

A Strong Start for Families: Voluntary Home Visiting in California

Brain science is clear: the foundations for lifelong health and learning are built in utero and during the first three years of life. Every baby deserves a strong start, but this can be a challenging time for families. Parents may not always know where to turn for support.



Home visiting programs are voluntary, family-centered programs that match new and expectant parents with trained professionals who provide ongoing, individualized support during critical points throughout pregnancy and a child's first year(s) of life. By reaching families early in their transition into parenthood, and linking them with needed resources and information, voluntary home visiting programs are a critical piece of a broader, multi-faceted system of family support.

Home visiting programs align to a **comprehensive, two-generational** framework of goals:

- Support the optimal development of children
- Promote healthy family relationships
- Increase the confidence and competence of parents
- Promote family economic self-sufficiency
- Prevent child abuse and neglect
- Maximize utilization of safety net supports

In order to effectively reach parents and meet the diverse needs of families, California must take a **two-pronged approach** to home visiting.



Universal screening, triage, and referral:

Screen families for risk factors during pregnancy or at the time of birth, and refer them to resources, supports, and/or home visiting programs that fit their needs.



A portfolio of home visiting programs, of varying intensity:

Ensure an available, accessible continuum of targeted home visiting programs, ranging from programs for families with moderate needs to evidence-based models that can support high-need families over a longer period.



Over **500,000** California babies are born each year, and many of their families face challenges from the start.

62% of babies are born into low-income households.

Over **1 in 6** women report prolonged depression while pregnant or after their baby is born. Rates among African-American and Latina moms are higher.

1 in 11 pregnant women experience partner violence, and more than **1 in 6** African-American moms do.

7% of babies are born at low birth weight and susceptible to health and learning difficulties throughout childhood.

Only **62%** of babies and toddlers - and even fewer Latino children (**54%**) - are read to every day.

For references go to <http://prokid.info/HVCref>

Across California, there is a diverse array of home visiting programs, anchored within local public and private organizations, and funded by various federal and local sources. California does not dedicate general fund dollars or coordinate home visiting, and current program capacity falls far short of reaching the hundreds of thousands of families who may benefit. *See chart on back.*

Home Visiting Program	Total Counties	Families Served	Funding Sources
 <p>Early Head Start (EHS) provides early child development and family support services to low-income pregnant women and families with children from birth through age three.</p>	45	8,877	Federal-to-Local Administration for Children & Families grants; First 5 Commissions; various matching funds*.
 <p>Healthy Families America (HFA) works to reduce child maltreatment through prenatal care, improving parent-child interactions, and promoting children's school readiness.</p>	14	2,516	California Home Visiting Program (MIECHV); First 5 Commissions; various matching funds*.
 <p>Nurse-Family Partnership (NFP) serves first-time, low-income mothers with one-on-one home visits by a trained public health registered nurse.</p>	21	5,206	California Home Visiting Program (MIECHV); First 5 Commissions; various matching funds*.
 <p>Parents as Teachers (PAT) provides parents with child development knowledge and parenting support.</p>	6	2,812	First 5 Commissions; various matching funds*.
 <p>Home Instruction for Parents of Preschool Youngsters (HIPPY) promotes preschoolers' school readiness and supports parents as their children's first teacher.</p>	2	332	First 5 Commissions; various matching funds*.
<p>Other evidence-based program models, meeting MIECHV evidence-based criteria but not listed above.</p>	8	1,112	First 5 Commissions; various matching funds*.
<p>Unique locally designed program models, specifically tailored to meet community needs.</p>	29	20,526	First 5 Commissions; various matching funds*.

* From assorted locally-specific public and private sources.

2017 Recommendations

- 1 Sustain and Strengthen Funding:** Current funding is fragile and fragmented. Significant investments occur through First 5 Commissions, whose revenue is increasingly unstable due to declining tobacco sales.

 - Before September 2017, **preserve federal Maternal, Infant, & Early Childhood Home Visiting (MIECHV) funding** which supports 26 communities via the California Home Visiting Program.
 - **Identify and facilitate opportunities to leverage additional federal dollars** for home visiting programs.
- 2 Strategically Scale Home Visiting for Key Populations:** Home visiting gives the greatest boost to families facing the most challenges, and can drive savings across health care, child welfare, education, and social service systems.

 - **Pilot projects** to support specific populations within Medi-Cal and CalWORKs with home visiting.
- 3 Align Data & Referral Systems:** Home visiting programs have potential to be valuable data and referral hubs.

 - **Enable seamless referrals** between home visiting and Medicaid, WIC, CalWORKs, and other state programs.
 - **Collect consistent data across home visiting programs** on referrals to safety net programs, oral health, health care, and more.

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A Healthy Beginning for Young California Kids: Universal Developmental & Behavioral Screenings

Identifying concerns and intervening early **boosts child success** and **reduces health and education system costs**



Nearly **85%** of brain development happens in the first three years of life

Infants and toddlers rapidly grow and gain skills in many areas simultaneously:



gross & fine motor



cognitive & problem-solving



social & emotional



speech & language

Pediatricians recommend all children be screened routinely between birth and age three



Fewer than **1 in 3** young children in California receive timely developmental screenings



1 in 4 CA kids under age 6 are at moderate- or high-risk for developmental, behavioral, or social delays, but

California

can do better!

CA ranks **30th**

in the nation on the rate of infant & toddler developmental screenings

2 in 5 CA parents

with children under age 6 report having concerns about their child's physical, behavioral, or social development



Routine screenings of children's development during a health care visit help guide referrals to the services children need, resulting in cost-effective care and better outcomes for kids





EARLY CHILDHOOD
AND FOSTER CHILDREN

The Local Control Funding Formula: An Opportunity for Early Childhood & Children in Foster Care

According to the new Local Control Funding Formula (LCFF) law, most school districts in the state are responsible for using LCFF funds to improve outcomes for children in the foster care system.¹ Each district has created a Local Control Accountability Plan (LCAP), the expenditure plan for LCFF. The LCAP is reviewed and revised annually by each district.

Early childhood programs have been proven to have the greatest impact on improving outcomes for foster children. There is no other investment that has been proven to deliver as consistent an impact on students or as high as a return on investment as those made in support of high quality early childhood education.² Many districts have recognized this value and have included early childhood strategies in their LCAPs, while others have not. Here's a closer look at what the research has found.

Improving Overall Outcomes

The trauma experienced by children that enter the foster care system in their early years directly impacts their poor educational, career and life outcomes. Studies have shown that children that entered the foster care system as infants and toddlers have higher rates of re-entry into the foster care system, are subject to recurrent maltreatment, and are at greater risk for developing mental and physical health problems.

Research also shows that the absence of attachment for these children to at least one caring and trusted adult can result in developmental delays in their cognitive and learning abilities, interpersonal relationships, and capacity to express and manage emotions and so are more at risk for engaging in delinquent behavior, substance abuse and experiencing depression later in life.

The Scale

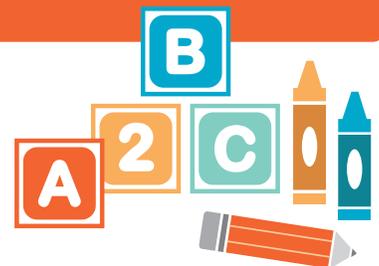
Young children make up the largest single group of children within the foster care system:

- Over a third (38%) of children in foster care are age 0-5 years old
- Nearly half (45%) of the children that have been in care for 12-23 months are age 0-5
- In 2012 alone, 14,671 children age 0-5 entered California's foster care system³

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Now What

Early childhood advocates can take an active role in urging their districts to include early childhood in their LCAP's. Here are three steps you can take:

- 1 Identify specific investments that your district could make to improve the outcomes for foster children
.....
- 2 Bring your ideas forward to school officials through the LCAP Community Input sessions
.....
- 3 Get to know your school board members and find your early childhood champions



Contact

For additional information on how you can get involved, contact:



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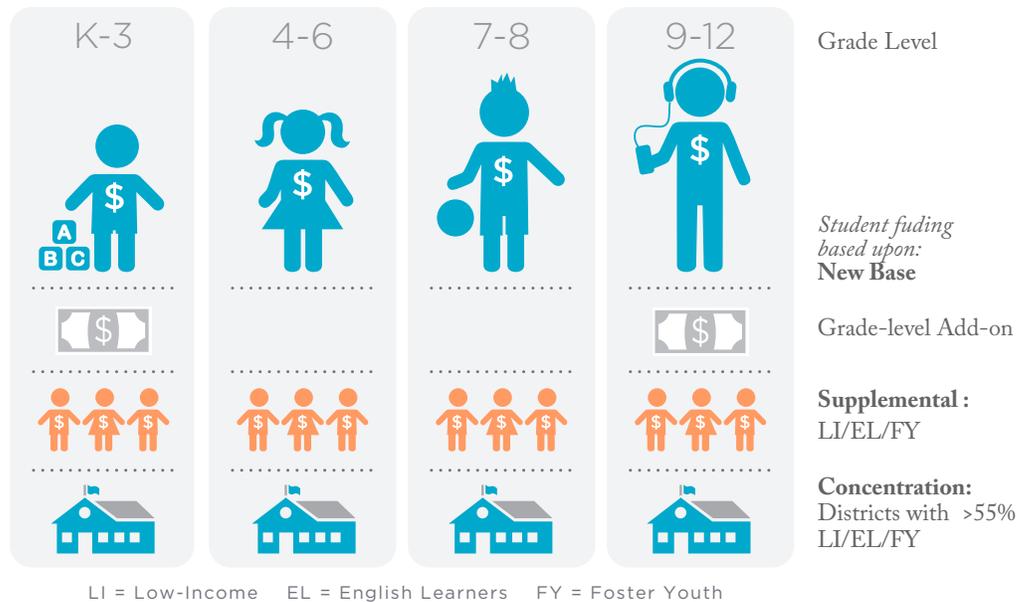
1. School districts that are responsible for improving outcomes for low-income, dual language learner and foster youth students are those receiving additional Supplemental and Concentration funds through the Local Control Funding Formula.
2. J.J. Heckman (2012) Invest in early childhood development—reduce deficits, strengthen the economy
3. California Child Welfare Council 2013

CHILDREN NOW

Leveraging the Local Control Funding Formula for Early Childhood Education

What is the Local Control Funding Formula?

It's how California as a state funds education. It consolidates state funds into three main areas: Base, Supplemental and Concentration.



Why the LCFF

The LCFF was created to provide districts with greater local control to make decisions that improve outcomes within **eight state priorities**:

Conditions for Learning



Basic

Access to quality teachers, instruction, materials and facilities



Standards

Adherence to state approved standards



Course Access

Availability of courses to promote a broad course of study

Pupil Outcomes



Achievement

High performance on standardized tests and evidence of college and career readiness



Local Outcomes

Allows for districts to identify more locally targeted outcomes

Engagement



Parent Involvement

Engage parents in decision making and increase participation in programs



Pupil Engagement

Attendance, chronic absenteeism, graduation and dropout rates



School Climate

Suspension/expulsion rates, sense of safety and school connectedness

What is the Local Control Accountability Plan?

The Local Control Accountability Plan (LCAP) is the document that tells us what the district plan is to improve these outcomes. It must:

- Describe community engagement efforts and the impact on the decision-making
- The Goals that the district has identified to focus its efforts
- The Measures it will use to track its progress
- What Actions and Services it will be implementing to achieve its goals
- What levels and sources of funding it will use to fund the stated actions and services
- State funding through the LCFF is only one source, most districts also have access to federal dollars (Title I) and many to private grants/donations.
- What targeted services/supports the district is implementing to serve it's at-promise populations

The Opportunities to Engage

The LCFF requires that districts engage their community in the development of the LCAP. There are three formal vehicles for doing so:

- District hosted community dialogues/meetings
- **The District Advisory Committee (DAC) and the District English Learner Advisory Committee (DELAC)**
- Opportunity to provide public comment during board meetings

ECE Language within the LCAP

Within the LCAP there are several opportunities to include ECE language:

As a need within the Community Input and Impact

With the requirement for districts to host Community Meetings/Dialogues as part of their LCAP development process, there is an opportunity to participate and lift up the need as it pertains to your issue area. There is evidence of many districts including prominent “themes” that were raised during these meetings within their LCAP.

As its own explicit goal

The goals are intended to identify the focus that the district will have in improving outcomes for kids. They can and should be “big picture” though intentional statements that help frame the conversation around the types of services and supports that will be leveraged to successfully achieve this goal. In most instances, specific interventions should not be lifted up as goals.

As an explicit metric

Another way to have your issue present within the final LCAP is to have it included as a metric that the district is using to track its progress towards achieving an identified goal.

- Try to lift up a data source that is currently available
- Find a data set that can serve as a proxy for your broader issue focus

As an explicit action/service with a direct allocation

The Actions section is definitely where you should be aiming to have your issue represented in the form of an actual investment. The key is to show intentionality:

- Need to be succinct but specific
- Ideally targets efforts (schools, specific populations, etc)
- References all available funding/partnerships

One other indirect opportunity

If your district is just not there yet in including your issue within the LCAP, there is one other way to have it at least documented within the process:

- Having your DAC and/or DELAC submit a question asking the district how its approaching your issue. The superintendent must respond in writing, and make their response public, which would put the district on record on your issue.

If you have any questions,
please contact



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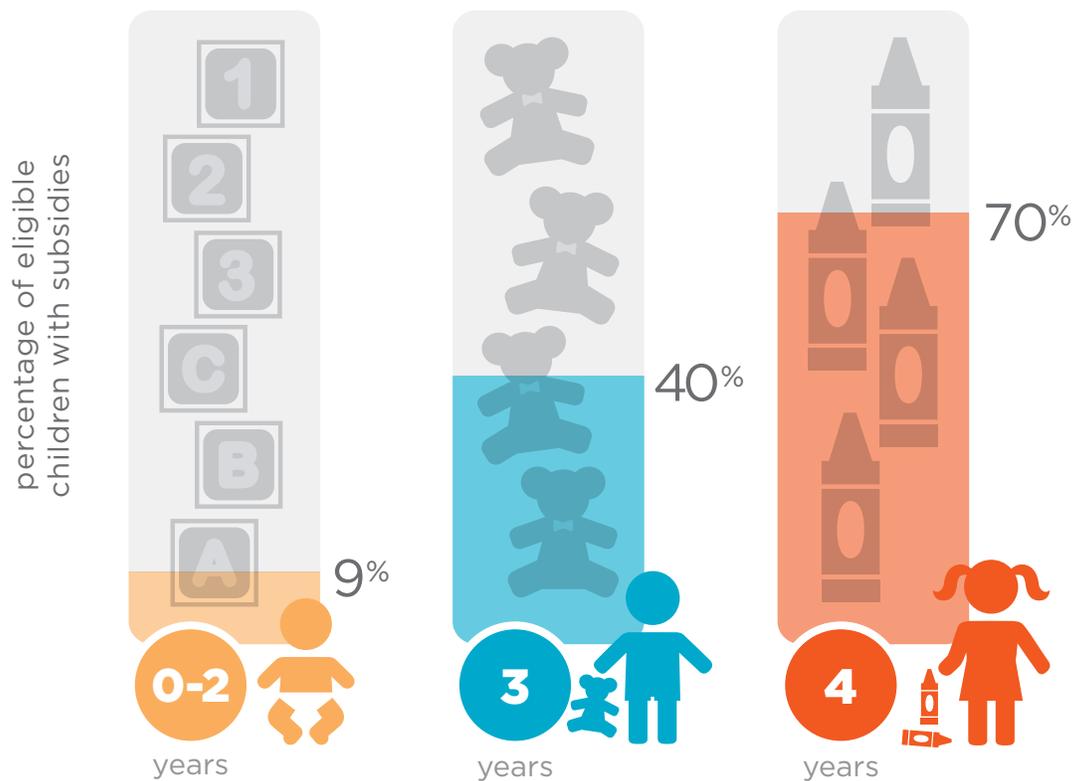
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Infant & Toddler Care

Well-trained, nurturing caregivers foster healthy development in infants and toddlers.

Infants and toddlers are least likely to get help paying for childcare¹



Data Highlights



Between birth and three, babies' and toddlers' brain development is rapid and children are gaining many critical skills.² More than 80 percent of brain growth occurs before a kid's third birthday.³ Disparities for poor children begin to emerge in this period,⁴ and quality early care helps reduce these developmental gaps. But California isn't meeting the need for affordable child care.⁵ Currently our subsidies cover as little as 55 percent of the cost of care.⁶

Access: Nearly half of California's infants and toddlers are from families struggling to make ends meet⁷ and who rely on a variety of child care options. Currently, the majority of child care requests are for kids three and under.⁸ Yet, even with recent increases, state spending on infant and toddler care has decreased by 30 percent since the recession.⁹

Affordability: Infant and toddler care is more expensive than preschool. Child care can eat up over half of a minimum wage salary,¹⁰ but California only provides subsidies to nine percent of eligible babies and toddlers.¹¹

Quality: The quality of infant and toddler care can vary. In some cases the state sets very minimal or no standards.¹² Studies find that the younger a child, the less the caregiver is paid, regardless of their qualifications. This makes it hard to maintain caregiver continuity, which is vital to the quality care kids need.¹³

Pro-Kid[®] Policy Agenda



California should help more families access high-quality, safe, reliable and enriching child care in a variety of settings for children ages birth to three and ensure our state's children, parents and caregivers are connected to community-based family supports and services.

Momentum



After years of budget cuts that ended infant and toddler child care subsidies for many struggling families, California is taking small but important steps toward improving access and ensuring affordable, quality care for the families that need it most. Currently, over 30,000 infants and toddlers are enrolled in a subsidized program.¹⁴ Soon an additional 7,000 new slots will be prioritized for infants and toddlers, and provider reimbursement rates will increase. But this still leaves the majority of the over 300,000 eligible kids without subsidies.¹⁵ The state has also dedicated one-time funding for improving program quality and increased funding for infants and toddlers with exceptional needs in early care and education settings. In addition, federal investments are helping Early Head Start programs in California expand services to pregnant women, children birth to three and their families, who are living in poverty.



Spotlight

Funding for low income infants and toddlers

To learn more about how Napa and Solano counties are using new federal funding to enhance child care options for low-income babies and toddlers, visit prokid.info/itcsi

grade

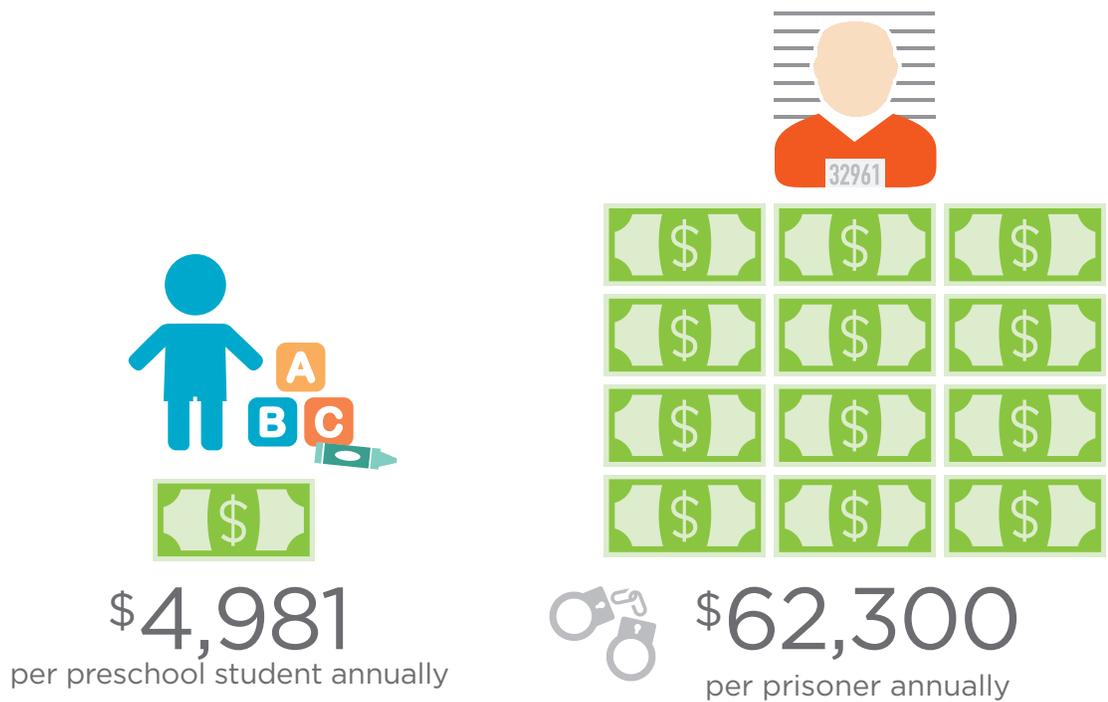
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Preschool

Children get a boost when preschool teachers are well-trained and programs build partnerships with families.

California spends 12 times as much on prisoners as it does on preschoolers¹



Data Highlights



Quality preschool is important for all kids, but unlike kindergarten, preschool isn't universal in California. Attendance is especially critical for low-income children, who can arrive at elementary school nearly 14 months behind more affluent kids in school-readiness measures.²

Access: Many families struggle to find affordable, quality preschools. Public preschools provide access for a large number of low-income children, but only 19 percent of all three-year olds (95,751) and 32 percent of all four-year-olds (161,264) are enrolled in a public preschool program.^{3,4} In contrast, 90 percent of all five-year-olds (511,985) are enrolled in public kindergarten.⁵

Affordability: Cost is a significant barrier. A parent working full-time would spend almost half of a minimum wage salary on preschool.⁶ Many preschools struggle to keep their fees affordable because of increasing costs and relatively low state reimbursement rates.⁷

Quality: Studies show that long-term benefits of high-quality preschool include 1.3 fewer years in special education⁸ and a 40 percent higher likelihood of graduating high school.⁹ But only around 13 percent of California's low-income kids are in high-quality preschool.¹⁰ California's preschool standards promote program quality, but the state's program still ranks lower than 36 other states on select quality benchmarks.¹¹

Pro-Kid® Policy Agenda



California must ensure every child has access to quality preschool, and capitalize on the recent expansion of state preschool and transitional kindergarten to achieve that goal, starting with low-income children.

Momentum



After several years of budget cuts, the state has made some significant new investments in preschool access, affordability and quality. The state preschool program expanded by 21,000 spaces and regulations for entry to transitional kindergarten were clarified so that more children can attend. Reimbursement rate increases for preschool providers will help ensure programs retain experienced teachers and can afford high-quality training and materials. The state has also continued investments in the Quality Rating and Improvement System (QRIS) for state preschool programs to support workforce development and continuous quality improvement.



Spotlight

Leveraging Local Control Funding Formula dollars to expand preschool

To learn more about how school districts can utilize the new funding system to expand quality preschool opportunities, check out Children Now's primer at prokid.info/cneldlcf

