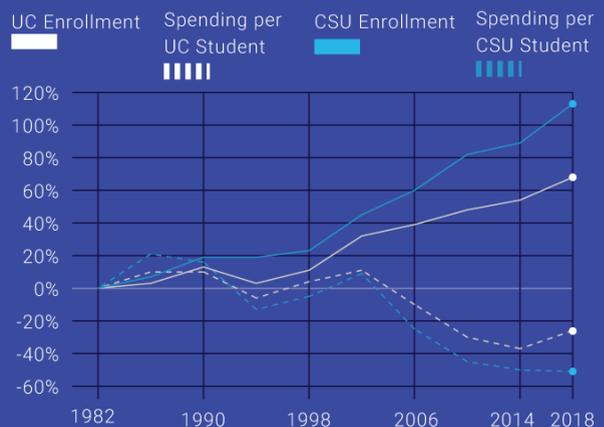
If California was at the national average of total taxable resources spent on K-12 education, it would support an additional \$11 billion investment.



Higher education funding is decreasing.

While enrollment numbers in the University of California and California State University systems are increasing, state funding is decreasing.

Percent change in UC & CSU enrollment and per student state general fund investment^{101,102}





STEM Education

Grade C-

Progress Report

Science, Technology, Engineering, & Math (STEM) education engages students and equips them to succeed in a complex world. Students develop skills needed for success in STEM-related careers as well as skills, like problem solving, that are valuable in all jobs and civic life. In the last 10 years, California has raised math and science expectations, adopted computer science standards, and invested in training, recruiting, and retaining STEM teachers. While these are significant steps forward, they're not sufficient. California is not doing enough on standards implementation, to address the ongoing shortage of STEM teachers, and to close access gaps to quality STEM learning, particularly for students of color, girls, and students from low-income families.

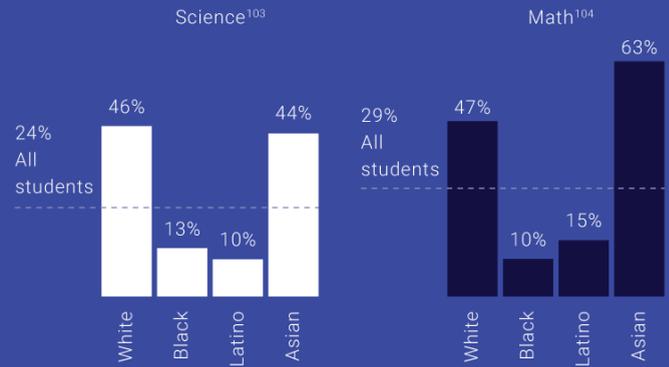
Pro-Kid® Agenda

All California kids need to graduate high school ready to succeed in the 21st century economy, and that requires a high-quality STEM education – whether they go to college, further career education, or the workforce – and regardless of whether the occupation is STEM-based. Policymakers must make continuous, high-quality STEM instruction a core element of every child's education from the youngest age. Specifically, policymakers need to make immediate and significant investments in our statewide capacity to prepare, support, and deliver teaching and learning to the state's math, science, and computer science standards. That means more and better-prepared teachers, high-quality instructional materials, and fully-equipped classrooms for all kids. Simultaneously, district and school leaders must plan for, increase, and be held accountable for their investments in the multi-year implementation of standards-based curriculum and instruction, particularly in STEM, for all kids.

California schools are not preparing students to meet expectations in math and science, and racial disparities are significant.

Due to major systemic inequities, Black and Latino students perform well below their White and Asian peers in math and science on the National Assessment of Educational Progress.

Percent of 8th graders who are proficient in:



As demand for jobs requiring STEM skills continues to grow, California ranks 36th in student performance in math, and 43rd in student performance in science.¹⁰⁵

Jobs requiring STEM skills will far outpace the average 5% national job growth rate between 2018-28. Yet California is not adequately preparing students to meet this workforce demand, threatening our state’s economy and our kids’ future economic mobility.

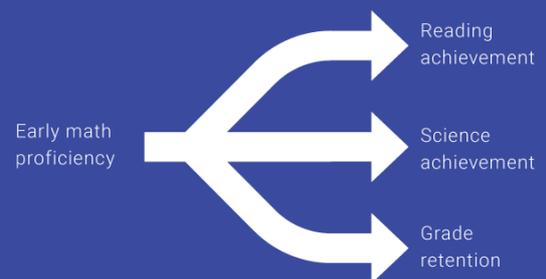
10 fastest growing occupations in the U.S. require STEM skills¹⁰⁶

Percent change, 2018-28

Solar Panel Installer	63%
Wind Turbine Technician	57%
Home Health Aide	37%
Personal Care Aide	36%
Occupational Therapy Assistant	33%
Information Security Analyst	32%
Physician Assistant	31%
Statistician	31%
Nurse Practitioner	28%
Speech-language Pathologist	27%

Early math proficiency is a strong predictor of academic success overall.¹⁰⁷

Recent research reveals school-entry math skills are more consistently predictive of subsequent outcomes, even more so than early reading and attention skills.¹⁰⁸ Math, like reading, is fundamental to how kids “learn to learn.”





Teacher Pipeline & Retention

Grade D+

Progress Report

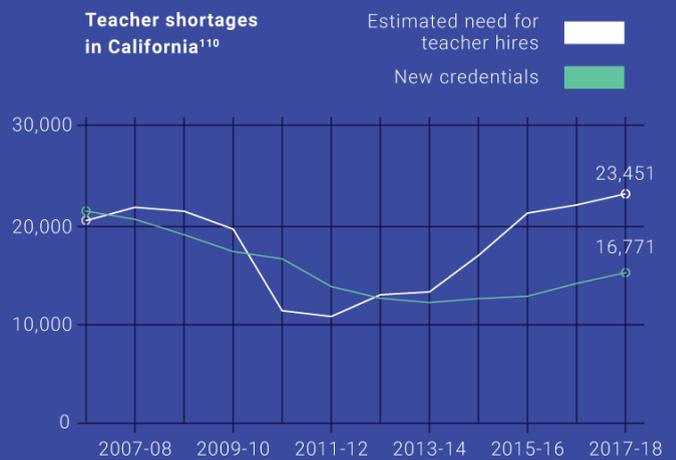
California students need qualified and effective teachers in every classroom, but this is not the reality for many students. Despite small increases in recent years in new credentials issued, shortages and disparities in teacher preparedness, retention, and faculty diversity persist, particularly in high-need schools, negatively impacting students.¹⁰⁹ In the past few years, California made helpful investments to shore up the TK-12 teacher pipeline, particularly in high-need areas such as STEM, bilingual education, and special education. However, the state is not yet doing an adequate job of recruiting, training, and supporting educators, including recruiting from a more diverse pool of candidates and conducting an in-depth review of policies and practices that exacerbate inequitable access to qualified and effective educators.

Pro-Kid® Agenda

California policymakers must address the diminishing pipeline of new educators, improve the preparation of these new educators, and provide high-quality professional learning for all educators to help ensure they are supported, effective, and stay in the profession. Policymakers must also establish a fair, meaningful, and objective feedback and evaluation system for teachers. The state has a responsibility to ensure that kids of color and kids from low-income families are not disproportionately served by ineffective, out-of-field, and/or inexperienced teachers. In the near-term, policymakers should continue to increase investments in improving the pipeline and quality of new teachers, provide high-quality professional learning through California's System of Support, and monitor the equitable distribution of educators.

California teacher shortages are worsening.

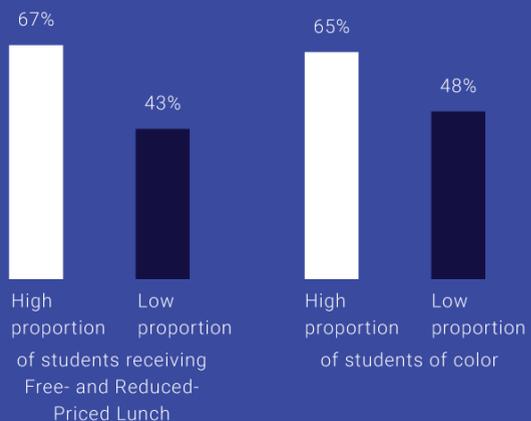
Not enough new teaching credentials are being issued to keep up with district-estimated new hires. This shortage results in classrooms without teachers or staffed by teachers with substandard or misaligned credentials.



Schools with more students in poverty and students of color have more vacant teaching positions and teachers with substandard credentials.

This problem is widespread, but is amplified in higher-need schools.

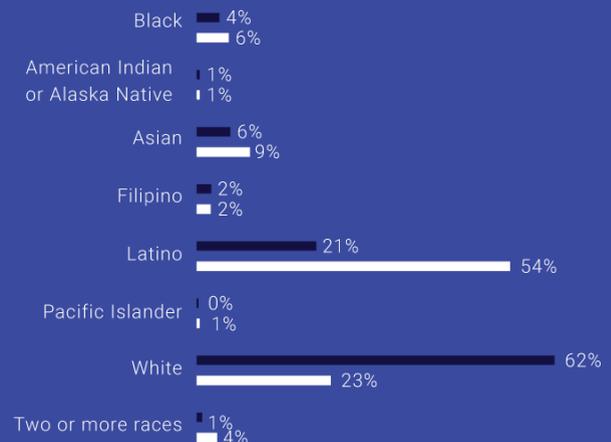
Teachers hired on substandard credentials or vacant positions left open by school characteristics¹¹¹



California's teachers are becoming more diverse, but still don't reflect the student population.

Research shows that students are more likely to graduate high school if they have a same-race teacher in grades K-3.¹¹²

Race and ethnicity of California teachers and students¹¹³





School Climate: Caring Professionals at School

Grade F

Progress Report

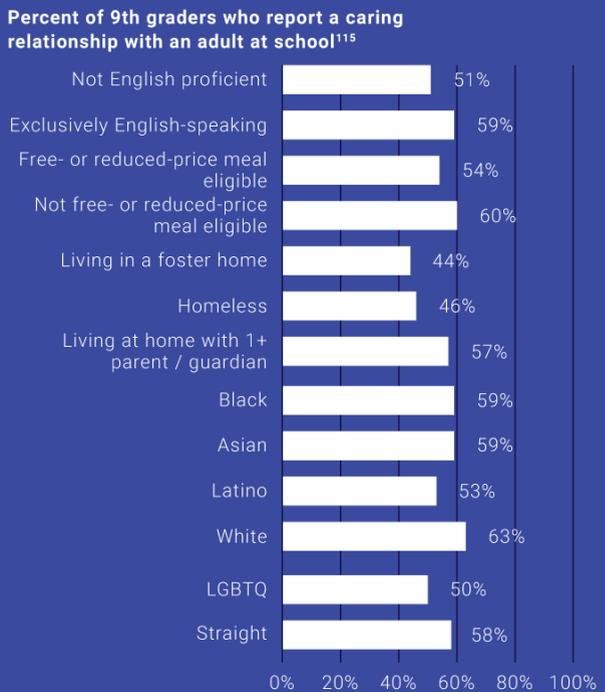
Student success hinges on the support of caring and effective adults. Yet, California schools have fewer educators, counselors, nurses, support staff, and administrators than almost any other state in the country — and the professionals on campus do not reflect the diversity of the students served.¹¹⁴ This deficiency in staffing has the most profound impact on students facing barriers that require targeted support to address, including those living with racism and the categories prioritized in the Local Control Funding Formula: poverty, language barriers, special needs, and foster care. Recent increases in education funding are insufficient to meet this school climate need, especially given growing cost pressures such as pension obligations, health care, and special education.

Pro-Kid® Agenda

California must move from the bottom of the country in terms of teacher, school nurse, administrator, and counselor ratios to ranking among the top ten states, to ensure students have sufficient access to more adults on campus which will provide much needed supports, services, and relationships to improve school climate. In addition to increasing education funding, the state must ensure that counties and other government agencies charged with providing health and social services to kids are providing those supports at schools, where the kids already are, or at least ensuring easy access to those services, including transportation support when needed.

Only 57% of California’s 9th graders report a caring relationship with at least one adult at school.

Students who face systemic barriers are even less likely to say it’s very much or pretty true that “at my school, there is a teacher or some other adult who really cares about me, who notices when I’m not there, and who listens to me when I have something to say.”



The ratio of teachers and other professionals to students is a prominent factor in education quality.

California ranks near the bottom among the 50 states in staff-to-student ratios.¹¹⁶

	California rank	National average ratio	California ratio
Total staff	46th	8:1	11:1
Teacher	50th	16:1	23:1
Principals & assistant principals	45th	276:1	355:1
Guidance counselor	48th	455:1	663:1
Student support staff	47th	148:1	315:1

School nurses continue to be in startlingly short supply.

The school nurse serves a critical role bridging health and education.

Less than 1% of total school districts in California average one nurse per school.¹¹⁷

1,026
school districts in California

625
districts don't have at least one full-time equivalent nurse

Only 10
districts average one nurse per school



School Climate: Discipline & Attendance

Grade B

Progress Report

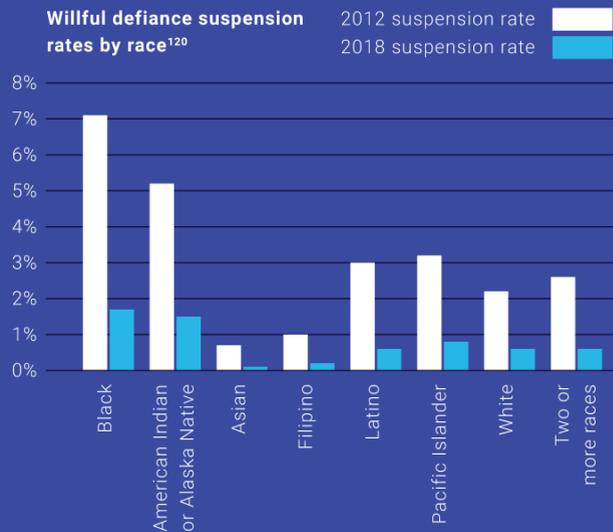
A healthy school climate is one where students feel safe, connected to their peers, and supported by caring adults. Unfair, punitive discipline policies negatively impact school climate, dampen student attendance, and disproportionately affect students of color.¹¹⁸ When students experience a supportive school climate — characterized by inclusive, student-centered, restorative practices — they are more likely to regularly attend school.¹¹⁹ Unfortunately, more than half of California schools have subgroups of students with an absentee rate higher than 20%. State law currently bans suspensions for the vague and broad category of “defiance or disruption” in kindergarten through third grade, and beginning July 2020 extends that prohibition through eighth grade. It also prohibits defiance or disruption expulsions in all grades. Some districts have also banned willful defiance suspensions for all grades, to ensure their kids don’t miss out on valuable class time for minor offenses.

Pro-Kid® Agenda

California policymakers must promote systemic changes in our schools to significantly improve students’ experiences, ensure a non-punitive and positive school climate, and increase student engagement and connectedness. Preparation and ongoing professional learning for all teachers and administrators should be based on restorative, trauma-informed, culturally-responsive practices that promote social-emotional learning. Further, suspensions and expulsions for defiance or disruption should be eliminated for all students. California must continue to track chronic absence, investigate its root causes, and develop effective strategies to improve attendance. Policymakers should also develop and require common surveys to measure school climate, to identify problems and track progress over time. In addition, state leaders should continue to make substantial investments of Proposition 47 dollars designated for at-risk students, and other funding, for research-based practices through the Multi-Tiered System of Support framework to match service levels with student need.

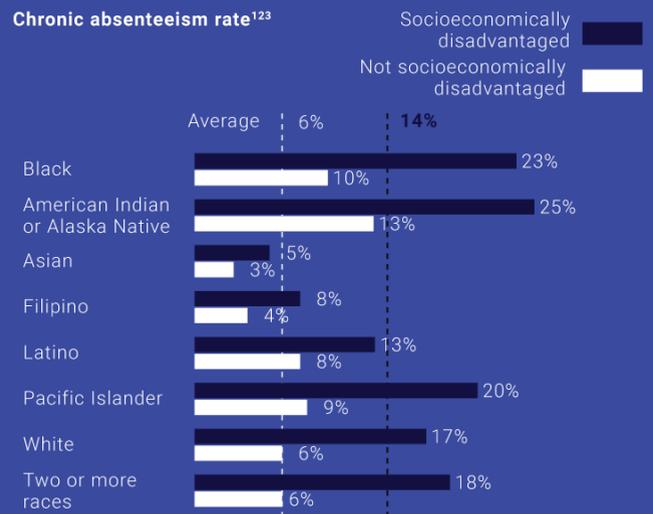
Student suspensions in California are declining.

The decline is due in part to a state law banning suspensions for willful defiance (a subjective category of overly broad and minor offenses that are vulnerable to disproportionate racial impact) for kindergarteners through third-graders.



When students are chronically absent — defined as missing 10% or more school days (about 18 days) — their academic performance is negatively impacted.¹²¹

Systemic barriers such as unstable housing, lack of transportation, poor health, and greater exposure to environmental hazards can disproportionately affect attendance of students of color and low-income students.¹²²



The Multi-Tiered System of Support (MTSS) framework is designed to help all students, not just a few.

MTSS is an integrated, comprehensive system intended to meet individual student needs, and align systems necessary for all students' academic, behavioral, and social success.

MTSS can help all students gain social-emotional supports¹²⁴

Universal Support

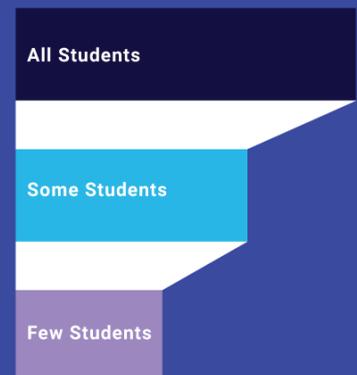
Practices that support the success of all students in equitable and inclusive ways

Supplemental Support

Additional services for students who need more supports

Intensified Support

Targeted support for students with greater needs





Afterschool & Summer Learning Programs

Grade B-

Progress Report

Afterschool and summer learning programs can help reduce opportunity and achievement gaps between students who face structural barriers and their peers.¹²⁵ There is a high need for these programs, yet funding for afterschool and expanded learning programs remains inadequate. Prior to 2017, afterschool reimbursement rates had been stagnant for nearly a decade; however, \$50 million was provided in 2017 and again in 2019 for a rate increase to providers to help with growth in program costs due to the rising minimum wage and cost of living. However, this funding did not provide money to expand access to serve additional children or specifically support quality improvement efforts. Afterschool programs still cannot meet current and growing demand.

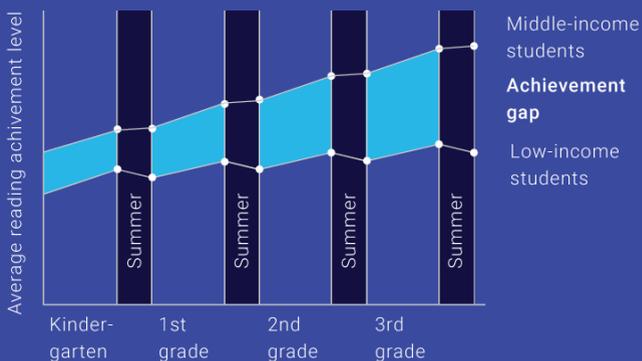
Pro-Kid® Agenda

California should have enough quality afterschool and summer programs available to serve every student who wants to participate. To reach that goal, policymakers must build on proven, quality afterschool and summer programs so all kids — particularly children experiencing racism, poverty, or other circumstances of need or risk — have access to safe environments where they can be active and engaged. Many children and youth are on waiting lists for a spot in an afterschool program. In the near-term, policymakers should support efforts to improve quality, increase investments in afterschool and summer programs, and ensure all students have access.

Summer learning programs help stop academic losses.

Each summer, students who are low-income and lack access to quality summer learning programs have been shown to fall behind by nearly two months in reading by the time they start school in the fall.¹²⁶

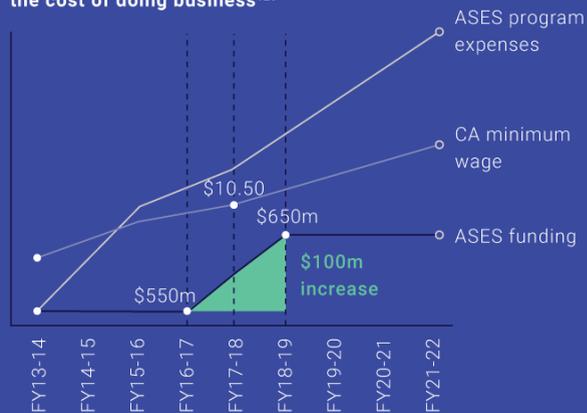
Summer learning loss over time, further widening the achievement gap between low-income students & their peers¹²⁷



Despite recent investments, afterschool funding remains insufficient.

In each of the 2017 and 2019 state budgets, After School Education and Safety Programs (ASES) benefited from an increased state investment of \$50 million. However, this investment is far below what is needed to keep up with the pace of doing business in California.

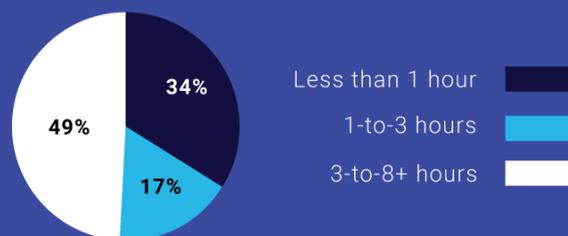
Funding is not keeping up with the cost of doing business¹²⁸



Too many children are sedentary after the school bell, watching TV, playing computer games, or doing other seated activities.

Quality afterschool programs can provide a safe place for kids to play and exercise.¹²⁹

Time children spent on sedentary activities on typical weekdays after school by percent¹³⁰





Higher Education

Grade C+

Progress Report

By 2030, we'll need 1.1 million more college graduates to fulfill California's future workforce needs, and some post-secondary training is essential to earn a living wage. In fact, those with a bachelor's degree earn nearly 75% more than those with a high school diploma.¹³¹ Although more students are graduating high school having met admission requirements for public universities, those requirements are not aligned with actual college or career readiness. California recently increased financial aid funding, which raised expectations that college will be more accessible. High school-to-college transitions have improved and more students are taking college-level courses earlier. Technology is enhancing learning and curricula have been redesigned to improve completion. Although these are significant steps forward, the state must make good on the promise of an accessible and affordable system of public higher education for all children.

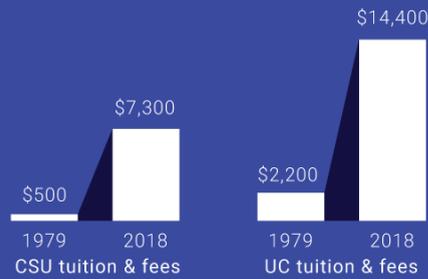
Pro-Kid® Agenda

California policymakers need to reinvest in the University of California, California State University, and community colleges, and remove the often insurmountable barriers of attending college, such as the high cost of tuition and housing, food insecurity, and limited access to child care for students with children. Our state leaders must also develop long-term plans to accommodate more students, close the attainment gap, provide adequate and stable funding, increase graduation rates, and create accountability through transparency and measuring performance.

Tuition and fees at University of California (UC) and California State University (CSU) campuses have grown tremendously.

Over four decades, CSU tuition and fees grew by 1,360% and UC tuition and fees grew by 555%.

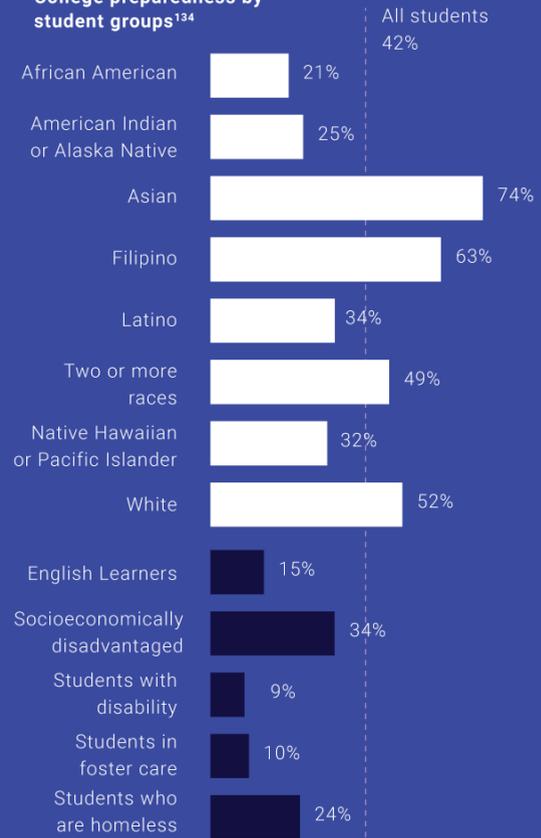
Today's California public university students face significantly higher costs than past generations¹³²



Overall, California students are not well prepared for college.

California has defined college and career preparedness using a series of multiple measures, and reports levels of preparedness on the California School Dashboard. While only 42% of all students meet the criteria for "prepared," specific groups are even less likely to be ready for college due to structural racism, unstable living situations, and other barriers.¹³³

College preparedness by student groups¹³⁴



Family Supports

Sections

- C-** Voluntary Evidence-Based Home Visiting
- B-** Paid Family Leave
- B-** Income Assistance for Low-income Families

Research shows that children’s short- and long-term well-being is fueled by good health, positive and nurturing relationships with adults, exposure to enriching learning opportunities, and safe neighborhoods — and that both adult and child well-being can be undermined by unmet basic needs, social isolation, and stress.¹³⁵

All families need support, especially in a child’s early years, but systemic adversity and inequities mean that not all families begin on level ground. In fact, data shows that most families in California lack needed income and supports. Policies and programs such as voluntary evidence-based home visiting, paid family leave, and income assistance are cost-effective investments that can provide essential support and help parents nurture their children’s learning and well-being.^{136,137} While California is making strides in reaching more families, there are still far too many families who may want or need additional help but aren’t getting it.



Voluntary Evidence-Based Home Visiting

Grade C-

Progress Report

Home visiting programs match new and expectant parents with trained professionals who provide one-on-one support, education, and connection to needed services. Home visiting boosts the health and well-being of both parents and children, and generates public savings by increasing preventive health care utilization, improving birth outcomes, and preventing future costs related to health care, special education, juvenile crime, and child maltreatment.¹³⁸ Until 2018, California did not fund home visiting with state dollars, and the only home visiting available to families was a patchwork of federal and locally-funded programs through First 5 Commissions, Early Head Start, and local health departments. Recently, California made important progress by embedding voluntary, evidence-based home visiting in the CalWORKs program and expanding the federally-funded California Home Visiting Program through a mix of state and federal funds. Even so, available programs fall far short of meeting need.

Pro-Kid® Agenda

California policymakers must continue to significantly expand voluntary evidence-based home visiting programs statewide, so that these effective programs reach every low-income family who wants them. To ensure families have maximal access to home visiting through a variety of pathways, and that programs are high-quality and responsive to the diverse circumstances of families, the state must leverage multifaceted funding — including maximizing the use of federal Medicaid dollars — and align and coordinate efforts across state departments and at the local level.

Many California families with young children face challenges that research shows may undermine their health and well-being in the short- and long-term.

Early, individualized parent-child support like home visiting can be the right kind of help, at the right time.

500,000
babies are born each year in California

2 in 3
babies are born into low-income households¹⁴⁰

1 in 11
babies are born pre-term and at risk for health and learning difficulties¹³⁹

1 in 5
new moms experience depression, affecting both mom and baby¹⁴¹

69%
of parents say they would use more positive parenting strategies if they knew them¹⁴²

California's home visiting program capacity compared to need is among the worst in the country.

California only serves a fraction of families who might benefit from home visiting.

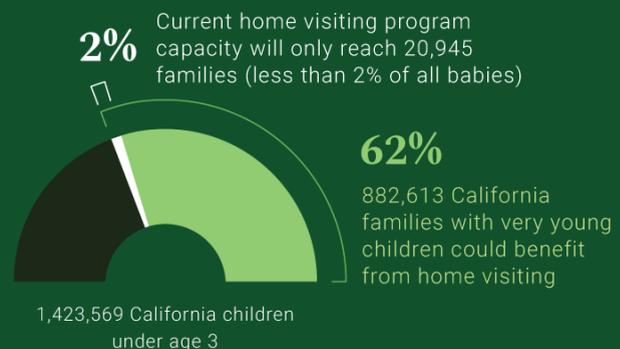
Ranking of states by percent of families reached who may benefit from home visiting.¹⁴³



Despite research proving the benefits of voluntary home visiting programs, home visiting is not reaching enough California families.

As many as two-thirds of California families with babies and toddlers could benefit from home visiting, yet current programs reach fewer than 2%.

Children with one or more risk factors who could benefit from home visiting¹⁴⁴





Paid Family Leave

Grade B-

Progress Report

Paid family leave (PFL) policies provide essential job protection and income replacement for parents and caregivers who take time away from work to care for a new child or other family member. Though PFL can positively impact infant and parental health and well-being,¹⁴⁵ there is no federal PFL policy. California was the first state to enact PFL for most workers in 2002, and since then has taken positive steps to make PFL affordable and accessible for all families, including recently increasing the duration of paid leave from six to eight weeks for new parents with the pledge to move to three months by 2022. However, wage replacement is (at most) 70% of normal income, and families who are low-income, families of color, and single-parent families are much less likely to leverage PFL as it currently exists.

Pro-Kid® Agenda

California must put families first by guaranteeing at least six months paid family leave per child, and ensuring leave is affordable and accessible for all types of families. In the near-term, the state should continue to extend duration of leave to 12 weeks per parent/guardian in 2020-21, and aggressively pursue policies, such as boosting the wage replacement percentage, to eliminate the disparity for families of color and families who are low-income utilizing PFL in California.¹⁴⁶

Paid Family Leave positively impacts the health and well-being of both babies and adults.

Women with longer maternity leave were less likely to suffer from later depression¹⁴⁷

by 18%

Women who had paid leave breast-fed¹⁴⁸

twice as long

Well baby care visits and vaccination rates¹⁴⁹

increased by 25%

Infant mortality reduced by¹⁵⁰

as much as 10%

Takeup rates for California's PFL are increasing, but persistent inequities remain.

Nearly one-third of California workers report being unable to use PFL due to limited wage replacement.¹⁵¹

Overall, PFL claims are increasing... but not among low-income workers:^{152,153}

41% rise

in PFL claims between 2009-10 & 2017-18

3% drop

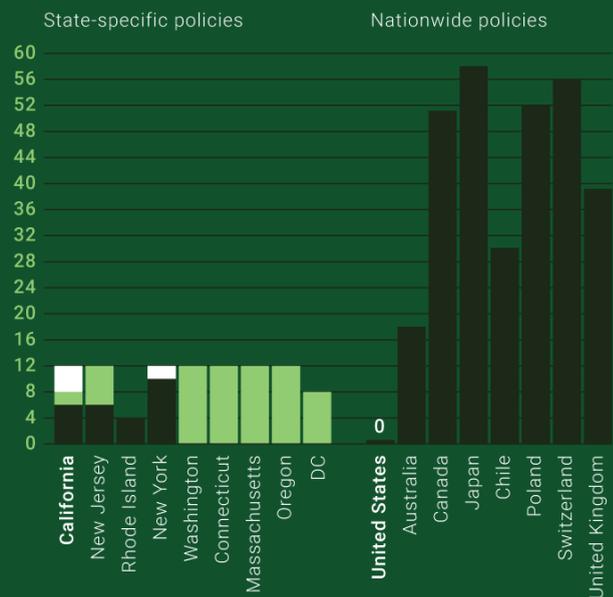
in PFL claimants with salaries under \$20,000 from 2017-18

California is a leader among states in the U.S. providing PFL but lags far behind many other countries worldwide.

State leaders have committed to increases in PFL duration over the next few years.¹⁵⁴

Paid family leave duration (weeks)¹⁵⁵

Current duration
2020 (expected)
2021 (expected)





Income Assistance for Low-Income Families

Grade B-

Progress Report

Statewide, approximately four million children live in low-income families.¹⁵⁶ Of those, about 450,000 children live in deep poverty — with annual income under \$10,700 for a family of three.¹⁵⁷ The younger the children are, the more likely it is that their family is poor. While 80% of poor California families have at least one working adult,¹⁵⁸ stagnant wages and high housing costs undermine economic security. Growing up in poverty can have a lifelong impact, but research shows that income assistance — such as the Earned Income Tax Credit (EITC), child tax credit, and California Work Opportunity and Responsibility to Kids (CalWORKS) program — is a key piece of the puzzle to lift families out of poverty.¹⁵⁹ The 2019-20 state budget included positive steps, such as doubling the CalEITC, creating a Young Child Tax Credit, increasing access to child savings accounts,¹⁶⁰ and making important CalWORKs reforms. However, policymakers must ensure this income assistance is sufficient to move families above the poverty level, and that families with mixed immigration status — who represent one-third of all families in deep poverty — are not excluded.

Pro-Kid® Agenda

All California families should have the basic income needed to house and feed their children. In the near-term, the state must expand and enhance income assistance programs, including CalWORKs, EITC, and the child tax credit, with the focus on families with young children, families in deepest poverty, and families with mixed immigration status.

Children make up a large share of participants in income assistance programs.

81%

of CalWORKs recipients are children¹⁶¹

606,000

California children are reached by CalEITC alone (not counting the federal EITC)¹⁶²

California's EITC is refundable — if the credit exceeds a low-wage worker's income tax liability, the state gives that family the balance.

However, the CalEITC still needs to reach more families; California had the fourth lowest participation rate for families eligible for EITC in tax year 2016.¹⁶³

California is:¹⁶⁴

1 in 31 states

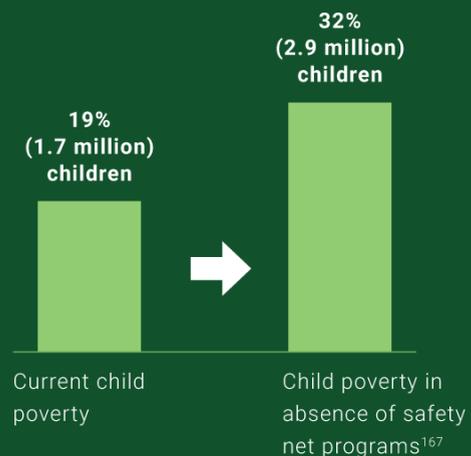
with state-level EITC policies

1 in 25 states

with state-level EITC that is fully refundable

Without California's safety net income assistance, 1.2 million more children would live in poverty.¹⁶⁵

The programs with the biggest child poverty-reduction impact in 2017 were: California & Federal EITCs (3.4 percentage point reduction); CalFresh (3.2 points); and CalWORKs, the Child Tax Credit, housing subsidies, and school meals (1.3-2.0 points each).¹⁶⁶



Child Welfare

Sections

- C** Stable Homes & Enduring Relationships
- C-** Health Care for Kids in Foster Care
- D+** Education Supports for Students in Foster Care

More than 67,000 California children are confirmed victims of child abuse and neglect each year.¹⁶⁸ Child abuse and neglect present serious threats to children’s well-being and can result in children and youth entering foster care when necessary to ensure their safety. Prevention programs that provide early identification and intervention services, support families, enhance parenting skills, promote healthy relationships, and keep children and youth safe should be more readily available. If children and youth cannot remain safely at home and must enter foster care, they need access to stable and nurturing foster homes, trauma-informed services, and targeted, high quality educational supports to help them heal and thrive.

When the state removes children and youth from their homes, it assumes parental responsibility for them. Therefore, it is the responsibility of the state to ensure the children and youth in its care are raised in safe, stable, and loving homes, with the supports they need to be healthy, succeed in school, and become independent adults long after their experiences in the child welfare system. The state must take a whole-child approach, ensuring that the child welfare, health, education, and early childhood systems collaborate to support families and improve outcomes for children and youth who experience or are at risk of maltreatment.

Child abuse and neglect is much more prevalent than previously thought. Research shows that one in eight U.S. children will be a victim of maltreatment by age 18.¹⁶⁹





Stable Homes & Enduring Relationships

Grade C

Progress Report

To help children in foster care heal from trauma and past abuse and neglect, they need stable and enduring relationships with nurturing adults, and supports and services tailored to their individual needs. California has been implementing Continuum of Care Reform, a comprehensive overhaul of the state's child welfare system, to help ensure children grow up in loving families, not institutions. Additionally, the state has enacted programs to support caregivers and youth, including increasing child care access, improving resources for relative caregivers, and establishing a 24/7 state hotline and county mobile response teams to help during moments of crisis. However, it is critical that California implements these reforms in a way that increases stability and helps to build and maintain lifelong relationships for children in foster care.

Pro-Kid® Agenda

California policymakers must ensure children and youth in foster care and their caregivers have access to the resources, supports, and services they need to build and maintain strong family relationships. Policies must be implemented that maximize placement stability, avoid the institutionalization of traumatized youth, and increase access to trauma-informed supports. In the near-term, California must address its shortage of caregivers and increase recruitment and retention of high-quality caregivers able to meet the needs of children in foster care in family-based settings, especially children with more intensive needs.

Stable placements are vital to the well-being of children and youth in foster care.

Placement stability has many benefits:¹⁷⁰



Less loss, uncertainty, and trauma



Improved attachment and emotional well-being



Improved school stability and outcomes



Greater likelihood of an enduring relationship with a caring adult

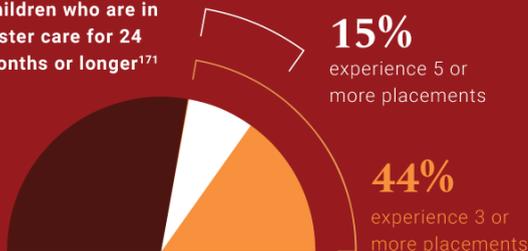


Continuity in services

Many children and youth in foster care experience frequent placement changes, adding to their trauma.

Factors that affect placement stability include how prepared families are to care for children who have experienced abuse or neglect, and whether supports are available to help children and caregivers build strong relationships. There is also a shortage of trauma-informed caregivers, which can lead to poor placement matching, frequent moves, and overcrowded homes.

Children who are in foster care for 24 months or longer¹⁷¹



Older youth in foster care often lack strong, supportive relationships.

While extending foster care until age 21 has improved outcomes for youth who previously would have emancipated at age 18, many youth still exit care without the support and guidance they need to successfully transition to adulthood and thrive.

Youth exiting foster care indicated not having enough people to provide:¹⁷²

45%

Tangible support

38%

Emotional support

34%

Advice or guidance



Health Care for Kids in Foster Care

Grade C-

Progress Report

Children in foster care have experienced abuse, neglect, and other traumas, which can lead to physical and mental health challenges that may persist into adulthood. Providing timely, high-quality health services can help kids in foster care heal, yet barriers, such as multiple placement changes, lack of trauma-informed providers, and unavailable or incomplete health histories, often prevent them from getting needed services. Continuum of Care Reform, California's overhaul of the child welfare system, and the new Family Urgent Response System, a 24/7 statewide hotline and county mobile response systems, both provide opportunities to improve timely access to trauma-informed behavioral health services for kids in foster care if implemented well.

Pro-Kid® Agenda

California policymakers must ensure that all children in foster care have access to comprehensive health care, including the behavioral health services they need to heal from the trauma of abuse and neglect and removal. In the near-term, policymakers should increase provider capacity and oversight and accountability to ensure children in foster care have timely access to community-based services and experience continuity of care with trusted providers. Policymakers should also continue to promote cross-system collaboration between child welfare and health to ensure children in foster care receive timely, coordinated services, and improve data tracking to assess the quality and impact of services.

Children in foster care have complex health needs because they have experienced trauma.

Children in foster care have experienced abuse, neglect, and other adverse childhood experiences that can negatively impact their health. In fact, half of all kids in foster care have endured four or more adverse childhood experiences.¹⁷³

Children in foster care are

3-6 times

more likely to have a mental health need than children in the general population¹⁷⁴

33%

of children who enter foster care have a chronic health condition¹⁷⁶

46-60%

of children who enter foster care under age six have a developmental disability at the time they enter foster care¹⁷⁵

20%

of children who enter foster care enter with significant dental issues¹⁷⁷

Youth in foster care face many barriers accessing needed health care.

Children in foster care have health coverage through Medi-Cal (including those who age out of foster care yet retain their Medi-Cal coverage until age 26). Despite this coverage, they continue to face barriers accessing needed services.

Common barriers to care include: ¹⁷⁸



Placement changes that disrupt care



Shortage of trauma-informed providers



Difficulty coordinating care because of many people and systems involved



Long waits for services



Unavailable or incomplete health history

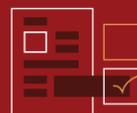


Difficulty navigating the health care system

Children in foster care often do not receive required health exams.

Without timely preventive exams or screenings, children in foster care may experience delays in identifying and treating health conditions. In fact, the American Academy of Pediatrics recommends more frequent health monitoring of children in foster care given their special health care needs.¹⁷⁹

Percent of children in foster care who did not receive timely exams: ¹⁸⁰



24%

Medical exams



34%

Dental exams



Education Support for Students in Foster Care

Grade D+

Progress Report

Due to multiple moves and school changes, missed school days, and trauma, youth in foster care face unique challenges to academic achievement. For instance, only about half of students in foster care graduate high school, among other poor outcomes. Targeted services and supports can help youth in care succeed in school and prepare for college and career attainment. Because youth in foster care are a priority population within the Local Control Funding Formula (LCFF), schools have the opportunity to expand and improve these services and supports through LCFF. In 2017, the California Department of Education began releasing annual academic achievement data for kids in foster care. The data show that despite the greater investments through LCFF, students in foster care continue to fare worse than all other student groups in terms of school engagement and achievement.

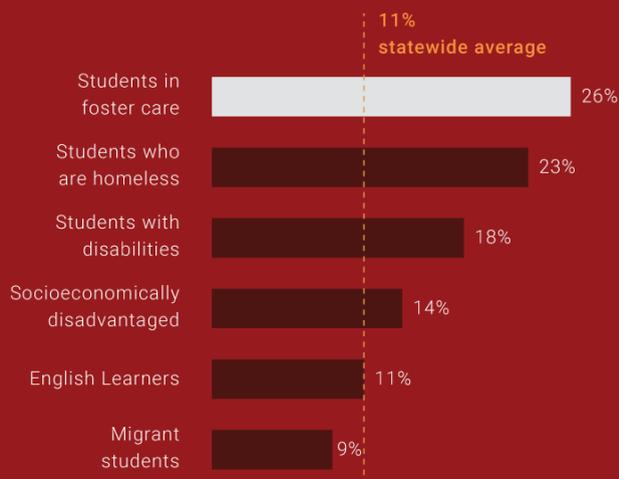
Pro-Kid® Agenda

California policymakers must ensure that all children in foster care receive the supports they need to succeed in school. Specifically, the state must vastly improve the dismal graduation rate of youth in foster care so that it meets or exceeds that of all other student groups. In the near-term, policymakers must ensure that youth in foster care experience school stability, including strengthening their right to remain in their school of origin when it is in their best interest to do so. Policymakers should also provide stronger oversight of LCFF to ensure funding is being used to provide the critical services foster youth need to overcome educational obstacles, and that Local Control and Accountability Plans incorporate planning and accountability that adequately address the needs of youth in foster care.

Unique challenges can prevent students in foster care from attending school.

Youth in foster care are more likely to be chronically absent (miss 10% or more days of school) than other underserved youth, due to home placement changes, school transfers, court hearings, and parental visitation.¹⁸¹

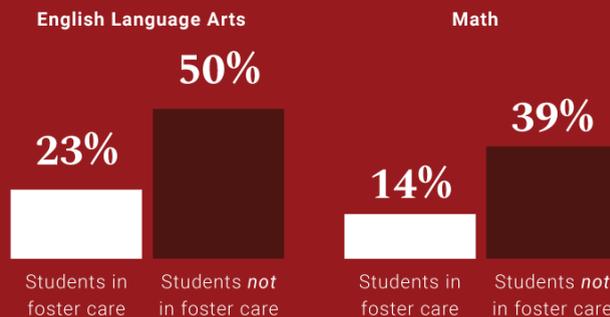
Chronic absenteeism rates by student group¹⁸²



Youth in foster care face more barriers to academic achievement than their peers.

Frequent absences, school transfers, and the effects of trauma can cause students in foster care to struggle to stay on track in school.

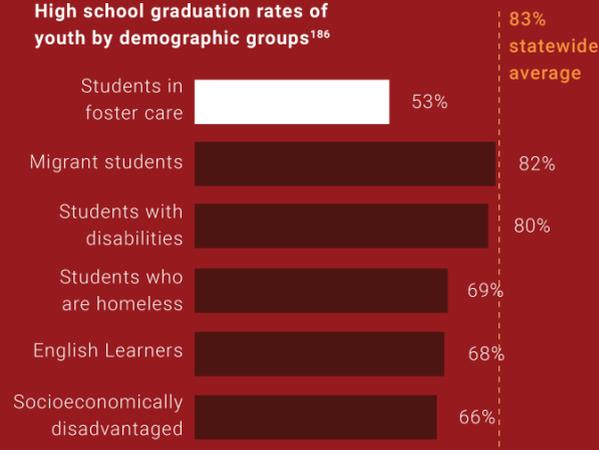
Percent of children at grade level in English Language Arts & Math¹⁸³



As a result of inequities in the education system, too few youth in foster care finish high school on time.

Low graduation rates among youth in foster care point to inadequate preparation for college and careers. Although 93% of youth in care want to go to college,¹⁸⁴ only 4% obtain a bachelor's degree by age 26.¹⁸⁵

High school graduation rates of youth by demographic groups¹⁸⁶



Adolescents & Transition Age Youth

Sections

- C-** Relationships & Sexual Health Education
- D+** Supports for Unaccompanied Homeless Youth
- D+** Decriminalization of Youth
- C-** Opportunities for Youth Voice & Civic Engagement

The transition from childhood to adulthood holds amazing promise, and also risk. Young people need the support of their communities and caring adults as they navigate increasing independence and decision-making, and it is critical that they feel heard and valued. A fundamental reorganization of the brain takes place during adolescence,¹⁸⁷ as well as important developmental stages such as gaining separation from caregivers and establishing more independent relationships with peers.¹⁸⁸ Programs designed for children are no longer appropriate for these young people, but programs designed for adults may not meet their unique needs. By improving targeted supports for transition age youth (ages 18-to-25), the state can help young people transition to a healthy and successful adulthood.

To thrive and become engaged and empowered, adolescents and transition age youth need support in the following areas:¹⁸⁹



Safe & stable
housing



Postsecondary
education



Financial
literacy & skills



Employment &
career development



Connections &
relationships



Physical &
behavioral health



Relationships & Sexual Health Education

Grade C-

Progress Report

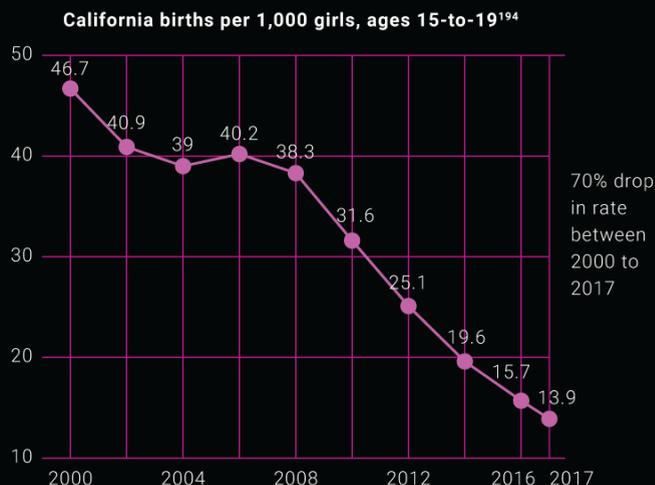
Children and youth must be provided with tools to develop positive and safe relationships. When we fail to teach youth about healthy relationships and sexual health, they become vulnerable to unhealthy relationship behaviors and dating violence, risky sexual behavior and unintended pregnancy, and sexually transmitted infections (STIs).¹⁹⁰ The California Healthy Youth Act requires all schools to teach comprehensive sexual education that is medically accurate, unbiased, inclusive of LGBTQ people, and appropriate for students of all races and genders, at least once in middle school and once in high school.¹⁹¹ This law was an excellent step, but the state has not provided resources to comprehensively assess whether all districts are in compliance.

Pro-Kid® Agenda

California's leaders need to ensure all youth receive proactive education about healthy relationships and sexual health in developmentally appropriate ways. In the near-term, policymakers should improve monitoring of California Healthy Youth Act implementation across the state so that all youth are learning about sexual and reproductive health and building the skills necessary for healthy relationships, regardless of where they live, their gender identity, or sexual orientation. The state should also increase resources for public health agencies to track, treat, and prevent the spread of STIs.

California teen births continue to decrease.

Due to robust efforts to increase access to contraception and medically-accurate pregnancy prevention information through Family Planning, Access, Care, & Treatment (Family PACT) and other programs, teen births have been on a long decline in California.^{192,193}



There has been an alarming rise in sexually transmitted infections among California youth.

The growth in STIs has been fueled by insufficient public health funding, lack of access to contraception for youth who are homeless or substance users, and less awareness of the significant health risks of STIs.¹⁹⁵ These infections may cause serious, long-term issues including cancer, infertility, stillbirth, and neurologic damage.¹⁹⁶

Among youth 15-to-24 from 2013 to 2017:¹⁹⁷

15%

increase in chlamydia

57%

increase in gonorrhea

Too many young people experience sexual or dating violence.

Sexual and dating violence can undermine individual growth and academic potential; put youth at risk for serious injury and even death; and encourage risky sexual behavior, substance abuse, unhealthy dieting behaviors, and suicidal ideation.¹⁹⁸

In 2017, of California high school students who were surveyed:¹⁹⁹

1,748

were physically forced to have sexual intercourse (7%)

1,605

experienced sexual violence one or more times in the past 12 months (10%)

1,057

experienced physical dating violence one or more times in the past 12 months (8%)



Supports for Unaccompanied Homeless Youth

Grade D+

Progress Report

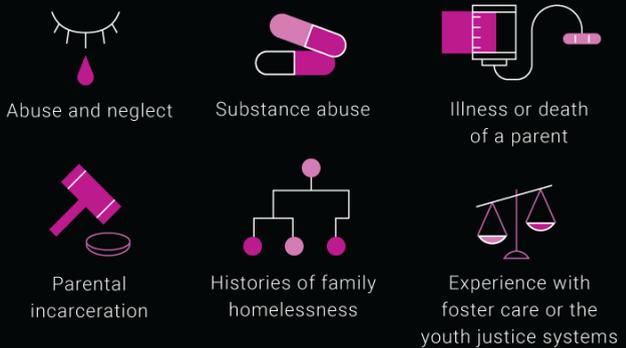
Unaccompanied homeless youth are young people (ages 25 and under) experiencing homelessness who are not living with a parent or guardian.²⁰⁰ They experience different types of homelessness, for example, shifting from one temporary arrangement to another, living in a car or shelter, or living on the street. Recently, California created a housing navigator program to help transition age youth access housing; expanded transitional housing programs for foster youth; allocated a minimum of 8% of Homeless Housing, Assistance, and Prevention Program funds to go toward serving homeless youth; extended the Homeless Youth Emergency Services and Housing Program; and provided funding to address housing insecurity amongst college students. While the state has started to make these investments, they do not begin to meet the needs of youth who continue to struggle to secure and maintain housing.

Pro-Kid® Agenda

California policymakers must ensure no young person is homeless or forced to live in unsafe situations. Special attention should be paid to youth exiting the child welfare and juvenile justice systems who can experience barriers accessing and maintaining stable housing. In the near-term, policymakers should ensure that young people are prioritized in all housing policies and should allocate additional funding to strengthen youth access to a continuum of housing options. Additionally, the state must provide targeted resources to support the success of college students experiencing homelessness, such as increasing access to on-campus housing, shelter during school breaks, and food.

One-third of all the nation's unaccompanied homeless youth are in California.²⁰¹

Common pathways to youth homelessness:^{202,203}



LGBTQ youth are especially at risk of homelessness.

Most LGBTQ youth experiencing homelessness report that they were forced out of their homes or ran away because their families rejected their sexual orientation or gender identity.

33% of California's youth who are homeless identify as LGBTQ²⁰⁴

120% higher risk for LGBTQ youth to be homeless than peers, often due to family rejection²⁰⁵

62% of LGBTQ youth who are homeless reported being physically harmed by others²⁰⁶

Trauma-informed services and supports are needed to mitigate the negative consequences of youth homelessness.

Homeless youth face difficult conditions that need to be addressed by trauma-informed services:

Over 60% of all homeless youth report being victims of crime²⁰⁷

They are:

2 times more likely to drop out of high school than peers²⁰⁸

10 times more likely to experience premature death than peers²⁰⁹



Decriminalization of Youth

Grade D+

Progress Report

The majority of youth involved in the juvenile justice system have experienced intense trauma. Entry into the system and punishment often results in further trauma. Further, due to systemic inequities and racial bias, there is disproportionate representation in the justice system for youth of color, youth with child welfare involvement, and LGBTQ youth.^{210,211} California's youth justice system must become a positive environment that addresses the root causes of juvenile offenses, reduces the reliance on incarceration, offers community-based solutions such as diversion programs, promotes healing and addresses trauma, and provides young people with the opportunities they need to thrive. The state has seen an 86% drop in the youth arrest rate from 1988 to 2018,²¹² a boost in support for diversion as an alternative to traditional prosecution,²¹³ and recent steps to make the system more healing and equitable, including moving the Division of Juvenile Justice from the California Department of Corrections and Rehabilitation to the Health and Human Services Agency.

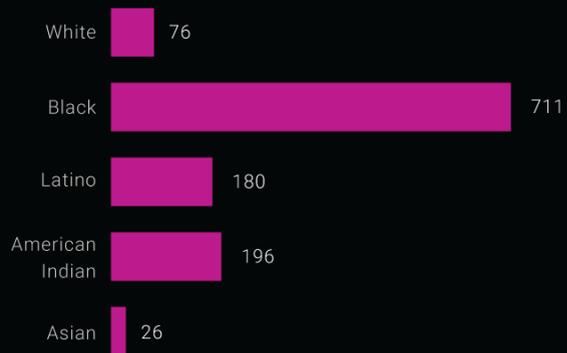
Pro-Kid® Agenda

California must ensure a supportive environment for youth in the juvenile justice system so they have opportunities to transform and improve their lives. Trauma-responsive justice systems that are grounded in adolescent development, including diversion programs, yield better outcomes for youth, reduce racial inequities, and increase public safety more effectively than punishment alone. In the near-term, policymakers should focus on increasing access to diversion programs, limiting the use of secure detention, and keeping detained youth close to their communities where they have the best chance to heal and thrive.

Youth of color are overrepresented in the juvenile justice system.

Implicit and explicit racial biases persist at all levels of the juvenile justice system, resulting in disproportionate treatment for youth of color, who are treated more harshly – from arrest through incarceration – for the same crimes committed by White youth.²¹⁴

Number of children per 100,000 that enter the California juvenile justice system²¹⁵



Juvenile justice systems must become trauma-informed to help improve outcomes for youth.

Outcomes for youth in the system can be improved if efforts to screen, assess, treat, and prevent trauma are instituted.

More than **3/4**

of youth experienced trauma prior to involvement with the juvenile justice system and are further traumatized if they are incarcerated²¹⁶

Youth diversion programs can reduce the risk of re-offending and help keep kids healthy.

Research shows that providing community-based services instead of arresting and incarcerating youth improves their outcomes and increases public safety.²¹⁷

Diversion programs provide:



Youth who experience pre-arrest diversion programs are

2.5 times less likely

to reoffend²¹⁸



Opportunities for Youth Voice & Civic Engagement

Grade C-

Progress Report

When young people are engaged and empowered, they can be integral partners in shaping the policies that impact their lives. Youth empowerment is associated with a multitude of other positive outcomes including better health status, academic achievement, leadership and communication skills, and access to resources.²¹⁹ State leaders have made efforts to empower youth – for example by allowing voter pre-registration for 16- and 17-year-olds,²²⁰ and working on criteria to award a State Seal of Civic Engagement²²¹ to qualified graduating high school seniors. However, California youth still experience significant disparities in civic engagement opportunities with regards to income, citizenship, and race, leading to limited and unequal power in voting and other key outcomes.²²²

Pro-Kid® Agenda

State leaders must work to involve and amplify the voice of young people, especially low-income youth and youth of color, in decision-making by offering varied, numerous opportunities for civic education and engagement in supportive settings. Specifically, models like the Youth Engagement Project of the California Department of Social Services, which builds capacity for youth in foster care to provide policy input, should be replicated in other departments and agencies so that more youth can weigh in on policy issues that impact their lives.²²³ Policymakers should also require the Department of Education to develop civics curriculum materials and a corresponding implementation toolkit to support a pathway to the high school State Seal of Civic Engagement. In addition, leaders should make it easy for 16- and 17-year-olds to register or pre-register to vote before they leave high school.

Research highlights six promising approaches to improve civic education.

All students must have equitable access to school-based opportunities to develop civic capacities.

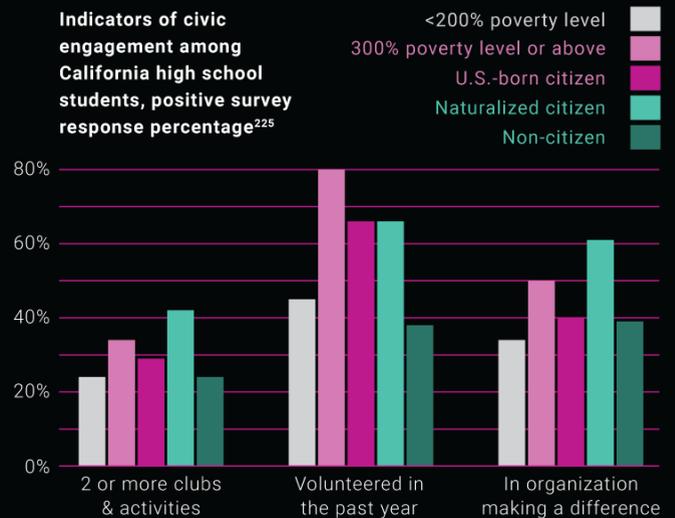
Six promising approaches:²²⁴

- 1 High-quality, formal instruction in government, history, law, and democracy
- 2 Classroom discussion of current local, national, and international issues/events
- 3 Opportunities to apply what students learn through community service linked to the curriculum
- 4 Extracurricular activities that involve students in schools and communities
- 5 Student participation in school governance
- 6 Student participation in simulated democratic processes

Civic education and engagement opportunities increase youth engagement.

When students have access to civic learning opportunities – for example, by being able to volunteer or participate in clubs, or by studying for the U.S. history and government test due to requirements of the naturalization process – their rates of engagement increase.

Indicators of civic engagement among California high school students, positive survey response percentage²²⁵



Youth voter participation rates are low nationwide; California is in the bottom third of states that reported youth voter turnout from the high-profile November 2016 election.

A recent survey shows that California youth are much more likely to vote after direct contact by a candidate or voter-rights organization. Yet, youth of color are less likely to be contacted, with the highest rates of contact at 61% for youth who are White and lowest at 44% for youth who are Black.²²⁶

State	18-to-24-year-old voter participation rate ²²⁷
Texas	27%
New York	35%
California	38%
Alabama	41%
Colorado	43%
Maine	49%
Virginia	55%

Connected Cradle-to-Career Systems

Grade D

Progress Report

Throughout their lives, children will need multiple supports and services – including quality health care, child care, and education – to successfully enter into adulthood; but California does not effectively connect the services and systems intended to support children from cradle to career. This disjuncture often forces parents and caregivers to spend untold hours seeking information and navigating unwieldy processes to receive needed supports. This year, with the Governor’s leadership, California made a commitment to develop and implement an integrated cradle-to-career information infrastructure that could help to more effectively identify kids’ needs and ensure they have access to the necessary services to support their success. This is a good step, but more must be done to inform and integrate systems and programs to foster continuous improvement that ensures children, especially the state’s most vulnerable children, receive the necessary services to support their success.

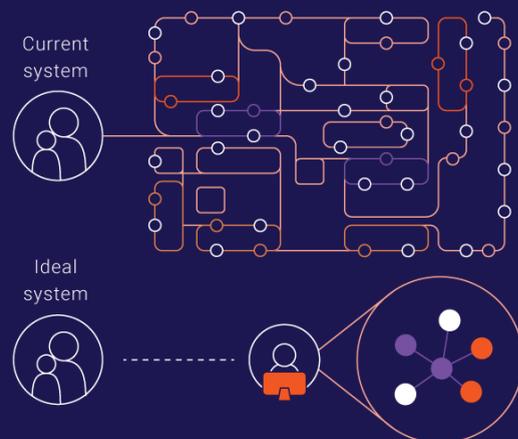
Pro-Kid® Agenda

Policymakers must ensure that government systems are linked to provide first-class coordination and support to children and families. In the near term, this includes building an early learning data infrastructure and ensuring the early learning, TK-12, higher education and workforce data systems are all linked together. With the foundation of a comprehensive education information system in place, children could be even more effectively served through additional linkages to health and social services. Simultaneously, policymakers should provide resources and training to help integrate, use, and protect available data to support improvements in local policies and practices, building upon existing collaborative efforts.

California lacks a whole-child system to support children and families.

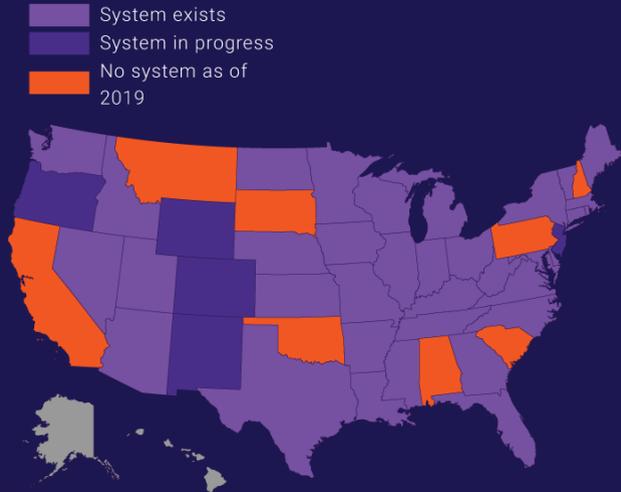
The current system requires children and families to find their way through an often confusing maze of government systems and programs.

There is no system in place that links information without requiring someone to navigate dozens of public systems

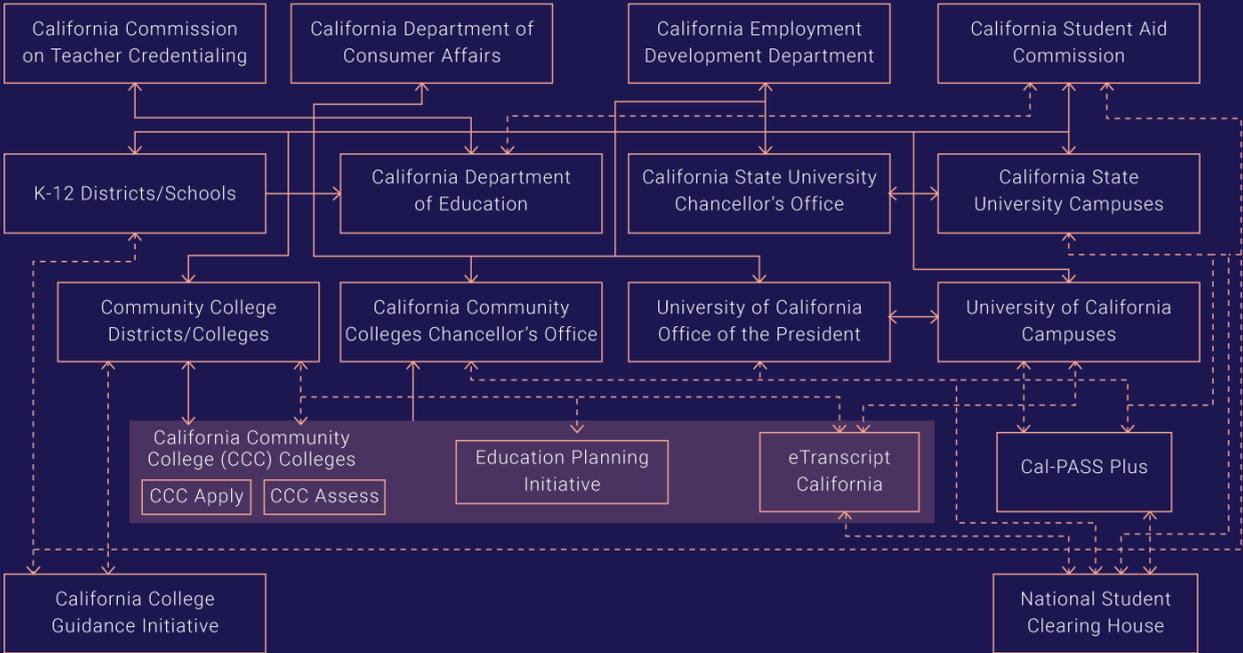


California has no longitudinal education data system.

California lacks many of the informational systems that parents/caregivers need to better understand how their kids are doing and plan for what's next. For example, California is one of only eight states that lack a statewide data system to track students' pathways from TK-12 schools to college and into the workplace.²²⁸



California's higher education segments are uncoordinated, unlinked, and disconnected from TK-12 education.²²⁹



Endnotes

Demographics

1. State of California Department of Finance (n.d.). P-1: State population projections (2010-2060) total population by age [Data file]. Retrieved November 2019 from <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>
2. California Department of Health Care Services (2019). Medi-Cal children's health dashboard [PDF file]. Retrieved from <https://www.dhcs.ca.gov/services/Documents/September-2019-Pediatric-Dashboard.pdf>
3. Bohn, S., Danielson, C., & Thorman, T. (2019). Just the facts, child poverty in California. *Public Poverty Institute of California*. Retrieved from <https://www.ppic.org/publication/child-poverty-in-california/>
4. United States Census Bureau / American FactFinder (n.d.). Table B05009, 2012 – 2016 American Community Survey. Retrieved November 2019 from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Notes: The number of children living with one or more immigrant parents is from table B05009 from the American Community Survey. To get the total count of children living with one or more immigrant parents Children Now combined the following categories: 1) both parents foreign-born 2) one of two parents foreign-born 3) single parent foreign-born.

5. State of California Department of Finance (n.d.). P-1: State population projections (2010-2060) total population by race/ethnicity [Data file]. Retrieved November 2019 from <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>
6. Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., ... & Cotto, H. (2019). July 1, 2019 point in time/in care [Data report]. *CCWIP reports, University of California at Berkeley California Child Welfare Indicators Project*. Retrieved November 2019 from http://cssr.berkeley.edu/ucb_childwelfare/Allegations.aspx
7. DataQuest, California Department of Education (2019). 2018-19 enrollment by english language acquisition status (ELAS) and grade [Data report]. Retrieved from <https://data1.cde.ca.gov/dataquest/longtermel/ELAS.aspx?cds=00&ag-level=State&year=2018-19>
8. Centers for Disease Control and Prevention (n.d.). Youth Risk Behavior Surveillance System (YRBSS).

Note: Data provided by the California Department of Education, School Health Office through a Special Request. Please note that all numbers and percentages are only representative of California students grades 9-12 that are enrolled in traditional, public high schools. Charter, online/virtual, alternative, court-appointed, community-day, etc. schools and students are not included.

Health Insurance

9. State of California Department of Finance (n.d.). P-1: State population projections (2010-2060) total population by age [Data file]. Retrieved November 2019 from <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>
10. Broaddus, M. (2019). Research note: Medicaid enrollment decline among adults and children too large to be explained by falling unemployment. *Center on Budget and Policy Priorities*. Retrieved from <https://www.cbpp.org/research/health/medicaid-enrollment-decline-among-adults-and-children-too-large-to-be-explained-by>
11. United States Census Bureau (2019). Census Table HI-5, health insurance coverage status and type of coverage by state - children under 18 [Data File]. Retrieved from <https://www2.census.gov/programs-surveys/demo/tables/health-insurance/time-series/original/orghihist5.txt>

United States Census Bureau (2019). Explore census data, Table: B27001. Retrieved November 2019 from <https://data.census.gov/cedsci/>

Note: Beginning in 2013, HI-05 tables were produced with American Community Survey (ACS) data. Prior to 2013, the table used Current Population Survey (CPS) data.

12. 2019-20 Governor's Budget (2019). Proposed Budget Detail. Retrieved from <http://www.ebudget.ca.gov/budget/2019-20/#/BudgetDetail>.
13. California Legislative Information (2019). AB 526 Medi-Cal: California special supplemental nutrition program for women, infants, and children, 5/21/2019- assembly floor analysis. Retrieved from http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB526

Health Care Accountability

14. Medicaid.gov (n.d.). Early and periodic screening, diagnostic, and treatment. Retrieved November 2019 from <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

15. Lewis, K. (2018) California mandate to treat children on medi-cal is now a little clearer. *Georgetown University Health Policy Institute Center for Children and Families*. Retrieved from <https://ccf.georgetown.edu/2018/12/24/california-mandate-to-treat-children-on-medi-cal-is-now-a-little-clearer/>
16. California Department of Health Care Services (2019). Medi-Cal children's health dashboard [PDF file]. Retrieved from <https://www.dhcs.ca.gov/services/Documents/September-2019-Pediatric-Dashboard.pdf>
17. California State Auditor (2019). Millions of children in medi-cal are not receiving preventive health services. Retrieved from <https://www.auditor.ca.gov/reports/2018-111/summary.html>
18. California State Auditor (2019). Millions of children in medi-cal are not receiving preventive health services, statewide preventive care utilization rates by health plan. Retrieved from <https://www.auditor.ca.gov/reports/2018-111/supplementalgraphics.html>

Health Care Access

19. California State Auditor (2019). Millions of children in medi-cal are not receiving preventive health services [PDF file]. Retrieved from <https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf>
20. California Department of Health Care Services (2018). Medicaid managed care final rule: network adequacy standards [PDF file]. Retrieved from <https://www.dhcs.ca.gov/formsandpubs/Documents/FinalRuleNASStandards3-26-18.pdf>
21. California Specialty Care Coalition (2019). California's children need access to pediatric subspecialists. Retrieved from <https://childrens-coalition.org/wp-content/uploads/2019/07/CSCC-Infographic-Access-to-Ped.-Specialty-Care.pdf>
22. California State Auditor (2019). Millions of children in medi-cal are not receiving preventive health services [PDF file]. Retrieved from <https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf>
23. California State Auditor (2019). Millions of children in medi-cal are not receiving preventive health services, statewide preventive care utilization rates for children. Retrieved from <https://www.auditor.ca.gov/reports/2018-111/supplementalgraphics.html>
24. Newkirk, V. (2018). Trump's EPA concludes environmental racism is real. *The Atlantic*. Retrieved from <https://www.theatlantic.com/politics/archive/2018/02/the-trump-administration-finds-that-environmental-racism-is-real/554315/>
25. UCLA Center for Health Policy Research (n.d.). California health interview survey. Retrieved November 2019 from <http://ask.chis.ucla.edu/>

Note: "Other" race category includes Native Hawaiian and Pacific Islander. Pooled data for 2011, 2012, 2013, 2014, 2015, 2016.

Preventive Screenings

26. Bright Futures & American Academy of Pediatrics (2019). Recommendations for preventive pediatric health care [PDF file]. Retrieved from https://www.aap.org/en-us/documents/periodicity_schedule.pdf
27. Medicaid.gov (n.d.). Early and periodic screening, diagnostic, and treatment. Retrieved November 2019 from <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>
28. Bright Futures & American Academy of Pediatrics (2019). Recommendations for preventive pediatric health care [PDF file]. Retrieved from https://www.aap.org/en-us/documents/periodicity_schedule.pdf
29. United States Government Accountability Office (2019). Additional CMS data and oversight needed to help ensure children receive recommended screenings [PDF file]. Retrieved from <https://www.gao.gov/assets/710/701034.pdf>
30. Gudgel, D. (2014). Eye Screening for Children. American Academy of Ophthalmology. Retrieved from <https://www.aaopt.org/eye-health/tips-prevention/children-eye-screening>
31. Healthy Children (2016). Vision Screenings. Retrieved from <https://www.healthychildren.org/English/health-issues/conditions/eyes/Pages/Vision-Screening>
32. Prevent Blindness (n.d.). Children's Vision Screening. Retrieved from <https://northerncalifornia.preventblindness.org/childrens-vision-screening-5>
33. Data Resource Center for Child & Adolescent Health (2019). 2016-2017 national survey of children's health, child and family health measures [Data report]. Retrieved November 2019 from <https://www.childhealthdata.org/browse/survey/results?q=5450&r=6&g=646>

Behavioral Health Care

34. Kids Data (n.d.). 2017 hospital discharges, by primary diagnosis. Retrieved from <https://www.kidsdata.org/topic/290/hospitaldischarges-diagnosis/bar#jump=why-important&fmt=238&loc=2&tf=95&pdist=69&ch=573,717,574,575,576,577,578,579,580,581,582&sort=loc>
35. Hanson, T., Zhang, G., Cerna, R., Stern, A., & Austin, G. (2019). Understanding the experiences of LGBTQ students in California. *San Francisco, CA: WestEd*. Retrieved from <https://www.wested.org/resources/lgbtq-students-in-california/>
36. Brassil, M., Jones, E., Kingdon, D., & Pagel, L. (2017). California's public substance use disorder treatment system for youth [PDF file]. *California Health Care Foundation*. Retrieved from <https://www.chcf.org/wp-content/uploads/2017/12/PDF-Californias-Public-SUD-Treatment-Services-for-Youth.pdf>

Preventing Trauma & Supporting Healing

37. Jones, M., Merrick, M., Houry, D. (2019). Identifying and Preventing Adverse Childhood Experiences: Implications for Clinical Practice. *JAMA*. Retrieved from <https://doi.org/10.1001/jama.2019.18499>
38. Centers for Disease Control and Prevention (2019). We all play a role in preventing childhood trauma. *National Center for Injury Prevention and Control, Division of Violence Prevention*. Retrieved November 2019 from <https://www.cdc.gov/features/prevent-childhood-trauma/index.html>
39. NASP School Safety and Crisis Response Committee (2015). Preventing childhood trauma: Guidelines for administrators and crisis teams. Bethesda, MD: National Association of School Psychologists. Retrieved from <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/mental-health-resources/trauma/preventing-childhood-trauma-guidelines-for-administrators-and-crisis-teams>
40. Center for Youth Wellness (n.d.). A hidden crisis: Findings on adverse childhood experiences in California [PDF file]. Retrieved from <https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/hidden-crisis.pdf>
41. Center for Youth Wellness (n.d.). A hidden crisis: Findings on adverse childhood experiences in California [PDF file]. Retrieved from <https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/hidden-crisis.pdf>
42. Center for Youth Wellness (n.d.). A hidden crisis: Findings on adverse childhood experiences in California [PDF file]. Retrieved from <https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/hidden-crisis.pdf>

Oral Health Care

43. Centers for Disease Control and Prevention (2016). Hygiene-related diseases, dental caries (tooth decay). Retrieved from https://www.cdc.gov/healthywater/hygiene/disease/dental_caries.html
44. Çolak, H., Dülgergil, Ç. T., Dalli, M., & Hamidi, M. M. (2013). Early childhood caries update: A review of causes, diagnoses, and treatments. *Journal of natural science, biology, and medicine*, 4(1), 29. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3633299/>
45. Brassil, M., Jones, E., Kingdon, D., & Pagel, L. (2017). California's public substance use disorder treatment system for youth [PDF file]. *California Health Care Foundation*. Retrieved from <https://www.chcf.org/wp-content/uploads/2017/12/PDF-Californias-Public-SUD-Treatment-Services-for-Youth.pdf>
46. California Health and Human Services Open Data Portal (n.d.). Dental Utilization Measures and Sealant Data by Ethnicity and Age Calendar Year 2013 to 2017 [Data file]. *Department of Health Care Services, Medical Dental Services Division*. Retrieved November 2019 from <https://data.chhs.ca.gov/dataset/dhcs-test-dental-utilization-measures-and-sealant-data-by-ethnicity-calendar-year-2013-to-2015/resource/6d09583b-aab5-4b24-b032-ce5ff966ba18?filters=>
47. California Dental Association (2017). Kindergarten Oral Health Requirement, AB 1433 Reported Data. Retrieved from <https://www.cda.org/PublicResources/CommunityResources/KindergartenOralHealthRequirement/AB1433Results/tabid/253/u1074q/32303137/Default.aspx>

Note: The percent of students reported with tooth decay are of kids who took the oral health assessment.

Food Security

48. Food Research & Action Center (2015). Understanding the connections: Food insecurity and obesity [PDF file]. Retrieved from http://frac.org/wp-content/uploads/frac_brief_understanding_the_connections.pdf
49. Mathematica (2016). State-by-state impact of proposed changes to "board-based categorical eligibility" in SNAP. Retrieved from <https://www.mathematica.org/dataviz/impact-of-bbce-proposal-on-snap-caseloads?MPRSource=TCSide>
50. Waxman, E., & Joo, N. (2019). How households with children are affected by restricting broad-based categorical eligibility for SNAP. Retrieved from <https://www.urban.org/research/publication/how-households-children-are-affected-restricting-broad-based-categorical-eligibility-snap>

51. California Food Policy Advocates (2019). Struggling to make ends meet: Food insecurity in CA [PDF file]. Retrieved from <https://cfpa.net/GeneralNutrition/CFPAPublications/FoodInsecurity-Factsheet-2019.pdf>
52. Feeding America (2019). Child food insecurity [PDF file]. Retrieved from https://www.feedingamerica.org/sites/default/files/2019-05/2017-map-the-meal-gap-child-food-insecurity_0.pdf
53. Feeding America (2019). Health implications of food insecurity [PDF file]. Retrieved from https://www.feedingamerica.org/sites/default/files/2019-05/2017-map-the-meal-gap-health-implications_0.pdf
54. Feeding America (2019). Child food insecurity [PDF file]. Retrieved from https://www.feedingamerica.org/sites/default/files/2019-05/2017-map-the-meal-gap-child-food-insecurity_0.pdf
55. California Department of Social Services (2019). CalFresh data dashboard. Retrieved November 2019 from <https://public.tableau.com/profile/california.department.of.social.services#!/vizhome/CFdashboard-PUBLIC/Home>
56. Nchako, C., & Cai, L. (2018). A closer look at who benefits from SNAP: State-by-state fact sheets. *Center on Budget and Policy Priorities*. Retrieved from <https://www.cbpp.org/research/a-closer-look-at-who-benefits-from-snap-state-by-state-fact-sheets#California>
57. United States Department of Agriculture (2019). Reaching those in need: Estimates of state supplemental nutrition assistance program participation rates in 2016. Retrieved from <https://fns-prod.azureedge.net/sites/default/files/resource-files/Reaching2016.pdf>

Note: The estimates for eligible working low-income people include people who are eligible for SNAP and live in a household in which a member earns income from a job. For more information about eligibility levels and participation rate calculations, please see <https://cfpa.net/program-access-index-pai-2016/>

Education – Introduction

58. California Assessment of Student Performance and Progress (2018). Test Results for English Language Arts/Literacy and Mathematics [Data report]. Retrieved from <https://caaspp.cde.ca.gov/sb2018/ViewReport?ps=true&lstTestYear=&lstTestType=B&lstCounty=00&lstDistrict=00000&lstSchool=000000>

Infant & Toddler Care

59. Melnick, H., Tinubu Ali, T., Gardner, M., Maier, A., & Wechsler, M. (2017). Understanding California's early care and education system. *Palo Alto, CA: Learning Policy Institute* [PDF file]. Retrieved from https://healthyplacesindex.org/wp-content/uploads/2018/02/2017_understanding_ca_early_care_education_system.pdf
60. The National Academies of Sciences, Engineering, and Medicine (n.d.). Child development and early learning: A foundation for professional knowledge and competencies [PDF file]. Retrieved from <https://www.nap.edu/resource/19401/ProfKnowCompFINAL.pdf>
61. Kids Count Data Center (2017). Children under age 6 with all available parents in the labor force in California [Date report]. Retrieved from <https://datacenter.kidscount.org/data/tables/5057-children-under-age-6-with-all-available-parents-in-the-labor-force?loc=1&loct=1#detailed/2/6/false/871,870,573,869,36,868,867,133,38,35/any/11472,11473>
62. Child Care Aware of America (2019). The US and the high price of child care: An examination of a broken system. Retrieved from <https://usa.childcareaware.org/advocacy-public-policy/resources/priceofcare/>
63. Joynt, J. (2016). Maternity Care in California: Delivering the Data [PDF file]. *California Health Care Almanac*. Retrieved from <https://www.chcf.org/wp-content/uploads/2017/12/PDF-MaternityCareCalifornia2016.pdf>
64. Melnick, H., Tinubu Ali, T., Gardner, M., Maier, A., & Wechsler, M. (2017). Understanding California's early care and education system. *Palo Alto, CA: Learning Policy Institute* [PDF file]. Retrieved from https://healthyplacesindex.org/wp-content/uploads/2018/02/2017_understanding_ca_early_care_education_system.pdf

Preschool & Transitional Kindergarten

65. The Future of Children (2005). School readiness: Closing racial and ethnic gaps [PDF file]. Retrieved from https://futureofchildren.princeton.edu/sites/futureofchildren/files/media/school_readiness_15_01_fulljournal.pdf
66. Fox, S., & Geddes, M. (2016). Preschool - two years are better than one [PDF file]. *Mitchell Report NO. 03/2016*. Retrieved from <https://pdfs.semanticscholar.org/9b0c/27e9a0838c9d8371f68f33ff3e278688b3c2.pdf>
67. Stark, D. R., & Stark F. H. (2019). Equity starts early: How chiefs will build high-quality early education [PDF file]. *Council of Chief State School Officers*. Retrieved from <https://ccsso.org/sites/default/files/2017-11/EquityStartsEarly3242016.pdf>
68. Melnick, H., Tinubu Ali, T., Gardner, M., Maier, A., & Wechsler, M. (2017). Understanding California's early care and education system. *Palo Alto, CA: Learning Policy Institute* [PDF file]. Retrieved from https://healthyplacesindex.org/wp-content/uploads/2018/02/2017_understanding_ca_early_care_education_system.pdf

69. Melnick, H., Tinubu Ali, T., Gardner, M., Maier, A., & Wechsler, M. (2017). Understanding California's early care and education system. *Palo Alto, CA: Learning Policy Institute* [PDF file]. Retrieved from https://healthyplacesindex.org/wp-content/uploads/2018/02/2017_understanding_ca_early_care_education_system.pdf
70. Friedman-Krauss, A. H., Barnett, W. S., Garver, K. A., Hodges, K. S., Weisenfeld, G. G., & DiCrecchio, N. (2018). The State of Preschool 2017: State Preschool Yearbook. *National Institute for Early Education Research*. Retrieved from http://nieer.org/wp-content/uploads/2018/04/YB2017_Executive-Summary.pdf

Early Care & Education Workforce

71. The National Academies of Sciences, Engineering, and Medicine (n.d.). Transforming the workforce for children birth through age 8: A unifying foundation [PDF file]. Retrieved from <https://www.nap.edu/resource/19401/EducatorsCaregivers.pdf>
72. Center for the Study of Child Care Employment, University of California, Berkeley (2018). Early childhood workforce index 2018 [PDF file]. Retrieved from <https://cscce.berkeley.edu/files/2018/06/2018-Index-California.pdf>
73. Garcia, E., & Weiss, E. (2019). The teacher shortage is real, large and growing, and worse than we thought. *Economic Policy Institute*. <https://www.epi.org/publication/the-teacher-shortage-is-real-large-and-growing-and-worse-than-we-thought-the-first-report-in-the-perfect-storm-in-the-teacher-labor-market-series/>
74. Melnick, H., Tinubu Ali, T., Gardner, M., Maier, A., & Wechsler, M. (2017). Understanding California's early care and education system. *Palo Alto, CA: Learning Policy Institute* [PDF file]. Retrieved from https://healthyplacesindex.org/wp-content/uploads/2018/02/2017_understanding_ca_early_care_education_system.pdf
75. Learning Policy Institute (2019). Early childhood essentials framework [PDF file]. Retrieved from https://learningpolicyinstitute.org/sites/default/files/product-files/Early_Childhood_Essentials_Framework_INFOGRAPHIC.pdf
76. Bureau of Labor Statistics (2015). U.S. Department of Labor, May 2015 State Occupational Employment and Wage Estimates California. Retrieved from https://www.bls.gov/oes/2015/may/oes_ca.htm
77. Ring, E. (2017). California's Public Sector Compensation Trends. California Policy Center. Retrieved from <http://californiapolicycenter.org/californias-public-sector-compensation-trends/>

Early Intervention & Special Education

78. Garzon, D. L., Thrasher, C., & Tiernan, K. (2010). Providing optimal care for children with developmental disorders. *The Nurse Practitioner*, 35(10), 30-39. Retrieved from https://journals.lww.com/tnpj/Fulltext/2010/10000/Providing_optimal_care_for_children_with.9.aspx
79. Mackrides, P. S., & Ryherd, S. J. (2011). Screening for developmental delay. *American family physician*, 84(5). Retrieved from <https://web.b.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=0002838X&AN=65073868&h=xkl6la1MRNLS90rx8aoF%2ffkWXN0xT%2fAHgF4zrYHonZaaHyxTFe7Oyn3KISYXBfEQnqp3Nrm-lOcNGjUeQFNpzwQ%3d%3d&cr=c&resultNs=AdminWebAuth&resultLocal=ErrCrlNotAuth&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authtype%3dcrawler%26jrnl%3d0002838X%26AN%3d65073868>
80. Stipek, D. (2018). Early childhood education in California. *Getting Down to Facts II*. Retrieved from https://gettingdowntofacts.com/sites/default/files/2018-09/GDTFII_Report_Stipek.pdf
81. DataQuest, California Department of Education (2018). Special education enrollment by age and disability statewide report [Data report]. *Special Education Division*. Retrieved from <https://dq.cde.ca.gov/dataquest/SpecEd/SpecEd1.asp?cChoice=SpecEd1&cYear=2018-19&cLevel=State&cTopic=SpecEd&myTimeFrame=S&submit1=Submit&ReptCycle=December>
DataQuest, California Department of Education (2018). Special education enrollment by grade and disability statewide report [Data report]. *Special Education Division*. Retrieved from <https://dq.cde.ca.gov/dataquest/SpecEd/StateRpts/EnrGrdeDis.asp?cChoice=EnrGrDis1&cLevel=State&cYear=2018-19&ReptCycle=December>
82. State of California Department of Finance (n.d.). P- 1: State population projections (2012-2060) [Data file]. Retrieved November 2019 from <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>
Glascoe, F.P. (2014). Evidence-based early detection of developmental-behavioral problems in primary care: What to expect and how to do it. *Journal of Pediatric Health Care*. Retrieved from [https://www.jpeds.org/article/S0891-5245\(14\)00205-3/fulltext](https://www.jpeds.org/article/S0891-5245(14)00205-3/fulltext)
Office of Special Education Programs (2016). Part C and part B 619 data display: California (PDF file). Retrieved from <https://osep.grads360.org/services/PDCService.svc/GetPDCDocumentFile?fileId=2323>

Note: Children Now's analysis using the Department of Finance population estimates, actual kids served from the Office of Special Education, and estimate of children with delays from the Glascoe journal article.

83. Petek, G. (2019). Overview of special education in California [PDF file]. *Legislative Analyst's Office*. Retrieved from <https://lao.ca.gov/Publications/Report/4110#Conclusion>
84. DataQuest, California Department of Education (2018). 2017-18 four-year adjusted cohort graduation rate [Data report]. Retrieved from <https://dq.cde.ca.gov/dataquest/dqcensus/CohRate.aspx?cds=00&agglv=state&year=2017-18&initrow=&ro=y>
85. AB 428 (Medina) (2019). Assembly committee on education, special education funding [PDF file]. Retrieved from <https://aedn.assembly.ca.gov/sites/aedn.assembly.ca.gov/files/AB%20428%20%28Medina%29%20analysis.pdf>

Education for Dual Language & English Learners

86. Park, M., O'Toole, A., & Katsiaficas, C. (2017). Dual language learners: A national demographic and policy profile. *Washington, DC: Migration Policy Institute*. Retrieved from <https://www.migrationpolicy.org/research/dual-language-learners-national-demographic-and-policy-profile>
Note: The 60% of Dual Language Learners percent is ages 0-to-8 years.
87. Bialik, K., Scheller, A., & Walker, K. (2018). 6 facts about English language learners in U.S. public schools. *Pew Research Center*. Retrieved from <https://www.pewresearch.org/fact-tank/2018/10/25/6-facts-about-english-language-learners-in-u-s-public-schools/>
88. California Department of Education (n.d.). English learner roadmap. Retrieved from <https://www.cde.ca.gov/sp/el/rm/>
89. New American Economy (2017). Not lost in translation: The growing importance of foreign language skills in the U.S. job market. Retrieved from http://www.newamericaneconomy.org/wp-content/uploads/2017/03/NAE_Bilingual_V9.pdf
90. Hill, L. (2018). K–12 reforms and California's English Learner achievement gap. *Public Policy Institute of California*. Retrieved from <https://www.ppic.org/publication/k-12-reforms-and-californias-english-learner-achievement-gap/>
91. Park, M., O'Toole, A., & Katsiaficas, C. (2017). Dual language learners: A national demographic and policy profile. *Washington, DC: Migration Policy Institute*. Retrieved from <https://www.migrationpolicy.org/research/dual-language-learners-national-demographic-and-policy-profile>
Note: The 60% of Dual Language Learners percent is ages 0-to-8 years.
92. DataQuest, California Department of Education (2019). 2018-19 English Learner students by language by grade [Data report]. Retrieved from <https://dq.cde.ca.gov/dataquest/SpringData/StudentsByLanguage.aspx?Level=State&TheYear=2018-19&SubGroup=All&ShortYear=1819&GenderGroup=B&CDSCode=00000000000000&RecordType=EL>
93. California Department of Education (2018). Global California 2030. Retrieved from <https://www.cde.ca.gov/eo/in/documents/globalca2030report.pdf>
94. California Department of Education (n.d.). Specialized programs: ELR principle two. Retrieved from <https://www.cde.ca.gov/sp/el/rm/principletwo.asp>
95. DataQuest, California Department of Education (2019). 2018-19 "at-risk" and long-term English Learners (LTEL) by grade [Data report]. Retrieved from <https://dq.cde.ca.gov/dataquest/longtermel/EverElType.aspx?cds=00&agglv=State&year=2018-19>

Education Funding

96. Crow, S., & Rock, L. (2015). California's local approach to raising quality in early childhood programs. *Opportunity Institute*. Retrieved from <https://theopportunityinstitute.org/publications-list/2015/11/16/californias-local-approach-to-raising-quality-in-early-childhood-programs>
97. Melnick, H., Tinubu Ali, T., Gardner, M., Maier, A., & Wechsler, M. (2017). Understanding California's early care and education system. *Palo Alto, CA: Learning Policy Institute* [PDF file]. Retrieved from https://healthyplacesindex.org/wp-content/uploads/2018/02/2017_understanding_ca_early_care_education_system.pdf
Note: Ages 0-to-5 includes children up to their 5th birthday.
98. Legislative Analyst's Office (2019). Child care and preschool funding rates by rate system, setting, and age. Retrieved from <https://lao.ca.gov/Education/EdBudget/Details/293>
99. Gould, E., Whitebook, M., Mokhiber, Z., & Austin, L.J.E. (2019). Breaking the silence on early child care and education costs: A values-based budget for children, parents, and teachers in California. *Center for the Study of Child Care Employment*. Retrieved from <https://cscce.berkeley.edu/breaking-the-silence-on-costs/>

Children Now 2018 calculation using the Center on Enhancing Early Learning Outcomes (CEELO) tool.
100. Education Week (2019). Quality counts 2019: School finance. Retrieved from <https://www.edweek.org/ew/collections/quality-counts-2019-state-finance/index.html>

Note: An additional \$11 billion investment is the difference in per-pupil expenditure compared to the highest ranking states.

101. Rose, A. (2018). Even as CSU enrollment has increased, state general fund support has declined. *California Policy & Budget Center*. Retrieved from https://calbudgetcenter.org/wp-content/uploads/Data-Hit_Even-as-CSU-Enrollment-Has-Increased-State-General-Fund-Support-Has-Declined.pdf
102. Rose, A. (2018). Even as UC enrollment has increased, state general fund support has declined. *California Policy & Budget Center*. Retrieved from https://calbudgetcenter.org/wp-content/uploads/Data-Hit_Even-as-UC-Enrollment-Has-Increased-State-General-Fund-Support-Has-Declined.pdf

STEM Education

103. The Nation's Report Card (n.d.). 2015 science state snapshot report [PDF file]. *National Center for Education Statistics*. Retrieved from <https://nces.ed.gov/nationsreportcard/subject/publications/stt2015/pdf/2016157CA8.pdf>
104. The Nation's Report Card (n.d.). 2019 mathematics state snapshot report [PDF file]. *National Center for Education Statistics*. Retrieved from <https://nces.ed.gov/nationsreportcard/subject/publications/stt2019/pdf/2020013CA8.pdf>
105. The Nation's Report Card (n.d.). Data tools, state profiles. *National Center for Education Statistics*. Retrieved from https://www.nationsreportcard.gov/profiles/stateprofile/overview/CA?cti=PgTab_ScoreComparisons&chort=2&sub=MAT&sj=CA&fs=Grade&st=AP&year=2015R3&sg=Race%2FEthnicity%3A+White+vs.+Hispanic&sgv=Difference&ts=Single+Year&tss=2015R3-2015R3&sfj=NP
106. Bureau of Labor Statistics (n.d.). Table 1.3 fastest growing occupations, 2018 and projects 2028. *United States Department of Labor*. Retrieved from <https://www.bls.gov/emp/tables/fastest-growing-occupations.htm>
107. Claessens, A. & Engel, M. (2013). How important is where you start? Early mathematics knowledge and later school success. *Teachers College Record*. Retrieved from <https://www.tcrecord.org/Content.asp?ContentId=16980>
108. McClure, E. R., Guernsey, L., Clements, D. H., Bales, S. N., Nichols, J., Kendall-Taylor, N., & Levine, M. H. (2017). STEM Starts Early: Grounding Science, Technology, Engineering, and Math Education in Early Childhood. In *Joan Ganz Cooney Center at Sesame Workshop*. Joan Ganz Cooney Center at Sesame Workshop. 1900 Broadway, New York, NY 10023. Retrieved from <https://eric.ed.gov/?id=ED574402>

Teacher Pipeline & Retention

109. Boser, U. (2014). Teacher diversity revisited: A new state-by-state analysis [PDF file]. *Center for American Progress*. Retrieved from <https://cdn.americanprogress.org/wp-content/uploads/2014/05/TeacherDiversity.pdf>
110. Darling-Hammond, L., Sutchter, L., & Carver-Thomas, D. (2018). Teacher shortages in California: Status, sources, and potential solutions. *Learning Policy Institute*. Retrieved from https://learningpolicyinstitute.org/sites/default/files/product-files/GDTF_CATeacherShortage_BRIEF.pdf
111. Darling-Hammond, L., Sutchter, L., & Carver-Thomas, D. (2018). Teacher Shortages in California: Status, Sources, and Potential Solutions. Getting Down to Facts II [PDF file]. Retrieved from https://gettingdowntofacts.com/sites/default/files/2018-09/GDTFII_Report_Darling-Hammond.pdf
112. Gershenson, S., Hart, C., Hyman, J., Lindsay, C., & Papageorge, N. W. (2018). The long-run impacts of same-race teachers (No. w25254). *National Bureau of Economic Research*. Retrieved from <https://www.nber.org/papers/w25254>
113. Reese, P. (2019). With new hires, California's teaching corps becomes more diverse. EdSource. Retrieved from <https://edsources.org/2019/with-new-hires-californias-teaching-corps-becomes-more-diverse/606370>

School Climate: Caring Professionals at School

114. Reese, P. (2019). With new hires, California's teaching corps becomes more diverse. EdSource. Retrieved from <https://edsources.org/2019/with-new-hires-californias-teaching-corps-becomes-more-diverse/606370>
115. CalSCHLS (2017). 2015-17 Secondary dashboard, Caring adult relationships scale [Data report]. *WestEd for the California Department of Education*. Retrieved from <https://calschls.org/reports-data/public-dashboards/secondary-dashboard/>
116. National Center for Education Statistics (2016). Chapter 2. Elementary and secondary education. Retrieved November 2019 from https://nces.ed.gov/programs/digest/d18/tables/dt18_213.50.asp?current=yes

Note: Children Now analysis of National Center of Education's 2016 Digest Tables.

117. California Department of Education (2019). Fingertip facts on education in California - CalEdFacts [Data report]. Retrieved from <https://www.cde.ca.gov/ds/sd/cb/ceffingertipfacts.asp>

Note: Children Now analysis based on the California Department of Education's student & school data reports.

School Climate: Discipline & Attendance

118. Skiba, R. J. (2014). The failure of zero tolerance [PDF file]. *Reclaiming children and youth*, 22(4), 27. Retrieved from https://reclaimingjournal.com/sites/default/files/journal-article-pdfs/22_4_Skiba.pdf
119. Darling, K. E., & Temkin, D. (2014). A positive school climate can mean a successful school year. *Child Trends*. Retrieved from <https://www.childtrends.org/a-positive-school-climate-can-mean-a-successful-school-year>
120. DataQuest, California Department of Education (2017). 2017-18 suspension count by most serious offense category [Data Report]. Retrieved from <https://dq.cde.ca.gov/dataquest/dqCensus/DisSuspCount.aspx?year=2017-18&agg-level=State&cds=00>
121. Garc a, E., & Weiss, E. (2018). Student Absenteeism: Who Misses School and How Missing School Matters for Performance. *Economic Policy Institute*. Retrieved from <https://www.epi.org/publication/student-absenteeism-who-misses-school-and-how-missing-school-matters-for-performance/>
122. Attendance Works & Everyone Graduates Center (2017). Portraits of change: Aligning school and community resources to reduce chronic absence. Retrieved from <https://www.attendanceworks.org/portraits-of-change/>
123. DataQuest, California Department of Education (2018). 2017-18 Chronic Absenteeism Rate [Data report]. Retrieved from <https://dq.cde.ca.gov/dataquest/DQCensus/AttChrAbsRate.aspx?agglevel=State&cds=00&year=2017-18>

Note: According to the California Department of Education, students are categorized as “socioeconomically disadvantaged” if: They were migrant, foster, homeless at any time during the academic year; or they were eligible for Free- or Reduced-Price Meal (FRPM) Program, or had direct certification for FRPM at any time during the academic year at the testing school; or the parent education level is marked as “both parents did not receive a high school diploma” at the time of testing. <https://www.cde.ca.gov/ta/ac/cm/documents/dashboardguide18.pdf>
124. California MTSS (n.d.). Guide to understanding California MTSS. Retrieved from <https://ocde.us/MTSS/Documents/GuidetoUnderstandingCAMTSS.pdf>

Afterschool & Summer Learning Programs

125. Hay, J. (2017). The state of expanded learning in California: 2016-2017. *California Afterschool Network*. Retrieved from https://www.afterschoolnetwork.org/sites/main/files/file-attachments/can_sots_expanded_learning_2018_web_revised_3.8.19.pdf
126. Quinn, D. M., & Polikoff, M. (2017). Summer learning loss: What is it, and what can we do about it. *Brookings*. Retrieved from <https://www.brookings.edu/research/summer-learning-loss-what-is-it-and-what-can-we-do-about-it/>
127. Hay, J. (2017). The state of expanded learning in California: 2016-2017. *California Afterschool Network*. Retrieved from https://www.afterschoolnetwork.org/sites/main/files/file-attachments/can_sots_expanded_learning_2018_web_revised_3.8.19.pdf
128. California Afterschool Advocacy Alliance (2018). ASES funding gap continues to grow: Rising costs and lagging funding puts kids at risk [PDF file]. Retrieved from <https://static1.squarespace.com/static/57d1b198d2b857cb880000f2/t/5a84a1078165f5ac7e8ba283/1518641417745/ASES+Funding+Gap+Continues+to+Grow+2.12.18.pdf>
129. Youth.gov (n.d.). Benefits for Youth, Families, & Communities. Retrieved from <https://youth.gov/youth-topics/afterschool-programs/benefits-youth-families-and-communities>
130. UCLA Center for Health Policy Research (n.d.). California health interview survey. Retrieved November 2019 from <http://ask.chis.ucla.edu/>

Higher Education

131. Johnson, H., Mejia, M.C., & Bohn, S. (2015). Will California run out of college graduates. Public Policy Institute of California. Retrieved from <https://www.ppic.org/publication/will-california-run-out-of-college-graduates/>

Jaschik, S. (2019). Is college worth it? Yes. Inside Higher Ed. Retrieved from <https://www.insidehighered.com/news/2019/06/10/new-data-show-economic-value-earning-bachelors-degree-remains-high>
132. Rose, A. (2019). The cost of college, then and now. *The California Policy & Budget Center*. Retrieved from <https://calbudgetcenter.org/blog/the-cost-of-college-then-and-now/>
133. US Department of Education. (2016). Advancing diversity and inclusion in higher education. Retrieved from <https://www2.ed.gov/rschstat/research/pubs/advancing-diversity-inclusion.pdf>
134. California Department of Education (2018). College/career indicator reports & data [Data report]. Retrieved from <https://www6.cde.ca.gov/californiamodel/ccireport?&year=2018&cdcode=00000000&scode=&reporttype=schools>

Note: According to the California Department of Education, students are categorized as “socioeconomically disadvantaged” if: They were migrant, foster, homeless at any time during the academic year; or they were eligible for Free- or Reduced-Priced Meal (FRPM) Program, or had direct certification for FRPM at any time during the academic year at the testing school; or the parent education level is marked as “both parents did not received a high school diploma” at the time of testing. <https://www.cde.ca.gov/ta/ac/cm/documents/dashboardguide18.pdf>

Family Supports – Introduction

135. National Academies of Sciences, Engineering, and Medicine. (2016). Parenting matters: Supporting parents of children ages 0-8. *National Academies Press*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK402025/>
136. Simon, C. (2019). Social spending on kids yields biggest bang for the buck. Retrieved from <https://news.harvard.edu/gazette/story/2019/07/opportunity-insights-study-finds-investing-in-disadvantaged-children-brings-greater-long-term-results/>
137. Duffee, J. H., Mendelsohn, A. L., Kuo, A. A., Legano, L. A., Earls, M. F., & Committee on Child Abuse and Neglect. (2017). Early childhood home visiting. *Pediatrics*, 140(3), e20172150. Retrieved from <https://pediatrics.aappublications.org/content/140/3/e20172150>

Voluntary Evidence-Based Home Visiting

138. Home Visiting Evidence of Effectiveness (n.d.). HomVEE Summary. Retrieved from <https://homvee.acf.hhs.gov/publications/HomVEE-Summary>
139. California Department of Public Health (2019). Maternal and infant health assessment (MIHA). Retrieved from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/default.aspx>
140. California Department of Public Health (2019). Maternal and infant health assessment (MIHA). Retrieved from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/default.aspx>
141. California Department of Public Health (2019). Maternal and infant health assessment (MIHA). Retrieved from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/default.aspx>
142. Zero to three Early Connections Last a Lifetime (2016). National parent survey overview and key insights. Retrieved from <https://www.zerotothree.org/resources/1424-national-parent-survey-overview-and-key-insights>
143. Keating, K., Daily, S., Cole, P., Murphey, D., Pina, G., Ryberg, R., Moron, L., & Laurore, J. (2019). Examining the Well-Being of America’s Babies: The State of Babies Yearbook: 2019 [PDF file]. *ZERO TO THREE*, 39(5), 58-64. Retrieved from https://zero3stag.wpengine.com/wp-content/uploads/2019/03/State_of_Babies_Yearbook_full_digital_download_2.28.19.pdf
144. National Center for Children in Poverty (n.d.). Young Child Risk Calculator. Retrieved November 2019 from <http://www.nccp.org/tools/risk/?state=CA&age-level=3&income-level=Low-Income&ids%5B%5D=77&ids%5B%5D=84&ids%5B%5D=76&ids%5B%5D=78&ids%5B%5D=74&ids%5B%5D=72&ids%5B%5D=83&submit=Calculate>

Note: State budget investments over the past 2 years could result in as many as 20,000 additional families served, almost doubling current capacity, but percentage of families reached would remain approximately 2%.

Paid Family Leave

145. Waldfogel, J., Doran, E., Pac, J. (2019). Paid family and medical leave improved the well-being of children and families. *Society for Research in Child Development*. Retrieved from <https://www.srcd.org/research/paid-family-and-medical-leave-improves-well-being-children-and-families>
146. Bartel, A. P., Kim, S., & Nam, J. (2019). Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets. *Monthly Lab. Rev.*, 142, 1. Retrieved from <https://www.bls.gov/opub/mlr/2019/article/racial-and-ethnic-disparities-in-access-to-and-use-of-paid-family-and-medical-leave.htm>
147. Avendano, M., Berkman, L. F., Brugiavini, A., & Pasini, G. (2015). The long-run effect of maternity leave benefits on mental health: evidence from European countries. *Social Science & Medicine*, 132, 45-53. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S027795361500129X>
148. Appelbaum, E., & Milkman, R. (2011). Leaves that pay: Employer and worker experiences with paid family leave in California. Retrieved from <https://escholarship.org/uc/item/6bm118ss>
149. Berger, L. M., Hill, J., & Waldfogel, J. (2005). Maternity leave, early maternal employment and child health and development in the US. *The Economic Journal*, 115(501), F29-F47. Retrieved from <https://academic.oup.com/ej/article-abstract/115/501/F29/5089335>
150. Heymann, J., Raub, A., & Earle, A. (2011). Creating and using new data sources to analyze the relationship between social policy and global health: the case of maternal leave. *Public Health Reports*, 126(3_suppl), 127-134. Retrieved from <https://journals.sagepub.com/doi/abs/10.1177/00333549111260S317>

151. Appelbaum, E., & Milkman, R. (2011). Leaves that pay: Employer and worker experiences with paid family leave in California. Retrieved from <https://escholarship.org/uc/item/6bm118ss>
152. Legislative Analyst's Office (2019). Considering options to expand paid family leave in California. Retrieved from https://lao.ca.gov/handouts/state_admin/2019/Family-Leave-030719.pdf
153. California Legislative Information (2019). AB-196 paid family leave. Retrieved from http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200AB196
154. California Legislative Information (2019). SB-83 employment. Retrieved from http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB83
155. Nation partnership for women & families (2019). State paid family and medical leave insurance laws. Retrieved from <http://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/state-paid-family-leave-laws.pdf>
OECD Family Database (2019). PF2.1. Parental leave systems [PDF file]. Retrieved from https://www.oecd.org/els/soc/PF2_1_Parental_leave_systems.pdf

Income Assistance for Low-income Families

156. Bohn, S., Danielson, C., & Thorman, T. (2019). Just the facts, child poverty in California. *Public Poverty Institute of California*. Retrieved from <https://www.ppic.org/publication/child-poverty-in-california/>
157. End Child Poverty in California (2019). The next phase of our movement. Retrieved from <https://www.endchildpoverty-ca.org/author/grace/>
158. California Lifting Children and Families out of Poverty Task Force (2018). Recommended strategies to address deep child poverty and child poverty in California [PDF file]. Retrieved from <https://www.cdss.ca.gov/Portals/9/CalWORKs/AB1520%20-%20Final%20Report.pdf?ver=2018-11-19-145600-677>
159. Marr, C., Huang, C. C., Sherman, A., & Debot, B. (2015). EITC and Child Tax Credit promote work, reduce poverty, and support children's development, research finds [PDF file]. *Washington, DC: Center on Budget and Policy Priorities*. Retrieved from <https://www.cbpp.org/sites/default/files/atoms/files/6-26-12tax.pdf>
160. California Budget & Policy Center (2019). First look: 2019-20 budget includes balanced investments, leaves opportunities to improve the economic well-being or more Californians. Retrieved from <https://calbudgetcenter.org/resources/first-look-2019-20-budget-includes-balanced-investments-leaves-opportunities-to-improve-the-economic-well-being-of-more-californians/#CalWORKs>
161. Danielson, C. (2018). Child poverty and CalWORKs. *Public Policy Institute of California*. Retrieved from <https://www.cdss.ca.gov/Portals/9/CalWORKs/PPIC%20CalWORKs%2020180117.pdf?ver=2018-01-17-121905-587>
162. California Budget & Policy Center (2018). The CalEITC builds on the well-documented success of the federal EITC [PDF file]. Retrieved from https://calbudgetcenter.org/wp-content/uploads/Updated-Report_State-EITCs-Build-on-Success-of-Federal-EITC_04.2018.pdf
163. IRS (n.d.). Earned income tax credit & other refundable credits. Retrieve from <https://www.eitc.irs.gov/eitc-central/participation-rate/eitc-participation-rate-by-states>
164. Williams, E., & Waxman, S. (2017). States can adopt or expand earned income tax credits to build a stronger future economy. *Washington, DC: Center on Budget and Policy Priorities*. Retrieved from <https://www.cbpp.org/research/state-budget-and-tax/states-can-adopt-or-expand-earned-income-tax-credits-to-build-a>
165. Bohn, S., & Danielson, C. (2017). Child poverty in California: Evidence from the California poverty measure [PDF file]. *Public Poverty Institute of California*. Retrieved from <https://www.cdss.ca.gov/Portals/9/CalWORKs/Public%20Policy%20Institute%20of%20CA%20pres.pdf?ver=2017-12-21-153652-057>
166. Bohn, S., Danielson, C., & Thorman, T. (2019). Just the facts, child poverty in California. *Public Poverty Institute of California*. Retrieved from <https://www.ppic.org/publication/child-poverty-in-california/>
167. Bohn, S., Danielson, C., & Thorman, T. (2019). Just the facts, child poverty in California. *Public Poverty Institute of California*. Retrieved from <https://www.ppic.org/publication/child-poverty-in-california/>

Child Welfare – Introduction

168. Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., ... & Cotto, H. (2019). July 1, 2018 to June 30, 2019 child maltreatment allegations & substantiation rates [Data report]. CCWIP reports, University of California at Berkeley California Child Welfare Indicators Project. Retrieved November 2019 from http://cssr.berkeley.edu/ucb_childwelfare/Allegations.aspx
169. Wildeman, C., Emanuel, N., Leventhal, J. M., Putnam-Hornstein, E., Waldfogel, J., & Lee, H. (2014). The prevalence of confirmed maltreatment among US children, 2004 to 2011. *JAMA pediatrics*, 168(8), 706-713. Retrieved from <https://jamanetwork.com/journals/jamapediatrics/fullarticle/1876686>

Stable Homes & Enduring Relationships

170. National Center for Child Welfare Excellence at the Silberman School of Social Work (n.d.). An overview of placement stability. Retrieved October 2019 from <http://www.nccwe.org/toolkits/placement-stability/overview.htm>
171. Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., ... & Cotto, H. (2019). Jan 1, 2017 to June 30, 2017 Placement Stability (Entry Cohort) [Data report]. *CCWIP reports, University of California at Berkeley California Child Welfare Indicators Project*. Retrieved November 2019 from http://cssr.berkeley.edu/ucb_childwelfare/Stability.aspx
172. Courtney, M. E., Okpych, N. J., Park, K., Harty, J., Feng, H., Torres-García, A., & Sayed, S. (2018). Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 21. Retrieved from https://www.chapinhall.org/wp-content/uploads/CY_YT_RE0518_1.pdf

Health Care for Kids in Foster Care

173. Bramlett, M. D., & Radel, L. (2014). Adverse family experiences among children in nonparental care, 2011-2012 (Vol. 74). *US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics*. Retrieved from <https://pdfs.semanticscholar.org/fe8d/fcc5098825fae7ab4535fa9f8a19bde82ce1.pdf>
174. Pecora, P. J., Jensen, P. S., Romanelli, L. H., Jackson, L. J., & Ortiz, A. (2009). Mental health services for children placed in foster care: An overview of current challenges. *Child welfare, 88*(1), 5. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3061347/>
175. Szilagyi, M. A., Rosen, D. S., Rubin, D., & Zlotnik, S. (2015). Health care issues for children and adolescents in foster care and kinship care. *Pediatrics, 136*(4), e1142-e1166. Retrieved from <https://pediatrics.aappublications.org/content/136/4/e1142>
176. Szilagyi, M. A., Rosen, D. S., Rubin, D., & Zlotnik, S. (2015). Health care issues for children and adolescents in foster care and kinship care. *Pediatrics, 136*(4), e1142-e1166. Retrieved from <https://pediatrics.aappublications.org/content/136/4/e1142>
177. Szilagyi, M. A., Rosen, D. S., Rubin, D., & Zlotnik, S. (2015). Health care issues for children and adolescents in foster care and kinship care. *Pediatrics, 136*(4), e1142-e1166. Retrieved from <https://pediatrics.aappublications.org/content/136/4/e1142>
178. Waid, J., Kothari, B. H., Bank, L., & McBeath, B. (2016). Foster care placement change: The role of family dynamics and household composition. *Children and youth services review, 68*, 44-50. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5157937/>
179. Szilagyi, M. A., Rosen, D. S., Rubin, D., & Zlotnik, S. (2015). Health care issues for children and adolescents in foster care and kinship care. *Pediatrics, 136*(4), e1142-e1166. Retrieved from <https://pediatrics.aappublications.org/content/pediatrics/136/4/e1131.full.pdf>
180. Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., ... & Cotto, H. (2019). 2018 measure 5B timely medical/dental exams [Data report]. *CCWIP reports, University of California at Berkeley California Child Welfare Indicators Project*. Retrieved November 2019 from http://cssr.berkeley.edu/ucb_childwelfare/CDSS_5B.aspx

Education Supports for Students in Foster Care

181. Scherr, T. G. (2007). Educational experiences of children in foster care: Meta-analyses of special education, retention and discipline rates. *School Psychology International, 28*(4), 419-436. Retrieved from <https://journals.sagepub.com/doi/abs/10.1177/0143034307084133>
182. DataQuest, California Department of Education (2018). 2017-18 absenteeism rate [Data report]. Retrieved November 2019 from <https://data1.cde.ca.gov/dataquest/DQCensus/AttChrAbsRate.aspx?aggllevel=State&cds=00&year=2017-18>
Note: According to the California Department of Education, students are categorized as "socioeconomically disadvantaged" if: They were migrant, foster, homeless at any time during the academic year; or they were eligible for Free- or Reduced-Priced Meal (FRPM) Program, or had direct certification for FRPM at any time during the academic year at the testing school; or the parent education level is marked as "both parents did not received a high school diploma" at the time of testing. <https://www.cde.ca.gov/ta/ac/cm/documents/dashboardguide18.pdf>
183. DataQuest, California Department of Education (2018). 2017-18 foster enrollment report [Data report]. *California Department of Education*. Retrieved November 2019 from <https://dq.cde.ca.gov/dataquest/foster/FosterCaasppGrd.aspx?year=2017-18&testtype=ELA>
184. Courtney, M. E., Okpych, N. J., Charles, P., Mikell, D., Stevenson, B., Park, K., ... & Okpych, N. J. (2016). Findings from the California youth transitions to adulthood study (CalYOUTH): Conditions of youth at age 19. *Chicago, IL: Chapin Hall at the University of Chicago*, 19-3125. Retrieved from https://www.researchgate.net/profile/Nathanael_Okpych/publication/325642257_Findings_from_the_California_Youth_Transitions_to_Adulthood_Study_CalYOUTH_Conditions_of_Youth_at_Age_21/links/5b19dc62a6fdcca67b660058/Findings-from-the-California-Youth-Transitions-to-Adulthood-Study-CalYOUTH-Conditions-of-Youth-at-Age-21.pdf

185. Courtney, M. E., Dworsky, A. L., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. E. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21. Retrieved from http://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1059&context=socwork_fac
186. DataQuest, California Department of Education (2018). 2017-18 four-year adjusted cohort outcome [Data report]. *California Department of Education*. Retrieved November 2019 from <https://dq.cde.ca.gov/dataquest/dqcensus/CohOutcome.aspx?cde=00&agglvl=state&year=2017-18&initrow=&ro=y>
- Note: According to the California Department of Education, students are categorized as "socioeconomically disadvantaged" if: They were migrant, foster, homeless at any time during the academic year; or they were eligible for Free- or Reduced-Priced Meal (FRPM) Program, or had direct certification for FRPM at any time during the academic year at the testing school; or the parent education level is marked as "both parents did not received a high school diploma" at the time of testing. <https://www.cde.ca.gov/ta/ac/cm/documents/dashboardguide18.pdf>*

Adolescents & Transition Age Youth - Introduction

187. Konrad, K., Firk, C., & Uhlhaas, P. J. (2013). Brain development during adolescence: neuroscientific insights into this developmental period. *Deutsches Ärzteblatt International*, 110(25), 425. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3705203/>
188. U.S. Department of Health & Human Services (n.d.). Healthy relationships in adolescents. Retrieved November 2019 from <https://www.hhs.gov/ash/oah/adolescent-development/healthy-relationships/index.html>
189. Children's Home Society of Virginia (n.d.). The possibilities project: Supporting youth transitioning from foster care. Retrieved November 2019 from <http://chsva.org/possibilities-project/research-advocacy/>

Relationships & Sexual Health Education

190. RTI International (2013). Evaluation of start strong: Building healthy teen relationships. *Robert Wood Johnson Foundation*. Retrieved from <https://www.rwjf.org/en/library/research/2013/09/start-strong-building-healthy-teen-relationships-evaluation-sum.html>
191. California Healthy Youth Act Sexual Health Education Toolkit (n.d.). LGBTQ & gender-inclusiveness assessment checklist. *Education Code 51930-51939*. Retrieved from https://www.aclunc.org/docs/201703-lgbtq_gender_checklist.pdf
192. Centers for Disease Control and Prevention (n.d.). Reproductive health: Teen pregnancy. Retrieved November 2019 from <https://www.cdc.gov/teenpregnancy/about/index.htm>
193. Department of Health Care Services (n.d.). Family PACT. Retrieved from <https://familypact.org/>
194. California Department of Public Health (2019). Adolescent births in California 2000-2017 [PDF file]. *Maternal, Child and Adolescent Health Division Epidemiology, Surveillance, and Federal Reporting Branch*. Retrieved from <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Data/Adolescent/Adolescent-Birth-Rates-2017.pdf>
195. Caiola, S. (2019). Sexually transmitted disease rates continue to rise in California. Capital Public Radio. Retrieved November 2019 from <http://www.capradio.org/articles/2019/04/22/sexually-transmitted-disease-rates-continue-to-rise-in-california/>
196. Sifferlin, A. (2016). Here's why teen STDs are hitting all-time highs. *TIME*. Retrieved from <https://time.com/4558627/heres-why-teen-stds-are-hitting-all-time-highs/>
197. California Department of Public Health (n.d.). All STDs tables California, 2017 [PDF file]. *STD Control Branch*. Retrieved from <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Data-All-STDs-Tables.pdf>
- State of California Department of Finance (n.d.). P-1: State population projections (2012-2060) [Data file]. Retrieved November 2019 from <http://www.dof.ca.gov/Forecasting/Demographics/>
198. RTI International (2013). Evaluation of start strong: Building healthy teen relationships. *Robert Wood Johnson Foundation*. Retrieved from <https://www.rwjf.org/en/library/research/2013/09/start-strong-building-healthy-teen-relationships-evaluation-sum.html>
199. Centers for Disease Control and Prevention (2017). High School Youth Risk Behavior Surveillance System (YRBSS) [Data Report]. Retrieved from <https://nccd.cdc.gov/YouthOnline/App/Results.aspx?LID=CA>
- Note: Because dating violence is often unreported, these estimates are likely undercounts. See for example <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5298903/>*

Supports for Unaccompanied Homeless Youth

200. National Center for Homeless Education (2018). Supporting the Education of Unaccompanied Students Experiencing Homelessness. Retrieved from <https://nche.ed.gov/wp-content/uploads/2018/10/youth.pdf>

201. Henry, M., Watt, R., Rosenthal, L., & Shivji, A. (2017). Part 1 Point-in-time estimates of homelessness: The 2017 annual homeless assessment report (AHAR) to Congress [PDF file]. Retrieved from <https://files.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>
202. National Center for Homeless Education (2018). Supporting the education of unaccompanied students experiencing homelessness [PDF file]. Retrieved from <https://nche.ed.gov/wp-content/uploads/2018/10/youth.pdf>
203. Chapin Hall, Voices of Youth Count (2017). Missed opportunities: Youth homelessness in America, national estimates [PDF file]. Retrieved from <http://voicesofyouthcount.org/wp-content/uploads/2017/11/VoYC-National-Estimates-Brief-Chapin-Hall-2017.pdf>
204. Choi, S. K., Wilson, B. D., Shelton, J., & Gates, G. J. (2015). Serving our youth 2015: The needs and experiences of lesbian, gay, bisexual, transgender, and questioning youth experiencing homelessness. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Serving-Our-Youth-June-2015.pdf>
205. Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). Missed opportunities: Youth homelessness in America. National estimates. *Chicago, IL: Chapin Hall at the University of Chicago*. Retrieved from <https://www.chapinhall.org/project/voices-of-youth-count/>
206. Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). Missed opportunities: Youth homelessness in America. National estimates. *Chicago, IL: Chapin Hall at the University of Chicago*. Retrieved from <https://www.chapinhall.org/project/voices-of-youth-count/>
207. Administration for Children and Families, Family and Youth Services Bureau (2016). Street outreach program, data collection study final report [PDF file]. Retrieved from https://www.acf.hhs.gov/sites/default/files/fysb/data_collection_study_final_report_street_outreach_program.pdf
208. DataQuest, California Department of Education (2018). 2017-18 four-year adjusted cohort graduation rate [Data report]. Retrieved November 2019 from <https://data1.cde.ca.gov/dataquest/dqcensus/CohRate.aspx?cde=00&agglevel=state&year=2017-18>
209. Auerswald, C. L., Lin, J. S., & Parriott, A. (2016). Six-year mortality in a street-recruited cohort of homeless youth in San Francisco, California. *PeerJ*, 4, e1909. Retrieved from <https://doi.org/10.7717/peerj.1909>

Decriminalization of Youth

210. Evangelist, M., Ryan, J. P., Victor, B. G., Moore, A., & Perron, B. E. (2017). Disparities at adjudication in the juvenile justice system: An examination of race, gender, and age. *Social Work Research*, 41(4), 199-212. Retrieved from <https://academic.oup.com/swr/article-abstract/41/4/199/4600566>
 211. Wilber, S. (2015). Lesbian, gay, bisexual and transgender youth in the juvenile justice system. *Annie E. Casey Foundation*. Retrieved from <http://www.calcasa.org/wp-content/uploads/2015/12/NCLR-LGBT-Youth-in-JJ-Systems.pdf>
 212. Tucker, J., & Palomino, J. (2019). Vanishing violence: Youth crime continues historic drop across US. *San Francisco Chronicle*. Retrieved from <https://www.sfchronicle.com/crime/article/Vanishing-Violence-Youth-crime-continues-14487543.php>
 213. National Center for Youth Law (2018). California provides major boosts to pre-arrest diversion for youth. Retrieved from <https://youthlaw.org/publication/ncyl-news-june-2018/>
 214. Bell, Z., & Rasquiza, A. (2014). Implicit bias and juvenile justice: A review of the literature [PDF file]. *National Center for Youth Law*. Retrieved from <https://youthlaw.org/wp-content/uploads/2015/06/Implicit-Bias-Juvenile-Justice-Lit-Review-for-ncyl-web3.pdf>
 215. The Sentencing Project (n.d.). State-by-state data [Data report]. Retrieved November 2019 from <https://www.sentencingproject.org/the-facts/#map?dataset-option=SIR>
 216. Human Impact Partners (2017). Reducing youth arrests keeps kids healthy and successful fact sheet- June 2017 [PDF file]. Retrieved from https://humanimpact.org/wp-content/uploads/2018/10/HIP_YouthArrestsandHealthFactSheet_2017.06fin.pdf
 217. Klein, M. (2018). Juvenile diversion guide: Holding youth accountable while reducing juvenile justice system involvement in California [PDF file]. *Fight Crime: Invest in Kids*. Retrieved from <https://strongnation.s3.amazonaws.com/documents/403/836f2d21-1a25-422b-8809-d3db04ffed94.pdf?1521754410&inline;20filename=%22Juvenile%20Diversion%20Guide.pdf%22>
- Note: Diversion programs can be offered both pre- and post-arrest.*
218. Youth Law (2018). Youth Reinvestment Fund: Preventing the Harm of the Justice System [PDF file]. Retrieved from https://youthlaw.org/wp-content/uploads/2018/04/Fact-Sheet-on-100M_Draft_5-1-18.pdf

Opportunities for Youth Voice & Civic Engagement

219. Babey, S. H., & Wolstein, J. (2018). Civic Engagement Among California High School Teens [PDF file]. *Policy brief (UCLA Center for Health Policy Research)*, 2018(11), 1-10. Retrieved from <http://healthpolicy.ucla.edu/publications/Documents/PDF/2018/civic-teens-brief-dec2018.pdf>
220. California Secretary of State (n.d.). Pre-register at 16, vote at 18. Retrieved from <https://www.sos.ca.gov/elections/pre-register-16-vote-18/>
221. California Department of Education (n.d.). State seal of civic engagement. Retrieved from <https://www.cde.ca.gov/pd/ca/hs/hssstateaseal.asp>
222. Dobard, J., Engie, K., Ramakrishnan, K., Shah, S., Bedolla, L. G. (2017). Unequal voices: Who speaks for California? Part II [PDF file]. Retrieved from https://www.advancementprojectca.org/wp-content/uploads/2017/01/Unequal-Voices_PartII.pdf
223. Child & Family Policy Institute of California (n.d.). Youth engagement project. Retrieved from <https://cfpic.org/projects/yep>
224. Kahne, J., Middaugh, E., & Croddy, M. (2005). Educating for Democracy: California Campaign for the Civic Mission of Schools California Survey of Civic Education [PDF file]. Los Angeles, CA: The Constitutional Rights Foundation. Retrieved from http://www.cms-ca.org/civic_survey_final.pdf
225. Wolstein, J., & Babey, S.F. (2018). Health policy brief: Civic engagement among California high school teens. *UCLA Center for Health Policy Research*. Retrieved from <http://healthpolicy.ucla.edu/publications/Documents/PDF/2018/civic-teens-brief-dec2018.pdf>
226. Power California (n.d.). California's rising electorate: Young, diverse and politically active. Retrieved November 2019 from <https://powercalifornia.org/youthpoll>
227. Shapiro, S., & Brown, C. (2018). The State of Civics Education. *Center for American Progress*. Retrieved from <https://cdn.americanprogress.org/content/uploads/2018/02/06085433/CivicsEducation-brief-updated.pdf>

Connected Cradle-to-Career Systems

228. Jackson, J., & Cook, K. (2018). Modernizing California's education data system. *Public Policy Institute of California*. Retrieved from <https://www.ppic.org/publication/modernizing-californias-education-data-system/>
229. Moore, C., Bracco, K., & Nodine, T. (2017). California's maze of student information: Education data systems leave critical questions unanswered. *Policy Brief*, 2. Retrieved from <http://edinsightscenter.org/Portals/0/ReportPDFs/Maze-of-Information-Brief.pdf>

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