



California

Report
Card '09

Setting the Agenda for Children



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HEALTH

Health Coverage	D+
Oral Health	C-
Asthma	D+
Mental Health	C
Infant Health	B-
Adolescent Health	B-

EDUCATION

Early Care and Education	C
K-12	C-
After School	B+

CROSS SYSTEM ISSUES

Integrated Services	D+
Obesity	C-
Child Safety	D+

Recognizing Children as the State's Most Important Investment

The current economic and social challenges facing California are daunting. The state budget is in record deficit. More people are struggling to make ends meet. California and its future workforce are losing the competitive edge in the global economy. Partisan differences have led to political stalemates. There is, however, a clear path to restoring California's well-being: making children our number one investment in recognition of their critical role in determining our civic and economic future.

The foundation of California's vitality is a healthy, educated and skilled population. Every child in California needs and deserves the opportunity to learn and develop to his or her highest potential. Yet, today, California ranks near the bottom on national measures of student achievement,¹ and 20% of the state's students drop out of high school before graduation.² Additionally, over one million children are projected to be without health insurance,^{3,4} while the rates of childhood obesity and asthma are alarming. These are the ominous indicators of our future.

It is important we take a long-term view. At this time of crisis and opportunity, we must prioritize—above all else—efficient investments in children. We are calling on the state's leadership to move forward immediately on:

- ensuring every child has affordable health insurance coverage, so they can receive high-quality, preventive care;
- investing more earlier in a child's life, when the brain is still forming, to capitalize on this unique opportunity to improve children's cognitive, social and emotional development;



The State of the State's Children *(continued)*

- increasing children's access to preventive supports and services through integrated services, thereby reducing the chances that children receive delayed care, which often results in costlier and less effective treatment;
- improving the K-12 system with evidence-based reforms, enhanced by providing education decision-makers access to a comprehensive information system to guide policy, teaching and learning;
- delivering safe and enriching after school programs to all children who lack access to them, and tailoring them to the distinctive programmatic needs of local communities.

The *2009 California Report Card* provides the agenda for strengthening California through its children by detailing:

- (1) key public policy developments in 2008 that impact children's well-being;
- (2) policy objectives for improving the well-being of children;
- (3) recent data representing the current status of California's children;
- (4) specific, immediate actions that must be accomplished during the 2009-10 legislative session.

As we look at the critical issues of fiscal stability, civic vibrancy and global competitiveness, we owe it to ourselves and all Californians to make the needed investments in children.

Who Are California's Children?

California plays a crucial role in setting the national agenda for all children to succeed, due to the sheer size and diversity of its child population.

- California is home to almost 10 million children, ages 0-18,⁵ or about one in eight children living in the U.S.⁶
- 94% of California's children are U.S. citizens.⁷
- 49% of California's children are Latino, 30% are white, 10% are Asian and 6% are African American.⁸
- 41% of the state's kindergartners are designated English learners.⁹
- California families with two working adults need to earn \$72,300 a year, or three times the federal poverty level (FPL), to pay for housing, child care, food, insurance and transportation.¹⁰ Yet approximately one in two children lives in a family with an annual household income at or below \$70,000.¹¹

HEALTH

Health care is becoming unattainable for staggering numbers of Californians, as costs continue to increase.

Health care costs for all Californians are skyrocketing. On average, every Californian saw an 8% increase in the cost of employer-based health insurance in 2007, more than double the rate of inflation for the year, bringing premium increases to 86% between 2002 and 2007.¹² During these tough economic times, nearly one in two families cannot afford the escalating costs of the state's broken health care system.

Recent surveys have shown that almost half of all families are skipping prescribed medication and cutting back on or postponing medical attention because they cannot afford the cost of care.¹³

While 2008 began with a viable plan to provide basic and essential health insurance to all California children, the state's leadership ultimately failed to pass that critical legislation. In addition, budget shortfalls may force Healthy Families, California's low-cost coverage for children whose families earn too much to qualify for Medi-Cal, to freeze the enrollment of over 160,000 children applying for health coverage. California needs its leadership to address the health care crisis and realize the valuable investment opportunity in providing health coverage to all children, which will enable them to access regular, preventive care. Doing so will decrease health care costs for everyone. Currently, Californians as a whole pay approximately \$7,000 every time an uninsured child visits a hospital for a preventable ailment.¹⁴ In contrast, only 17% of that amount, or \$1,200, is needed to provide health coverage for each uninsured child.^{15, 16}



Notable Policy Developments in 2008

Children's health care faced serious setbacks in 2008.

- The state's leadership failed to pass a broad health care reform package that would have insured all California children. The 2008-09 state budget also added bureaucratic hurdles by requiring semi-annual reporting in order to receive Medi-Cal, the state's program for children in very low-income families, making retaining health coverage even more difficult for those who qualify. The budget also included premium increases of up to 50% for children who are enrolled in Healthy Families, the state-funded program for families that earn too much to qualify for Medi-Cal.
- Other opportunities for incremental health care reform were lost, as the state failed to pass legislation that would have required insurers to spend at least 85% of premiums on patient care and prohibited health providers from rescinding coverage without sufficient cause.
- Attempts to address disproportionate rates of asthma took a step backward when SB 974 (Lowenthal), a bill that would have reduced air pollution in three major California cities, was vetoed by Gov. Schwarzenegger.
- Children's oral health inched forward as health and education advocates continued to work together to implement AB 1433 (Emmerson/Laird),

The state's leadership failed to pass a broad health care reform package that would have insured all California children.

the law requiring all children entering kindergarten to receive an initial dental check-up. While Denti-Cal did not incur any budget cuts in 2008, legislators put a cap on Healthy Families dental benefits, at \$1,500 per year per child. So, while those coverage benefits will be suf-

ficient for most children, children with severe oral health problems may have to needlessly delay portions of their treatment.

- Children's mental health services, however, received additional funding. The passage of AB 2809 (Leno/Price) authorizes up to \$5,000 per instance for outpatient mental health counseling of minors who were witness to violent crimes.¹⁷

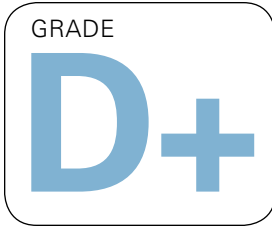
Priority Policy Objectives

- **Create and fund a statewide system to ensure every child has access to high-quality, affordable health care to prevent and treat illnesses in a linguistically- and culturally-appropriate setting.** When all children are afforded access to high-quality health care, all Californians win. Children miss fewer days of school, parents miss fewer days of work, children avoid unnecessary hospitalization for preventable conditions and care is more affordable for everyone.
- **Improve children's access to oral health services.** Approximately 40% of California's children are not receiving the oral health services they need.¹⁸ This is more evident in low-income children, as fewer than one in four children at or below the FPL has regular access to oral health services.¹⁹ By providing adequate funding for dental care and streamlining Denti-Cal, policymakers can decrease oral health care costs for children and, at the same time, ensure children receive the dental services they need for their overall health and school readiness.
- **Reduce the prevalence of asthma in children and the number of preventable hospitalizations from poorly managed asthma.** Tackling childhood asthma will require a new, multifaceted, cross-sector approach that addresses environmental factors and health care quality. That effort must include tactics to benefit low-income children, as they are disproportionately impacted by childhood asthma.
- **Ensure children have access to timely and age-appropriate mental health services.** Too often, children go without warranted mental health services. To adequately address children's mental health needs, policymakers must create a comprehensive system that enables the early detection of the need for and appropriate delivery of mental health services.

Fewer than one in four children at or below the federal poverty level has regular access to oral health services.



Health Coverage



The number of uninsured children in California may grow to over one million due to more families losing job-based coverage and state insurance programs increasing premiums and requiring semi-annual reporting.

In California, 763,000 children remain uninsured²⁰ and an additional 300,000 children are at risk of losing health coverage.²¹ Last year, California came very close to providing health coverage for all children, as leaders debated a broad health care reform bill; however, they ultimately failed to enact health care reform legislation. Worse yet, the

2008-09 budget will reverse years of progress in providing children health insurance. Medi-Cal has increased its reporting requirements and Healthy Families has raised premiums, making retention of coverage more difficult.

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Over time, those new obstacles will lead to an increase in the number of uninsured children.²² In addition, budget shortfalls may freeze the enrollment of 160,000 children applying for coverage through Healthy Families.

California needs strong leadership to extend affordable, high-quality health care to all children. The state's budget deficit does not justify eroding children's health coverage. In 2008, 19 other states with large budget deficits made the prudent investment to improve children's access to health coverage.²³ Ensuring all children have access to regular, high-quality preventive care is essential to driving down health care costs for all Californians and ensuring the wellness and productivity of future generations.

Key Data

Health Coverage in California

- Younger children are more likely to be insured. Approximately 95% of California's children, ages 0-5, have health insurance compared to 92% of children, ages 6-18.²⁴
- While coverage for younger children, ages 0-5, remained relatively flat between 2001 and 2005, a closer look indicates growing reliance on public programs. While the state experienced a 4% decrease in the number of young children covered by private insurance during those years, enrollment in public programs increased by 4%.²⁵
- Latino children are most likely to be uninsured (12%), while only 3% of African American children are uninsured.²⁶



Eligibility and Cost

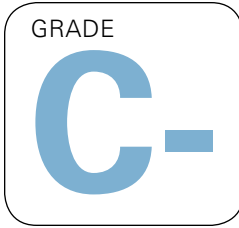
- About 60% of California's uninsured children are eligible for Medi-Cal or Healthy Families; however, only 34% are actually enrolled in those programs.²⁷
- One in three American families reports having trouble paying medical bills within the past year, and 47% of all Americans report cutting back on medical care because of high costs, up 5% between April and October of 2008.²⁸

Access to Health Care

- When children have a "medical home," or a usual place for care, the quality of care vastly improves, as health care providers build a more complete patient medical history and patients learn to receive regular preventative care. Nonetheless, 10% of children do not have access to a medical home.²⁹



Oral Health



Oral health is fundamental to children's overall well-being, but one in seven California children has never been to a dentist.

Despite advances in oral health coverage through Denti-Cal, 15% of the state's children, ages 2-11, have never visited a dentist.³⁰ Young children are at an even greater risk for poor oral health, as one in three children, ages 2-5, has never seen a dentist.³¹ Without regular preventive oral health care, children are more likely to suffer from painful oral health problems, which affect their overall well-being by disturbing learning, proper nutrition and sleep. One in four elementary school children in California has untreated

tooth decay.³² Poor oral health is one of the leading causes of school absenteeism, costing America's children 51 million missed school hours each year.³³

One in four elementary school children in California has untreated tooth decay.

A necessary step towards ensuring all children have

access to good oral health is to increase reimbursement rates for Denti-Cal. Low reimbursement rates dissuade many dentists from accepting publicly-insured patients. As a result, only one dentist serves every 360 publicly-insured children in California.³⁴ Providing the state's children access to early and regular preventive oral health care is a prudent decision that will improve their health and support their ability to learn.

Key Data

Dental Insurance Rates

- Only 79% of California's children have dental insurance, and coverage for Latino children, at 72%, is among the lowest of all ethnic groups.³⁵
- Studies show that dental coverage increases children's access to preventative oral health services. For example, in Santa Clara County, just 22% of uninsured children report having had a preventive dental visit in the past six months, compared to 61% of those enrolled in the Healthy Kids program.^{36, 37}

Access to Dental Care

- The American Dental Association recommends dental visits should begin as soon as the first tooth erupts and no later than the second birthday,³⁸ but roughly one out of two children, ages 2-5, and one out of three children, ages 6-11, does not visit a dentist regularly.³⁹
- Children with dental insurance are more likely to have access to regular oral health care: 60% report having regular access compared to only 37% who do not have dental insurance.⁴⁰
- Children who receive Medi-Cal with dental care are still less likely to receive regular oral health care: 21% have never been to a dentist compared to only 15% with private or employment-based insurance.⁴¹ This is due, in part, to low reimbursement rates for treatment, which discourages dentists from accepting public insurance.⁴²

Oral Health Status

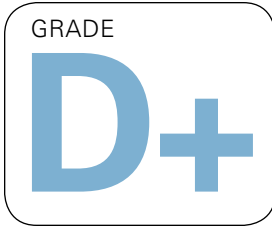
- California children's oral health is substantially lower than the target set by Healthy People 2010, broad health objectives endorsed by the Office of Disease Prevention and Health Promotion and U.S. Department of Health and Human Services. Of 25 states in a recent study, only Arkansas ranked below California in kids' dental health.⁴³
- More than half of California's kindergartners, and more than seven out of 10 third-graders, have experienced tooth decay. More than a quarter of them have untreated decay.⁴⁴

Fluoridated Water

- Water fluoridation, a cost-effective way to improve oral health for children, is only provided to 32% of the state's population—a long way from the goal of 75% set by Healthy People 2010.⁴⁵



Asthma



In measures of asthma incidence, severity and treatment, large disparities exist by race and ethnicity, income, age, gender, and geography.

Asthma is now diagnosed in 15% of all California children, regardless of family income. Children in families with lower incomes, however, experience more severe symptoms and have a greater likelihood of repeat hospitalization.^{46, 47} The rate of asthma hospitalization is three times higher for children from poorer areas, where the median annual income is less than \$20,000, than from affluent regions, where the median annual income is greater than \$50,000.⁴⁸ Addressing this health issue will

Half of all California children with asthma miss at least one school day per year, which total roughly 1.9 million school days.

require a concerted and coordinated effort by policymakers, community leaders, educators, parents and service providers. California must provide health coverage for all children, and it must address serious triggers found in the air, in

schools and in homes. With the cost of preventable hospitalization for children averaging \$7,000 per visit, Californians cannot afford to ignore this issue.⁴⁹ Children who are not healthy cannot learn as well, and, poorly managed asthma is a leading cause of school absenteeism.^{50, 51} Half of all California children with asthma miss at least one school day per year,⁵² which total roughly 1.9 million school days.⁵³

Key Data

Incidence of Childhood Asthma

- Between 2001 and 2005, children's diagnosis rates for asthma remained steady at 15%.⁵⁴
- Of children with active asthma, the percentage of Latino children with fair or poor overall health is more than twice as high as that of white children (31% versus 12%); the rates for African American and Asian children are 15% and 18%, respectively.⁵⁵
- Respiratory problems caused by asthma are the primary reason for hospital visits among children, ages 0-17.⁵⁶

Access to Care for Children with Asthma

- Well-managed asthma is unlikely to require emergency medical attention. Yet, in California, approximately one in five children with asthma visits an emergency room for treatment.⁵⁷
- Emergency room visits due to asthma have increased 12% among uninsured children.⁵⁸

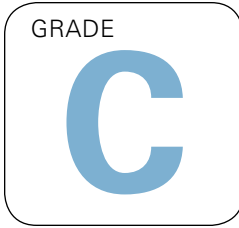
Environmental Factors

- Children with asthma who attend schools close to heavy traffic have lower lung volumes than asthmatic children who attend schools farther from heavy traffic.⁵⁹ Schools near heavy traffic are more likely to have higher numbers of non-white and poor students.⁶⁰





Mental Health



Integrated, high-quality children's mental health services are needed to make earlier diagnoses and provide more efficient and effective treatment.

Nationally, one in five children has a diagnosable mental health disorder.⁶¹ Yet roughly three out of four children in need of mental health services do not receive treatment,⁶² increasing the likelihood that they will experience problems at school, conflicts with family or peers, violence, drug abuse and even suicide.⁶³ California's mental health system is fragmented, providing insufficient prevention and early diagnosis services. As a result, children often fail to receive mental health services until they are in the advanced stages of a mental health disorder. Only one in five California children reports

discussing their emotions during routine visits with their doctor.⁶⁴

Three out of four children in need of mental health services do not receive treatment.

Failure to provide adequate preventive mental health care as a component of children's overall health care results in high costs

being absorbed by the many systems that touch the lives of children. For example, a national study found that mental health-related emergency room visits for young children has doubled in just six years,⁶⁵ contributing to the escalating costs of health care. By providing children better preventive mental health care, Californians can drive down overall health care costs and better support children's healthy social and emotional development.

Key Data

Prevalence of Mental Health Problems in Children

- Suicide is the fourth leading cause of death among California children, ages 10-18.⁶⁶
- Children's risk for depression increases as their family income decreases. Roughly one in six children in families at 300% or above the FPL reports being at risk for depression compared to one in four children whose families earn 0-99% of the FPL.⁶⁷
- In California, about one in three patients served by a county mental health program is under 18 years old.⁶⁸

Children's Access to Mental Health Services

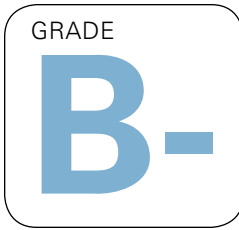
- In California, roughly one in 10 teens receives psychological or emotional counseling.⁶⁹
- Nationally, half of children in the child welfare system have mental health needs, but just 15% of those who need mental health services receive them.⁷⁰ Studies show that younger children may be better able to access services. One study found that 41% of toddlers and 68% of preschoolers in the child welfare system exhibit developmental and behavioral problems, but only about 23% receive services.⁷¹
- There is approximately one school psychologist for every 3,370 students in California.⁷²

Infant and Maternal Mental Health Services

- 40% of primary care providers report never or rarely assessing patients for maternal depression.⁷³
- Babies born to mothers who suffer from depression have an increased risk of adverse birth outcomes, such as low fetal birthweight and premature delivery.⁷⁴
- Infants of clinically depressed mothers have been found to withdraw from daily activities and avoid interaction with caregivers, which can compromise linguistic, physical, intellectual and emotional development.⁷⁵



Infant Health



Access to high-quality health care in the earliest years of childhood saves lives, promotes lifelong health and reduces systemic costs.

Effectively supporting infant health requires high-quality care that begins before birth and continues throughout the critical first year of a child's life. Yet, in

California, many pregnant women and their newborns do not receive the care they need. Only 85% of expectant mothers in California receive early prenatal care—care that begins in the first trimester.⁷⁶ Babies born to mothers who do not receive prenatal care are three times more likely to have a low birthweight and five times more likely not to survive.⁷⁷ Furthermore, while pregnant moth-

ers with periodontal disease are about four times more likely to have a premature birth than mothers with healthy gums,⁷⁸ only 19% of pregnant women enrolled in Denti-Cal access dental care during pregnancy.⁷⁹

Pregnant mothers with periodontal disease are four times more likely to have a premature birth than mothers with healthy gums.

Additionally, the numerous health benefits of breastfeeding

have been well-documented.^{80, 81} California hospitals, however, have failed to implement supportive breastfeeding policies consistently, resulting in exclusive breastfeeding rates that range from 7% to 85%, depending on the county where the child is born.^{82, 83}

Because early care and prevention is essential to children's health and development, California must invest in high-quality medical care for expectant mothers and infants. First 5 California and First 5 County Commissions have found effective ways to meet mothers' and infants' health needs. First 5 provides prenatal care and breastfeeding assistance, and helps families obtain insurance for their children. But, California is divesting from early, preventative childhood health care, which will result in higher costs for treatment and additional burdens for children, families and service providers.

Key Data

Prenatal Care and Birthweight

- Rates of early prenatal care vary by race and ethnicity: 89% of white mothers begin prenatal care in the first trimester, followed by 83% of Latino mothers and 80% of African American mothers.⁸⁴
- Just 7% of California babies are born underweight, the 12th best rate in the nation.⁸⁵
- In California, low birthweight rates are twice as high for African Americans as they are for white newborns.⁸⁶

Breastfeeding

- Breastfeeding provides antibodies to help babies fight viruses and bacteria; it has been correlated to decreased risks for obesity and Sudden Infant Death Syndrome.^{87, 88}
- Statewide, only 43% of new mothers initiate exclusive breastfeeding while in the hospital, with African American and Latino mothers least likely to begin exclusive breastfeeding in the hospital (34% and 32%, respectively).⁸⁹





Adolescent Health

GRADE
B-

Too few adolescents have access to the supports and services they need to thrive.

Approximately one in three high school students reports they do not have access to a caring adult;⁹⁰ one in five reports being at risk for depression;⁹¹ one in four reports being threatened by a peer;⁹² and, of those who are sexually active, one in five reports having had unsafe sex.⁹³ The risks to adolescents' physical, social and emotional health are many, and they jeopardize the successful transition to adulthood. To support all adolescents' healthy development, the state must ensure adolescents have strong social supports and access to timely and high-quality services. One way to increase their access to needed services is to invest in school-based health clinics. For example, the state's costs associated with teen childbearing, including lost tax revenue, health care and child welfare services, is about \$1.5 billion a year.⁹⁴ So, a focus on health promotion among adolescents could save California hundreds of millions of dollars, along with other benefits, such as better preparing tomorrow's civic leaders and building a stronger workforce.



Key Data

Youth Resiliency and Connectedness

- Only two out of three California high school students report feeling that they have caring relationships with adults marked by meaningful engagement and high expectations for their future.⁹⁵

Teen Birth Rate

- California's teen birth rate is between four to 12 times higher than the rates for France, Spain, Italy, the Netherlands and Japan.⁹⁶
- Significant racial and ethnic disparities in teen birth rates persist, with Latinos (67 per 1,000) and African Americans (39 per 1,000) having the highest birth rates compared to Asians (13 per 1,000) and whites (15 per 1,000).⁹⁷

Teen Reproductive Health

- Three out of four teens report their doctor did not discuss STDs during their physical examination.⁹⁸
- Although one in five adolescents is sexually active, fewer than one in 10 becomes sexually active before the age of 15.⁹⁹

Two out of three California high school students report feeling that they have caring relationships with adults.

Drugs, Alcohol and Tobacco Use among Teens

- Cigarette use among teens has remained steady since 2002,¹⁰⁰ with 11% of ninth- and 11th-graders reporting having smoked a cigarette in the past month.¹⁰¹
- Smoking cigarettes may be an indication of greater drug and alcohol use: one in five 11th-graders who smoke also reports having drunk alcohol or used marijuana on school grounds, compared to one in 20 for nonsmokers.¹⁰²
- Approximately one in three California teenagers reports drinking an alcoholic beverage in the past month,¹⁰³ compared to the national average of one in 10.¹⁰⁴

Teen Mortality

- Between 1995 and 2005, the rate of teen deaths in California dropped from 85 to 60 per 100,000.¹⁰⁵ The two primary causes of death among teens—drunk-driving accidents and firearm-related injuries—are preventable.¹⁰⁶

Immediate Policy Actions Needed to Improve Children's Health

- Repair recent budget cuts to the children's health coverage system, and protect children's coverage from future budget cuts.
- Provide health coverage, which is backed by a sustainable funding stream, to all children through legislation, a ballot initiative or a combination of both.
- Study the impact of the kindergarten oral health requirement (AB 1433) to identify opportunities to improve young children's access to dental care.
- Educate pediatricians, child care providers and others in contact with young children about the need for dental screenings before the age of two.
- Enact policies that protect children from excessive air pollution and other environmental asthma triggers, and improve buffer zones around schools to limit children's exposure to them.
- Expand mental health screenings and treatment for children by directing more funds from Proposition 63, the Mental Health Services Act of 2004, to address their mental health needs.



EDUCATION

To remain economically competitive, California must better educate its children.

Educating California's children is essential to fostering civic engagement, cultivating future leaders and ensuring a prepared workforce. The state has developed rigorous standards, an assessment system to monitor quantitative achievement and the foundation for an information system that can determine how individual students are doing over time. Schools have responded and student achievement overall has improved, but only marginally. California still is not keeping pace with the nation and the world, ranking near the bottom of numerous indicators of student achievement nationwide¹⁰⁷ and being dramatically outpaced by China, India and others worldwide. In addition, the gap in achievement between ethnic and socioeconomic groups is still pervasive, and high school dropout rates are unacceptable. California cannot afford to fall behind and risk its civic and social well-being, as well as its competitive edge in the shifting landscape of the global economy.¹⁰⁸

California's children are essential to fostering civic engagement, cultivating future leaders and ensuring a prepared workforce.

Because of the complexity involved, policymakers must commit to sustained, long-term efforts to improve California's education system. In doing so, California's leadership must prioritize the following:

- The expansion of high-quality early care and education, which is proven to create numerous long-term benefits, including strengthening the labor force;¹⁰⁹
- The creation of a comprehensive information system that will inform decisions to improve teaching and learning;
- A balanced, comprehensive package of reforms to increase equity, accountability and efficiency in the system, while providing the resources and supports needed to ensure the best educational outcomes for all children;
- The continued support of after school programs, so all children have access to high-quality, enriching after school activities.

EDUCATION

Notable Policy Developments in 2008

Early Care and Education and K-12 Education made progress on four fronts in 2008.

- Taking a critical step toward fostering school readiness and supporting seamless transitions from preschool to kindergarten, the California Department of Education established preschool guidelines that clearly articulate the skills and knowledge children need to successfully transition to school in four key areas, including social-emotional development and language development.
- Making progress toward providing children high-quality early care and education, SB 1629 (Steinberg) establishes an advisory committee to develop recommendations for a statewide Quality Rating and Improvement System (QRIS).
- Consolidating three major funding streams for preschool programs into one California State Preschool Program, AB 2759 (Jones) improves the efficiency of the system by streamlining funding and reducing administrative burdens on early care and education providers.
- Taking significant steps toward expanding the data infrastructure needed to foster a system of continuous learning and support, the Legislature and Gov. Schwarzenegger enacted SB 1298 (Simitian), the Education Data and Information Act of 2008, which creates systemwide data linkages from early childhood education through higher education.



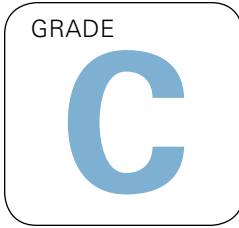
Priority Policy Objectives

- Improve access to high-quality infant and toddler care and services by supporting new parents and early care and education providers in creating safe and nurturing surroundings for very young children.
- Increase the number of 3- and 4-year-olds in high-quality preschools, and provide children and families strong support for a seamless transition to kindergarten.
- Improve kindergarten readiness and identify and address the needs of struggling students earlier in their K-12 years, thus increasing California's ability to close the achievement gap, reduce the number of dropouts, and improve college and career readiness.
- Implement a comprehensive and balanced package of K-12 reforms and investments that includes an equitable and transparent finance system for all schools; policies that support the recruitment, retention and equitable distribution of high-quality staff; and additional resources to ensure all students are successful and learning within safe, well-equipped instructional settings.
- Build on SB 1298 (Simitian), the Education Data and Information Act of 2008, to develop a comprehensive, integrated, longitudinal information system. Such a system will support continuous improvement efforts on the part of students, teachers, administrators and policymakers; enable the identification and mitigation of children's needs in a more timely and comprehensive fashion; and build toward a complete, integrated student record, from early care and education through college, as well as data related to child welfare, social services, juvenile justice and the workforce.
- Continue to effectively implement Proposition 49, ensuring all K-12 students have access to safe, enriching activities during after school hours.

California cannot afford to fall behind and risk its civic and social well-being.



Early Care and Education



Investing in children to achieve the greatest returns calls for investing in the early years of life.

Eighty-five percent of children's brain growth occurs by age four. Yet less than 9% of public investments in education and development are spent on children, ages four and younger,¹¹⁰ despite noted economists, such as Nobel Laureate James Heckman, illustrating the tremendous cost-benefit gain of investing very early as opposed to later in a child's life.¹¹¹ Estimates show that for every dollar invested in high-quality early childhood education, \$4 to \$17 in returns is generated for the public.¹¹²

With funding from Proposition 10, First 5 California has made strides in providing children from birth to age five a comprehensive system of supports and services, but the state is failing to ensure the availability and quality of

85% of children's brain growth occurs by age four.

the care and education received by all young children. Only 5% of spots in state-licensed child care centers are available for infants and toddlers, due in part to the low reimbursement rate.¹¹³ Additionally, approximately half of all 3- and

4-year-olds in the state are not attending preschool,¹¹⁴ highlighting a missed opportunity to prepare more children for educational success throughout their lives.

Moreover, California is failing to meet quality benchmarks on key indicators that prepare children for kindergarten, such as providing instruction that promotes thinking and language skills.¹¹⁵ And, while there are more than 58,000 licensed early care and education facilities in California with the capacity to care for more than 1.1 million children,¹¹⁶ there is currently no statewide system to measure the quality of care.¹¹⁷ This lack of information adds a burden for parents by making it difficult to make knowledgeable choices when selecting early education programs for their children. In order to prepare children for success in school and life, the state must invest early and expand access to affordable, high-quality early learning opportunities.

Key Data

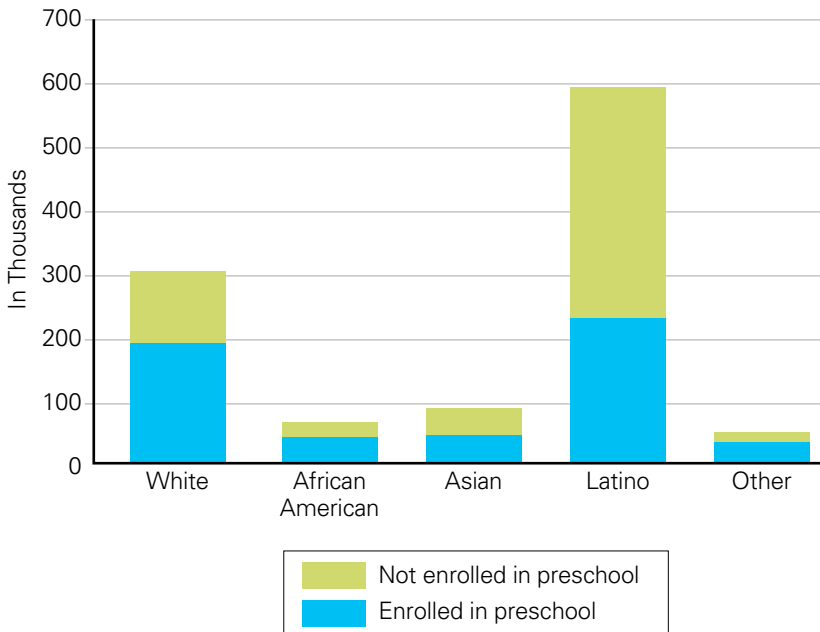
California's Population, Ages 0-5

- California is home to 3.1 million children, ages 0-5.¹¹⁸

Early Care and Education Enrollment and Capacity

- 7,600 0- to 3-year-olds are enrolled in Early Head Start.¹¹⁹
- Approximately 140,000 children five years old and younger are waiting for a space in a state-funded child development program.¹²⁰
- Less than half (48%) of 3- and 4-year-old children attend preschool in California, compared to the national average of 46%.¹²¹
- Notable disparities in preschool enrollment persist. Approximately 64% of white, 58% of African American, 45 % of Asian and 38% of Latino 3- and 4-year-olds are enrolled in preschool.¹²²

3- and 4-Year-Olds Enrolled in Preschool by Race and Ethnicity¹²³



Key Data continued on page 24

Key Data (continued)

Cost of Early Care and Education

- The average annual cost of full-time child care for an infant in a licensed center in California is \$10,745,¹²⁴ approximately 15% of the median annual income for families with children.¹²⁵ The average annual cost of preschool is \$7,477,¹²⁶ approximately 11% of the median annual household income for California families.¹²⁷

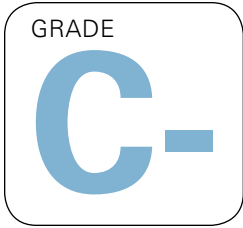
Early Care and Education Program Quality

- California meets only one out of five national indicators of quality for the transition and alignment between early childhood education and kindergarten.¹²⁸
- Only 10% to 15% of children most likely to benefit from preschool, including Latinos, African Americans and English learners, participate in high-quality programs.¹²⁹
- First 5's "Power of Preschool" programs spotlight models of high-quality preschools that surpass nationally-recognized, high-quality programs.¹³⁰





K-12 Education



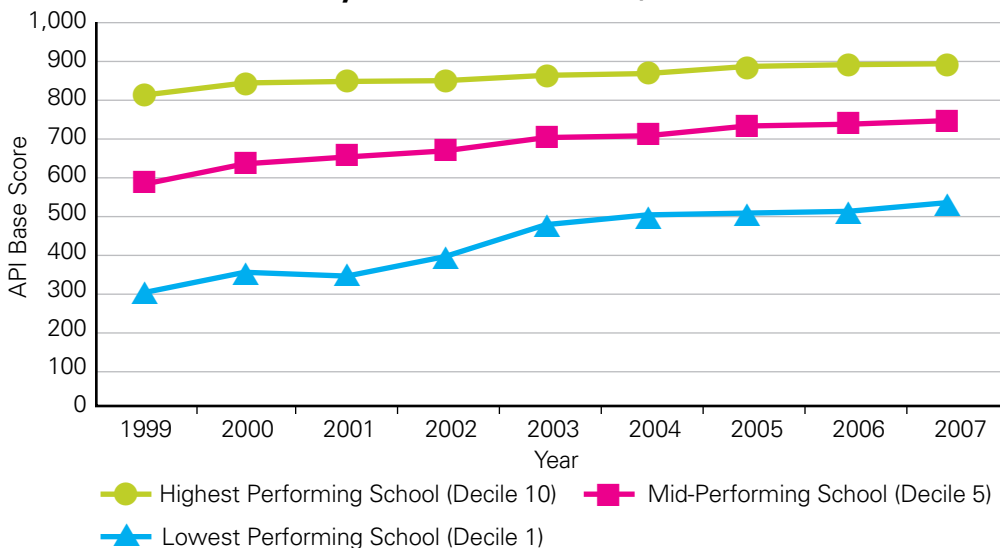
Too few California students meet math and English proficiency targets, and one in five students fails to graduate from high school.

A new study by the California Department of Education shows that, in 2007, 109,011 students dropped out of high school, 69% of whom are Latino or African American.¹³¹

Over a lifetime, a high school graduate earns an additional \$290,000 and pays \$100,000 more in federal, state and local taxes than a high school dropout. As a result, each class of 120,000 dropouts costs California \$46.4 billion in total economic losses.¹³² State-level leadership to reform and invest in K-12, in tandem with the hard work and innovation of school teachers and administrators, will be required to combat California's dropout crisis.

Recognizing the need for education reform, the state's leadership has taken initial steps toward creating a comprehensive information system. In doing so, they are effectively planning to make more informed decisions about the overhaul of California's educational system. The new K-12 system will need to provide the state with more transparent and equitable education funding, a rational governance system, skilled teachers and administrators, enhanced information systems that support continuous improvements in teaching and learning, and increased investments that ensure all students have access to the resources necessary to succeed.

API Base Scores by School Performance, 1999-2007¹³³



Key Data

K-12 Enrollment

- Approximately 6.3 million children are enrolled in California public schools.¹³⁴
- California has an incredibly diverse student population. About half of the state's students are Latino (49%), followed by white (29%), Asian (12%) and African American (7%) students.¹³⁵ Moreover, approximately one in four of California's students are English learners, who speak more than 56 languages in total.¹³⁶

Student Achievement

- California schools are making progress: a school that received an Academic Performance Index (API) score of 628 in 1999 would have been ranked in the sixth (above average) decile for school performance, while that same score today would place it only in the first (lowest) decile.¹³⁷
- While California has improved fourth-grade reading scores over the last 25 years,¹³⁸ students consistently underperform when compared to children in other states. California ranks 48th in fourth-grade reading scores and 45th in eighth-grade reading scores.¹³⁹
- Approximately three out of four third-graders are performing at or above grade level in English Language Arts.¹⁴⁰
- Half of all eighth-graders are enrolled in Algebra, a steady increase from one in three students in 2003.¹⁴¹
- Approximately one in five 10th-graders fails the California High School Exit Exam (CAHSEE), indicating they will require serious intervention in order to graduate prepared for college and the workforce. African American students are the least likely to pass the CAHSEE, with only 62% passing the math portion and 68% passing the English Language Arts portion in the 10th grade.¹⁴²
- Although one in five California high school students dropped out in 2007, rates were much higher among African American (36%) and Latino (27%) students. Asian (9%) and white (13%) students were less likely to leave high school without a diploma.¹⁴³

College and Career Readiness

- The augmented California Standards Tests (CST) were developed jointly by the Department of Education, State Board of Education and California State University (CSU) as part of the Early Assessment Program. The tests determine students' readiness for college-level work in English and math, giving students an opportunity to improve those skills during their senior year of high school. Of high school juniors who opted to take the augmented CST, 25% were deemed

Key Data continued on page 27

Key Data (continued)

ready for college-level English while 72% were deemed ready for college-level math.^{144, 145}

- Over 60% of entering college freshmen in the California State University system need remediation in English, math or both.¹⁴⁶
- Community college remediation for recent high school graduates costs the state \$135 million a year.¹⁴⁷
- Companies report that employees who are recent high school graduates are deficient in basic skills, reporting 72% of these employees lack written English skills, 54% lack mathematics skills, 38% lack reading comprehension and 21% lack English comprehension skills. Conversely, very few high school graduates are rated by employers as excellent in basic skills: less than 1% excel in written English, 2% excel in mathematics, 3% excel in reading comprehension and 6% excel in English comprehension.¹⁴⁸

School Staffing

- About half of all “misassignments,” or placements of certified staff in positions for which they do not hold the required credentials, occur in English Language Development (ELD) or Specially Designed Academic Instruction in English (SDAIE) classrooms.¹⁴⁹
- Misassignments in the lowest ranking schools (in the first, second and third deciles, based on 2003 API rankings) decreased 80% between 2005-06 and 2006-07. First decile schools, however, had 35% more misassignments than second decile schools.¹⁵⁰

K-12 Funding

- California ranks 46th in adjusted per pupil spending, spending 21% less (\$7,081 per pupil) than the national average of \$8,973.¹⁵¹
- California’s educational resources aren’t allocated based on student needs. Local districts are often faced with incompatible funding formulas and state mandates.¹⁵²

Information Management Systems

- Six states have the essential elements of a Preschool-12 longitudinal data system. Currently, California has six out of 10 of those elements.¹⁵³
- With the enactment of the Education Data and Information Act of 2008, California will join 18 states that currently track individual students into college.¹⁵⁴
- California recently issued unique statewide educator identification numbers to all certificated staff and is building the California Longitudinal Teacher Integrated Data Education System (CALTIDES). In doing so, California joins 46 other states in issuing unique teacher identifiers.¹⁵⁵



After School

GRADE

B+

Developing high-quality staff is critical to the continued effective expansion of California's after school system.

After school programs provide a safe, enriching, learning environment for students. California passed Prop. 49, recognizing the benefits of after school programs, which include crime reduction,¹⁵⁶ enhanced connections with adults and peers, increased participation in physical activity, and improved academic performance.¹⁵⁷ As a result of Prop. 49 and its implementation through SB 638 (Torlakson), 3,830 after school programs now serve California children.¹⁵⁸ While efforts to expand access to after school programs are well under way, California policymakers must adhere to voters' intent and continue to support those programs. That includes training and retaining a skilled after school workforce, as research has directly linked positive outcomes for students to the quality and stability of the after school workforce.^{159, 160}

Key Data

After School Program Enrollment

- More than half of California's seventh-graders report spending at least some time alone after school, and almost one in four report spending four to five days alone each week.¹⁶¹
- Only one in four of California's high school students report participating in structured activities after school.¹⁶²
- As a result of Prop. 49, 28 counties more than doubled the number of publicly-funded after school programs in their county between 2005-06 and 2007-08.¹⁶³

After School Workforce

- Nationally, one out of three after school workers with a bachelor's degree or greater leaves the field within three to 10 years.¹⁶⁴
- Children who participate in programs with a higher percentage of college-educated staff see marked improvements in their homework efforts. They also have improved relationships with their peers.¹⁶⁵



EDUCATION

Immediate Policy Actions Needed to Improve Children's Education

- Expand comprehensive early child care programs, such as Early Head Start, which provide infants and toddlers important early learning opportunities and access to health care services, while also offering parent education and supports.
- Include early care and education data in the development of a comprehensive K-12 information system, which would allow preschool and kindergarten teachers to share valuable information as children enter school.
- Ensure California's Quality Rating and Improvement System (QRIS) for early care and education is structured and funded at a level that rewards quality and encourages program and staff improvements.
- Introduce and adopt legislation to put an education facilities bond on the 2010 ballot that includes resources for early care and education and K-12 school facilities.
- In recognition of their common goals, bring together education and business leaders, children's advocates, community groups and policymakers to commit to implementing a comprehensive and balanced package of K-12 reforms and investments. This package should include creating a student-centered finance system; capacity building and holding the system accountable; strengthening human capital; ensuring continuous improvement through the collection and use of quality data; and providing additional resources.
- Implement recommendations that improve access to and the use of data needed to support a system of continuous improvement and learning by providing school districts, teachers and principals the information they need to make informed decisions.
- Utilize known risk indicators and diagnostic tools to target at-risk students and initiate a campaign to improve graduation rates by strengthening identification, intervention and remediation efforts long before high school.
- Uphold California voters' decision to expand access to after school programs and ensure that children continue to receive those valuable services; focus on developing and evaluating innovative ways to support the recruitment, training and retention of after school workers in order to ensure students have access to high-quality programs.

CROSS SYSTEM ISSUES

Integrated, cross-sector approaches can provide solutions to complex children's issues that span health and education policy.

Children benefit when multiple government agencies work together in recognition of the interdependency of children's health and education. Cross-sector collaboration provides opportunities to blend funding streams, increase children's access to services and improve program efficacy and efficiency. Such an approach can have a positive impact on children overall, but especially for children's issues that are chronic and have numerous and disparate causes, such as childhood obesity, mental illness and children's safety.

Cross-sector collaboration provides opportunities to blend funding streams, increase children's access to services and improve program efficacy and efficiency.





Integrated Services

GRADE

D+

Co-locating children's services increases efficiency, access and utilization of essential programs.

Children and families have better access to and are more likely to use services that are in a convenient location. In many communities, schools act as an important hub for children's educational, physical, oral and mental health services. While the School Health Centers Expansion Act demonstrates an acknowledgement of the promise of co-locating services in schools, a lack of sustainable funding to date has undermined efforts to expand integrated services. Currently, the majority of school-based health centers in California recover less than 50% of their operating costs from all billing sources, resulting in the closure of some centers.¹⁶⁶ Even with those constraints, school-based health centers have demonstrated they increase access to health care providers,¹⁶⁷ which boosts children's preventive care and reduces the costs of providing health care services to children.

School-based health centers have demonstrated they increase access to health care providers.

Notable Policy Developments in 2008

- Efforts to expand school-based health centers progressed slowly, as SB 564 (Ridley-Thomas), the School Health Centers Expansion Act of 2008, which promises to provide resources to communities to support new and existing school health centers, was signed into law without funding.
- The Legislature, however, passed AB 2300 (Laird), which links enrollment for Medi-Cal with school lunch programs, ensuring vulnerable children receive needed services.

Priority Policy Objectives

- California must prioritize the co-location of services and supports where children live, learn, and play to increase access and improve their well-being.
- The state must encourage inter-agency cooperation among those that support children, such as health, social service and public safety departments.

Key Data

Integrated Services in California

- More than 3.5 million California children and families receive integrated services through First 5 each year, including two million children and families who have benefited from school readiness services.¹⁶⁸
- California has approximately 153 school-based health centers out of almost 10,000 schools.^{169, 170}

Need for Healthy Start and School-Based Services

- For every \$1 invested in Head Start, a very successful model of comprehensive services for young children and their families, society receives about \$9 in benefits, such as increased earnings and family stability and decreased welfare and crime costs.¹⁷¹
- California has one registered school nurse for every 2,230 students, far below the ratio recommended by the federal government of one nurse for every 750 students.¹⁷²
- 71% of students with access to a school-based health center report having visited a health care provider within the past year compared to 59% of students who did not have access to a center.¹⁷³

Integrated Services

Immediate Policy Actions Needed to Expand Integrated Services

- Provide timely services to vulnerable populations by building on lessons learned from the implementation of Express Enrollment, which uses the school lunch application as a streamlined entry point to enroll children in Medi-Cal. The Legislature must reduce barriers to expand the use of Express Enrollment and explore the use of similar combined application processes to extend services to those most in need and improve the efficiency of the system.
- Model and facilitate the blending of funding streams and programs that affect children.



Obesity

GRADE

C-

Investing in the prevention of childhood obesity reduces costs for all Californians and creates a healthier, more capable population.

In California, 16% of adolescents are overweight or obese.¹⁷⁴ While the causes of childhood obesity are many, the role of environmental factors is clear. Consequently, policymakers, parents, educators, service providers, and community and business leaders must work in concert to successfully support the creation of holistically healthy children's environments. Such coordinated actions must include the following: the promotion of healthy food policies; engagement of children in regular physical activity; development and implementation of nutrition education curricula; and creation of and adherence to guidelines for responsible advertising to children. The projected costs to California for failing to do so are staggering, as obesity increases children's risk of developing many costly, debilitating health problems, such as diabetes, heart disease and some types of cancer.¹⁷⁵ If childhood obesity is not addressed effectively, growth in those associated diseases will further burden Californians with even higher health care costs. Medical expenses attributable to obesity cost Californians \$7.7 billion each year with \$1.7 billion paid by Medicaid.¹⁷⁶

Medical expenses attributable to obesity cost Californians \$7.7 billion each year.

Notable Policy Developments in 2008

- A significant step was taken to increase low-income children's access to healthy foods. The federal Women, Infants and Children Supplemental Nutrition Program (WIC) is revising the list of approved foods to include fresh fruits and vegetables, whole grains and soy products, which will provide healthier food choices to 1.4 million low-income women and children in California.¹⁷⁷
- California continued to make incremental progress in improving the availability of healthy food options in restaurants. First, SB 1420 (Padilla/Migden) requires chain restaurants to provide nutrition brochures by 2010 and post nutritional information on their menu boards by 2011. Additionally, AB 97 (Mendoza) requires restaurants to use oils, margarines and shortening with less than half a gram of trans fat per serving by January 1, 2010.

Priority Policy Objectives

- Because childhood obesity has multiple contributing factors, stakeholders must work in concert to take important steps to curb this epidemic, including: ensuring all children have access to affordable and nourishing foods at home and school; creating a support system that will ensure the development of healthy eating habits early in children's lives; ensuring all children have safe, accessible opportunities to play and exercise; and limiting children's exposure to television ads for unhealthy food and beverages on children's programming.

Key Data

The Prevalence of Childhood Obesity

- About one in five Latino and African American children is overweight or obese, almost twice the rate of white children (12%).¹⁷⁸
- Approximately one in 12 preschool-age children is overweight.¹⁷⁹ Moreover, overweight young children are five times more likely to be overweight at the age of 12, and 50% to 80% of overweight children and teens are much more likely to be overweight adults.¹⁸⁰
- Due in part to the high costs of healthy foods, low-income children are at a greater risk of becoming overweight or obese, as one in five California teens in families at or below the FPL is overweight or obese compared to less than one in 10 teens at 300% above the FPL.¹⁸¹

Exercise and Physical Fitness among Children

- About 70% of California's fifth-, seventh- and ninth-graders fail to meet state standards for all-around physical fitness.¹⁸²
- More than half of California school districts do not meet the mandated elementary school physical education requirement of 200 minutes every 10 days.¹⁸³

Children's "Built" Environments

- The built environment, or man-made structures and infrastructures, have a significant impact on the health of people living in a community. For example, Californians are four times more likely to find fast food restaurants than they are to find a grocery or produce store in their neighborhood,¹⁸⁴ limiting access to fresh fruits and vegetables while increasing access to high-calorie foods that are low in nutritional value.

Key Data continued on page 35

Key Data (continued)

- Approximately one in 10 high school students reports feeling “unsafe” to “very unsafe” in their neighborhood,¹⁸⁵ reducing their opportunities to participate in outdoor activities, including walking to school.


Children’s Access to Healthy Food

- Only 13% of California school districts’ lunch funds are spent on fruits and vegetables.¹⁸⁶
- Approximately half of middle and high school students get the recommended five or more portions of fruits and vegetables per day.¹⁸⁷

Advertising to Children

- Banning television ads for fast food restaurants during children’s programming would reduce the number of overweight children (ages 3-11) by 18% and the number of overweight adolescents (ages 12 -18) by 14%.¹⁸⁸
- In the last 10 years, American companies have doubled the amount they spend on advertising to children under the age of 12. Currently, they spend \$15 billion per year on targeted marketing to children.¹⁸⁹
- A recent study of television ads aimed at children found that approximately one in three (34%) was for candy and snacks, one in four (28%) was for cereal, and one in ten (10%) was for fast food. None of the ads promoted fresh fruits and vegetables.¹⁹⁰





Obesity

Immediate Policy Actions Needed to Decrease Childhood Obesity

- Create and implement a comprehensive statewide obesity prevention agenda supported by state policymakers.
- Encourage the evaluation of existing interventions employed in local communities and in pilot programs to identify best practices and promote the sharing of information.
- Pressure federal policymakers to ensure that at least 50% of all food advertising to children on broadcast and cable television programming is devoted to healthy food products; appoint an appropriate agency to come up with uniform nutrition standards that easily identify healthy, nutritious foods; and collaborate with media companies to ensure proper use of those nutrition standards as a way to evaluate the food and beverage ads that media companies air on their channels and networks.



Child Safety

GRADE

D+

Keeping California children safe is essential to their well-being.

Threats to children's safety are numerous and leave too many California children vulnerable, putting their physical, emotional and mental health at risk.

Keeping children safe requires cross-sector collaboration to bring parents, service providers, educators, law enforcement and court personnel together to swiftly identify vulnerable children and act to protect them. Young children under the age of 5 are particularly vulnerable. In 2007, they accounted for 42% of all substantiated cases of abuse (16 per 1,000) reported in California.¹⁹¹ Peer-to-peer aggression is another top concern, as three in four high school students report feeling unsafe or having been victimized while at school.¹⁹² And when children in foster care fail to receive the supports and services they need to successfully transition to adulthood, they are more likely to be homeless, arrested and rely on public assistance.¹⁹³ Every day, more than 100,000 children are under the jurisdiction of California's juvenile justice system,¹⁹⁴ highlighting the state's currently inadequate approach to curbing delinquency, while also illustrating the need to rehabilitate those who are already in the juvenile justice system. Keeping children safe requires concerted cross-sector efforts, which will allow California to create a robust safety net of services and supports that protect vulnerable children and allow them to thrive.

Notable Policy Developments in 2008

- The Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893/P.L. 110-351) helps children in foster care by promoting permanent family connections through relative guardianship and adoption, expanding education and health care access, and improving supports for children aging out of foster care. Californians will only benefit, however, if the state participates in the federal legislation.
- Several bills aimed at improving the lives of foster care children were signed by Gov. Schwarzenegger in 2008. SB 1341 (Padilla) and SB 1160 (Alquist) will improve CalWORKS benefits for caregivers. SB 1380 (Steinberg) will expand eligibility and enhance requirements of the Intensive Treatment Foster Care program. AB 2070 (Bass) will strengthen supports to reunify parents and children. And AB 2096 (Bass) will enhance foster children's participation in extracurricular activities.

Notable Policy Developments in 2008 continued on page 38

Notable Policy Developments in 2008 (continued)

- Under the federal Safe Routes to School program, the California Department of Transportation awarded \$46 million to fund 121 community projects across the state to ensure children are safe when traveling to and from school.

Priority Policy Objectives

- Increase community supports and local programs that focus on the prevention of delinquency and the rehabilitation of children who have entered the juvenile justice system.
- Reduce recidivism by supporting education and vocational services, as well as programs that assist incarcerated youth and their families when transitioning out of the system.
- Ensure all children in foster care have the supports they need to make the successful transition to adulthood. System improvements must focus on safety, well-being and the best outcomes for children.

Key Data

Infant Mortality

- California's infant mortality rate of five per 1,000 births is below the national average of seven per 1,000.¹⁹⁵ Nationally, maltreatment accounts for three-quarters of all infant deaths,¹⁹⁶ indicating that most infant deaths are preventable.
- The rate of Sudden Infant Death Syndrome has remained unchanged (.33 per 1,000).¹⁹⁷

Safety at School

- One in three middle and high school students reports having been pushed, shoved or hit at school, and one in four has been in a physical fight within the last year.¹⁹⁸

Key Data continued on page 39

Key Data (continued)

- Nearly one in four middle and high school students reports having been verbally harassed for their race or ethnicity, sexual orientation, physical or mental disability, or gender. Girls are more likely to experience gender-oriented harassment, while boys are more likely to be harassed for all other reasons.¹⁹⁹

Maltreatment of Children


- In California, infants suffer the highest rates of substantiated abuse or neglect at 24.8 per 1,000 in 2007.²⁰⁰
- Approximately 11 out of every 1,000 California children, ages 0-17, are maltreated.²⁰¹
- 7% of children in the Child Welfare System experience a recurrence of maltreatment within six months of their initial report.²⁰²

Child Welfare System

- California continues to make progress in meeting federal standards in caring for children in the Child Welfare System. Between 2004 and 2008, California made the following improvements (percent changes) to federal composites for child welfare supervised cases: +6.9% in reunification, +34.1% in adoption, +3.3% in long-term care and +1.5% in placement stability.²⁰³
- California was at 98.2% of the federal standard for recurrence of maltreatment and 100% of the federal standard in maltreatment within foster care in April 2008.²⁰⁴
- Children in foster care are more likely to have academic and behavioral problems in school, which often result in higher rates of absenteeism, being held back in school, not finishing high school and not attending a four-year university.²⁰⁵

Juvenile Justice

- Of the 3,000 children who were incarcerated in California in 2006, 51% were Latino, 31% were African American and 13% were white; 95% were male and 5% were female.²⁰⁶
- Over the past decade, the rate of juvenile felony arrests for violent crimes in California has decreased from 6.4 per 1,000 in 1994 to 3.8 per 1,000 in 2006.²⁰⁷
- Children in California's juvenile justice system have little access to services that are likely to reduce recidivism. For example, only 4% of children have access to family therapy programs that are proven to reduce recidivism.²⁰⁸



Child Safety

Immediate Policy Actions Needed to Improve Child Safety

- Develop and evaluate culturally appropriate prevention programs aimed at children who are at risk of incarceration.
- Support foster care children transitioning to adulthood by ensuring the effective implementation of AB 1331 (Evans), supporting SB 348 (Migden) and participating in the Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893/P.L. 110-351).
- Ensure that the Child Welfare Council, established from the Child Welfare Leadership and Performance Accountability Act of 2006, fulfills its mission to improve outcomes for children by increasing collaboration and coordination among the programs, services and processes that serve children in California's child welfare system.



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