

2022

California Children's Report Card



**Children
Now**

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



2022

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 non-partisan organization conducts research, policy development, and advocacy reflecting a whole-child approach to ensure 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-**
- 8 Health Care Accountability **D-**
- 10 Health Care Access **C-**
- 12 Preventive Screenings **D**
- 14 Behavioral Health Care: Mental Health **D+**
- 16 Behavioral Health Care: Substance Use **D-**
- 18 Preventing Trauma & Supporting Healing **C-**
- 20 Oral Health Care **C**
- 22 Food Security **C+**

Education

- 26 Child Care **D+**
- 28 Preschool & Transitional Kindergarten **A-**
- 30 Early Care & Education Workforce **C**
- 32 Expanded Learning Programs **B**
- 34 Early Intervention & Special Education **D+**
- 36 Education for Dual Language & English Learners **C-**
- 38 Education Funding **C+**
- 40 STEM Education **C-**
- 42 Teacher Pipeline & Retention **C-**
- 44 School Climate: Connections with Adults on Campus **D**
- 46 School Climate: Discipline & Attendance **C-**
- 48 Connected Cradle-to-Career Systems **C+**
- 50 Higher Education **B-**

Family Supports

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

Child Welfare

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

Adolescents & Transition Age Youth

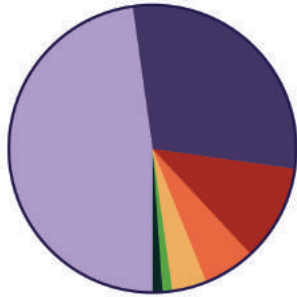
- 70 Relationships & Sexual Health Education **C-**
- 72 Supports for Unaccompanied Homeless Youth **D+**
- 74 Decriminalization of Youth **D+**
- 76 Opportunities for Youth Leadership & Engagement **C**

Conclusion

- 78 Endnotes
- 98 Staff
- 99 Credits & Acknowledgments
- 100 Board of Directors
- 101 Leadership Council

California is home to 8,893,756 children.

(AGES 0-TO-17)¹



RACE / ETHNICITY BREAKDOWN²

48%

Latino/a

30%

White

11%

Asian

5.4%

Black

4.5%

Multiracial

0.4%

American Indian or Alaska Native

0.3%

Native Hawaiian or Pacific Islander



5,462,042

ARE ENROLLED IN MEDI-CAL³

IN FOSTER CARE⁶

60,650

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

1,062,290

Children learning English in addition to another language are called English Learners in grades TK-12. California has the highest percentage of English Learner students in the country.⁸



37%

ARE LOW-INCOME⁴

IDENTIFY AS LGBTQ+ (AGES 13-TO-17)⁹

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 who self-identified as lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, two-spirit, or otherwise gender-expansive.



47%

FROM IMMIGRANT FAMILIES⁵

ARE TRANSITION AGE YOUTH (AGES 18-TO-25)¹⁰

4,641,053

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.

Immigrant families are an asset to California. At times, federal policies have discouraged children in immigrant families from accessing health coverage, food assistance, and other benefits they are entitled to by law. 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

Young people across California are leading the way forward socially, culturally, and politically. They are organizing for racial justice, learning and working and caring for family members during a pandemic, and voting in record numbers.

It's time for the adults to listen. The past two years with the COVID-19 pandemic we've all faced extraordinary circumstances, and far too many have lost their lives. But overall it's been hardest on kids, particularly children of color, in poverty, or in the child welfare system. Wildfires and other environmental disasters are also wreaking particular havoc for systemically marginalized children and their families. Kids have disproportionately suffered from the isolation and economic crisis caused by the pandemic. Black, Latino/a, and Native American communities have been hardest hit due to structurally racist systems that have created barriers to opportunities for centuries, and were exacerbated during COVID. Now more than ever, it's time for our state leaders to address the needs of kids and step up to make them the State's top priority.

This year's California Children's Report Card highlights some good news: key areas of improvement in the State's ability to meet the needs of California's children with increased funding and policy advances. For example, state leaders invested significantly in community schools and children's behavioral health, and added a grade to our education system to address long unmet early learning needs. Yet, in far too many areas, state leaders are failing to do enough to support kids. The child care system, already fragile before the pandemic, is now in crisis. The State is not providing enough oversight to ensure children are receiving the access to health care they need. And students who are English Learners lack access to core content, bilingual instruction, and well-prepared teachers. This lack of policy



progress, along with unacceptable racial gaps highlighted in the data and our mediocre national rankings, contribute to the mostly low grades in this report.

This is the moment to seize on the progress and investments that were made this last year, and commit to making California the national leader when it comes to kids' well-being. State leaders can do that by acting on each of the Pro-Kid Agenda items included in this report. Together, we can and must ensure that every single kid in California has the supports and resources they need to reach their full potential.

Sincerely,

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

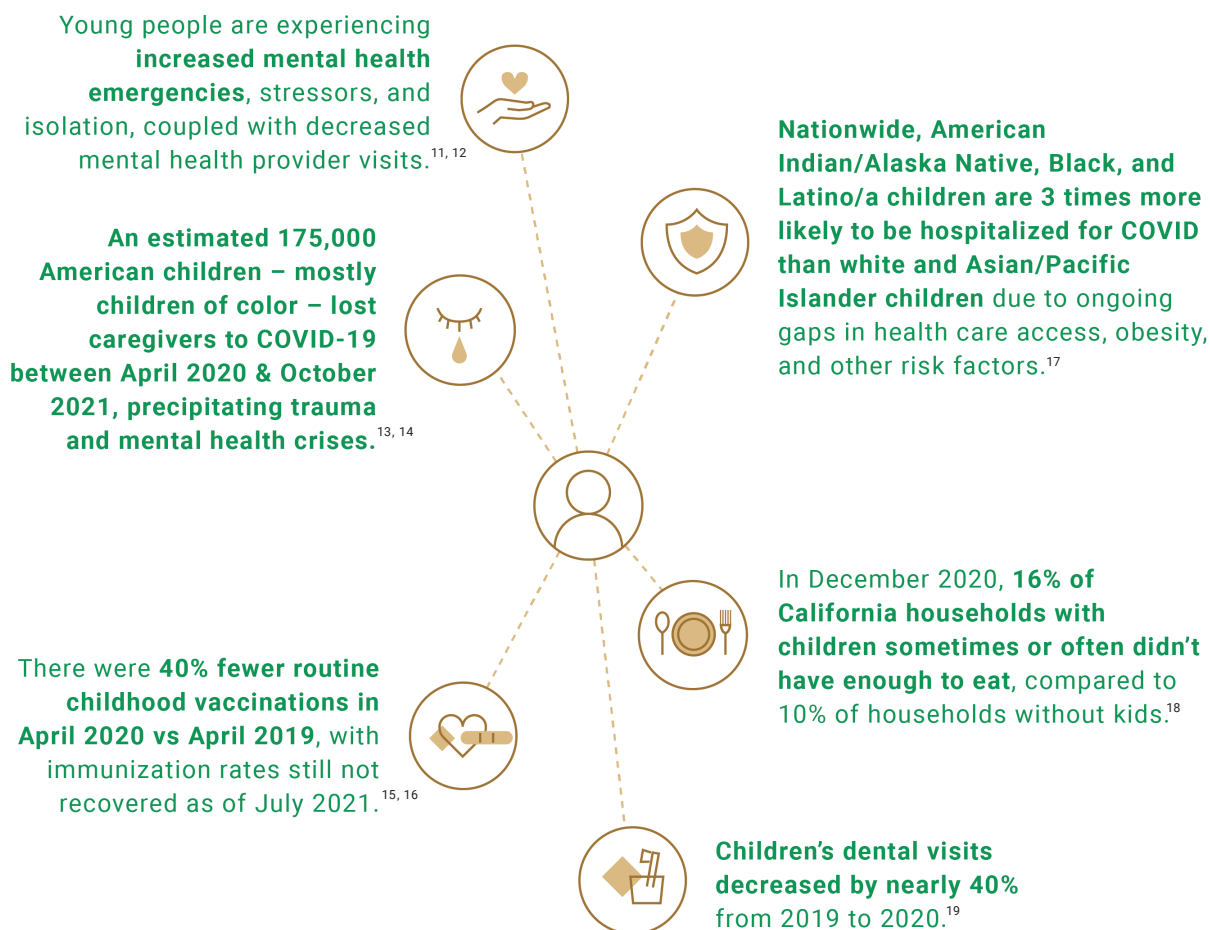
Ted Lempert
President

Health

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

California's health care 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 environmental and 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 prevention and the needs of kids.

During the pandemic, children have generally been less vulnerable to COVID-19 than adults, but children's health – particularly the health of kids of color – has been highly impacted in many ways:



Children's health care must be strongly prioritized as California begins to emerge from the pandemic. Our kids need a health system that promotes efficient care with an emphasis on prevention, early detection and intervention, and closing racial/ethnic gaps – allowing all kids to grow, learn, and thrive.



Health Insurance | 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 (5.5 million)²⁰ of California children. The State extended Medi-Cal to undocumented income-eligible young people – children in 2016, and youth ages 19-to-25 in 2020 – driving significant improvements in coverage rates.²¹ Unfortunately, the gains California has made in children’s health insurance were eroded by the chilling effect of federal immigration actions, leading to an uptick in the number of uninsured children in 2019.²² Estimates of uninsured California children in 2020 are mixed thus far,^{23, 24, 25, 26} despite policies to protect against coverage loss during the pandemic. In addition, it can be difficult for families to maintain continuous coverage due to problematic eligibility processes^{27, 28} and the continued burden of Medi-Cal premiums (monthly payments) for over 700,000 children and pregnant individuals.²⁹

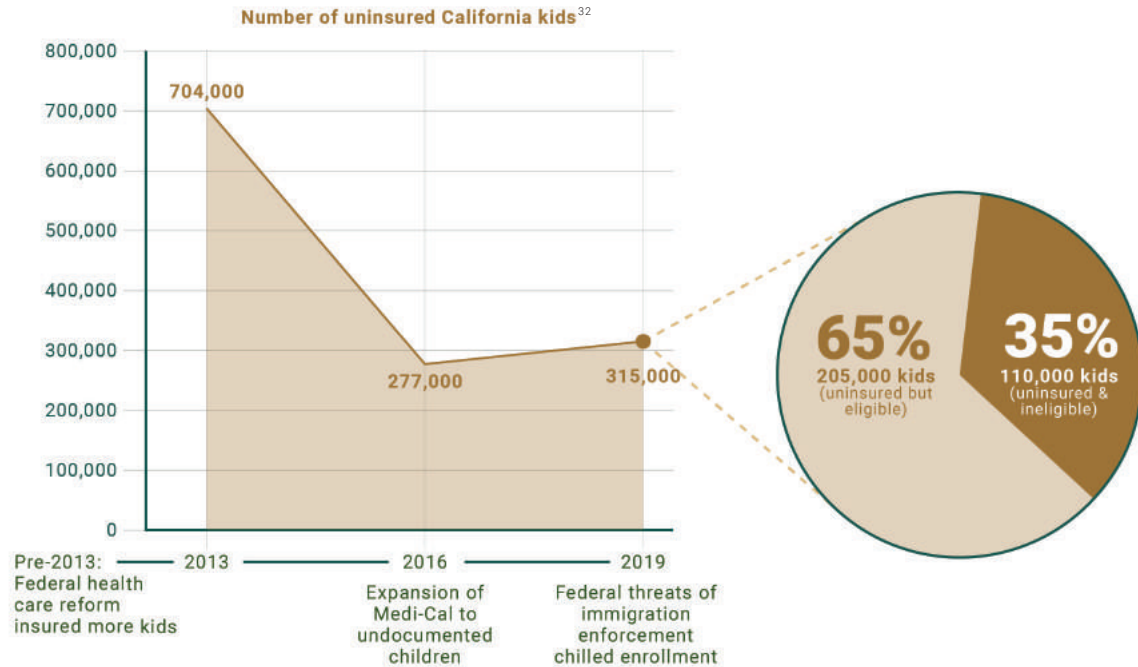
Pro-Kid® Agenda

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 into Medi-Cal coverage for all eligible-but-currently-uninsured children, and the State should also eliminate Medi-Cal premiums that act as a barrier to coverage and economic security for California children, pregnant individuals, and families.

Health Insurance | A-

California needs to ensure all kids have health coverage.

California’s Latino/a children, particularly Guatemalan and Salvadoran kids, are at increased risk of being uninsured.³⁰ Kids may be eligible for Medi-Cal but not enrolled due to fear of immigration consequences, inability to pay premiums, lack of assistance to navigate complex enrollment systems, and other factors.³¹

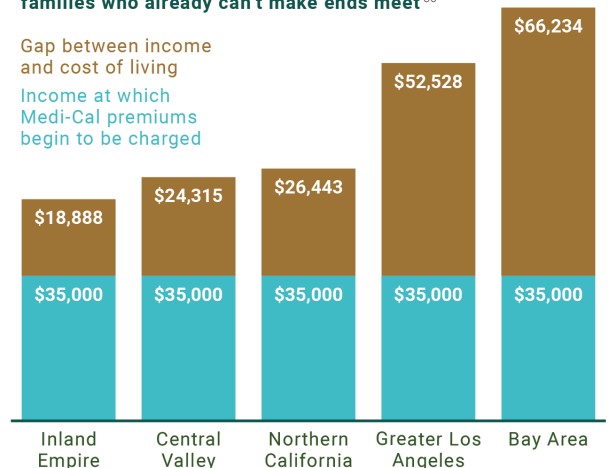


California is one of only four states that charges premiums for kids in Medicaid (Medi-Cal).³³

For many families, Medi-Cal premium payments totaling over \$300 a year³⁴ compete with other essential household expenses, especially during the pandemic. Premiums are charged to families at or above 160% of the poverty level (\$35,136 annual income for a family of three in 2021).³⁵

Medi-Cal premiums are an added burden for families who already can't make ends meet³⁶

Gap between income and cost of living
Income at which Medi-Cal premiums begin to be charged





Health Care Accountability | 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 (92%) of the 5.5 million³⁷ 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 due to poor oversight and accountability, too many children are not receiving the timely, quality health care to which they are entitled and for which the plans are paid on a monthly basis.

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 outcomes and are also closely monitored and effectively enforced to guarantee children will get the care they need. In the near-term, the State should continue to implement all recommendations from the March 2019 State Auditor report³⁸ to improve accountability as well as revise the contracts with Medi-Cal plans to ensure that the plans will deliver better health care for kids. The State needs to hold high standards that drive improvement in child health outcomes as well as reductions in health care disparities, and use 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.

Health Care Accountability | D-

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



The State is not providing enough oversight to make sure children and youth can get timely health care appointments.

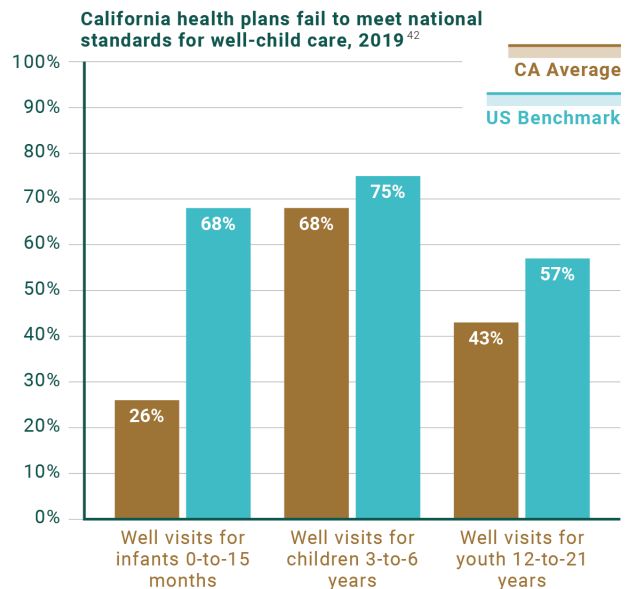
The State failed to collect most of the data that is used to monitor managed care performance during the majority of 2020 and 2021 due to the pandemic. Without this data, it is nearly impossible for the State to know whether managed care plans were providing timely access to critical services for children which they were contracted for.

Average % of pediatric appointments that fall within timely access standards^{40, 41}

	2019	2020	2021
Primary Care Provider Non-Urgent Appointments within 10 business days	91%	Not collected	
Primary Care Provider Urgent Appointments within 48 hours	81%	Not collected	
Specialist Non-Urgent Appointments within 15 business days	68%	Not collected	
Specialist Urgent Appointment within 96 hours	59%	Not collected	

Despite a legal guarantee, California kids are not getting the basic services they need and for which the State is paying.

The inaugural Children’s Preventive Services report showed that the State is failing to ensure children are receiving preventive care visits and services through their Medi-Cal health plan.





Health Care Access | 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. Children with Medi-Cal coverage are less likely than children with employer-sponsored health insurance to have a usual source of care other than the emergency room.⁴³ The California Department of Health Care Services has insufficiently addressed barriers to care 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. This became even more apparent during the pandemic when access to health care for families and youth was further challenged by in-person safety precautions and limitations, access to transportation, and ability to rely on telehealth platforms to fill gaps. Investments in significant reforms through the California Advancing and Innovating Medi-Cal (CalAIM) multi-year initiative hold promise towards future tangible and sustainable improvements in access to health care services and supports for children and families with Medi-Cal coverage.

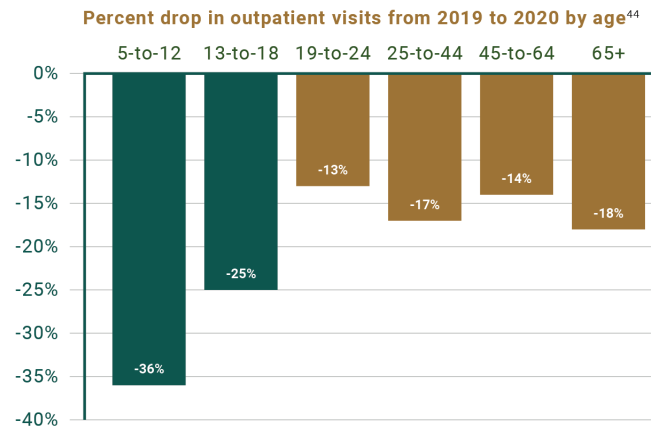
Pro-Kid® Agenda

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, linguistic, geographic, and other 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 and health outcomes during implementation and oversight of upcoming Medi-Cal reforms (including the CalAIM initiative) to address the health care, social, and environmental conditions that can exacerbate chronic problems, like pediatric asthma.

Health Care Access | C-

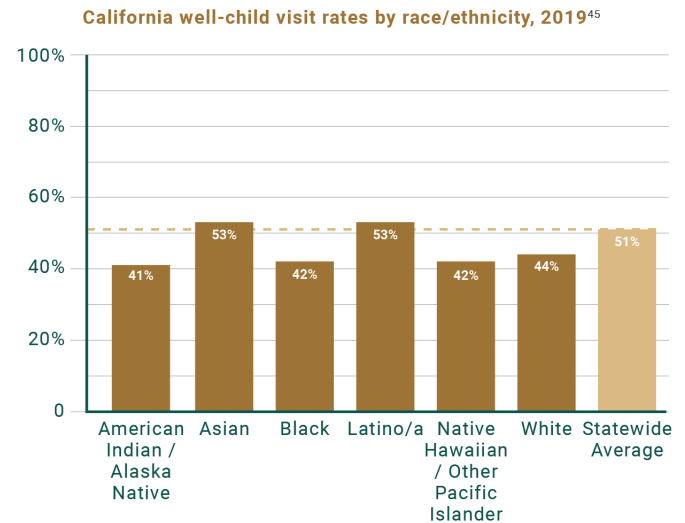
Children’s use of care fell significantly more than adults’ during the pandemic.

Lack of well-child visits, routine immunizations, and other care may create further problems such as missed diagnoses and potential resurgence of infectious diseases like measles or whooping cough.



Utilization of preventive check-ups is far too low overall and varies by a child’s race and ethnicity.

American Indian/Alaskan Native, Black, and Native Hawaiian/Other Pacific Islander kids have the lowest rates of preventive care visits. Targeted outreach and a workforce of culturally congruent providers would boost these numbers, but the State must hold health plans accountable for serving the needs of their members and actively working to reduce disparities in care among children.



Available data may mask important differences between sub-groups.

Access to community health workers can help kids suffering from asthma.

Trained community health workers improve outcomes for kids with poorly controlled asthma by teaching families how to manage children’s asthma and fixing environmental asthma triggers (such as mold, pollution, and tobacco smoke). Due to environmental racism, children of color are more likely to live near such triggers.⁴⁶





Preventive Screenings | D

Progress Report

Pediatricians recommend – and the law requires – preventive screenings for children to identify potential health and development concerns.^{48, 49} 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 – including missed screenings for vision, hearing, and dental problems; elevated blood lead levels; developmental delays; and other issues – the State has used tobacco tax funds to reimburse Medi-Cal providers for developmental and trauma screenings. This investment is intended to improve screening rates and highlight the need for better cross-sector collaboration, shared data, and parent and provider education and outreach to ensure that kids receive screenings and get connected to early intervention services. During the pandemic, children had less access to screenings and routine health care and well-child visits declined significantly because many in-person appointments were cancelled.

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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.⁵⁰ 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 take action with all available data to improve the rate of kids receiving preventive health and developmental screenings in Medi-Cal, and identify ways to strengthen and expand referral linkages to and coordination with needed early intervention services.

Preventive Screenings | D

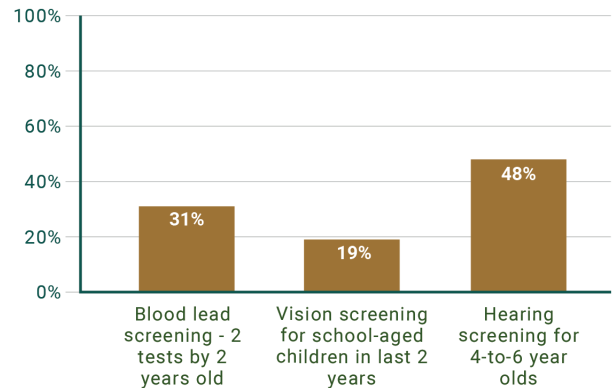
The American Academy of Pediatrics guidelines for preventive care include regular well-child visits and a range of age-appropriate screenings.⁵¹

- 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 periodically throughout childhood and adolescence
- Caregiver 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

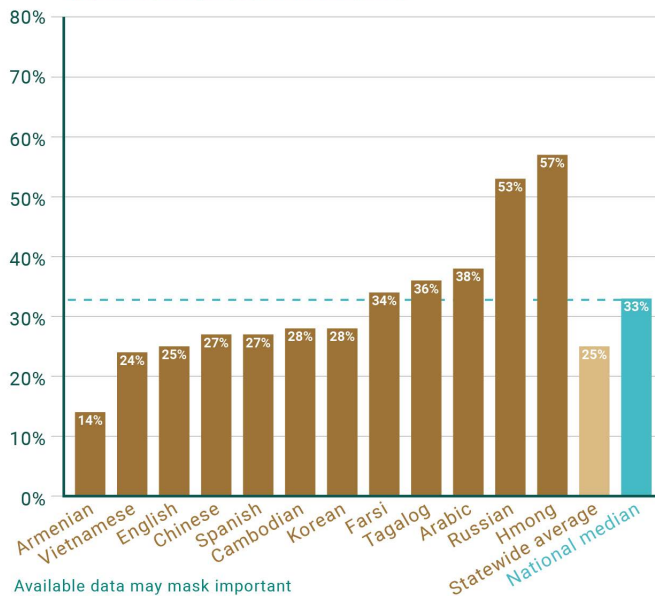
The State is failing to screen all children for health conditions with important developmental implications, such as elevated blood lead levels,⁵² hearing problems,⁵³ and vision problems.⁵⁴

California is 7th worst of all states in vision screening rates for kids with public health insurance.⁵⁵ Vision screening is critical for academic success.⁵⁶

Screening rates for children in Medi-Cal^{57, 58, 59}



Developmental screening in the first 3 years of life, by primary language, California, 2019⁶⁰



Available data may mask important differences between sub-groups.

Screenings for developmental delays among Medi-Cal infants and toddlers varies significantly based on the family's primary language.

Overall, barely one in four infants and toddlers are screened for developmental delays. State data shows enormous disparities in that rate based on the family's primary language, highlighting the need for intensive outreach to key communities and better language access supports for all linguistic groups.



Behavioral Health Care: Mental Health | D+

Progress Report

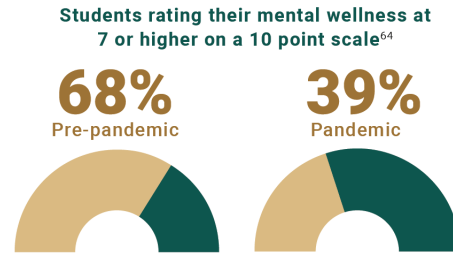
California has failed to create environments that help children to be emotionally well, and has been largely unable to provide services and supports to children with behavioral health needs. When families do find mental health services for their children, it's due to perseverance, privilege, and luck rather than a comprehensive system. As a result, children's mental health is in crisis and has only gotten worse during the pandemic. A complete behavioral health care system includes prevention, early intervention, and support programs and treatment services for both mental health and substance abuse. California recently made progress by investing one-time funds of over \$4 billion creating the Child & Youth Behavioral Health Initiative. However, one-time funds do not create sustained capacity. California must comprehensively overhaul its current patchwork of policies, scarcity of prevention and early intervention services, and lack of coordination among agencies and levels of government.⁶¹

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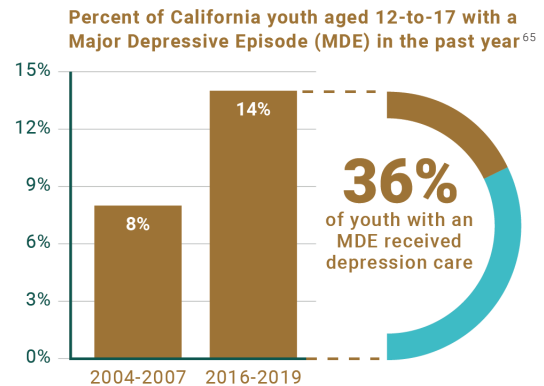
California must enact policies to ensure kids can grow in environments that have minimized the root causes of common illnesses like anxiety and depression, while equipping children with the ability to recognize and regulate their emotions and maintain healthy relationships. California policymakers need 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 that identifies target metrics that will move California forward on improving children's mental health outcomes, such as dramatically reducing suicide attempts among LGBTQ+ youth⁶² and youth with child welfare system involvement.⁶³ The plan should also determine optimal inputs to build child and youth wellness, such as increasing peer support workers and other culturally competent providers, boosting youth mental health first aid training for those who work with kids, and greatly expanding preventive services in community and school settings.

Behavioral Health Care: Mental Health | D+

The isolation, stress, and increased material hardships of the pandemic have strained the vulnerable mental health of California’s young people.

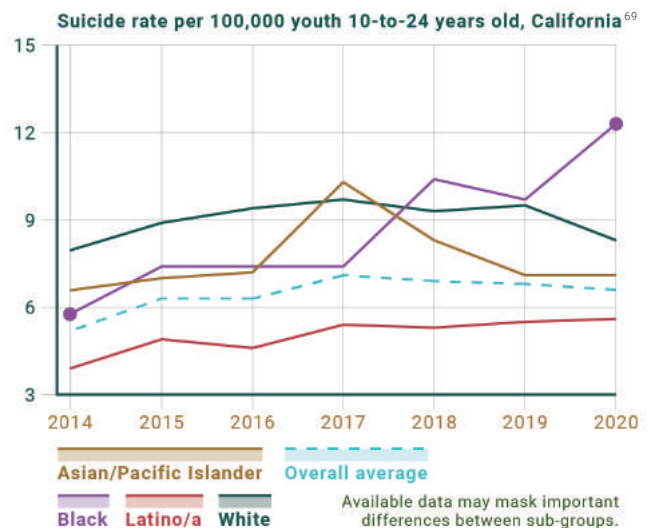


Major Depressive Episodes (MDEs) among youth have grown in recent years, but only about a third of youth with an MDE received treatment in 2019.



The suicide rate among Black youth has dramatically increased.

Preliminary risk analyses suggest that exposure to overt and systemic racism and lack of treatment for depression contribute to the increase of suicide rate among Black youth. The State must thoroughly analyze specific risk and protective factors and act to protect Black youth.^{66, 67, 68}





Behavioral Health Care: Substance Use | D-

Progress Report

California is failing to proactively help children stay away from harmful substances and does not systematically provide treatment services to children and youth with substance use disorders. Too many young people are using vape pens, often filled with tobacco, marijuana, or fentanyl. Candy-flavored vape products and marketing targeted towards youth make it more likely that young people will become long-term users.⁷⁰ By 11th grade, a majority of California students have used alcohol, misused cold medicines or pain prescriptions, or used marijuana.⁷¹ A complete behavioral health care system includes prevention, early intervention and support programs, and treatment services for substance use. California's current piecemeal approach to youth substance use means that kids must "fail first" before they get help. For example, state-funded treatment programs are only available in some counties and often difficult to access where they do exist. Those programs tend to be mainly for adults, lacking a unique focus on young people's concerns and developmental needs.

Pro-Kid® Agenda

California must ensure children can grow in environments that minimize the root causes of substance use. Policymakers need to prioritize policies and programs that work to increase familial support and social-emotional learnings that promote drug-resistant behaviors. In addition, policymakers should fund youth-specific treatment programs, separate and distinct from programs that treat those over age 25. In the near-term, the State should invest in culturally competent programming to deter drug use in children and youth, and specifically target metrics such as reducing the number of drug overdoses among young people and decreasing the number of youth who vape. The State should also expand preventive services in community and school settings.

Behavioral Health Care: Substance Use | D-

Few youth with a substance use disorder (SUD) receive treatment.

Reasons include lack of access to culturally competent services and lack of treatment options focused on youth.

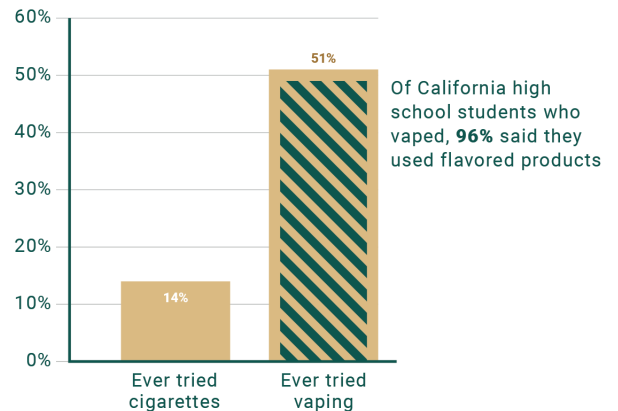
<10% Fewer than 10% of youth who need substance use disorder services receive them ⁷²



Over half of California’s 12th grade students have used vape products.

While cigarette use has declined due to a hard-fought public health campaign, vaping is very common despite the risk of e-cigarette or vaping-associated lung injury (EVALI).⁷³ Vaping devices may contain nicotine, marijuana, and other chemicals like fentanyl. Tobacco companies have deliberately targeted young people, people of color, and LGBTQ+ people with their advertising.^{74, 75, 76}

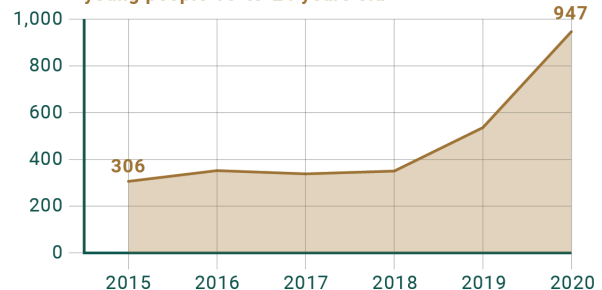
Use of cigarettes and vaping devices among California’s 12th graders, 2019 ^{77,78}



Deaths due to drug overdose spiked during the pandemic.

Fentanyl is especially dangerous, leading to overdoses among young people.

Deaths due to drug overdose, California young people 15-to-24 years old ⁷⁹





Preventing Trauma & Supporting Healing | C-

Progress Report

Traumatic events that occur in childhood – a subset of which are called Adverse Childhood Experiences (ACEs) – can include family and community violence, incarceration of a family member, explicit and systemic racism, harassment due to sexual orientation or gender identity, and threat of immigration action, among others. 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.^{80, 81} Children who have endured traumatic events need support and services to heal and thrive. California's ACEs Aware program has helped bring attention to childhood trauma as a major public health issue facing the State.⁸² 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, linkages to community-based services and a public health campaign to educate communities on the physical and mental health effects of ACEs.

Pro-Kid® Agenda

Identifying children who have experienced trauma is not enough; California's leaders must work together across sectors to implement policies to prevent childhood trauma from happening at all. Prevention includes efforts such as mandating trauma-informed 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.^{83, 84} 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 significant investment in community-based organizations that work to help prevent ACEs and promote healing.

Preventing Trauma & Supporting Healing | C-

During the pandemic, children have been facing many types of Adverse Childhood Experiences (ACEs).

The term ACEs 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.

Percentage of adult caregivers whose oldest child was exposed to ACEs, by type of ACE, March to April 2021⁸⁵



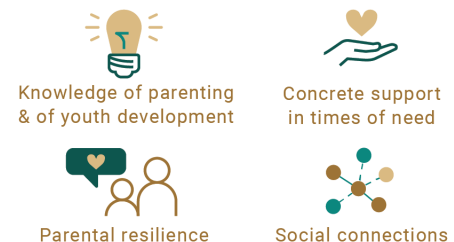
Childhood trauma can negatively impact long-term physical and mental health, but protective factors can help neutralize those impacts.

Social connections, caring adults, and community supports can reduce the impact of ACEs.

A person with four or more ACEs is:⁸⁶



Protective factors that buffer the impact of ACEs:⁸⁷





Oral Health Care | C

Progress Report

Tooth decay is the most common chronic childhood condition,⁸⁸ and can lead to infection, pain, tooth loss, and associated behaviors like difficulties paying attention and sleeping.⁸⁹ Medi-Cal Dental provides coverage for more than half of California children, but too few receive recommended or needed services due to lack of providers, outreach, and effective linkages to care at community sites such as child care centers, schools, and pediatrician's offices. The pandemic had a negative impact on children's access to oral health screenings and services as in-person appointments were limited. The 2018-2028 California Oral Health Plan is guiding local health departments' oral health work, including developing and coordinating linkages to care, collecting and reporting kindergarteners' oral health status, and strengthening medical-dental integration efforts to boost the number and types of health providers who can provide preventive dental services. New contracts for the medical and dental plans that will administer services for children and families enrolled in Medi-Cal are a critical opportunity to hold plans accountable for facilitating access to care and providing supports to ensure children are receiving oral health care services.

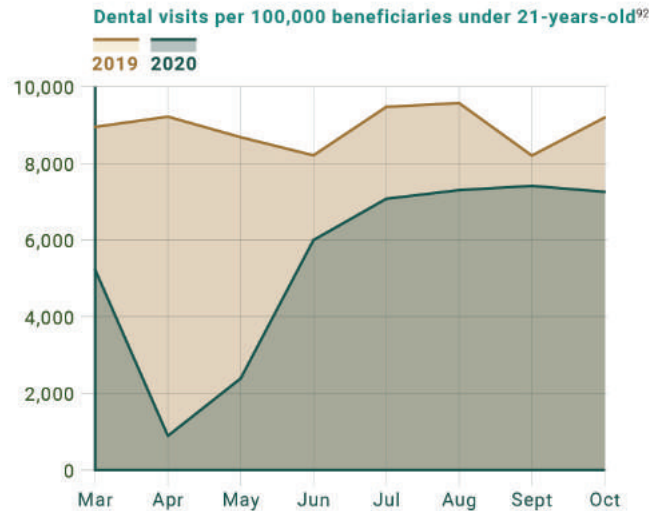
Pro-Kid® Agenda

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, including fluoride varnish applied in medical settings. Local implementation of state laws and contracts require improved monitoring and oversight by the Department of Health Care Services. The State should ensure that school districts have sufficient resources – outside of education dollars if needed – to collect and report 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.

Oral Health Care | C

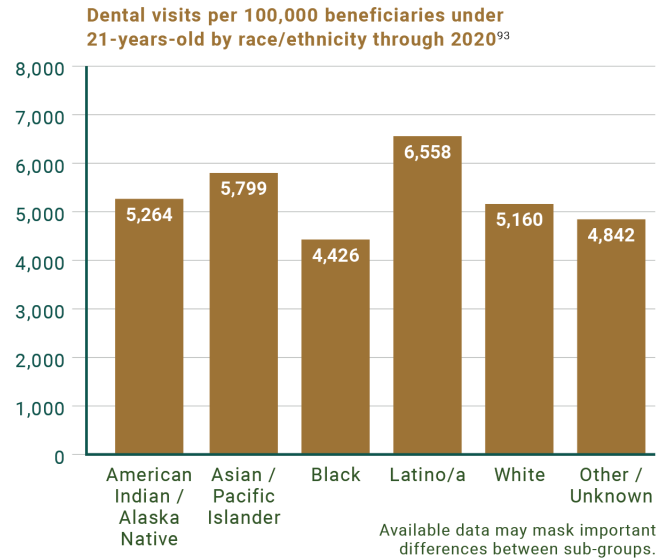
Dental utilization for children covered by Medi-Cal was already low and the pandemic made it even worse.

Even before the pandemic, less than half of the kids enrolled in Medi-Cal received an annual dental visit.⁹⁰ Children should see a dentist by first tooth or by age one, and Medi-Cal health plans are required to do initial dental health assessments and make dental referrals. Pediatricians and other medical providers can also apply preventive fluoride varnish to children’s teeth, but only 3% report doing so.⁹¹



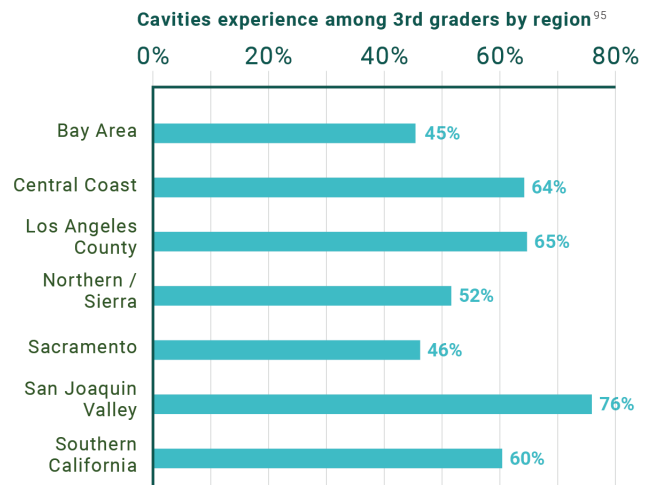
Latino/a and Asian Pacific Islander children had higher dental utilization rates than American Indian/Alaska Native, Black, and white children.

Sustained outreach and education efforts to Latino/a and Asian families seem to be improving kids’ utilization; these efforts, including using care coordinators, should be expanded and replicated with other racial groups.



Tooth decay among 3rd graders varies by region.

For the first time since 2004, California conducted a basic screening survey of third graders throughout the State. Third graders in the San Joaquin Valley had more cavities experience (meaning any cavities, treated or untreated), compared to their peers in other parts of the State, indicating the need to continue to improve access to preventive services.⁹⁴





Food Security | C+

Progress Report

Adequate nutrition is essential for children’s healthy growth and development. Food insecurity – limited, uncertain, or inconsistent access to the quality and quantity of food necessary for a healthy life – is related to both hunger and obesity, as well as a higher likelihood of developing other serious and costly health conditions.⁹⁶ The pandemic exacerbated food insecurity for many California children, especially Black and Latino/a kids. The 2021-22 State Budget made significant investments to support child nutrition, including \$650 million to offer two free school meals per day for all students beginning in the 2022-23 school year, \$11 million⁹⁷ per year for meals served in child care and early education programs, and \$30 million over two years to prepare to expand the California Food Assistance Program to Californians who due to their immigration status are not eligible for CalFresh (known federally as the Supplemental Nutrition Assistance Program, SNAP).⁹⁸ California also increased Women, Infants, and Children (WIC) program participation during the pandemic, likely due to technology updates such as the ability to enroll remotely.⁹⁹ However, without ongoing investments and policy changes building on the recent budget agreement, California will not reach all eligible children and backslide to extraordinarily high rates of child food insecurity.

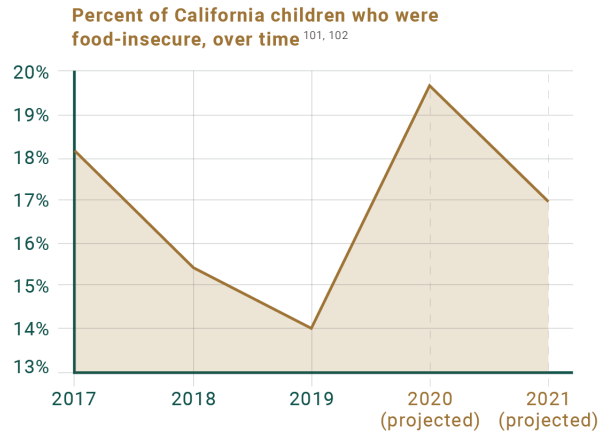
Pro-Kid® Agenda

Every child should have access to nutritious food. The State must ensure every eligible child is able to access CalFresh, school meals, and Women, Infants, and Children (WIC). School meals should continue to be free for all students, and be served at times that students can access them, with enough time to eat, and with healthy food choices that are a cultural fit for the student population. The State should make ongoing investments and build on technology improvements and process simplifications necessitated by the pandemic¹⁰⁰ to make nutrition assistance benefits much easier for families to access and use.

Food Security | C+

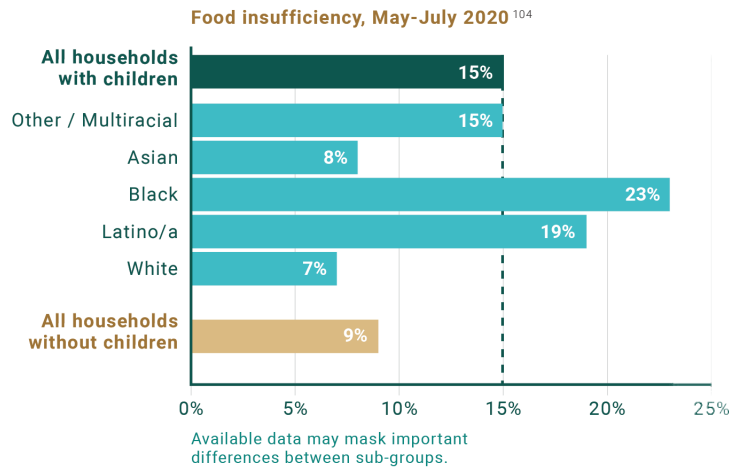
Food insecurity among California children has fluctuated over time, but remains troublingly high.

California has been projected to be the State with both the largest increase in children in food-insecure households (864,100) between 2019 & 2020 and the most children in food-insecure households (2.2 million).



Households with kids are more likely to lack food than those without kids, especially Black and Latino/a households.

Structural racism in homeownership, income, unemployment, and other factors impact racial disparities in food sufficiency.¹⁰³



Pandemic Electronic Benefit Transfer (P-EBT) was a disaster-response program to provide food benefits for students who lost access to free or reduced-price school meals due to school building closures starting in spring 2020.

3,941,570 California children eligible for P-EBT food benefits¹⁰⁵



95% of eligible children reached by benefits

Despite obstacles,¹⁰⁶ the P-EBT experience shows that California can and must do better in reducing barriers to reach children with food assistance and should consider a similar program during disasters and out-of-school periods (e.g., summer).

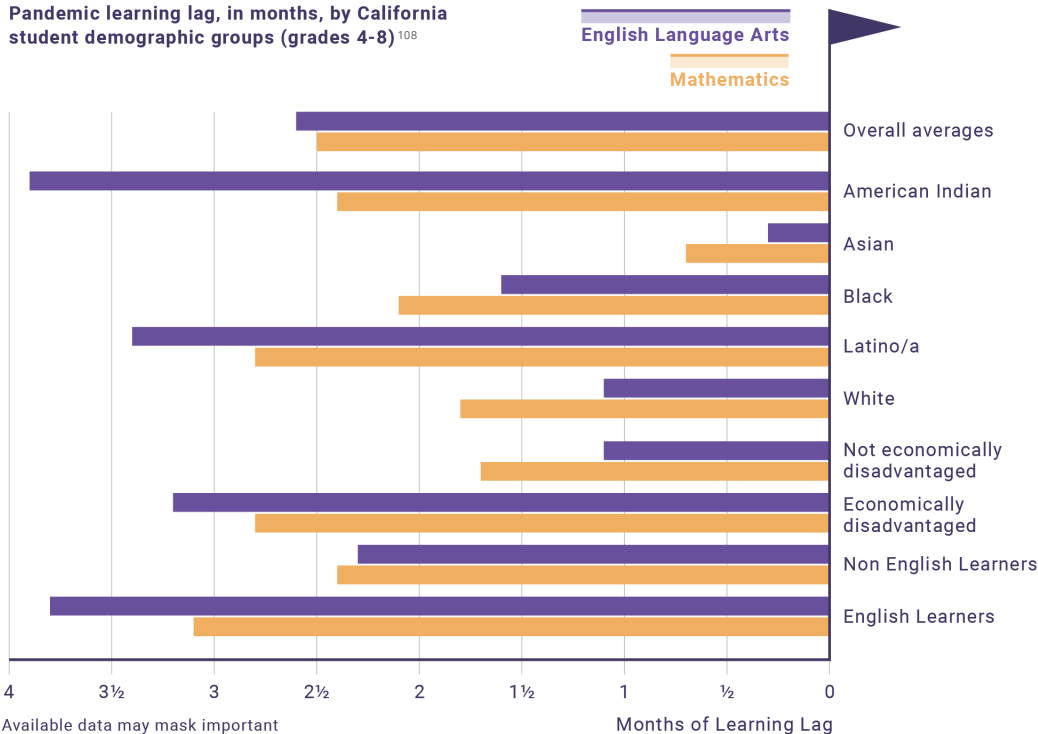
Education

- D+ Child Care**
- A- Preschool & Transitional Kindergarten**
- C Early Care & Education Workforce**
- B Expanded Learning Programs**
- D+ Early Intervention & Special Education**
- C- Education for Dual Language & English Learners**
- C+ Education Funding**
- C- STEM Education**
- C- Teacher Pipeline & Retention**
- D School Climate: Connections with Adults on Campus**
- C- School Climate: Discipline & Attendance**
- C+ Connected Cradle-to-Career Systems**
- B- Higher Education**

California must ensure that every child, from early childhood through adulthood, has access to rigorous, engaging, and relevant learning experiences, taught by well-supported, skilled educators, in safe environments. Children are born learners and need educational experiences that nurture their curiosity and capacity to acquire knowledge from the very beginning of life. Yet, students – especially those who confront systemic barriers, including students who face racism, poverty, and those who have unique learning needs, including English Learners, students in special education, students in foster care, students who are homeless, and juvenile justice-involved youth – have faced significant adverse conditions during the pandemic, such as rising mental health concerns and learning lag due to school closures and uneven distance learning opportunities. These negative impacts compound preexisting opportunity and achievement gaps – due in large part to inadequate funding, a shortage and inequitable distribution of qualified teachers, and discipline policies that disproportionately impact students of color. In fact, achievement gaps in California are among the largest in the nation, often exist before kindergarten, and persist over time. It is critical that 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 barriers and disparate treatment 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.

The pandemic has disproportionately impacted students who have historically faced systemic barriers and have unique learning needs. Prior to the pandemic, California’s academic performance in reading and math was lower than most states’ (ranking 39th-44th), with low-income students suffering from some of the largest achievement gaps (ranking 44th-46th).¹⁰⁷ Latino/a and Black students had similar achievement gaps. Due to compromised learning conditions and state policy decisions implemented in response to the pandemic, we don’t yet know the full extent of COVID-19’s impact on student achievement – but what we do know is alarming. Learning lag estimates shown below are based on a sample of 2020 fall assessments across 19 school districts in California. The overall averages for learning lag are significant; some student groups are experiencing even larger gaps chiefly due to lack of access to devices and reliable internet, and the disproportionate toll the pandemic has had on low-income, Latino/a, and Black families.

Pandemic learning lag, in months, by California student demographic groups (grades 4-8)¹⁰⁸





Child Care | D+

Progress Report

Note: In this Child Care section, we refer to child care that is provided outside the TK-12 system. See the Expanded Learning Programs section for information about child care within the TK-12 setting.

More than 2.75 million young children live in California,¹⁰⁹ and the vast majority of them qualify for child care assistance. Yet, the State's persistent underinvestment in child care has failed to ensure sufficient subsidies and spaces — with gaps most pronounced for infants and toddlers where only 14% have access. When families struggle to find affordable, stable, quality child care, it undermines both families' economic self-sufficiency and the State's economic growth, with lack of infant-toddler child care alone costing California an estimated \$6.8 billion annually in lost earnings, productivity, and revenue.¹¹⁰ Nearly 20% of women cite needing to take care of family as a barrier to searching for a job. Moreover, women who stop looking for work identify care responsibilities as the reason twice as often as men, and Latina women cite child care responsibilities twice as often as white women.¹¹¹ Federal pandemic relief funding and state investments helped offer some short-term relief to child care providers and families, but stark access gaps and fragile capacity — exacerbated by the pandemic — mean it's more important than ever to invest significant, sustained resources in child care.

Pro-Kid® Agenda

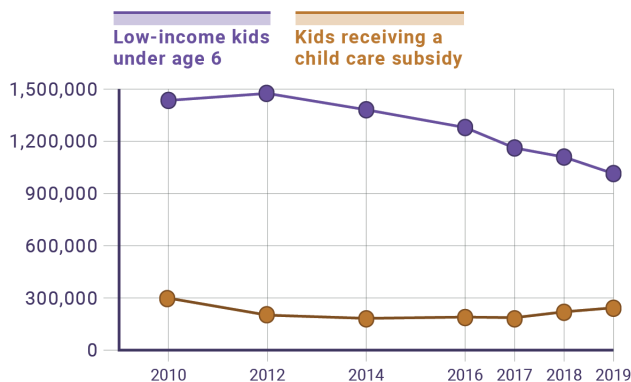
California policymakers must ensure all families with young children have access to a variety of child care options that are stable, affordable, and foster children's healthy development. It is especially important to ensure that foster families, families experiencing poverty, and other families in circumstances of enhanced need or risk have comprehensive, supportive child care settings. In the near-term, the State should at least triple the number of infants and toddlers that receive state-funded child care subsidies as a step toward universal access, while simultaneously investing in living wages for providers, workforce development, and child care facilities expansion.

Child Care | D+

The pandemic worsened California's child care shortage.

Since 2020, over 10,000 California child care programs – roughly a quarter of all programs, serving over 305,000 children – have either temporarily or permanently closed as providers faced fluctuating enrollment, increased costs, staffing shortages, and other challenges.¹¹²

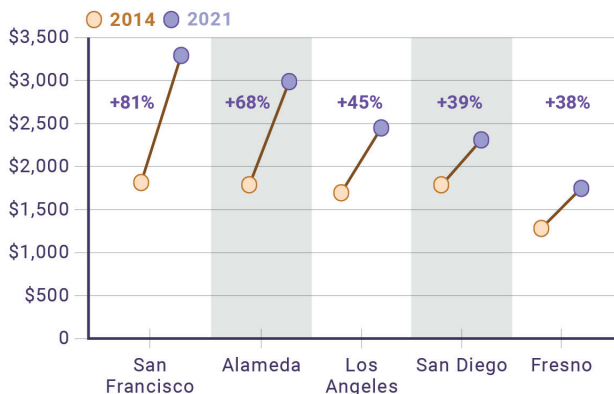
There have never been enough child care subsidies to serve low-income children¹¹³⁻¹²⁰



Child care is unaffordable for working families.

Child care costs are now the highest household expense in nearly every California county, surpassing housing.

Increase in child care costs in selected counties, for a family with one pre-school and one school-age child¹²¹



More than three-quarters of families – especially low-income families – report that quality, affordable child care is not available to everyone, largely due to inadequate supply and high cost.¹²²

89% of caregivers said that high-quality child care and preschool should be available for all.¹²³

"It needs to be safe. It needs to be engaging. It needs to be diverse. ... Learning, having fun, making friends, being creative. I want them to have access to all of that and it be affordable."

"I think there's a huge inequity issue ... even though of course you want all those things for your kid ... eventually you just have to make these really hard decisions."

"I believe a lot of the stress ... is, 'Can I afford the childcare? Can I go to this job? Can I do all this?'"

"It's tough, having worked two to three jobs to be able to afford child care.... It's hard for people to be full time, two working parents, and can barely afford to send your kid to child care."



Preschool & Transitional Kindergarten | A-

Progress Report

By the 2025-26 school year, 4-year-olds in California will now have access to a new universal Transitional Kindergarten (TK) grade in public schools. Expanding early education to young children is a critical step to support long-term educational success. At the same time, to truly address the achievement gap before it begins – especially for children disadvantaged by structural inequities and systemic racism including kids of color, kids from low-income families, dual language learners, and kids in foster care – it is critical that expanded TK programs are effectively implemented and developmentally appropriate, especially for 4-year-olds. This includes providing the resources and guidance to ensure essential program elements are implemented, such as recruiting and retaining skilled and knowledgeable teachers and assistant teachers, implementing developmentally appropriate curriculum, and ensuring appropriate adult-to-child ratios. An additional year of preschool (beginning at age three) can be beneficial for children in most need of support. However, the State has not adequately expanded access to quality preschool for 3-year-olds or provided the necessary structures to support effective coordination between existing State Preschool Programs, Head Start, TK, and child care for the benefit of children and families, which must be a key area of focus moving forward. There is also a significant need to preserve families’ choices across the mixed-delivery system and to offer full-day wraparound care for children in TK.

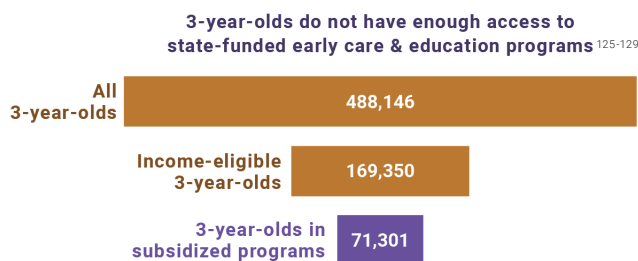
Pro-Kid® Agenda

The State must make the investments necessary to reach full Transitional Kindergarten implementation by the 2025-26 school year, while ensuring that the instructional model prioritizes equity and the needs of participating students by attracting and retaining highly skilled and knowledgeable teachers and assistant teachers, including a focus on recruiting teachers of color and multilingual staff in classrooms; providing developmentally appropriate curriculum; and lowering the student-teacher ratios (ideally 8 to 1 or, at minimum, 10 to 1). The State should also expand access to the California State Preschool Program for children currently eligible for services based on need and ultimately commit to provide universal preschool for all 3-year-olds. In addition, it will be critical to 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.

Preschool and Transitional Kindergarten | A-

California still has a long way to go to ensure that children who are eligible for subsidized preschool at age three actually have access.

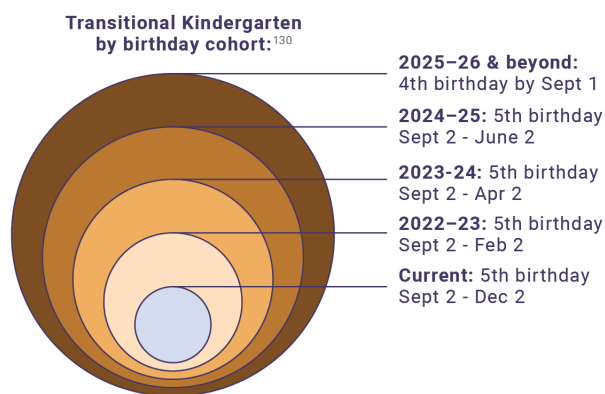
Kids – especially those who are low-income or otherwise disadvantaged – show more socio-emotional and cognitive benefits from two years of preschool versus only one year.¹²⁴



Note: The number of children in Head Start (31,073) and the California State Preschool Program & other state-funded programs (40,228) may be overcounted due to overlapping enrollment.

California has made a commitment to provide all 4-year-olds Transitional Kindergarten (TK) by the 2025-26 school year.

To ensure TK meets the needs of the diverse student population being served – in terms of race/ethnicity, income, and language – it is essential the State invest adequately for smaller adult-to-child ratios and well-prepared teachers.



To promote equity and effectively address achievement gaps, California must improve the structure of its TK program.

California’s new TK program addresses some, but not all, of the shortfalls as seen in the chart to the right.

California’s TK program met only 3 of 10 nationally established quality benchmarks in 2019-20:¹³¹

- Early learning & development standards are comprehensive, aligned, supported, & culturally sensitive
- Process for approving/supporting curriculum
- Teacher has Bachelor of Arts degree
- *Teacher has specialized training in pre-K
- Assistant teacher has Child Development Associate or equivalent degree
- Teachers & assistants have at least 15 hours/year of professional development, individual plans and coaching
- Maximum class size of 20 or fewer
- Staff:child ratio of 1:10 or better
- Vision, hearing, & health screenings & referrals
- Continuous quality improvement systems

*In the 2023/2024 school year, this benchmark is expected to be met.



Early Care & Education Workforce | C

Progress Report

Young kids learn best through enriching experiences and relationships with caring adults, so recruiting and retaining well-supported, experienced teachers and caregivers is foundational to providing high-quality early care and education (ECE) programs. California has made some investments in the ECE workforce, including supports for educators employed in child care and Transitional Kindergarten (TK) and long-overdue, temporary increases to reimbursement rates within the child care subsidy system, as well as a variety of recruitment and professional development opportunities for TK educators. Yet, rate increases must be tied to the actual cost of providing high-quality services to children and families and be made permanent and ongoing. Moreover, California still lacks clear financing and pathways for child care educators to further their education, develop their skills, and advance to higher-paid positions even though the knowledge and skills necessary to effectively support young children are complex. Additionally, for California to fully implement TK in the next five years, thousands of additional teachers will need to be recruited and trained. Without effective compensation and recruitment strategies in place, children most in need of highly trained and effective teachers – children who face systemic barriers including poverty and racism or who have unique learning needs, including dual language learners and students with disabilities – could be the least likely to have access to them.

Pro-Kid® Agenda

California must continue to increase child care provider rates and build systems of professional development and support for the child care workforce. In tandem with compensation, the State should also increase education and experience standards over time, including articulating competencies, qualifications, and related career advancement pathways. In addition, implementing a statewide ECE workforce registry will be essential to better understand the composition and needs of the workforce. At the same time, California needs to ensure the effective recruitment, training, and equitable distribution of TK teachers throughout the state. This should include providing incentives to place knowledgeable and skilled TK teachers in schools with the highest concentrations of students who are low-income, in foster care, and English Learners. Finally, the State should invest in strategies to ensure pay parity between educators in child care and TK with equivalent education and training.

Early Care & Education Workforce | C

The pandemic has significantly exacerbated the impact of low wages and increased pressures on the child care workforce.

California child care providers have been stretched thin by the pandemic:^{132, 133, 134}

29%

of child care providers report experiencing food insecurity.

48%

of child care programs impacted by staffing shortages are serving fewer children.

77%

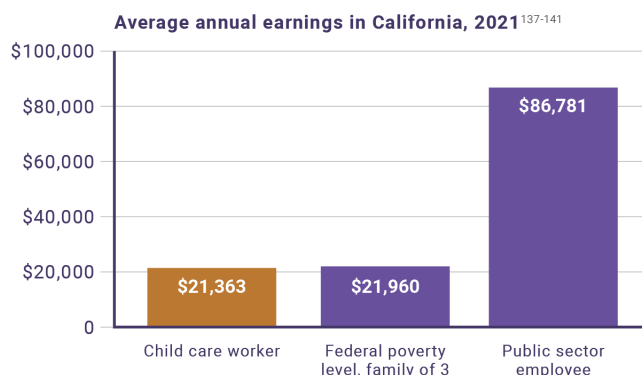
of child care worker survey respondents identified low wages as the main recruitment challenge.

70%

of child care programs experienced loss of income due to low attendance and other factors.

California child care workers are paid poverty wages, and nearly 60% receive some form of public assistance such as food stamps.¹³⁵

In an occupation dominated by women of color, livable wages are a race- and gender-justice issue.¹³⁶ The average child care provider earns wages just under the poverty level, making roughly one-fourth of what the average public sector employee makes annually.



To fulfill the promise of Transitional Kindergarten, California must onboard thousands of professionals.

The State must intentionally avoid perpetuating historical segregation and long-standing patterns of resourcing/staffing that disproportionately affect access to opportunity for children of color and low-income children.¹⁴²

9,000-14,000¹⁴³

new **Transitional Kindergarten** teachers are needed in California by 2025-26

12,000-19,000

new **assistant Transitional Kindergarten** teachers are needed in California by 2025-26



Expanded Learning Programs | B

Progress Report

Expanded learning programs (e.g. summer and afterschool) can help reduce opportunity gaps and achievement gaps for students who face systemic racism, poverty, structural barriers such as housing stability, food security, and other issues.¹⁴⁴ During the pandemic, many expanded learning program providers offered free meals to students, provided safe spaces with access to the internet, devices, and adult support for students participating in distance learning, and served students and families with social-emotional supports.¹⁴⁵ The 2021-22 budget funded a much-needed rate increase for publicly funded expanded learning programs; however one-time federal funds were used for this increase, leading to uncertainty after two years. In addition, an historic \$1.75 billion was allocated to develop a new Expanded Learning Opportunities (ELO) Program, which, over a five-year period, if fully funded, promises to make expanded learning available to all kids in TK-6. This increased investment in elementary expanded learning will afford districts additional flexibility to offer expanded learning at both middle and high school.

Pro-Kid® Agenda

As work to implement the ELO Program progresses, California must provide clear guidance and support on how LEAs can leverage partnerships with community-based expanded learning providers and seamlessly integrate with existing Afterschool Safety and Education programs and 21st Century Learning Centers. Schools should have enough high-quality expanded learning programs available to serve every student who wants to participate. To reach that goal, policymakers must require the California Department of Education to collect and publicly report student groups (race/ethnicity, language, income, and housing status) and school-level financial and program data, to ensure funding for the ELO Program is sufficient to meet the needs of students and families as implementation progresses.

Expanded Learning Programs | B

Over 4,500 expanded learning program sites in California provided critical services and supports during the pandemic, such as places for kids of essential workers to learn and play.

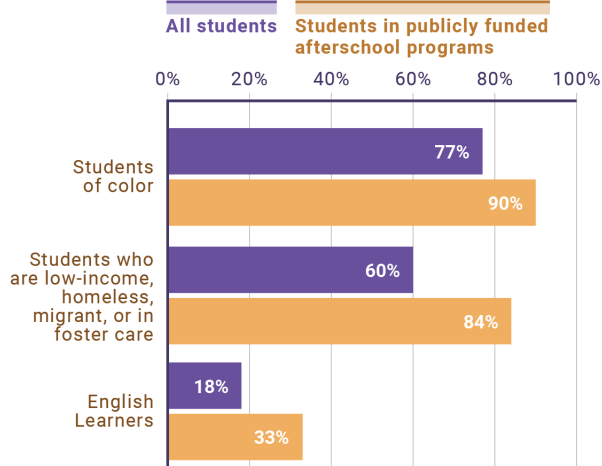
Expanded learning programs provide: ^{146, 147}



California’s expanded learning programs provide critical academic and whole child supports for the students they serve.

Low-income families, those with limited English proficiency, and families of color are especially important users of expanded learning programs because caregivers often work extended or unpredictable hours, appreciate the cultural congruence of program staff, and value homework and other academic help.^{148, 149}

California afterschool programs serve key student groups ^{150, 151}

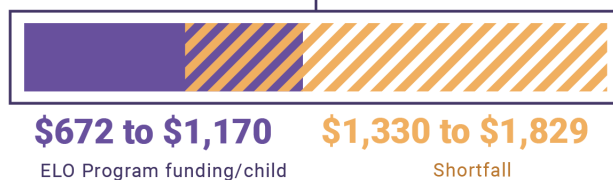


Funding for the Expanded Learning Opportunities (ELO) Program is likely insufficient.

A comprehensive analysis of the cost of implementing the ELO Program has not been conducted. However, in its first year of funding, the allocation falls short of the legislature’s own projection of costs.

\$2,500

Legislature’s estimate of ELO Program funding needed per child¹⁵²





Early Intervention & Special Education | D+

Progress Report

An estimated 12-16% of infants and toddlers will experience some form of developmental delay and would benefit from early intervention services.¹⁵³ However, just 7% of California's first graders with Individualized Education Programs (IEPs) were participating in early intervention at age two, due to delays in identification of needs and difficulty accessing services.¹⁵⁴ Additionally, the shortage of special education teachers in the TK-12 setting is chronic and not improving, with more intern and emergency-type permits and waivers than full credentials being added every year.¹⁵⁵ Systemic inequities in economic opportunity, housing safety, exposure to lead and other environmental toxins, food insecurity, and low birthweight have the potential to undermine healthy development, and disproportionately affect communities of color. In addition, structural and implicit biases can lead to both under- and over-identification of low-income kids and children of color for special education.^{156, 157} The State has made some recent, important investments to help with early identification and support, including funding developmental screenings, inclusive early learning spaces, and services for 3- and 4-year-olds receiving special education supports in schools. In addition, the State budget provided learning recovery grants for special need students, funding for dispute resolution to provide services for families and school districts attempting to reconcile IEP disagreements, and increased base funding for special education. These investments are steps in the right direction, but do not make up for the years of funding not keeping up with children's needs.

Pro-Kid® Agenda

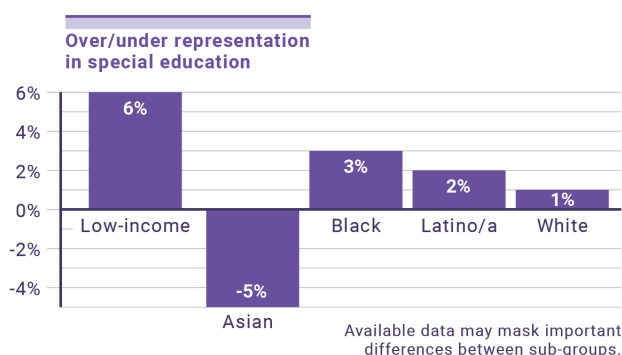
In order for every California child who needs special education supports to receive them, seamlessly, and as early as possible, the State must ensure an accountable, results-oriented, continuum of birth to adulthood special education supports and services. In early childhood, this means ensuring universal developmental screening and significantly expanding and improving early intervention services. In the TK-12 system, the State must improve the quality of services by increasing the number of fully prepared, diverse special education teachers and invest sufficiently in special education to keep pace with need.¹⁵⁸ In addition, the State should provide greater funding to cost share for the highest-cost students.

Early Intervention & Special Education | D+

California’s TK-12 special education students are disproportionately low-income and Black due to longstanding systemic barriers to healthy development and opportunity, and may need greater support to reach their academic potential.

Approximately 1/3 of the State’s students are served by local education agencies that have significantly disproportionate rates of special education identification by race/ethnicity.¹⁵⁹

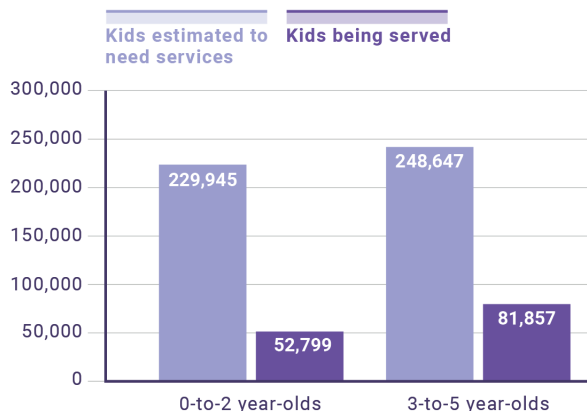
Special education students in California are disproportionately low-income and Black¹⁶⁰



California is failing to identify children who need support early.

Interventions are more effective early in life, when the right kind of support can bolster a child’s developmental trajectory.¹⁶¹

Gap between children estimated to need early intervention services and those served^{162, 163}



California is not meeting the needs of special education students in the TK-12 system.

California’s special education programs have met federal Individuals with Disabilities Education Act (IDEA) Part B performance standards only once since 2012.

In 2019, California met only 3 of the 17 special education performance targets in TK-12:¹⁶⁴

Targets Not Met

- Graduation rate
- Dropout rate
- Statewide assessments (note: There were no 2019 results due to COVID, but the target was not met in 2018)
- Preschool least restrictive environment
- Disproportionate representation of racial/ethnic groups in special education
- Disproportionate representation of racial/ethnic groups in specific disability categories

- Students with disabilities who were evaluated within the specified timeframe
- Early childhood transition
- Transition to postsecondary education
- Resolution sessions
- Mediation
- State Systemic Improvement Plan (note: There were no 2019 results due to COVID, but the target was not met in 2018)

Performance Targets Met

- Education environments (special ed students served inside the regular class)
- Parent involvement
- Post-school outcomes

Targets Partially Met

- Suspensions & expulsion
- Preschool assessments



Education for Dual Language & English Learners | C-

Progress Report

Research shows that individuals who speak more than one language have tremendous mental flexibility, as well as superior ability to concentrate and solve problems.^{165, 166} California has taken important steps to recognize an asset-based approach to bilingualism and to provide support for children learning English in addition to another language before entering school (dual language learners, DLL) and in grades TK-12 (English Learners, EL). With the passage of Proposition 58 in 2016, California reversed Proposition 227's harmful restrictions on bilingual education and put forward the English Learner Roadmap with a common vision to welcome, support, and educate students who are DLLs and ELs. Yet, while these positive developments are important, research has indicated that California English Learners have been negatively impacted by the pandemic, including experiencing growing and disproportionately larger gaps in English language and mathematic achievement compared to their peers. Policymakers have responded by making important investments in new early learning opportunities, afterschool and summer programs (expanded learning), and teacher recruitment and training programs, but it will be critical to monitor the opportunities that are ultimately provided to DLL and EL students and their outcomes over time.

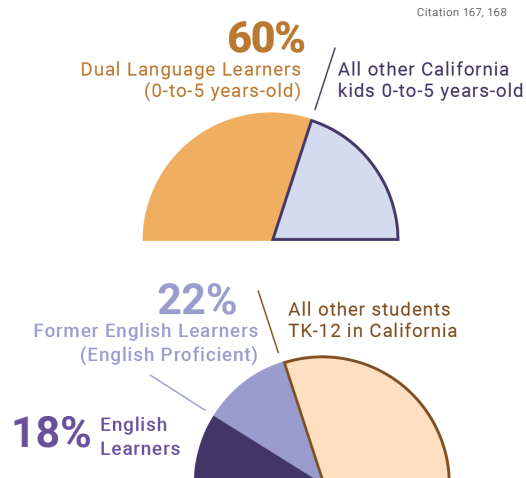
Pro-Kid® Agenda

California policymakers must continue to promote and deepen an asset-based approach to children's bilingualism. At a minimum, this should include ensuring children who are dual language learners (DLL) and English Learners (EL) 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. To achieve this, state leaders should continue to invest in DLL and EL teacher training and professional development to support expanding access to bilingual education and effective English language development instruction. In addition, the State is taking steps to standardize the criteria for reclassification with the implementation of a designated level of English language proficiency and a standardized observation protocol for teacher input and parent notification. Still outstanding is a correlation study between English Language Proficiency Assessments for California proficiency levels and California Assessment of Student Performance and Progress English Language Assessment results to determine which level of English proficiency correlates with an academic score similar to native English-speaking peers of the same grade level as required by federal law. Policymakers should complete this work within the 2021-22 school year, allowing California to provide greater reclassification consistency for English Learners across the State. California must also 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.

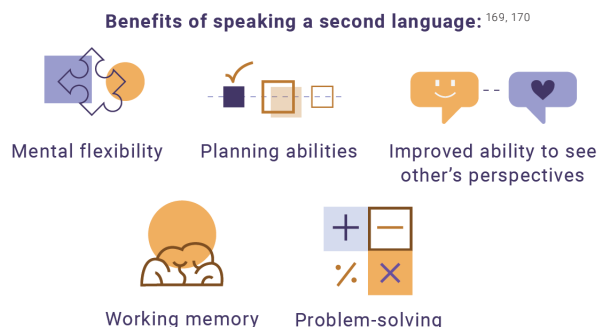
Education for Dual Language & English Learners | C-

California's kids are linguistically diverse.

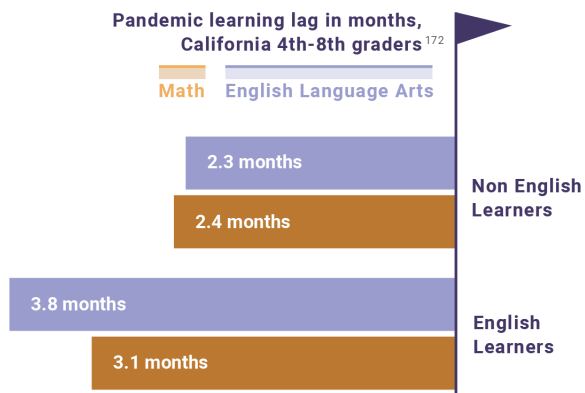
The State needs to foster language diversity through dual- and multi-language educational experiences, and robust supports for English Learners to achieve fluency in English as well as other languages.



Children who speak a second (or more) language demonstrate many cognitive benefits.



English Learners do not have sufficient access to core content, bilingual instruction, and well-prepared teachers, undermining their opportunities to thrive academically and contributing to greater learning lag during the pandemic than their non-English Learner peers.¹⁷¹





Education Funding | C+

Progress Report

California made significant investments in Transitional Kindergarten (TK) through higher education in the 2021-22 State Budget, and one-time emergency relief investments in child care. Most of the education investments were one-time in nature, coming from either federal COVID relief or state revenue windfalls, and many of the uses will be spread over multiple years. One-time funding does not provide stability and makes it difficult to hire staff and sustain programs. Higher levels of state and federal funding allowed policymakers to undo the cuts made in the 2020-21 budget and make ongoing commitments to key TK-12 state priorities including the Local Control Funding Formula (LCFF), special education, TK, expanded learning, and the educator workforce with some of these investments phased over several years. In addition, TK-12 schools received nearly \$42 billion in one-time funding, which will be used in a myriad of expanded and new initiatives, including putting funding into California's education rainy day fund and paying down deferrals that the State owes to districts, as well as investing in community schools, professional development, teacher training, special education, preschool, A-G completion (high school requirements to meet University of California (UC) and California State University (CSU) admissions), school meals, career technical education programs, and more. In addition, policymakers were able to reverse 2020-21 actual and projected cuts to higher education and provided nearly \$1 billion in additional ongoing and one-time funds for UC, \$1.4 billion for CSU, and \$3.6 billion to the community colleges. However, the State's investment in young children remains grossly low by comparison, especially given the essential nature of child care for working families and the tremendous developmental importance of the earliest years for children's lifelong health, learning and success.

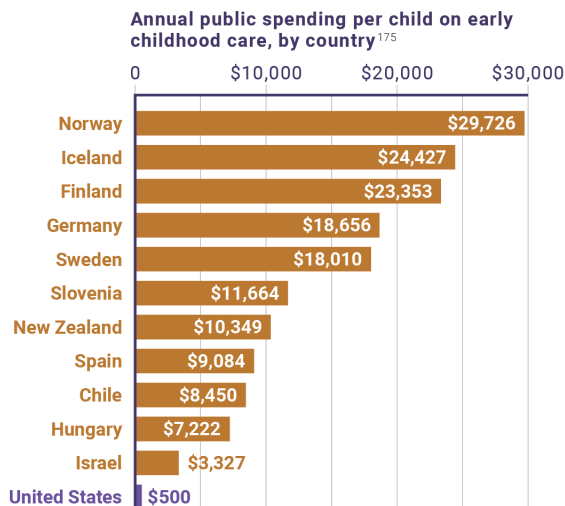
Pro-Kid® Agenda

Policymakers should prioritize investing in California's youngest learners by significantly expanding access to child care and preschool in tandem with investments to stabilize and support both programs and the workforce. In addition, while the significant investment in TK-12 provides a once-in-a-generation opportunity for schools to make progress on closing opportunity and achievement gaps and to provide students with essential supports in the aftermath of the pandemic, the lack of any guarantee of ongoing funding to support much of this work in the future raises significant concerns. Policymakers should prioritize providing adequate ongoing funding for the TK-12 system in order to expand the educator workforce and build capacity to ensure that students have the essential services and supports needed to be successful. Finally, with respect to higher education, policymakers should continue to prioritize providing state funding for college affordability, additional investments in student financial aid, and ongoing funding for student mental health and basic needs; and increasing the capacity of the community colleges, California State University, and University of California to enroll and graduate more students, particularly students of color.

Education Funding | C+

The U.S. has persistently under-invested in both child care and preschool, resulting in high parent costs, low provider wages, and far fewer children being served than are eligible.

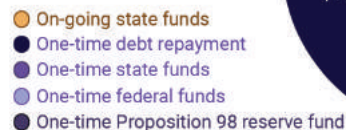
California's own investments fall even shorter: Experts estimate that fully funding California's early care and education system would take \$29.7 billion annually,¹⁷³ yet California invested just \$4.3 billion in 2020-21.¹⁷⁴



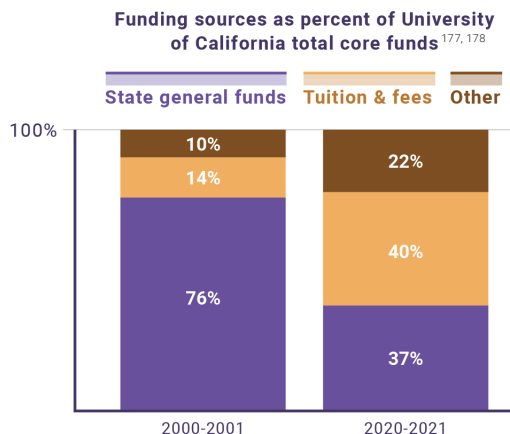
The 2021-22 State Budget included massive investments in the TK-12 system to deal with pandemic impacts on the schools, but much of the funding is one-time.

School districts need ongoing funding – especially for hiring employees and sustaining programs – to provide opportunities and support improvements in academic and social-emotional learning for students.

Over \$50 billion funding increase for TK-12 system, mostly through one-time state & federal grants¹⁷⁶



State support for public higher education generally, and University of California specifically, has declined significantly over time, shifting the burden for funding our colleges and universities to students and families in the form of higher tuition and fees.





STEM Education | 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 and critical thinking, that are valuable in all jobs and civic life. California has rigorous math, science, and computer science standards – yet, in K-3rd grade, the curriculum is often narrowly focused and fails to include sufficient instruction in math or science, which contributes to persistent and widening student achievement gaps in reading as well as math and science in later grades. While the State has invested in the training, recruitment, and retention of STEM educators, these investments have been largely one-time in nature, which is inadequate given the chronic nature of the STEM teacher shortage. Furthermore, California is not doing enough to support standards implementation, equitably distribute the teacher workforce to ensure equitable access, and close access gaps to high-quality STEM courses, particularly for students of color, girls, and students from low-income families. A promising trend, however, is the increase in undergraduate STEM degrees awarded by California colleges and universities. Over the past decade, that number has grown from roughly 30,000 to 70,000, annually.

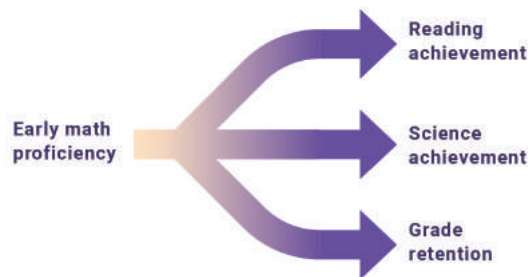
Pro-Kid® Agenda

All California kids need to graduate high school college and career 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 directly into the workforce – and regardless of whether their chosen 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 increase and make permanent the recent 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.

STEM Education | C-

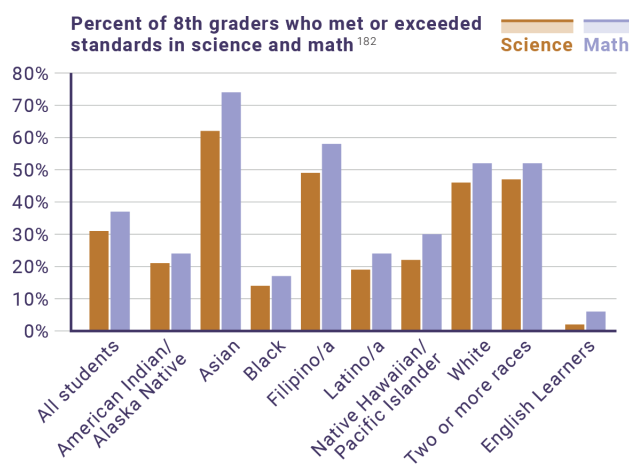
Early math proficiency is a strong predictor of academic success overall.¹⁷⁹

Recent research reveals school-entry math skills are more consistently predictive of subsequent outcomes, even more so than early reading and attention skills.¹⁸⁰ Math, like reading, is fundamental to how kids “learn to learn.”



California schools are not preparing students to meet expectations in math and science.

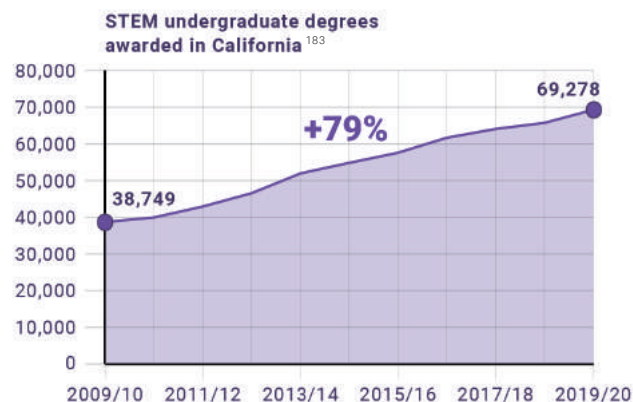
Due to systemic inequities in learning opportunities and quality instruction, English Learners, American Indian/Alaska Native, Black, Native Hawaiian/Pacific Islander, and Latino/a students perform well below their English-proficient, Asian, Filipino/a, white, and Multiracial peers in math and science on California statewide tests. New evidence¹⁸¹ suggests that some Asian subgroups (such as Thai and Vietnamese students) may be “invisible” victims of STEM disparities.



Available data may mask important differences between sub-groups.

California colleges are producing more graduates with STEM degrees.

However, growth in STEM degrees must accelerate more quickly as demand to fill California’s STEM jobs continues to increase.





Teacher Pipeline & Retention | C-

Progress Report

California students need qualified and effective teachers in every classroom, but this still 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 diversity persist, particularly in high-need schools, negatively impacting students. 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, TK, and special education. However, the pandemic has led to a spike in teacher retirements and disrupted the preparation of new teachers, and the expansion of TK and funding specifically for increasing the number of student-serving adults on campus – which will result in the need for tens of thousands of new educators and school staff – puts additional pressure on an already struggling system. Despite the significant investment of one-time funds to target teacher recruitment, the State is not yet doing an adequate job of recruiting, training, and supporting educators, including recruiting 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

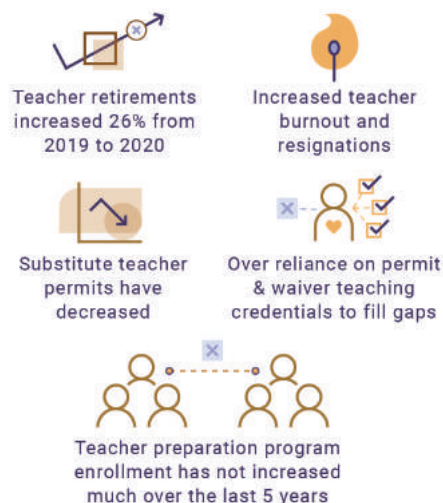
California policymakers must address the diminishing pipeline of new educators, continue to improve the preparation of these new educators, expand the capacity of teacher preparation programs, and provide high-quality, ongoing professional learning for all educators to help ensure they are supported, effective, and stay in the profession. Policymakers must put in place protections 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 addition, policymakers should make permanent investments in improving the pipeline and quality of new teachers, in high-quality professional learning, and, through the California School Dashboard, monitor the equitable distribution of well-prepared educators.

Teacher Pipeline & Retention | C-

Citation 184-188

California teacher shortages are not improving.

Teacher shortages result in classrooms staffed by teachers with substandard or misaligned credentials or no credentials at all.



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

These schools often have fewer resources to recruit, support, and retain teachers.

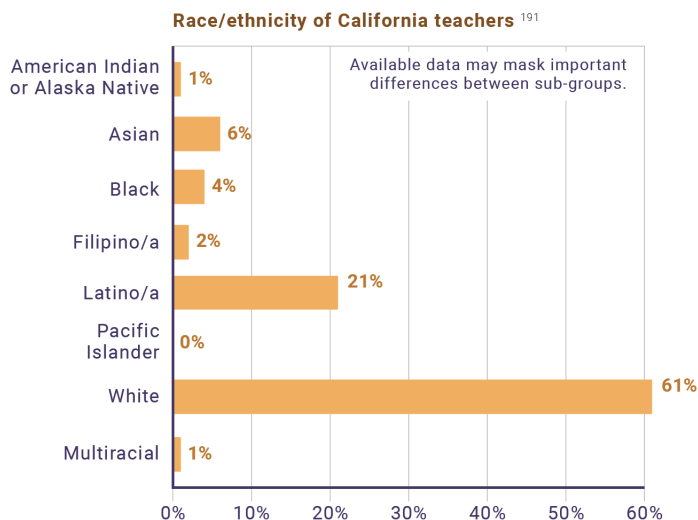
Students at Title 1 schools (largely students of color or low-income) had a

+39% chance

of being taught by a teacher who was misassigned, on an emergency credential, or uncredentialed than students at non-Title I schools.¹⁸⁹

California's teacher workforce is not as diverse as it should be.

Research shows that all students perform better academically when they have more diverse teachers, and are more likely to graduate high school if they have a same-race teacher in grades K-3.¹⁹⁰





School Climate: Connections with Adults on Campus | D

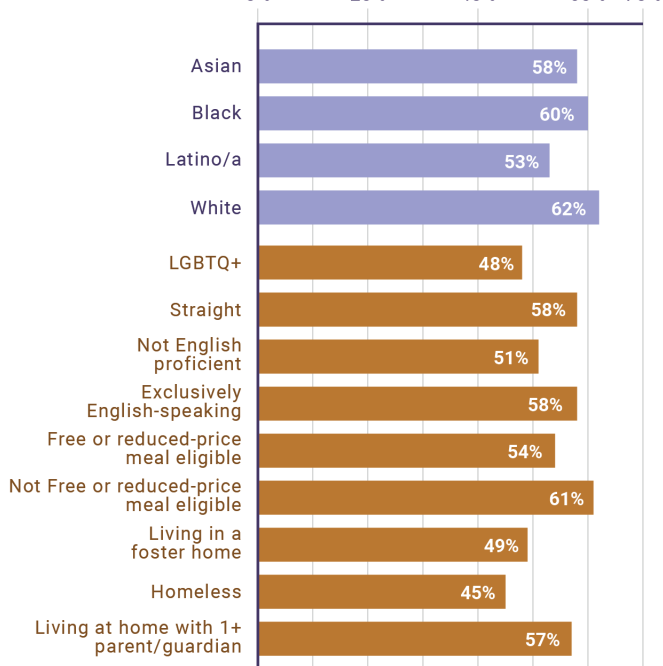
Progress Report

Student success hinges on the support of caring, effective, trauma-informed, and culturally competent/congruent adults. Yet, California schools continue to 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. Too few students feel connected to an adult on campus, and students in foster care, who are homeless, or who are LGBTQ+ are the least likely to have strong, caring relationships with adults on campus. Student surveys show that the pandemic has increased depression, anxiety, and stress among students, especially Latino/a, Black, and Multiracial students.¹⁹² With recent investments, there is an opportunity to reverse the statewide trend and improve hiring on school campuses with a focus on equity. This includes new provisions in the 2021-22 State Budget that provided \$1.1 billion to increase the funding rate for the Local Control Funding Formula (LCFF) concentration factor and instituted requirements that these additional funds be used to hire additional staff at school sites with concentration levels of low-income students, English Learners, and foster youth of at least 55%. In addition, policymakers provided funding to increase access to critical programs and services, including mental health partnerships, expanded learning and community schools, as well as investments to support the analysis and interpretation of student surveys on school climate including augmenting the surveys with an optional trauma-informed practice module.¹⁹³

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. Improving ratios ensures students have sufficient access to more adults on campus which will provide much needed supports, services, and relationships to improve school climate. This includes building on the \$1.1 billion provided through the LCFF concentration factor by maintaining the requirement that funding will be used to hire staff in schools with high concentrations of low-income students, English Learners, and foster youth and by providing additional investments to support this goal in future years. 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 – which could include leveraging new state investments in Community Schools and School-County Mental Health Partnerships – or at a minimum, ensuring easy access to those services, including transportation support when needed. The State also needs to standardize a set of core survey questions about school climate across district surveys, and collect the results statewide to improve comparisons and to support school climate playing a greater role on the California School Dashboard.

Percent of 9th graders who report a caring relationship with an adult at school¹⁹⁴



Available data may mask important differences between sub-groups.

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

Students who are in foster care, homeless, LGBTQ+, not yet English proficient, or Latino/a are the least likely to report a caring relationship with an adult at school.

The ratio of teachers and other professionals to students is a key factor in education quality and student connectedness; California ranks near the bottom among the 50 states on these measures.

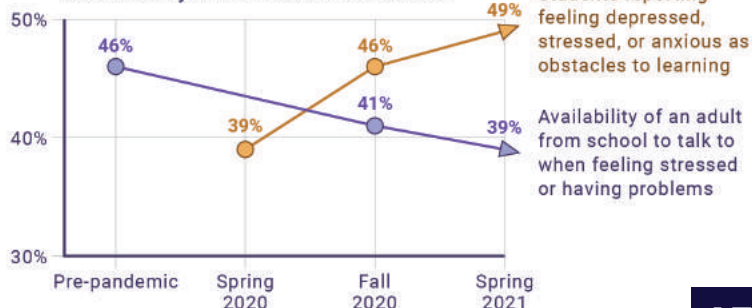
There are also far too few school nurses in California, with approximately one nurse for every 2,400 students and no nurses at all in some small counties.^{195, 196}

	California rank	National average ratio	California ratio
Total staff	45th	8:1	10:1
Teachers	49th	16:1	23:1
Principals & assistant principals	46th	261:1	348:1
Guidance counselors	46th	430:1	612:1
Student support staff	46th	135:1	295:1

Student connections with adults on campus have always been critical to student well-being, and are more important than ever during turbulent times.

The pandemic has taken a toll on the mental health of kids and adults, resulting in even more kids without someone to turn to for support.

Student depression, stress, & anxiety increased as availability of adult to talk to decreased¹⁹⁸





School Climate: Discipline & Attendance | C-

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. Too many schools have police on campus, but no nurses, social workers, or counselors.¹⁹⁹ In addition, mounting evidence has brought to light discriminatory policing patterns in schools that are criminalizing students and promoting the school-to-prison pipeline, especially among Black, Indigenous, and Latino/a students and students with disabilities.²⁰⁰ When students experience a supportive school climate – characterized by inclusive, student-centered, restorative practices – they are more likely to regularly attend school. Unfortunately, the pandemic significantly exacerbated existing concerns around chronic absenteeism, defined as when a student misses 10% or more of school days.²⁰¹

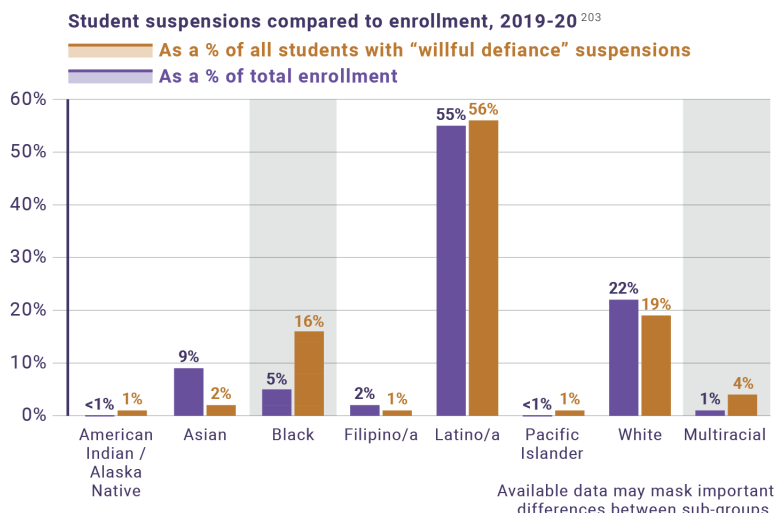
Pro-Kid® Agenda

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 – a subjective category of overly broad and minor offenses that are vulnerable to disproportionate racial impact – should be eliminated for all students. In addition, school districts should use investments that might otherwise be used for school policing, surveillance, or other school hardening measures toward strategies that properly attend to the social-emotional and mental health needs of students, address trauma, and support conflict resolutions strategies. California must also continue to track chronic absence – including now in the context of remote learning through independent study – investigate its root causes, and develop effective strategies to improve attendance.

School Climate: Discipline & Attendance | C-

Student suspensions in California continue to decline, but Black and Multiracial students are significantly overrepresented.²⁰²

Overall, suspensions for willful defiance (a subjective category of overly broad and minor offenses that are vulnerable to disproportionate racial impact) decreased from 335,000 suspensions in 2011-12 to less than 25,000 in 2019-20, due in part to state law banning such suspensions for younger students.



Due largely to implicit bias, a long history of over-policing of communities of color, and a lack of other school support staff, Black and Latino/a students and students with disabilities are far more likely than their peers to be referred to police and assigned to schools with law enforcement on campus.

Arrest rates in schools with assigned law enforcement vs schools without²⁰⁴

7.4x

higher for students who are Black

6.9x

higher for students who are Latino/a

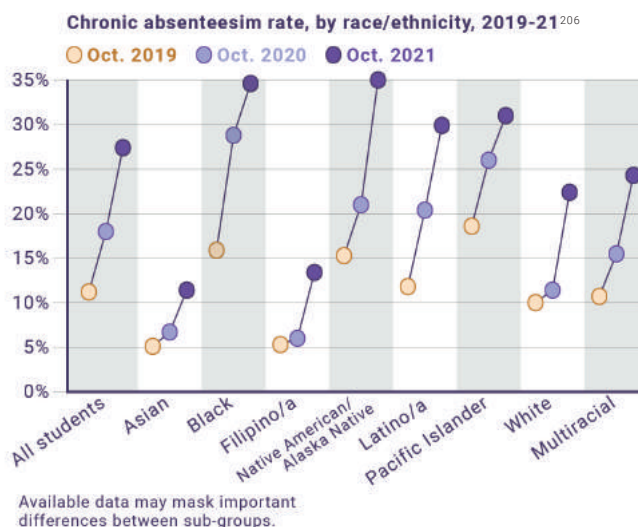
4.6x

higher for students with disabilities

Available data may mask important differences between sub-groups.

Available data shows increased chronic absence during the 2020-21 school year and continuing into 2021-22, especially for marginalized students who may have less reliable internet, transportation problems, more COVID exposure, and extra responsibilities to work or care for family members.²⁰⁵

Because California failed to collect chronic absence data during the 2019-20 and 2020-21 school years, the available data represents a diverse subset but not all school districts.





Connected Cradle-to-Career Systems | C+

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 has not effectively connected 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. Fortunately, in the 2021-22 budget, California invested in the creation of an integrated cradle-to-career information infrastructure that is intended to more effectively identify kids’ needs and ensure they have access to better-aligned, necessary services to support their success. To achieve this vision, it will be essential that each of the State’s data contributing entities continues to engage, partner, and effectively connect the disparate data systems in California for the benefit of children and their families.

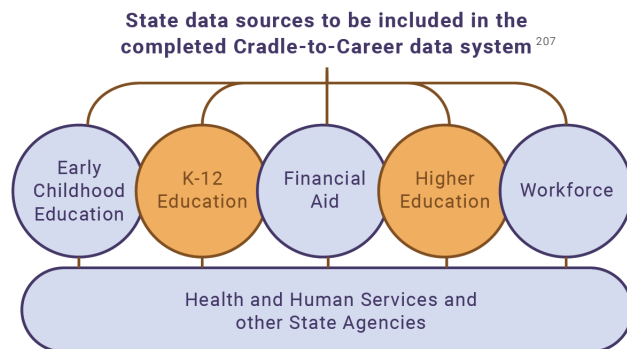
Pro-Kid® Agenda

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 the Cradle-to-Career (C2C) Governing Board and Managing Entity building an infrastructure and ensuring TK-12, higher education, and workforce data systems are all linked together. In addition, building on investments in the California Department of Social Services, it will be essential that California develops a comprehensive, integrated early childhood data system that ultimately links to the C2C and provides families and providers with real-time information to bridge access gaps and increase information exchange. 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 to collect new data, and training to help integrate, use, and protect available data to support improvements in local policies and practices, building upon existing collaborative efforts.

Connected Cradle-to-Career Systems | C+

The Cradle-to-Career data system will link information from many areas of state government.

To effectively serve California’s kids and families, both data and supports must eventually be connected across education, health, and social service systems.



Diverse end-users will be able to find information within the Cradle-to-Career data system to help individual children as well as address broader issues of system improvement. ^{207, 208}

Families

“Applying to college will be so much easier if we can access and submit our student’s high school transcripts and other information electronically.”

Teacher/Educator

“Looking at student outcomes for the teaching candidates who complete our program will enable us to improve our teacher preparation strategies.”

Preschool Leader

“Knowing which of our students thrive in elementary school will help us better assure that all our kids enter kindergarten well prepared.”

Middle School Principal

“Analyzing which of our 8th graders did well in high school math – and which didn’t – will help me support teachers and identify ways to improve.”

School District Superintendent

“Being able to compare our district’s expenditures and outcomes with other, similar districts will help us identify the priorities we should focus on.”

University Official

“Following students after graduation will illuminate how our programs support both individual success and California’s economic well-being.”

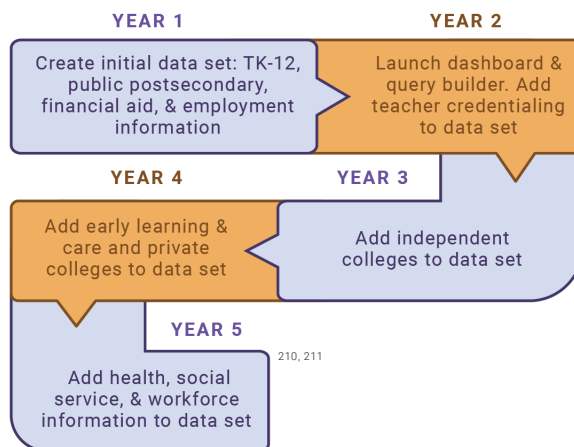
Business Leaders

“Information about teacher expertise and shortages in our local schools will alert us to mismatches between the workforce we need and what students are learning.”

State Legislator

“Understanding how health, social, and educational services are being integrated, and the impact of that, will help me identify gaps in support and services, as well as potential cost savings for the state.”

The Cradle-to-Career data system is on track to complete the primary phase of system implementation in five years.





Higher Education | B-

Progress Report

Previous projections estimated that California would have a gap of 1.1 million college graduates needed to fulfill the State's workforce in 2030.²¹² Now, if current trends with graduation rates continue, the State is largely on track to close the degree gap; in the 2020-21 academic year the University of California (UC) and California State University (CSU) systems exceeded projections and reduced the gap by 120,000 degrees. In addition, in the 2021-22 State Budget, California made record investments in student financial aid programs like Cal Grants, which makes college more affordable and 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. While these are meaningful steps forward, a post-secondary education is still out of reach for many, and a significant number, particularly students of color and from low-income families, who do attend college take far too long or even fail to graduate. This is due to a variety of systemic issues ranging from insufficient student financial aid, limited access to required courses and academic support programs, lack of adequate or affordable housing, and the need to balance work, home, and school life, especially for older students and those attending part-time. The State must make good on the promise of an accessible, affordable, quality system of public higher education for all young people.

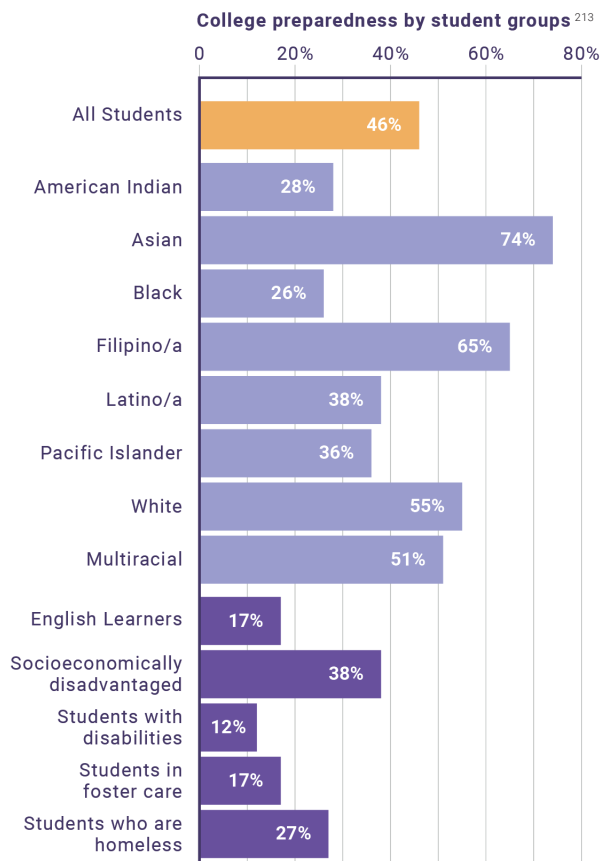
Pro-Kid® Agenda

California policymakers need to continue 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 completion rates, and create accountability through transparency and measuring performance.

Higher Education | B-

Overall, California students are not well prepared for college.

California has defined college and career preparedness using multiple measures, and reports levels of preparedness on the California School Dashboard. While only 46% of all students met the criteria for “prepared,” specific groups were even less likely to be ready for college due to structural racism, unstable living situations, and other barriers.



Available data may mask important differences between sub-groups.

Increases in state funding allowed UC and CSU to significantly boost enrollment over the past decade, but it's still not enough to meet ever-increasing demand.

UC admitted its largest and most diverse class ever in fall 2021. However, over 71,000 freshman applicants were still denied admission, including nearly 44,000 Californians.²¹⁴

35%

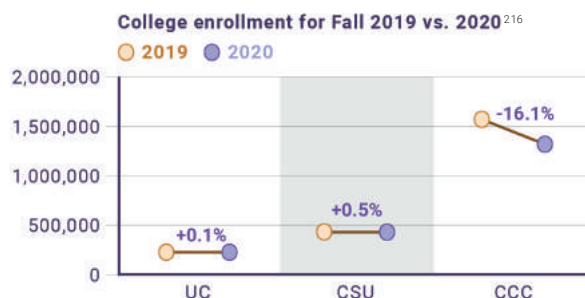
increase in new CSU student enrollment between 2010-2020

21%

increase in new UC student enrollment between 2010-2020 ²¹⁵

Despite overall increases in demand over the past decade, college enrollment stayed flat or dropped during the pandemic.

The incongruous decline from 2019 to 2020 was largely driven by a decrease in community college enrollment of Latino/a students, many of whom were also parents and lacked child care, had increased health concerns, or were employed as frontline or essential workers.



Family Supports

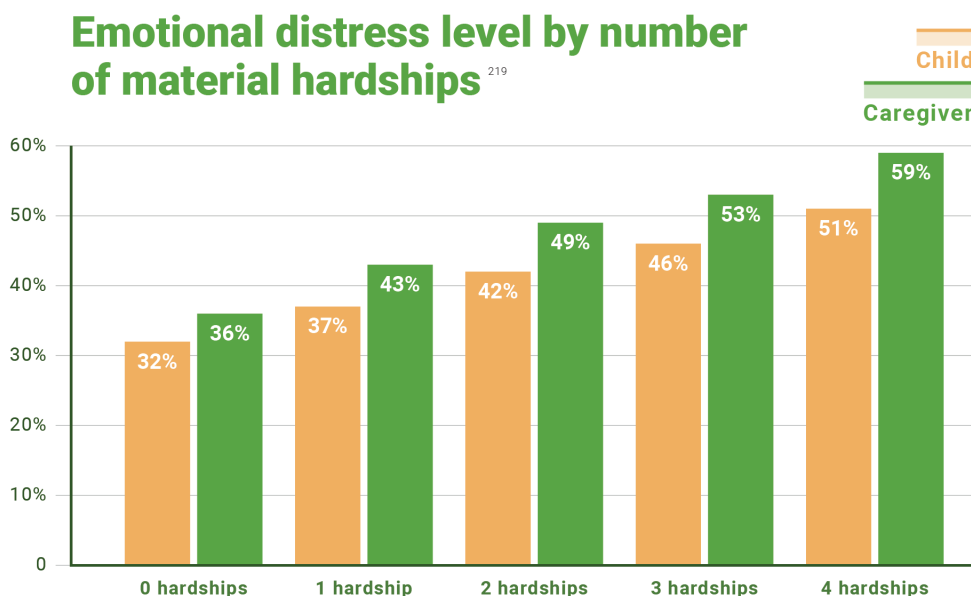


- C- Voluntary Evidence-Based Home Visiting**
- C Paid Family Leave**
- B Income Assistance for Low-Income Families**

Research shows that children’s well-being is fueled by good health, enriching learning opportunities, and positive and nurturing relationships with adults. However, both adult and child well-being can be undermined by unmet basic needs, economic hardship, social isolation, and stress.²¹⁷

California is the most expensive state in which to raise a child. This is compounded by longstanding inequities where families of color are overrepresented in lower income levels due to layers of systemic discrimination, including disparities in access to jobs that pay a living wage, lack of access to quality subsidized child care, unequal access to quality education, exclusionary immigration policies, barriers to equitable housing opportunities, and discriminatory criminal justice policies. The pandemic exacerbated these inequities, with as many as 1 in 3 families reporting difficulty paying for basic needs like food, housing, and utilities, including roughly half of low-income, Black, and Latino/a parents.²¹⁸

A nationally representative survey designed to gather information about early childhood family well-being during the pandemic showed that increased material hardship correlates with greater emotional distress for caregivers and kids.



Helping families helps kids. Policies and programs such as voluntary evidence-based home visiting, paid family leave, and income assistance are cost-effective investments. While California is making strides in reaching families through these supportive programs, there are still far too many families who may want or need additional help but aren’t getting it.



Voluntary Evidence-Based Home Visiting | 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.²²⁰ 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. In recent years, California has 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 program capacity falls far short of meeting needs, and significant additional investments are needed.

Pro-Kid® Agenda

California policymakers must continue to expand voluntary evidence-based home visiting programs statewide, so that these effective programs reach a greater share of eligible families. The State must leverage multifaceted funding – including maximizing federal Medicaid dollars – to ensure access to home visiting through a variety of pathways, programs that are high-quality and responsive to the diverse circumstances of families, and alignment and coordination at state and local levels.

Voluntary Evidence-Based Home Visiting | C-

Most of the 500,000 babies born in California each year face challenges that may undermine their health and well-being.

Women of color are at higher risk for postpartum depression, and less likely to receive services due to longstanding inequities and structural racism in wages, homebuying, and access to resources.

500,000 babies are born each year in California

Citation 221, 222, 223



>60% of California babies – including **85% of Latino/a** and **80% of Black babies** – are born into low-income households

American Indian/Alaska Native, Black, and Latino/a people who give birth are

>1.5x more likely to report prenatal and/or postpartum depression than peers

69%

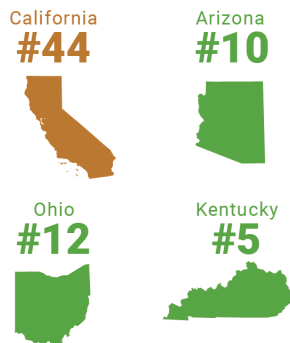
of parents say they would use more positive parenting strategies if they knew them

Available data may mask important differences between sub-groups.

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 – less than half of the national average.

Ranking of states by percent of families reached who may benefit from home visiting ²²⁴



Despite research proving the benefits of voluntary home visiting programs, they do not reach enough California families.

Due to the economic and social stressors of the pandemic, it’s likely that even more families could benefit from home visiting.

1,044,572 California families who have one or more risk factors and could benefit from home visiting

Citation 225



14,788 families actually served



Paid Family Leave | C

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. The pandemic elevated the importance of providing families with financial support to enable them to take time to care for themselves or a loved one. In 2020, federal policymakers created a temporary paid family and medical leave program in the Families First Coronavirus Response Act; however, a permanent national policy is still not in place. California was the first state to enact PFL for most workers in 2002 and took positive steps in 2016 and 2019 to make PFL more affordable and accessible for all families by increasing the duration of paid leave to eight weeks²²⁶ and temporarily increasing wage replacement to (at most) 70% of normal income. However, wage replacement policies in California now fall short compared to PFL programs in other states,²²⁷ placing unnecessary economic burden on low-income families, families of color, and single-parent families being able to access PFL as it currently exists.²²⁸

Pro-Kid® Agenda

California must put families first by 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 and aggressively pursue policies to boost the wage replacement percentage to a minimum of 90%, to eliminate economic barriers that contribute to racial/ethnic and income disparities in PFL utilization in California.²²⁹

Paid Family Leave | C

Paid Family Leave (PFL) positively impacts the health and well-being of both children and adults.

Citation 230-233

Among mothers of 1-year-olds, California's PFL decreased risk of poverty

by 10%

People who gave birth with longer family leave were less likely to suffer from later depression

by 18%

People who had given birth who used PFL breast-fed

2x as long

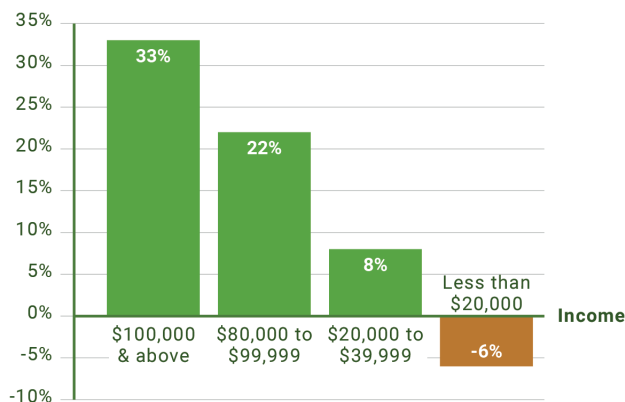
Well-baby care visits and vaccination rates increased

by 25%

California's low-income workers pay into PFL, but less than one in four can afford to take leave during key times of transition.

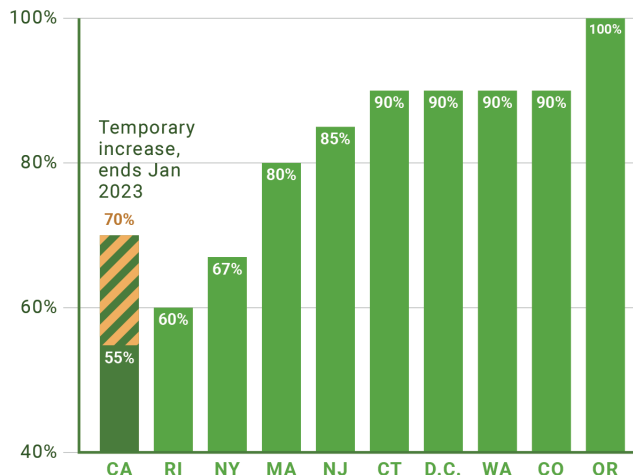
Due to low wage replacement levels, even fewer workers making less than \$20,000 a year used PFL in 2019 than in 2017.

Percent change of California PFL claims paid, by income of participant from 2017 to 2019 ²³⁴



California PFL wage replacement levels fall short of payments to families in similar programs in other states.

Wage replacement rate by state ^{235, 236}





Income Assistance for Low-Income Families | B

Progress Report

Statewide, nearly 3.25 million children live in low-income families. The younger the children are, the more likely it is that their family is low-income. While 80% of low-income California families have at least one working adult,²³⁷ stagnant wages and high housing costs undermine economic security. Growing up in poverty can have a lifelong impact on children's health, learning, and opportunities, 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.²³⁸ The Child Tax Credit expansion under the federal American Rescue Plan benefits nearly 8 million kids in California and lifts half a million children out of poverty.²³⁹ California leaders continued to take positive steps in the 2021-22 State Budget to reduce child poverty including:²⁴⁰ additional Golden State Stimulus payments that include payments to undocumented Californians, increasing funding for child savings accounts, funding for a California Universal Basic Income Pilot Program, and making important CalWORKs reforms that benefit pregnant people and families experiencing homelessness. 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.

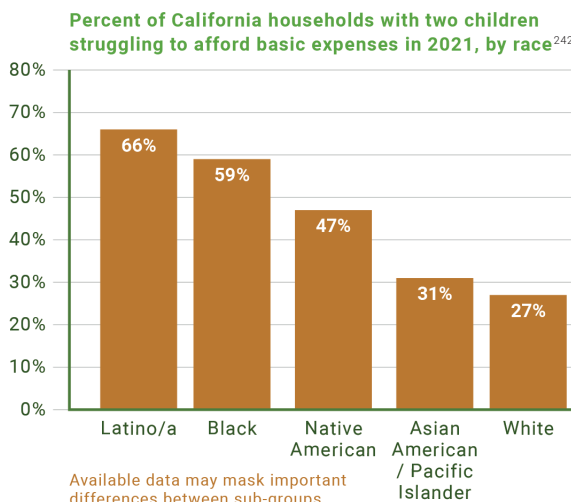
Pro-Kid® Agenda

All California families should have the basic income needed to house and feed their children. In the near-term, the State must invest in and implement focused outreach efforts to ensure all eligible families benefit from enhanced 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.

Income Assistance for Low-Income Families | B

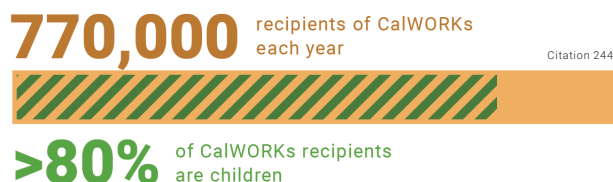
California has nearly the highest number of children in poverty of all states, and families of color with children are more likely to report economic hardship.

Families of color have also been hardest hit economically during the pandemic²⁴¹ due to historic and ongoing disparities in access to jobs that pay a living wage, inequitable opportunities for quality education, exclusionary immigration policies, discriminatory criminal justice policies, and other factors.



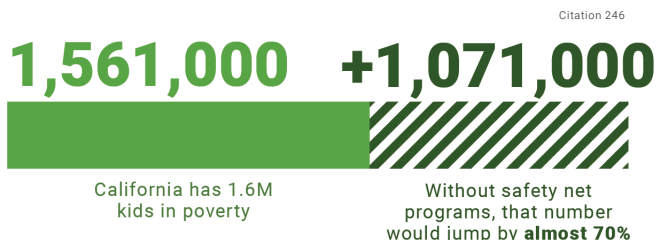
Income assistance programs are kids' programs.

Over 85% of the funds from California's EITC program go to households with kids,²⁴³ and the vast majority of CalWORKs recipients are children.



Without California's safety net income assistance, over 1 million more children would live in households with incomes below the federal poverty line.

The programs with the biggest child poverty-reduction impact in California in 2019 were:²⁴⁵ federal EITC, CalFresh, federal Child Tax Credit, CalWORKs, General Assistance, California EITC, and the Young Child Tax Credit.



Child Welfare

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

More than 61,000 California children and youth were confirmed victims of abuse and neglect in 2020.²⁴⁷ 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.

In addition, more than 1 in 4 children in California experience an investigation for maltreatment during childhood, with significant racial disparities – a staggering 1 in 2 Black children and 1 in 2 Native American children in California experienced an investigation for maltreatment during childhood.²⁴⁸ These disparities result from a multitude of complex factors, including long-standing structural and institutional racism, implicit and explicit biases, and poverty that increases stressors on families, among others.²⁴⁹



Racial disparities are prevalent throughout the California child welfare system:²⁵⁰

Nearly **1 in 2**

Black and Native American children experience a child abuse and neglect investigation by age 18.

Nearly **1 in 4**

children experience a child abuse and neglect investigation by age 18.

During the COVID-19 pandemic, California’s children and youth were at even greater risk. Stay-at-home orders and loss of wages and employment placed families under stress, while children home from school, child care, and doctor’s appointments had reduced contact with adults who could detect and report abuse and neglect.²⁵¹ Additionally, children and youth in foster care during the pandemic faced placement instability, which severely limited access to critical supports and services, and disrupted relationships with family and other caring adults in their lives, compounding the significant trauma they have already experienced.

The pandemic underscored the importance of robust programs designed to support children, youth, and families. For instance, prevention programs that deliver early identification and intervention services, provide tangible supports for families, enhance parenting skills, promote healthy relationships, and keep children and youth safe should be more readily available. These programs must also include culturally appropriate and responsive services that are tailored to meet the needs of families who are disproportionately represented in the child welfare system, including Indigenous families, families of color, and LGBTQ+ youth. Finally, they must prevent the need for entries into the foster care system whenever possible. The State has recently made new investments to support counties in implementing the Family First Prevention Services Act and broader prevention programs to help keep families together and prevent child maltreatment. For children and youth who cannot remain safely at home and must enter foster care, the State must ensure access to stable and nurturing foster homes, trauma-informed services, and targeted, high-quality educational supports to help them heal and thrive.



Stable Homes & Enduring Relationships | 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. The pandemic has disrupted routines and visits with family, increasing isolation and uncertainty and causing further trauma for children in foster care.²⁵² Moreover, during the pandemic, caregivers have struggled to meet the needs of children in their care while balancing increasing responsibilities and stressors in the face of limited access to critical supports and services. To help support youth in foster care and their caregivers through the pandemic, the State has increased access to child care, provided an additional stipend to caregivers, and extended foster care beyond age 21 to support older youth who would have otherwise aged out of care into increasingly tenuous health and economic conditions without the support of family or other caring adults. Additionally, the Family Urgent Response System launched during the pandemic and is now available to provide immediate, trauma-informed support on a 24/7 basis during moments of instability. Finally, the State has continued to implement 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.

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. The State must also work to ensure children and youth in foster care can remain safely with relatives and in their communities whenever possible. Policies must be implemented that maximize placement stability, avoid institutionalization, increase access to trauma-informed supports, and meet the needs of children in foster care in family-based settings, especially children with more intensive needs.

Stable Homes & Enduring Relationships | C

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

Placement stability has many benefits:²⁵³



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

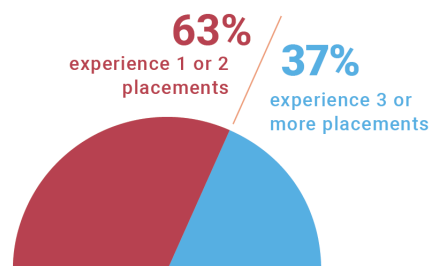


Continuity in services

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

Factors affecting 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. A shortage of trauma-informed caregivers can lead to poor placement matching, frequent moves, and overcrowded homes. It will be critical to monitor the impact of the pandemic on stability in family homes.²⁵⁴

Children who are in foster care for 24 months or longer²⁵⁵



Youth often exit foster care without strong, supportive relationships.

Extending foster care until age 21 has improved outcomes for youth who previously would have emancipated at age 18. However, longitudinal surveys of California youth show that many still lack sufficient support in the transition to adulthood.

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

42%

Tangible support

43%

Emotional support

34%

Advice or guidance



Health Care for Kids in Foster Care | 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. The increased stress, uncertainty, and anxiety of the pandemic exacerbates these challenges. 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, fragmented and siloed systems, and unavailable or incomplete health histories, often prevent them from getting needed services. Through the California Advancing and Innovating Medi-Cal (CalAIM) Initiative, California is in the process of developing a long-term plan intended to better address the unique and complex health needs that children in foster care may experience. The State has also undertaken a more immediate step to meet the behavioral and emotional health needs of kids currently or formerly in foster care by launching the Family Urgent Response System, a 24/7 statewide hotline and county mobile response systems to improve timely access to trauma-informed behavioral health and other supportive services.

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. Policymakers should ensure a broad continuum of behavioral health services, including non-traditional therapeutic supports, are universally available. The continuum must include services that are culturally specific and responsive to the needs of children of color and LGBTQ+ youth who are disproportionately represented in the child welfare system. Policymakers should also ensure seamless cross-system collaboration occurs between child welfare and health and strengthen cross-system oversight and accountability to ensure children and youth in foster care receive timely, coordinated services that are targeted towards their individualized needs and experience continuity of care with trusted providers.

Health Care for Kids in Foster Care | C

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

48%

of kids in foster care have endured 4+ adverse childhood experiences

33%

of children who enter foster care have a chronic health condition

Children in foster care are

4 times

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

Approximately

Citation 257-260

60%

of children in foster care under age five have developmental health issues

40%

of children who enter foster care enter with significant dental issues

52%

of transition age youth currently/formerly in foster care reported that the pandemic had a negative impact on their health/mental health care

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

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

Common barriers to care include:²⁶¹



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

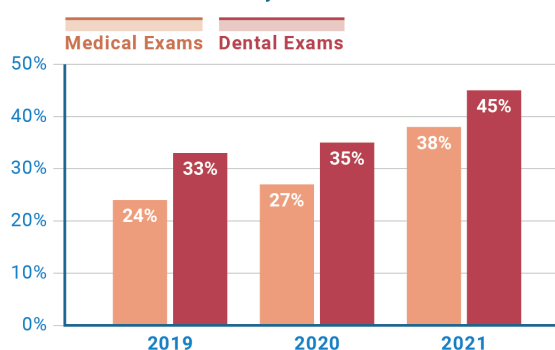


Difficulty navigating the health care system

Children in foster care often do not receive required health exams, which has been exacerbated during the pandemic.

The American Academy of Pediatrics recommends more frequent health monitoring of children in foster care due to their special health care needs, in order to reduce delays in identifying and treating health conditions.²⁶²

Percent of children in foster care who did NOT receive timely exams²⁶³





Education Supports for Students in Foster Care | 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. Prior to the pandemic, students in foster care fared worse than their peers on multiple measures of educational engagement and achievement due to the unique challenges they face. The COVID-19 pandemic and resulting school closures have further exacerbated these unique challenges and now put them at even greater risk of falling behind in school. For instance, students in foster care often lacked access to the technology and adult support they needed to participate in virtual instruction, meaning they were less engaged in distance learning than their peers. Further, distance learning disrupted important educational supports that schools provide to many foster youth to help them fully engage in learning and overcome performance deficits resulting from trauma and school changes.

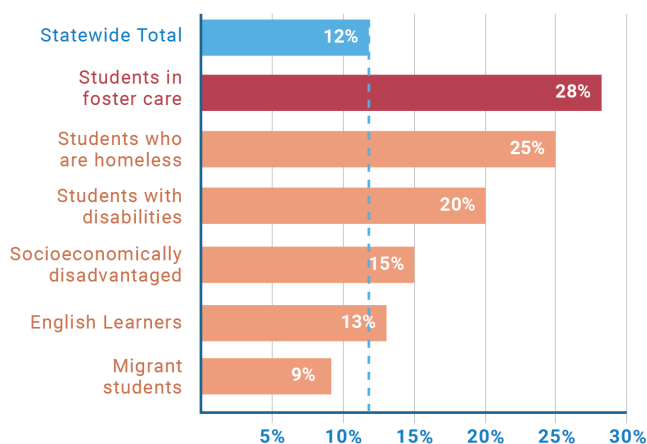
Pro-Kid® Agenda

California policymakers must ensure that all children in foster care receive the supports they need to recover from pandemic-driven learning loss and keep them from falling further behind in school. In the near-term, policymakers must ensure students in foster care who return to in-person learning receive effective supports and services and that independent study is reformed to better support students who continue to learn from home. Additionally, schools must provide students in foster care with expanded learning opportunities, including tutoring and academic supports and must develop targeted reengagement strategies for students in foster care who are disengaged from school. Policymakers should also provide stronger oversight of the Local Control Funding Formula education law, 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. Finally, the State must work to vastly improve the dismal graduation rates of youth in foster care so that it meets or exceeds that of all other student groups.

Education Supports for Students in Foster Care | D

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.²⁶⁴

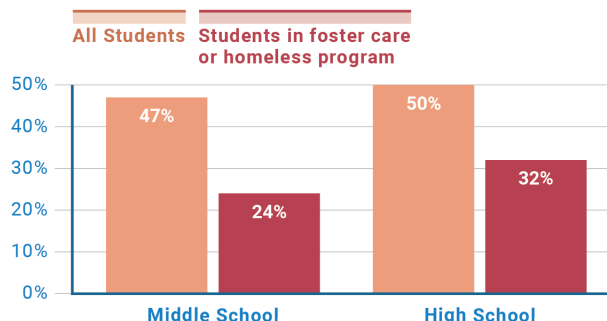
Chronic absenteeism rates by student group, 2018-19 (most recent statewide data)²⁶⁵



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

During pandemic-driven school closures, students in foster care were less engaged in distance learning than their peers as they often lacked access to needed technology and support, and experienced disruptions to important educational services. This means the achievement gap between students in foster care and their peers has likely grown during the pandemic.

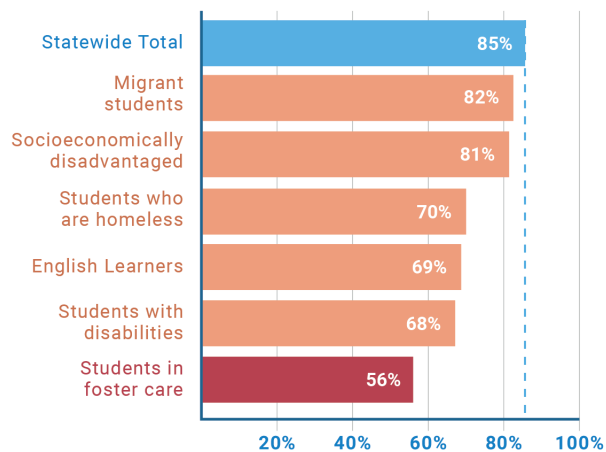
Percentage of students who participated frequently in distance learning, March-May 2020²⁶⁶



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. Although²⁶⁷ 93% of youth in care want to go to college, only 4% obtain a bachelor's degree by age 26.²⁶⁸

High school graduation rates, by demographic group, 2018-19²⁶⁹



Adolescents & Transition Age Youth

- C- Relationships & Sexual Health Education**
- D+ Supports for Unaccompanied Homeless Youth**
- D+ Decriminalization of Youth**
- C Opportunities for Youth Leadership & 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 adolescence²⁷⁰ as well as important developmental stages such as gaining separation from caregivers and establishing more independent relationships with peers.²⁷¹

Programs designed for children are often no longer appropriate for these young people, but programs designed for adults may not meet their unique needs. By improving targeted supports for adolescents (ages 10 to 19) and transition age youth (ages 18 to 25), the State can help young people transition to a healthy and successful adulthood.

Especially as a result of the pandemic,²⁷² adolescents and transition age youth are increasingly stressed about balancing school, work, and family. To thrive and become engaged and empowered, adolescents and transition age youth need support in the following areas:²⁷³



Safe & stable
housing



Connections &
relationships



Physical &
behavioral health



Employment &
career development



Postsecondary
education



Financial
literacy & skills



Relationships & Sexual Health Education | 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 in a way that is inclusive, affirming of LGBTQ+ youth, and provides comprehensive information about sexual health, they become vulnerable to unhealthy interpersonal behaviors such as bullying, dating violence, risky sexual behavior, unintended pregnancy, and sexually transmitted infections (STIs).²⁷⁴ The California Healthy Youth Act requires all schools teach, at least once in middle school and once in high school, comprehensive sexual health and healthy relationship education that is medically accurate, unbiased, and inclusive of all abilities, races, ethnicities, languages, cultures, genders, and sexual orientations.²⁷⁵ Unfortunately, the COVID-19 pandemic hampered efforts to address the adolescent STI epidemic,^{276, 277, 278} due to fewer opportunities for sexual and reproductive health education, decreased access to free and confidential testing, declines in routine preventive health care, shifting of public health contact tracing resources, and a national supply shortage for STI test kits and lab supplies.

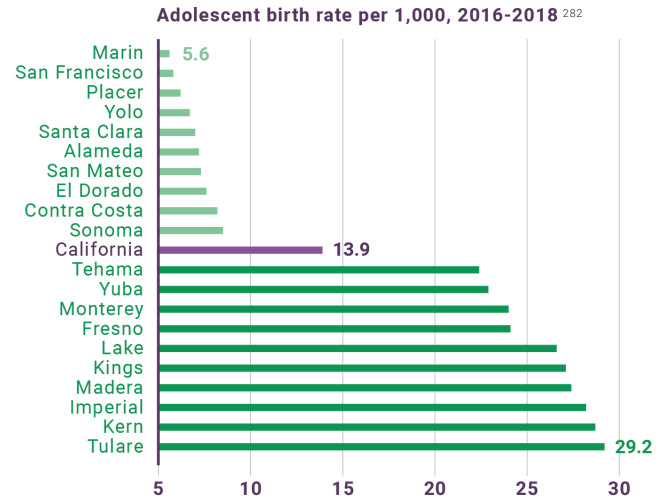
Pro-Kid® Agenda

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 take swift action to strengthen public health efforts for targeted, high-quality adolescent-focused sexual and reproductive health education; invest in California Healthy Youth Act implementation and monitoring; improve access to confidential clinical services, including screening, testing, and treatment; and bolster public health efforts focused on STI contact tracing and case management.

Relationships & Sexual Health Education | C-

Teen births continue to decrease in the State overall,²⁷⁹ but teens in some regions give birth at much higher rates.

Due to sustained work to increase access to contraception and medically-accurate pregnancy prevention information through Family Planning, Access, Care, & Treatment (Family PACT) and other programs, California's teen birth rate has declined nearly 75% since 2000.^{280, 281} These efforts must be stepped up in the Central Valley, rural north, and Inland Empire.



Sexually transmitted infections continue to escalate among California youth.

The growth in STIs has been fueled by gaps in access to sexual health education, preventive measures, screening, and testing, as well as low awareness of the health risks of STIs (such as cancer, infertility, stillbirth, and neurologic damage). Screening rates are particularly low in rural areas.²⁸³

Among youth 15-to-24 from 2014 to 2018:²⁸⁴

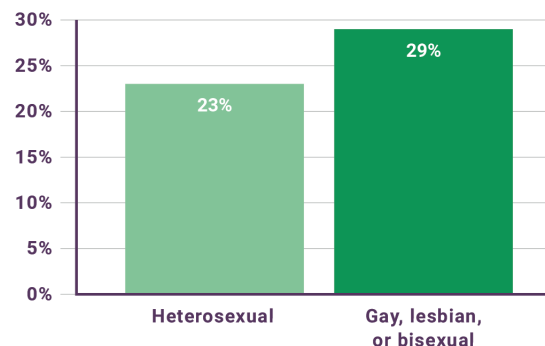
22%
increase in
chlamydia

38%
increase in
gonorrhea

Too many young people experience bullying, especially LGBTQ+ youth.

Bullying puts youth at increased risk for depression, suicidal ideation, substance use disorder, sexual violence, unsafe sex practices, and academic problems.²⁸⁵ When schools and communities adopt strategies that prevent and address bullying of LGBTQ+ youth – such as training staff about inclusive language – all youth feel safer.

California youth who report being bullied at school during the 12 months prior, by sexual identity, 2019²⁸⁶





Supports for Unaccompanied Homeless Youth | D+

Progress Report

Unaccompanied homeless youth are young people (ages 25 and under) experiencing homelessness who are not living with a parent or guardian.²⁸⁷ 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. The COVID-19 pandemic compounded the challenges faced by unaccompanied homeless youth.²⁸⁸ 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 10% of Homeless Housing, Assistance, and Prevention Program funds and 8% of Homekey Program²⁸⁹ 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

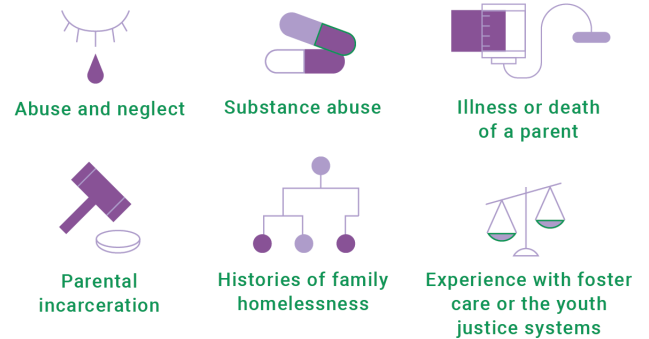
California policymakers must ensure no young person is homeless or forced to live in unsafe situations. Special attention should be paid to youth exiting the child welfare and juvenile justice systems who can experience barriers accessing and maintaining stable housing. In the near-term, policymakers 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, food, and resources to meet other basic needs. These critical actions are even more necessary because of the pandemic, due to increased economic strain and greater housing instability.

Supports for Unaccompanied Homeless Youth | D+

More than one-third of the nation's unaccompanied homeless youth are in California.²⁹⁰

In 2020, over three quarters of unaccompanied homeless youth in California were unsheltered, meaning they were living in a place not meant for human habitation.²⁹¹

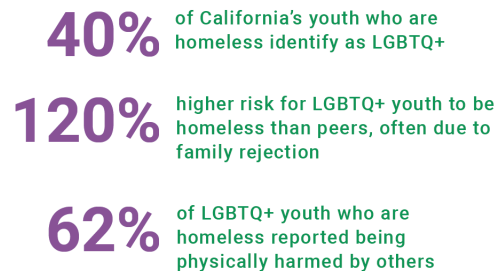
Common pathways to youth homelessness:^{292, 293}



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.

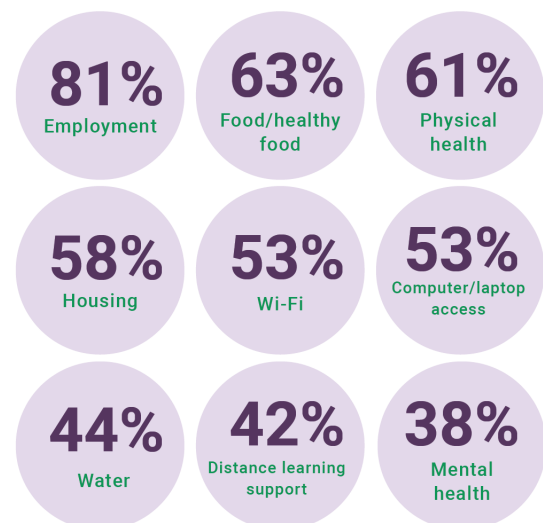
Citation 294, 295



The pandemic exacerbated the barriers faced by unaccompanied homeless youth and made it more difficult for them to fulfill basic needs.

Poor physical and mental health, a high likelihood of being unsheltered, and a hesitance to access health care put unaccompanied homeless youth at greater risk of contracting COVID-19 and experiencing negative health effects compared to their housed peers.

Unaccompanied homeless youth reported needing support in the following areas:²⁹⁶





Decriminalization of Youth | D+

Progress Report

Most 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 – including in education, employment, housing, and policing – there is disproportionate representation in the justice system for youth of color, youth with child welfare involvement, and LGBTQ+ youth.^{297, 298} Although the State has seen a dramatic drop in the youth arrest rate over the past three decades, youth of color continue to be overrepresented at each stage of the juvenile justice system. 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 recently taken steps to make the system more healing and equitable, including a boost in support for diversion as an alternative to traditional prosecution, and establishing the Office of Youth and Community Restoration to oversee the closure of the Division of Juvenile Justice and transfer of young people back to their communities to receive care closer to home. Moving forward, counties need greater support to provide the comprehensive services these youth need to heal and thrive.

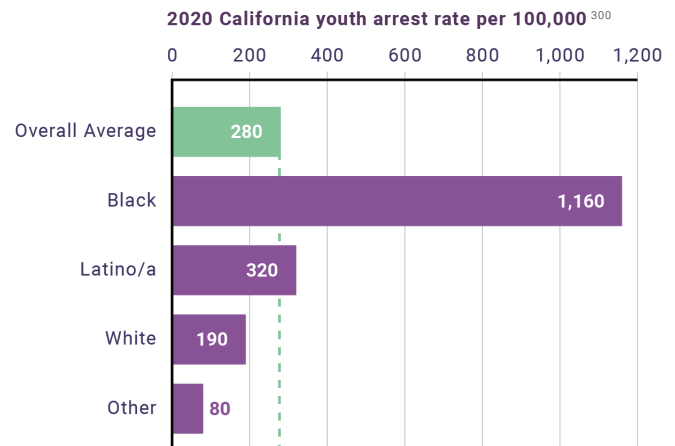
Pro-Kid® Agenda

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 ensure that the closure of the Division of Juvenile Justice and transfer of young people back to their communities is thoughtfully planned and sufficiently funded, and includes oversight and accountability of the new county-based system to provide detained youth the best chance to heal and thrive.

Decriminalization of Youth | D+

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 more harsh treatment of youth of color – from arrest through incarceration – for the same crimes committed by white youth.²⁹⁹



Available data may mask important differences between sub-groups.

Juvenile justice systems must become trauma-informed at all levels and across each county to help improve outcomes for youth.

During the pandemic, many detained youth experienced increased trauma due to isolation, as visitation privileges were reduced or eliminated and many youth were quarantined. At least 800 youth in juvenile detention have tested positive for COVID-19.³⁰¹

>3/4

of youth experienced trauma prior to involvement with the juvenile justice system and are further traumatized if they are incarcerated³⁰²

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.³⁰³

Diversion programs provide:



Education



Mentoring



Behavioral health services

Youth who experience pre-arrest diversion programs are

2.5X

less likely to reoffend³⁰⁴



Opportunities for Youth Leadership & Engagement | C

Progress Report

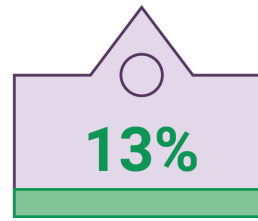
Youth civic enthusiasm and engagement has grown in recent years, as evidenced by increased voting rates and leadership in movements against racial injustice, over-policing in schools, and climate change. When young people are engaged and empowered, they can be integral partners in shaping the policies 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.³⁰⁵ State leaders have made efforts to empower youth – for example by allowing voter pre-registration for 16- and 17-year-olds,³⁰⁶ and adopting criteria and guidance to award a State Seal of Civic Engagement³⁰⁷ for qualified graduating high school seniors. The newly established California Youth Empowerment Commission – consisting of 13 individuals from across the State, between the ages of 14-25 years, at least half of whom must have experienced homelessness, foster care, disabilities, or juvenile incarceration – will advise the Governor on youth issues starting in 2022.³⁰⁸ 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.

Pro-Kid® Agenda

State leaders must involve and amplify the voices of young people, especially low-income youth and youth of color, by offering varied, numerous opportunities for civic education and engagement in supportive settings. Policymakers should ensure robust state support for ongoing school district implementation of the State Seal of Civic Engagement, and engage more youth on state boards and commissions to help make policy decisions that impact their lives.

Opportunities for Youth Leadership & Engagement | C

Civics education is not a central objective of California schools.

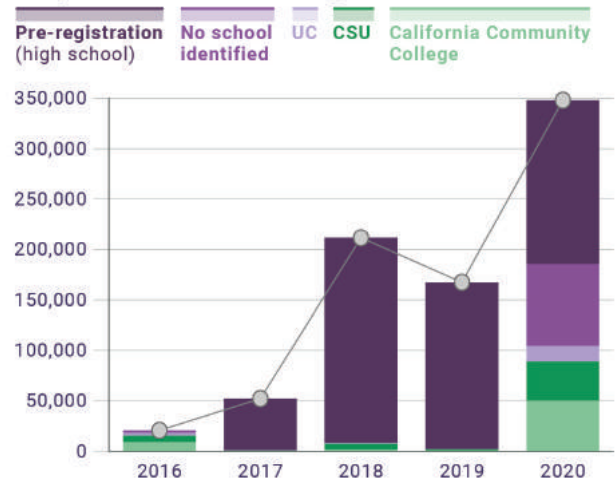


Only 137 out of 1037 school districts in California mentioned civics or democracy in their Local Control Accountability Plans.³⁰⁹

California made strides to register more students to vote online, especially in 2020.

Increased online voting registration may be a silver lining impact of the pandemic. High school voter pre-registration comprised the bulk of the completed applications.

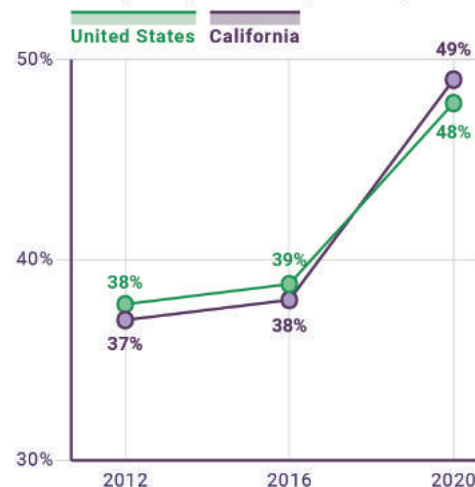
Completed online student voter registrations³¹⁰



Youth voting increased in 2020.

Despite the complicating factor of the pandemic, young people turned out to vote in 2020 and are continuing to show increased political engagement. National surveys show that there are still more opportunities to empower youth to vote, especially young people of color.³¹¹

Voter participation among 18-to-24 year-olds³¹²



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Credits & Acknowledgments

The **2022 California Children's Report Card: A review of kids' well-being & roadmap for the future** reflects the collective effort of the entire organization.

Research, data analysis, and editorial leadership and support provided by: Adrienne Bell, Ashley De Alba, Kelly Hardy, Ted Lempert, Nima Rahni, Kristi Schutjer-Mance, and Vincent Stewart.

Writing, policy analysis, and additional support provided by: Katie Andrew, Adrienne Bell, Stephen Blake, Fatima Clark, Eileen Espejo, Lishaun Francis, Sara Fung, Kelly Hardy, Jessica Haspel, Maya Kamath, Susanna Kniffen, Stacy Lee, Rob Manwaring, Mike Odeh, Angela Rothermel, Jessica Sawko, Vincent Stewart, Samantha Tran, and Danielle Wondra.

Design and layout by: Nima Rahni

Cover photo by: Pollyana Ventura via iStock

Spread photos via iStock by artists: AaronAmat (Pg.36), Ana Francisconi (Pg.62), andresr (Pg.58), Bank215 (Pg.6), Courtney Hale (Pg.54), Drazen Zigic (Pg.12), Drazen_ (Pg.42), FatCamera (Pg.10, 14, 48, 74), Geber86 (Pg.8, 56), Hispanolistic (Pg.38), jacoblund (Pg.70), Jovanmandic (Pg.64), kali9 (Pg.28), kate_sept2004 (Pg.26, 32), LumiNola (Pg.44), Morsa Images (Pg.46), paulaphoto (Pg.20), PeopleImages (Pg.30), Rawpixel (Pg.50), recep-bg (Pg.34), SDI Productions (Pg.18, 40, 66), SeventyFour (Pg.76), Srdjanns74 (Pg.72), Valeriy_G (Pg.16), and XiXinXing (Pg.22)

Acknowledgments

This research was funded in part by The Annie E. Casey Foundation. We thank them for their support but acknowledge that the findings and conclusions presented in this report are those of the authors alone and do not necessarily reflect the opinions of the Foundation.

We would also like to thank the following foundations for their support of our California research: The Joseph Drown Foundation; The California Endowment; the Bill & Melinda Gates Foundation; the Heising-Simons Foundation; the Conrad N. Hilton Foundation; Hurlbut- Johnson Charitable Trusts; Marin Community Foundation; The David and Lucile Packard Foundation; San Joaquin Valley Health Fund; Silver Giving Foundation; and May and Stanley Smith Charitable Trust.

We would like to thank the following for their advice and counsel on the research contained within this document: Jared Call, Melissa Cannon, and Tia Shimada, Nourish California; Konrad Leo Franco, University of California, Davis; Joseph Kahne, University of California, Riverside; David Kong, U.S. Bureau of Labor Statistics; Erica Peterson, School Innovations & Achievement; Kristin Schumacher, California Budget & Policy Center; Alicia VanOrman, Population Reference Bureau; and Nichole Watmore, California Department of Public Health, Injury and Violence Prevention Branch.

Special thanks to the following for data and research resources: California Child Welfare Indicators Project; California Department of Education; California Department of Finance, State Population Projections; California Department of Health Care Services; California Department of Social Services; Insight Center; Migration Policy Institute; Policy Analysis for California Education; Public Policy Institute of California; U.S. Census Bureau; and WestEd.

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