AGENDA

Children's Health Consultant Advisory Committee Meeting
Board of Governors

Tuesday, January 16, 2024, 8:30 a.m.
L.A. Care Health Plan
1055 W 7th Street, 1st Floor, CR 100, Los Angeles, CA 90017

DRAFT

Members of the Committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment. Members of the Children's Health Consultants Advisory Committee or staff may also participate in this meeting via teleconference or videoconference.

To join the meeting via videoconference please use the link below:
https://lacare.webex.com/lacare/j.php?MTID=m784c51da535b4fdbac9dd55c1628bdbf

To join the meeting via teleconference please dial:
+1-213-306-3065
Meeting Number:
2484 987 1116

Password: lacare

Teleconference Sites

Hilda Perez
Community Resource Center
3200 E. Imperial Hwy
Lynwood, CA 90262

Maria Chandler, MD
The Children's Clinic
701 E 28th St, Suite 200
Long Beach, CA 90806

Rebecca Dudovitz, MD
UCLA Health
10833 LeConte Ave 12-363
MDCC Los Angeles, CA 90095

Gwen Jordan
Frank D. Lanterman Regional Center
3303 Wilshire Blvd.
Los Angeles, CA 90010

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

If we receive your comments by *8:30 A.M. on January 16, 2024*, it will be provided to the Committee members in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

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DRAFT

Welcome		Tara Ficek, *MPH* *Chair*
1.	Approve today's Agenda	*Chair*
2.	Public Comment	*Chair*
3.	Approve December 5, 2023 Meeting Minutes	*Chair*
4.	Chairperson's Report • 2024 California Children's Report Card	*Chair.*
5.	Chief Medical Officer Report	Sameer Amin, *MD,* *Chief Medical Officer*
6.	Clinical Initiatives: Children's Phone-Based Interventions	Laura Gunn, *Quality Improvement Project Manager II, Quality Improvement* Tamara Ataiwi, *RN* *Quality Management Nurse Specialist RN II, Quality Improvement*
7.	Child Care Services (CCS) Care Coordination Updates	Lina Sarthi Shah, *MD* *Physician Reviewer, Utilization Management*

ADJOURNMENT

The next meeting is scheduled on March 19, 2024 at 8:30 a.m.

Public comments will be read for up to three minutes.

The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE CHILDREN'S HEALTH CONSULTANTS ADVISORY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE CHILDREN'S HEALTH CONSULTANTS ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY OF THE MEETING MONTH AT 8:30 A.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA, or online at http://www.lacare.org/about-us/public-meetings/board-meetings and by email request to BoardServices@lacare.org

Any documents distributed to a majority of Committee Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at https://www.lacare.org/about-us/public-meetings/public-advisory-committee-meetings and can be requested by email to BoardServices@lacare.org. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Children's Health Consultant Advisory Committee

Meeting Minutes – December 5, 2023

1055 W. Seventh Street, Los Angeles, CA 90017

Members

Tara Ficek, *MPH, Chair*
Felix Aguilar-Henriquez
Sameer Amin, *MD*
Edward Bloch, *MD**
Maria Chandler, *MD, MBA*
James Cruz, MD*
Rebecca Dudovitz, *MD, MS*
Rosina Franco, *MD**
Toni Frederick, *PhD*
Gwendolyn Ross Jordan
Lynda Knox, *PhD*
Nayat Mutafyan*
Hilda Perez
Maryjane Puffer, *BSN, MPH**
Diana Ramos, *MD**
Ilan Shapiro, *MD, FAAP**
Diane Tanaka, *MD**

Management

Alex Li, *MD, Chief Health Equity Officer*

**Absent **Present, but not quorum*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, *MPH, Chairperson*, called the meeting to order at 8:33 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	*(The agenda and the meeting minutes were approved simultaneously)* **The Agenda for today's meeting was approved as submitted.**	**Approved Unanimously. 9 AYES (Aguilar-Hernandez, Amin, Chandler, Dudovitz, Ficek, Frederick, Jordan, Knox, Perez)**
PUBLIC COMMENT	No public comment was submitted.	
APPROVAL OF THE MEETING MINUTES	*(The agenda and the meeting minutes were approved simultaneously)* **The September 15, 2023 meeting minutes were approved as submitted.**	**Approved Unanimously. 9 AYES**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	Chairperson Ficek gave the following report: Chairperson Ficek expressed appreciation for everyone's flexibility in adjusting the meeting schedule. Reflecting on the importance of community-based organizations (CBOs), Chairperson Ficek acknowledged their critical role in addressing the health and social service needs of children and families across L.A. County. She emphasized the significance of partnerships with CBOs and encouraged thoughtful consideration of how to structure, fund, and contract such collaborations. Chairperson Ficek called for harnessing the collective wisdom of community partners to work towards a more equitable and accessible health and social care system for all children and families in the county.	
CHIEF MEDICAL OFFICER REPORT	*(Member Jordan joined the meeting. The committee reached quorum at 8:45 A.M.)* Sameer Amin, *MD*, *Chief Medical Officer*, gave a Chief Medical Officer update. Dr. Amin covered key areas such as timeliness metrics in utilization management, California Children's Services (CCS), and the new pediatric subacute carve-out. The utilization management department demonstrated remarkable progress with significant investments leading to improved performance. Dr. Amin highlighted the success in achieving high scores on internal scorecards for turnaround times. Transitioning to CCS, efforts were made to enhance identification of members under 21, improve communication with provider groups, and streamline processes for pediatric authorizations. The CCS work group and collaboration with L.A. County CCS office were emphasized as crucial initiatives. Lastly, preparations for the pediatric subacute carve-out, slated for 2024, were underway, including system readiness, provider network engagement, and training updates. Dr. Amin expressed readiness to address questions and referred to the detailed CMO report for additional insights into the Division of Health Services. Chairperson Ficek noted that people such as herself that are outside of the health care world are eager to see the template form and noted that there are multiple community organization partners that need to be developed. Member Amin responded by expressing his belief that CCS Child Welfare is part of the first group, and he emphasized the importance of gaining insights into the ongoing development. He highlighted the internal coordination efforts to ensure seamless collaboration among case management, utilization management, provider network departments, and contracting teams. Dr. Amin underscored the need for alignment with the incoming referrals to ensure they are directed appropriately. Regarding the evolving landscape, he mentioned that the focus currently is on digesting the	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	new information and determining collaborative strategies with the community to enhance care for the affected members. As of now, no significant concerns or findings were noted, and the team is actively reviewing and assessing the situation.	
L.A. COUNTY CHILDREN HEALTH DISPARITIES ROUNDTABLE UPDATE	Chairperson Ficek and Dr. Li gave a L.A. County Children Health Disparities Roundtable Update *(a copy of the presentation can be obtained from Board Services).* Overview of Focus • Building Resilience in Schools: Address safety concerns related to firearms, anxiety created by gun violence, pandemics, etc. • Addressing Post-Pandemic Vaccine Misinformation and Vaccine Catch Up • Child Welfare Gaps: Explore greater clinical coordination between primary care providers, behavioral health specialist, Department of Children and Family Services and optimize CalAIM youth and foster care resources • Rethinking the Pediatric Medical Home and Transition to Adult Systems of Care • Addressing children/youth health and social service needs together. • Bringing together key stakeholders together. • Re-affirming Medi-Cal and addressing children and youths with special needs. Moderators: Smita Malhotra (LAUSD), Karen Rogers (CHLA-USC) Participants: Steven Zipperman (Sheriff), Ailleth Tom (DMH), LaKisha Johnson (LAUSD), Maria Chua (LAUSD), Elena Jimenez (LAUSD), Jeff Birnbaum (USC-CHLA), Anya Griffin (CHLA-USC), Michael Brodsky (L.A. Care), Natasha Gill (CHLA-USC), Nancy Kalev (HealthNet) Where are we now?: • Period of grief, trauma and burnout- e.g. coming out of pandemic, lots of caregiver stress, not knowing what is going to happen in the future. in the world post-pandemic; issue being processing grief • Time of regression: rising behavioral health issues and students falling behind academically and decline of social skills • Rising crisis; Pre (kids feeling hopeless; other social determinants like housing and food insecurity) and in crisis students e.g. ER's getting overwhelmed with suicide attempts; Learning how to work in a system and in a post-pandemic environment. • Lack of support e..g for parent and children/ and youth with neurodevelopmental issues;	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Systems are not sufficient to meeting the needs of what folks are seeing in communities and on the ground. Where Do We Go?: • Increasing capacity of primary care, day care and schools' mental health training . • Adding pediatricians and other clinical staff (e.g. social worker) in schools? • Looking beyond the primary care and pediatrician but other staff like social workers for referrals. • Expanding and deepening current partnerships already in place e.g. DMH and school.. • For clinical social workers that exist in schools and can they be reimbursed? • Is there a way to pay schools coming? - Untapped (health plans):. ACES; paying for social work services - Re-purposing pandemic relief funds - Advocate for more State's school based funds How Do We Get There?: • Ensuring that school staff are providing care to students are getting the training and resources needed e.g. behavioral health assessments. • Getting parents involved early on (e.g.dyadic care a new Medi-Cal benefit) and in workgroups. • Involve other school districts and leverage existing workgroups and also continue the important conversations with the same groups. • Looking at other models (outside of CA) how the other states provides training i.e. Project ECHO model. • Having a school –based clinic model in each school. • Engage at the level of the state for funding and reimbursement. • Leveraging advocacy coalitions to make change	
DHCS EQUITY PRACTICE TRANSFORMATION GRANT UPDATE	Cathy Mechsner, *Manager, Practice Transformation Programs, Quality Improvement,* gave a Department of Health Care Services (DHCS) Equity Practice Transformation Grant Update *(a copy of the full presentation can be obtained from Board Services).* Overview • The Equity and Practice Transformation Payment Program:	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	- 5-year, $700 million Dept. of Health Care Services (DHCS) Initiative - Aligns with the following DHCS Programs and Goals: • Comprehensive Quality Strategy • Equity Roadmap • 50 by 2025 Bold Goals • Purpose: - Assist lower functioning practices to improve their capacity to deliver better care to Medi-Cal patients through: • Investments in technology, infrastructure, staffing, practice support/technical assistance, and learning collaborative • Program Funding: - DHCS flows Directed Payments through managed care plans (MCPs) to practices - Duration: January 1, 2024 – 2028 - DHCS to submit list of practices to CMS by December 11, 2023 for Cohort 1	
CLINICAL INITIATIVES: CHILDREN'S PHONE-BASED INTERVENTIONS	This agenda item was not discussed due to time.	
ADJOURNMENT	The meeting was adjourned at 10:02 a.m.	

Respectfully submitted by:
Victor Rodriguez*, Board Specialist II, Board Services*
Malou Balones*, Board Specialist III, Board Services*
Linda Merkens*, Senior Manager, Board Services*

APPROVED BY:
Tara Ficek, *MPH*, *Chairperson* _____

Date Signed: _____

2024

California Children's Report Card

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

2024 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.

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

Contents

There are **13,729,351** Californians ages 0-26.[1]

Race/ethnicity breakdown of Californians ages 0-26.[2]

% **47** Latino/a

% **27** White

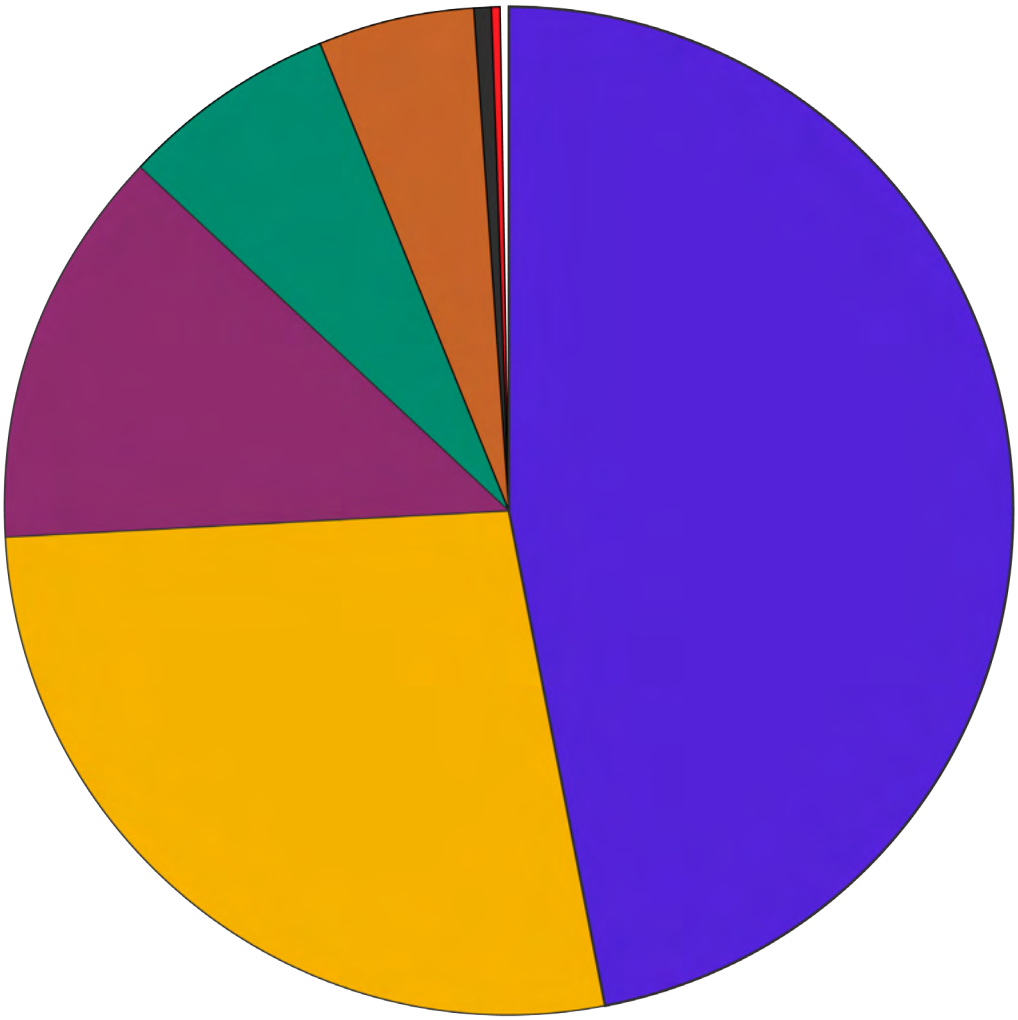
% **13** Asian

% **7** Multiracial

% **5** Black/African American

% **0.5** Native Hawaiian or Pacific Islander

% **0.4** American Indian/ Alaskan Native



Racial categories have changed over time and may mean different things to different people, making data collection inconsistent. For example, methods of counting American Indian/Alaskan Native children vary widely, yielding different numbers.[3] Also, the "Asian" category contains many ethnicities, so aggregating that data may mask important differences between sub-groups.

Children and youth ages 0-20 enrolled in Medi-Cal.[4]

5,698,987

Children in foster care.[5]

50,000+

English Learners in K-12 schools.[6]

1,112,535

Youth who have been arrested.[7]

19,000+

Migrant youth in the California education system.[8]

43,000+

%

11

Identify as LGBTQ+.[9]

%

16

Are children and youth with special healthcare needs.[10]

%

46

Are from immigrant families.[11]

California needs to lead on kids' issues.

Over the last decade, California leaders have made tremendous progress on supporting kids in some crucial areas. They have vastly increased the percentage of children enrolled in health insurance and made paid family leave available for most workers. They have also invested in free school meals, committed to universal transitional kindergarten, and significantly cut school suspensions among students of color.

On too many issues, however, California has failed to significantly improve outcomes for kids, allowing unacceptable racial and economic disparities to stagnate and in many cases grow. That lack of progress is why you will see low grades all across the *2024 Report Card*.

What's particularly disturbing is that California continues to trail far behind other states on a number of important indicators of child well-being. Despite our relatively high tax burden, our progressive leanings, and our enviable 5th largest economy in the world, California is far from a leader when it comes to kids. That's not only a threat to our state's collective future, but to the entire country as well since California is so often a bellwether for the nation.

Today's Governor and Legislature didn't create this grim picture for kids, but they need to do more to address it. When state leaders prioritize an issue, they usually get results. Yet when it comes to glaring disparities in kids' well-being, our leaders are too often complacent. The issues in this report must be the top priority issues for state policymakers. They need to prioritize the well-being of all kids as they do with their own; in fact, the 50,000+ youth in foster care are legally the state's own kids, so poor grades there are particularly glaring.

It's time for the state that leads on climate change, human rights, and so many other key issues to be the leader when it comes to kids. There's no excuse for bringing home grades like these to our kids.

Sincerely,

Ted Lempert, President

Health

SECTION	GRADE
Birthing Health	**D**
Environmental Health & Justice	**C**
Health Insurance	**A-**
Health Care Access & Accountability	**D+**
Preventive Screenings	**D**
Supporting Mental Health	**D+**
Preventing Substance Abuse	**D-**
Oral Health Care	**C**
Relationships & Sexual Health	**C-**

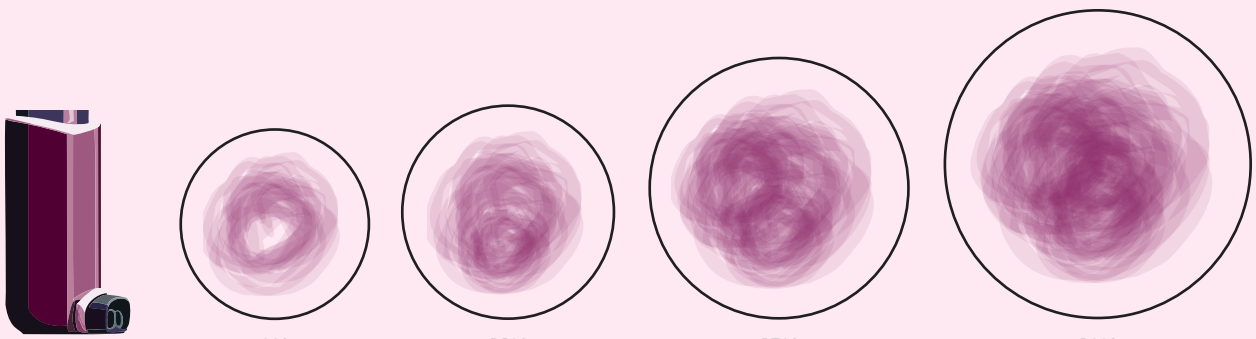
While many states and municipalities across the country have declared racism a public health crisis, California has yet to do so.[12] Children's poor health outcomes are largely driven by racism at the intersection of poverty, sexual orientation, gender, and geography. It's clear that California can marshal resources to respond to a crisis, as was largely shown during the pandemic when the federal and state governments invested additional funds to ensure that children and their families stayed on health coverage and had enough food to eat. But thus far, there has been a tepid state response to crisis-level preventable inequities in children's health.

If state leaders approached children's health disparities with the urgency that's required, California could close gaps in outcomes and ensure kids of color have more opportunities to live healthy lives. In addition to Black, Latino/a, and indigenous children, other groups are also at risk of poor health outcomes: children and youth with special health care needs, rural kids who may be far from health care providers, children who have experienced personal or community trauma, and immigrant, migrant, and refugee children.[13] Within each of these groups, kids of color are most affected. As longstanding systemic racism continues to fundamentally drive poor health outcomes, the State must make stronger investments to collect, analyze, and act on data to improve all health metrics for California's children.

Asthma is one of many health conditions that impact children's overall well-being and success in school.[14]

Racial disparities in asthma are caused by systemic bias in access to safe housing, clean air, and adequate health care.[15]

Percent of California children with asthma who missed 3+ school days due to their condition



9% White

11% Asian

15% Black/African American

19% Latino/a or Hispanic

Available data may mask important differences between sub-groups.

Birthing Health

GRADE: D

Progress Report

The months before and after birth are critical for babies' development and bonding with their caregivers.[16, 17] For example, depression and anxiety are twice as common in expecting and new fathers compared with other men.[18] Unfortunately, there are significant racial disparities around birthing health outcomes driven by inequitable care, as Black and Latino/a infants face higher risks of morbidity and mortality even after accounting for clinical risk.[19] In fact, Black babies are twice as likely as others to die before their first birthday, and Black women also experience the highest rate of life-threatening childbirth complications.[20] Inequities in access to adequate prenatal care persist for Black women across income and education levels, due to structural racism impacting care.[21, 22, 23] Postpartum depression rates are highest among Black and immigrant moms.[24, 25] The legacy of racism in medicine, both systemic and interpersonal, has created health systems that still segregate care and discriminate against expecting people of color, resulting in harsher treatment in the hospital for Black and non-English speaking birthing people.[26, 27]

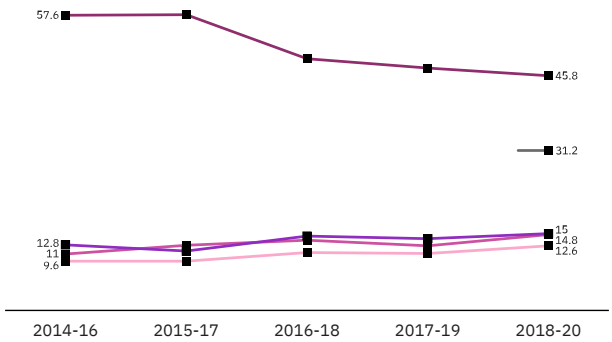
Pro-Kid® Agenda

Persistent racial disparities in newborn and perinatal outcomes show that California's leaders must do better in addressing birthing health equity, particularly for preterm birth indicators and perinatal mental health.[28, 29] Medi-Cal pays for a significant portion of births in the State, and plays an outsized role in terms of closing disparities since Medi-Cal pays for more births to people of color than commercial insurance.[30] In an important step towards establishing diverse care teams to support birthing people of color, doula services for Medi-Cal enrollees were added as a benefit starting in 2023. To end racial disparities in perinatal health, the State needs to make significant and targeted investments in community services, public health programs, and social supports, in addition to access to high-quality prenatal, postpartum, and preventive health care services.

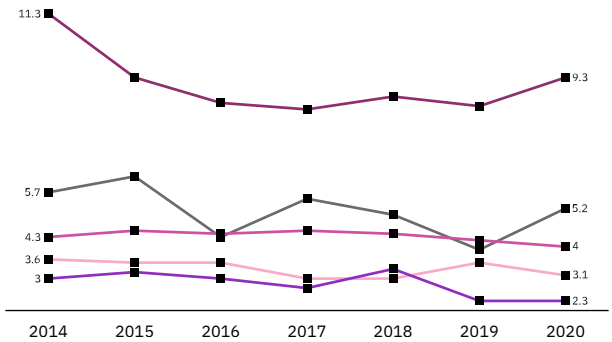
The risk of dying for California's Black birthing people and Black babies continues to be much higher than other racial/ethnic groups.[31, 32]

Institutional racism, inequitable access to health care, and implicit bias are causes for this disturbing gap.[33, 34, 35]

California pregnancy-related mortality by race/ethnicity (per 100,000 live births)



California infant mortality by race/ethnicity (per 1,000)



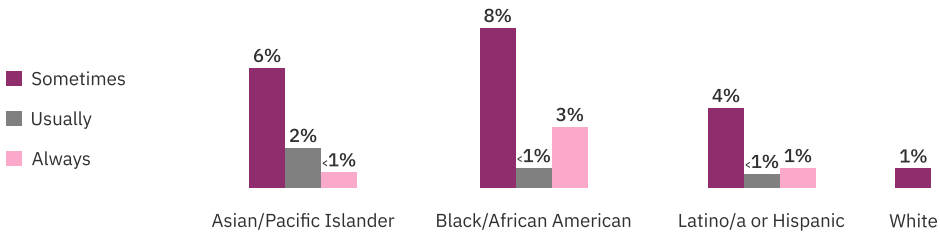
Black/African American · Asian · Latino/a or Hispanic · Multiracial · White

Available data may mask important differences between sub-groups.

A history of medical racism adversely impacts the experience[36] and outcomes of Black birthing people.

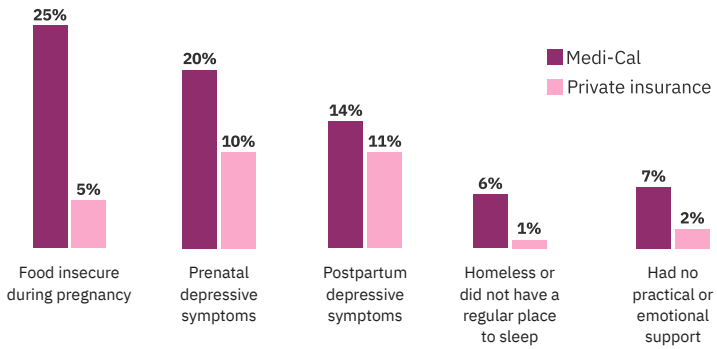
Percent of surveyed California birthing people who reported they were treated unfairly in the hospital due to race/ethnicity

Available data may mask important differences between sub-groups.



Low-income birthing people with Medi-Cal report greater challenges like food insecurity, housing instability, and depression that can harm them and their babies.[37]

Greater challenges are faced by low-income birthing people



More targeted supports for low-income families will be needed to close disparities and provide all California babies with a more equitable start.

Environmental Health & Justice

GRADE: C

Progress Report

Every child deserves access to clean air and water and a safe place to grow and learn. Frequent exposure to toxins, chemicals, air pollution, extreme heat, and noise pollution can lead to chronic disease and irreversible poor health outcomes. Air pollution, for example, inhibits cognitive development and contributes to chronic absenteeism, while lead poisoning is associated with impaired hearing, reduced attention span, delayed puberty, and higher levels of adult criminal activity.[38, 39, 40, 41] Children – especially children of color – are highly impacted by the environmental, health, and socioeconomic effects of climate change and other environmental hazards. Communities of color and low-income communities are disproportionately impacted by toxic exposures and a changing climate, exacerbating the racial disparity known as the "climate gap." While California is in some ways a leader on environmental policy, the state has done too little to protect children from environmental threats such as lead in drinking water, and repair the harms caused by the concentration of highways, industrial plants, toxic chemicals, heat islands, and pesticide use in communities of color.[42]

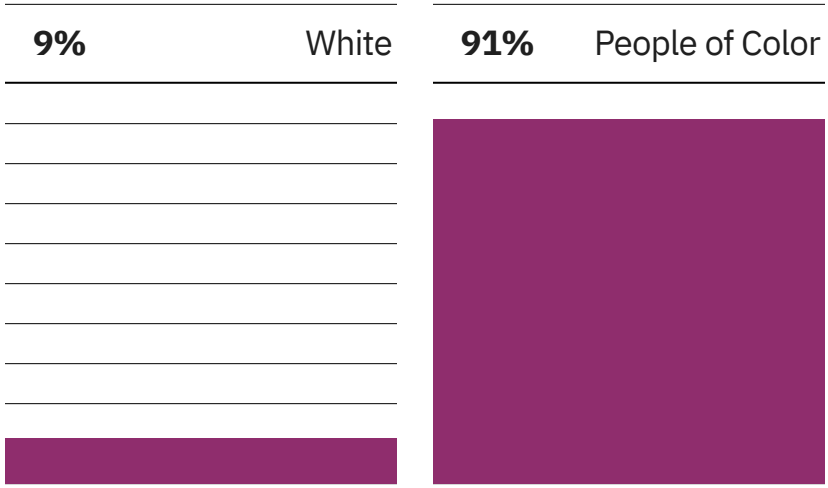
Pro-Kid® Agenda

California children are exposed to unhealthy air, pesticides, lead, and other toxins that threaten their well-being and healthy development. While environmental hazards present a risk for all of California's children, Black and Latino/a children are the most impacted by these exposures. The State should ensure that all children have access to lead-free drinking water at school and home, as well as routine blood lead testing. In addition, the State should drastically reduce children's exposure to pesticides, and at the very least ensure that communities and schools are notified when pesticides are being sprayed nearby so that families can take precautions. The State must also make targeted investments in historically disadvantaged communities, where lack of tree cover and extreme heat can exacerbate air pollution, asthma, and toxic exposures in children.

People of color are much more likely to live in environmentally impacted neighborhoods than white people.[43]

These inequities are driven by generations of racism in the siting of industrial polluters.

Race/ethnicity of residents of the 10% most environmentally impacted neighborhoods in California



Environmental toxins are especially dangerous for kids.

Children absorb 4-5 times as much lead as adults, due to smaller bodies, greater chance of putting toxins in the mouth, and proximity to the ground.[44] Available data show disturbing levels of lead contamination at child care centers and schools.[45, 46]

53% of schools tested had excessive lead in their water

29% of child care centers tested had excessive lead in their water

For every 2°C (3.6°F) rise in global temperature, California's kids suffer (per 100,000 children, per year).[47]

Climate change and extreme heat exacerbate the impact of pollutants and toxins.

58
More infant deaths

211
More emergency hospital visits for asthma

76,087
More school days lost

Health Insurance

GRADE: A-

Progress Report

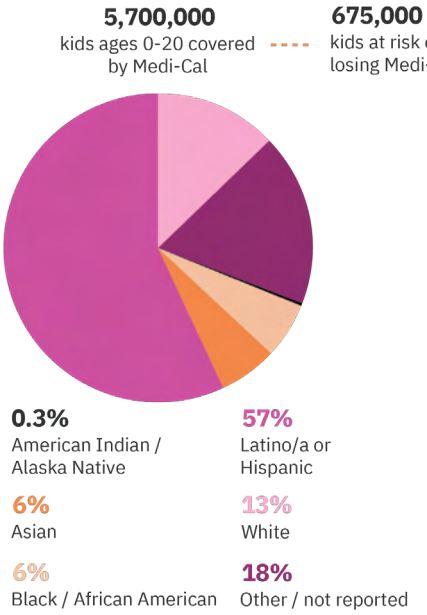
Quality, affordable health insurance helps kids access timely, comprehensive health care, and supports their overall well-being. California has made remarkable progress toward ensuring health coverage for every child. Medi-Cal is the bedrock program, providing coverage to more than half (5.7 million) of California children.[48] Steps were taken during the COVID-19 Public Health Emergency to protect health coverage by keeping Medicaid enrollees continuously enrolled. Importantly, the State also helped make health coverage more affordable by eliminating Medi-Cal premiums for over 500,000 children, pregnant people, and working adults with disabilities staring July 1, 2022, and made Covered California coverage more affordable for thousands of families beginning in 2024.[49] However, twenty thousand children with private insurance still lack coverage for hearing aids and services they need. In addition, as Medi-Cal renewals restarted in mid-2023, hundreds of thousands of children and families were at risk of becoming uninsured.

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. The State should also work to expedite streamlined Medi-Cal enrollment for newborn babies, and quickly implement continuous coverage in Medi-Cal for all kids birth-5 years to reduce unnecessary loss of coverage and improve economic security for California children and families. The State must also ensure that private health insurance coverage is affordable for families and that coverage is comprehensive and inclusive of the health care that children may need, such as hearing aids and services.

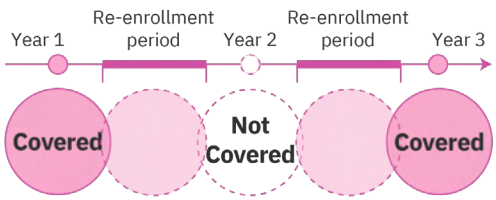
Due to the State's decades of success in expanding coverage, over half (55%) of all California children were enrolled in Medi-Cal health insurance during 2023.[50, 51]

However, this is a precarious time for that coverage, with an estimated 675,000 children at risk of losing Medi-Cal as the State restarts renewals that were paused during the pandemic.[52]



Kids with Medi-Cal should be able to keep their coverage continuously all year long.[53]

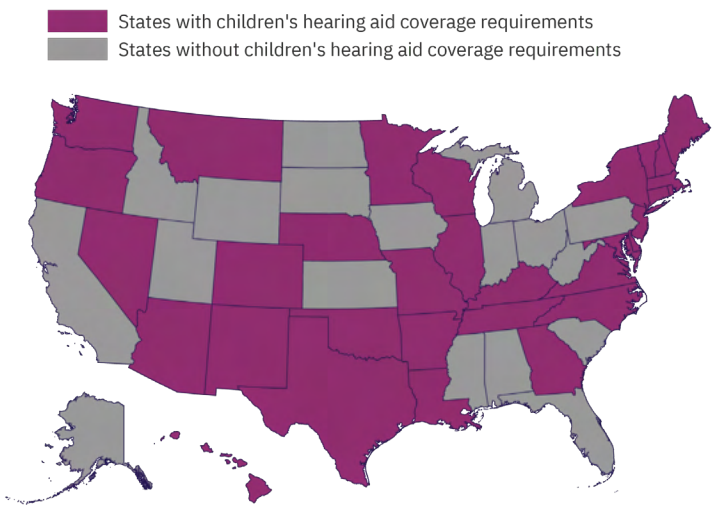
Approximately 125,000 kids under age 6 are dropped and re-enrolled in Medi-Cal coverage each year and would benefit from a state multi-year continuous coverage policy.[54]



Requiring kids to re-enroll yearly can cause unnecessary lapses in coverage.

Kids' health insurance should be comprehensive, and include critical benefits like coverage for hearing aids and services.

Over 20,000 kids in California use hearing aids that are not covered by their private health insurance plan, creating access and affordability challenges.[55]



Health Care Access & Accountability

GRADE: D+

Progress Report

Accessible, quality health care and seamless care coordination are critical to achieving positive health outcomes for children. High-quality primary care services for children lead to more equitable outcomes and improved population health through prevention, early detection, and disease management.[56] Unfortunately, an unacceptable number of kids lack adequate access to timely care despite having health insurance. Too few children with Medi-Cal for Kids and Teens receive the health care services they need and are entitled to, even though managed care plans are paid to provide and coordinate those services. The State is beginning to hold health plans accountable for delivering quality care. For example, seven out of ten Medi-Cal health plans were not providing kids the basic health care they deserve, so in 2022 the State issued the first-ever monetary fines for poor health plan performance.[57, 58] Significant investments were made in a multi-year initiative called California Advancing and Innovating Medi-Cal (CalAIM) to address an individual's health and social needs which holds promise towards transforming care and equitable outcomes for children and families.

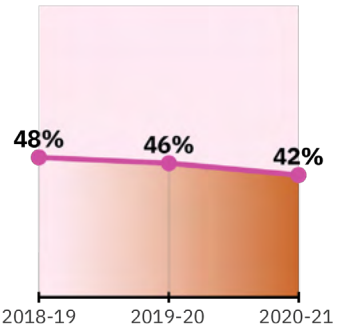
Pro-Kid® Agenda

California policymakers must make kids the first priority in health care and improve families' access to culturally appropriate health care providers for their children in a timely way. In particular, there must be a more proactive focus on reducing the racial, linguistic, geographic, and other disparities in children's health care access and outcomes. With new, stronger state contracts with Medi-Cal managed care plans starting in 2024, the State can reward improvement in child health outcomes and better monitor health plans to guarantee children will get the care they need. The State must enforce high standards that drive improvement in child health outcomes as well as reductions in racial and other disparities. The State must also use data to effectively hold the Medi-Cal system accountable for payments made to deliver and coordinate quality health care for children that is required by federal law, and to address the health care, social, and environmental conditions that can exacerbate chronic problems, like pediatric asthma.

Too few kids are getting the health care they need to ensure that any problems are caught early, and they grow up healthy.[59]

California lags behind national benchmarks for Medi-Cal care usage – but even across all insurance types, California ranked 50th (out of 51 states & DC) in percentage of kids receiving a check up.[60]

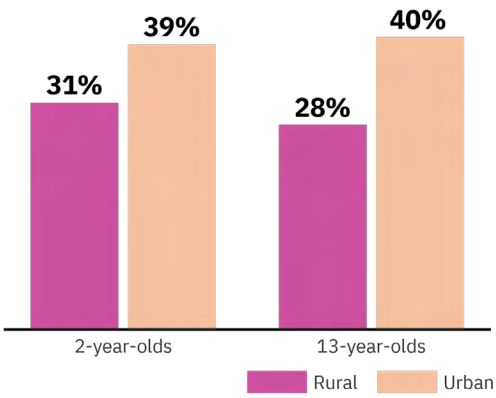
Just 4 in 10 kids in Medi-Cal received preventive health services in 2020-21



California's kids are dangerously behind on routine vaccinations, especially in rural areas of the state due to lack of easy access to care.[61]

Last school year, 570 schools were under state audit because too many of their kindergarteners or 7th graders were not fully vaccinated.[62, 63]

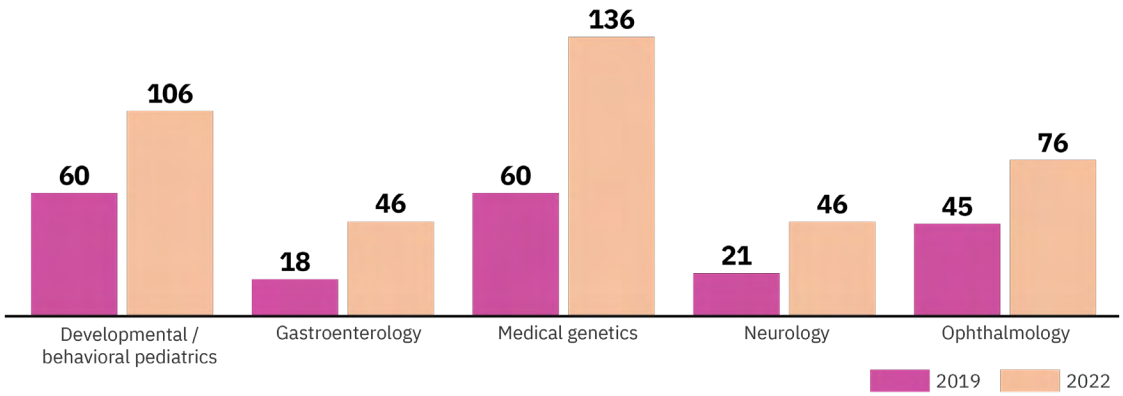
California is perilously low on child vaccinations, especially in rural areas (Medi-Cal, 2021)



Kids are not getting timely access to doctors and specialists.[64]

Growing wait times for pediatric specialists put kids at greater risk.

Median wait times for pediatric specialty care (days)



Preventive Screenings

GRADE: D

Progress Report

Pediatricians recommend—and the law requires—preventive screenings for children to identify potential health and development concerns. 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 prioritized policies that support Medi-Cal providers in screening their patients and referring them to early intervention services. Investments that improve Medi-Cal screening rates and promote more cross-sector collaboration and referral systems that connect kids to services will lead to better and more equitable outcomes for children.

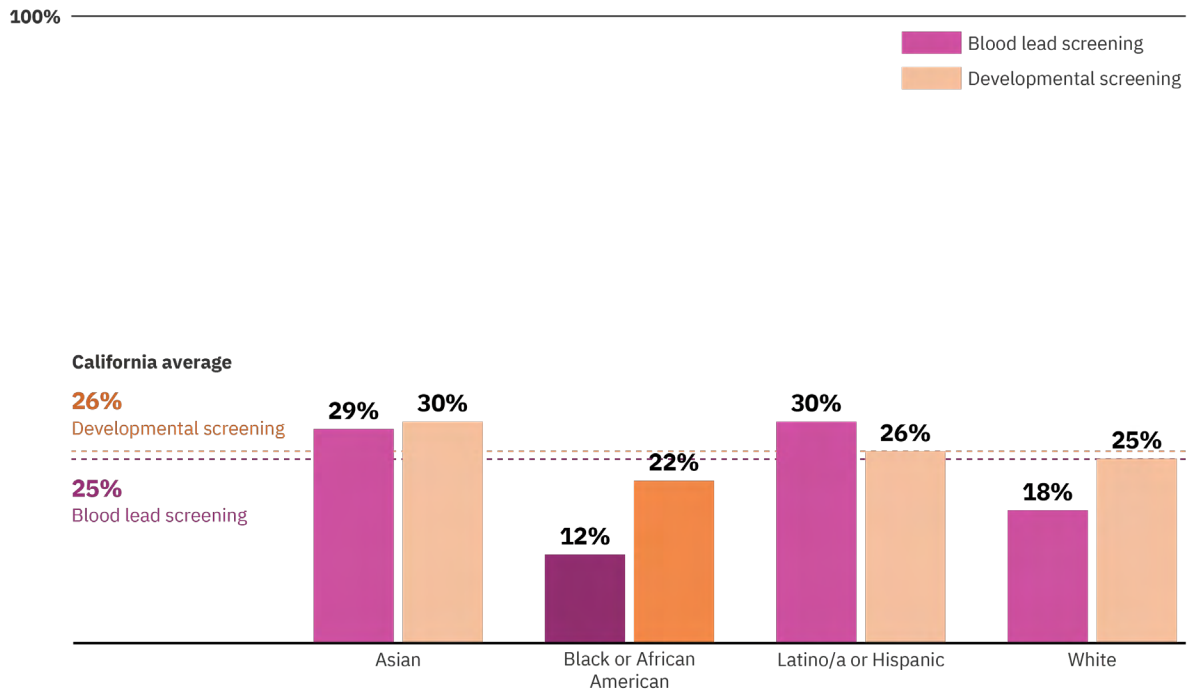
Pro-Kid® Agenda

California policymakers must ensure that every young child receives required routine developmental, blood lead, behavioral, oral, vision, hearing, and other preventive health screenings in a timely way and at the intervals recommended by pediatricians. To meet the requirements of federal law, the State must invest in robust referral and early intervention systems to connect kids with check-ups and 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.

Overall, only 1 in 4 California children in Medi-Cal receive important blood lead and developmental screenings.[65, 66]

Black kids are more likely to be harmed by toxins[67] like lead,[68, 69] less likely to be screened for high blood lead levels, and less likely to be screened for the developmental delays that may result from lead exposure.[70] These multi-level failures mean that kids miss potentially transformative early interventions and supports.

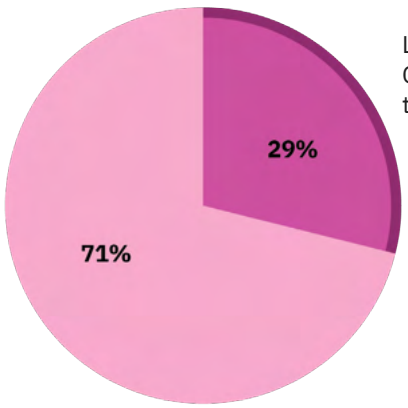
California kids get very few screenings, and Black children are least likely to receive blood lead & developmental screenings (average rates, 2019-21)



Available data may mask important differences between sub-groups.

California ranked 51st (out of 50 states & D.C.) in percentage of kids with a timely visit to an eye doctor.[71]

Vision screening is critical for eye health, overall health, and academic success.



Less than a third of California's kids have had a timely visit to an eye doctor

Supporting Mental Health

GRADE: D+

Progress Report

California is failing to create environments that support children's emotional wellness and has largely been unable to provide services to children with behavioral health needs. Traumatic events like domestic and community violence, incarceration of a family member, interpersonal and systemic racism, police violence,[72] harassment due to sexual orientation or gender identity, and threat of immigration action can impact children's mental well-being. When families are able to find children's mental health services and supports from schools, physicians, and community-based organizations, it's due to perseverance, privilege, and luck rather than a comprehensive system. A complete behavioral health care system includes prevention, early intervention, support programs, and treatment services. California recently made progress by investing over $4 billion in one-time funds to create the Child & Youth Behavioral Health Initiative. However, one-time funding does not sustain capacity. California must comprehensively overhaul its current patchwork of policies, greatly increase prevention and early intervention services, and coordinate among agencies and levels of government.

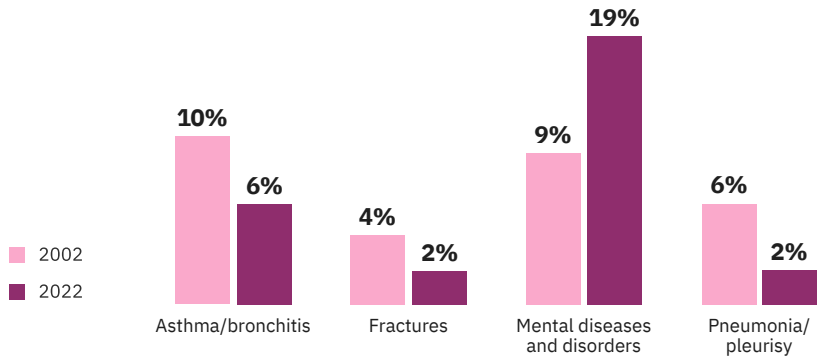
Pro-Kid® Agenda

California must ensure kids grow up in environments that minimize the causes of common illnesses like anxiety and depression, while providing tools for emotional regulation and healthy relationships. Leaders should prioritize cross-sector policies and programs that prevent behavioral health challenges and treat difficulties that arise – including trauma-informed training for child-serving professionals, coping skills coaching for students, and parenting support programs. The State must also support the healing of children who have already endured trauma, through routine screening, referral to child and family services, and follow-up. California should create a comprehensive plan with target metrics for children's mental health outcomes, such as dramatically reducing suicide attempts among LGBTQ+ youth and youth with child welfare system involvement. The plan should also specify strategies to build wellness, such as increasing peer support workers and other culturally competent providers, boosting youth mental health first aid training, and greatly expanding preventive services in community and school settings. Finally, the State should invest substantially in community-based organizations that help prevent Adverse Childhood Experiences and promote healing.

Mental health issues are the #1 reason California kids are hospitalized.[73]

In the past two decades, mental illness has grown as a percentage of all child hospitalizations.

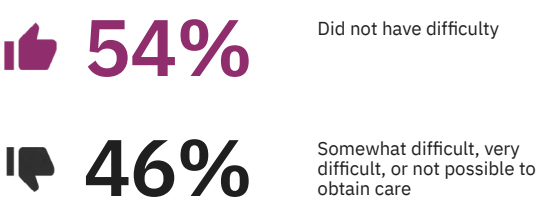
Top diagnoses, as a percentage of all California child hospitalizations, 2002 vs 2022



California ranked 51st (out of 50 states & D.C.) for parents reporting it was not possible to obtain mental health care for their child. Denials by health plans are a major barrier to kids getting mental health care.[74]

Nearly half of parents reported that it was somewhat/very difficult or not possible to obtain care.[75]

California parent-reported difficulty obtaining mental health care for their child

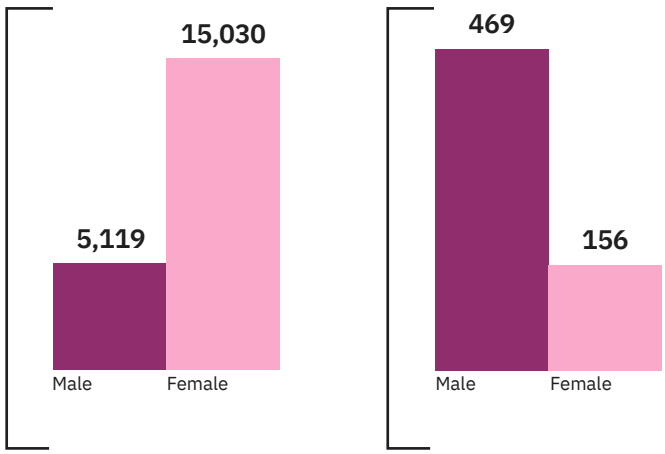


Girls self-harm at higher rates than boys, but boys are more likely to die by suicide due in part to accessibility and use of firearms.[76, 77]

Rigid adherence to gender expectations can be one cause of severe emotional distress.[78]

*Note: Rates for the "other/unknown" gender category did not have sufficient data for reporting.

Californians 10–25 years old, self-harm and suicide by gender, 2021



Preventing Substance Abuse

GRADE: D-

Progress Report

California is failing to proactively help children avoid 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, which are 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. By 11th grade, the majority or near-majority of California students have used alcohol, misused cold medicines or pain prescriptions, or used marijuana. 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 who need help are often punished by school suspension and expulsion policies, forcing many students to "fail first" before they get help. For example, State-funded treatment programs are not 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 kids can grow up in conditions that minimize the root causes of substance use. Policymakers must prioritize policies and programs that work to increase family support and school connectedness to promote drug-resistant behaviors. In addition, leaders should fund youth-specific treatment programs, separate and distinct from programs that treat adults. California has made progress by banning the sale of flavored tobacco. 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 discourage school suspensions and expulsions for drug-related issues, instead prioritizing a culture of school connection that includes prevention services in community and school settings.

Vapes are the most common product used by young smokers,[79] and young people continue to be targeted by tobacco marketing largely via social media.[80, 81]

Too few youth are screened for tobacco use or vaping,[82] despite the risks of lung damage and the possibility of ingesting nicotine, marijuana, and other chemicals like fentanyl.

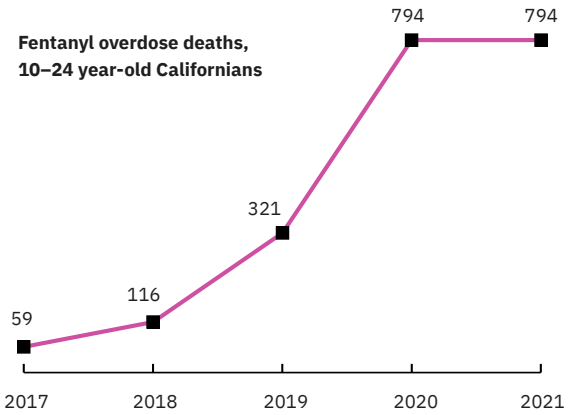
E-cigarettes (vapes) were the most popular tobacco product for the 10th year in a row

More than 1 in 3
California youth have ever used any tobacco product

More than 1 in 4
use vapes

Almost 9 in 10
of vape users reported using flavors

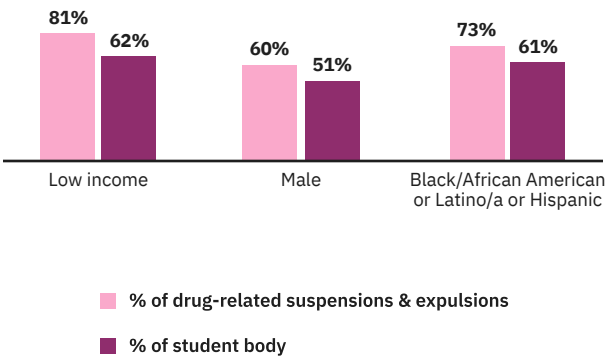
Although drug use among young people has decreased in recent years, it has become deadlier as more substances are laced with fentanyl.[83]



Low-income, male, and Black or Latino/a students are disproportionately suspended or expelled for drug-related reasons compared to their peers.[84]

A public health framework is more effective than punishment in treating youth with substance use disorder—including screening and referral, education about overdose risk, training of school staff, and connection with local community-based providers.[85]

Over-represented student groups among drug-related suspensions & expulsions, California, 2021–2022



Oral Health Care

GRADE: C

Progress Report

Tooth decay remains one of the most common chronic, yet preventable childhood conditions.[86] Left untreated, tooth decay can lead to many difficulties including eating, sleeping, and learning.[87] Every year, thousands of children miss school due to dental problems, contributing to chronic absenteeism and lost average daily attendance funding for schools.[88] All local health jurisdictions received funding from the State to improve reporting of Kindergarten Oral Health Assessment data and establish community linkages to care for students who don't have a regular dental provider. Medi-Cal contracts require primary care physicians to apply fluoride varnish, a way to prevent cavities, yet too few are doing it. The new Community Health Worker benefit shows promise to support children's access to dental care by arranging supports such as transportation or language assistance to ensure appointments are kept. Recent investments to increase or expand places to treat children with special health care needs require that more dental providers are trained and available to serve this population.

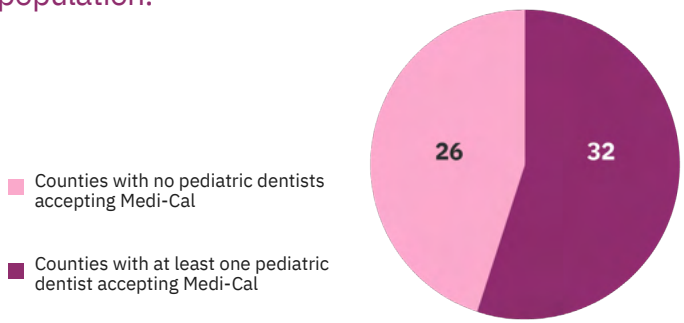
Pro-Kid® Agenda

To ensure every child in California achieves optimal oral health, policymakers must ensure all kids in Medi-Cal have timely access to services and a dental home, especially children with or at risk of having special health care needs. Policymakers must prioritize investments in preventive services that reach kids where they are, especially through schools or increased use of virtual dental homes in rural areas. Improvements to help increase compliance with and reporting of Kindergarten Oral Health Assessment data also requires attention from the State. The Department of Health Care Services must improve monitoring and oversight of Medi-Cal managed care plan contracts for their primary care providers to conduct initial dental health assessments, make dental referrals, and apply fluoride varnish to children. The State should also scale data-sharing practices between a child's doctor and dental provider to make and track dental referrals, and leverage the Community Health Worker benefit to support caregivers to make and keep dental appointments.

There are many "dental deserts" in California, where there are no or too few dentists to serve the Medi-Cal population.[89]

Moreover, few dentists are trained and willing to serve children, especially children with special health care needs.

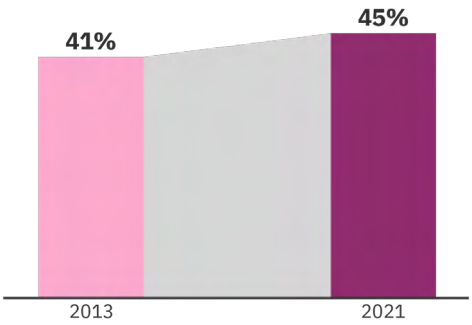
45% of California's 58 counties have NO pediatric dentists accepting Medi-Cal



Too few children receive annual dental checkups.[90]

Kids should get a checkup twice a year once they turn 1 year old, or upon emergence of their first tooth. Rates of annual dental visits for 1–5-year-olds enrolled in Medi-Cal have only increased slightly in 8 years.

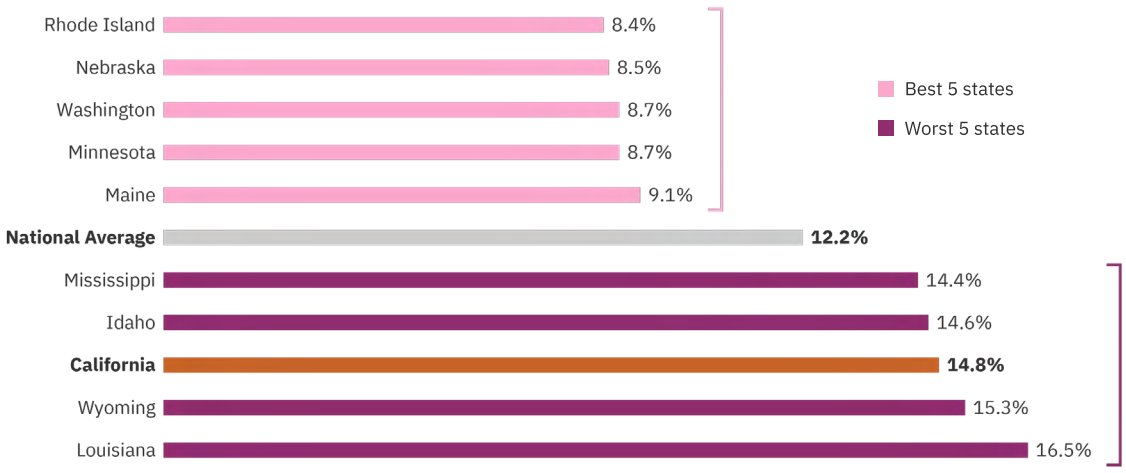
Only a slight increase in % of 1–5 year-olds in Medi-Cal with an annual dental visit



California ranks 3rd worst among all states and DC for children with tooth decay or cavities.[91, 92]

More primary care physicians should apply fluoride varnish to children's teeth to help prevent tooth decay.

California is 3rd worst for % of kids 1-17 years-old with tooth decay in the past 12 months (2020-2021)



Relationships & Sexual Health Education

GRADE: C-

Progress Report

Children and youth must be provided with tools to develop positive and safe relationships. When we fail to teach youth about healthy relationships 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). 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. The pandemic hampered efforts to address the adolescent STI epidemic, due to fewer opportunities for health education, decreased access to free and confidential testing, declines in routine preventive health care, and shifting of public health contact tracing resources.

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. The State should also follow best practices for pregnancy and STI prevention by requiring public secondary schools to make free condoms readily available to students.

California leads the nation in mandated education about healthy relationships and sex.

California is the only state that provides teacher training, requires a certificate or expertise to teach, and requires teachers to attend training, in addition to covering all 4 critical areas of healthy relationships content.[93]

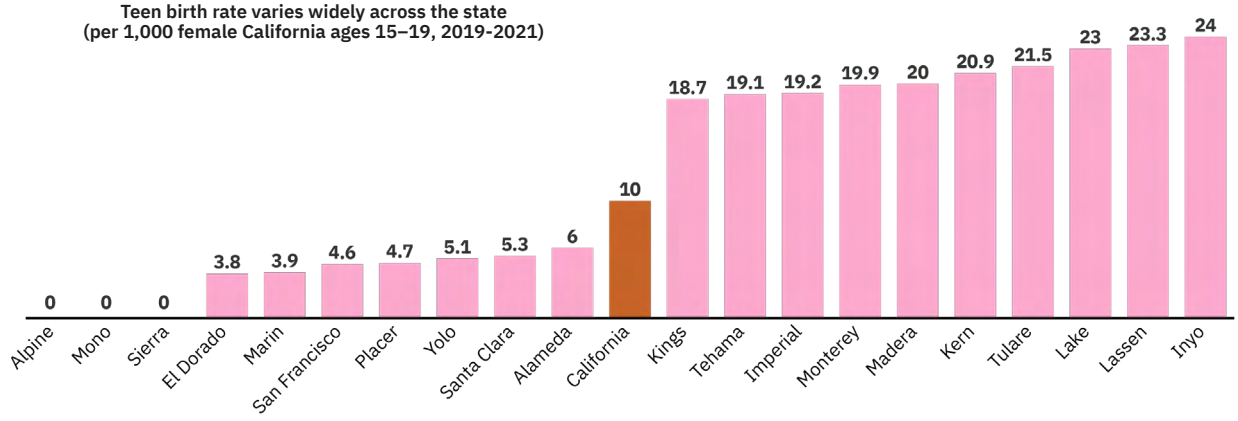
California's healthy relationship instruction includes content on:

- ✓ Communication skills
- ✓ Decision-making skills
- ✓ Violence prevention
- ✓ Consent

California's strong public health approach to youth access to services and contraception have helped push the adolescent birth rate even lower.[94]

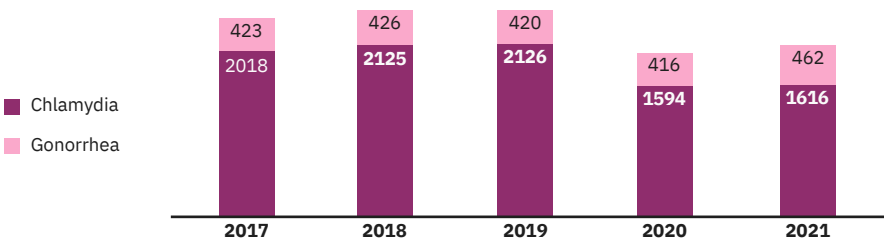
California does better than the national average due in part to its high priority on women's reproductive rights.[95, 96]

Teen birth rate varies widely across the state (per 1,000 female California ages 15–19, 2019-2021)



Accurate sexual health education is critical because sexually transmitted infections (STIs) continue to disproportionately impact young people.[97, 98]

Rates of STI infection among California's youth remain high (15–24 years-old, rate per 100,000)



Education

SECTION	GRADE
Child Care	**C-**
Preschool & Transitional Kindergarten	**B+**
Early Care & Education Workforce	**B-**
Early Intervention & Special Education	**D**
Education for Dual Language & English Learners	**C-**
Education Funding	**C+**
Expanded Learning Programs	**B**
STEM Education	**D**
Educator Pipeline, Retention, & Diversity	**C**
School Climate: Connections with Adults on Campus	**D**
School Climate: Discipline & Attendance	**C**
Higher Education	**B-**

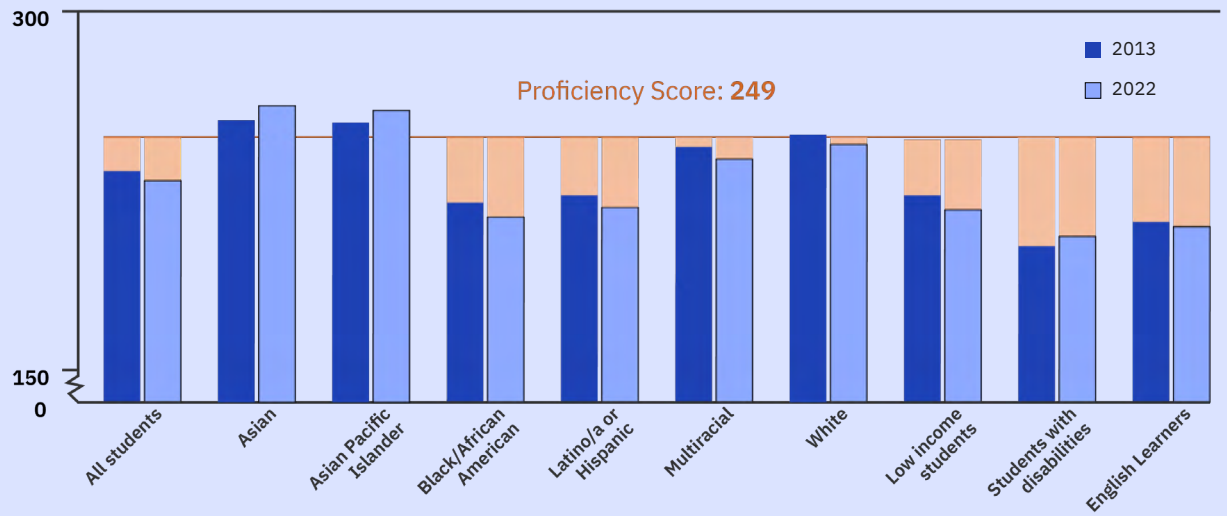
California is investing record amounts in public education, yet struggles to effectively support students, especially those who need the most help. For example, student-teacher ratios remain stagnant despite evidence linking low ratios to student success and engagement.[99] Investments are disconnected and often temporary, lacking an overall plan to ensure that increased funding translates to improved student outcomes.

California's education system performs far below the national average and ranks 43rd of 50 states for outcome gaps by race and ethnicity.[100] The State has particularly and consistently failed to support Black students.[101] Academic disparities start before kindergarten, persist over time, and contribute to income inequity in adulthood.

To break these entrenched patterns, policymakers must elevate quality standards. For example, while California has invested in expanded learning opportunities that can reduce barriers for students facing opportunity and achievement gaps, the State has not imposed any quality standards on these programs, nor collected outcome data or even the number of students served. Failure to require quality and accountability for TK-12 and post-secondary systems jeopardizes student success and the State's economic and social well-being.

Despite billions in additional investments, significant achievement gaps persist based on race, ethnicity, and other student identities.[102]

Most California 4th graders score below proficient in math, with large disparities between groups & no progress over the past decade



Available data may mask important differences between sub-groups.

Child Care

GRADE: C-

Progress Report

California leaders took steps this year to address the crisis in child care, exacerbated by the pandemic, rising inflation, and competition for workers. We applaud the legislative leaders who prioritized child care and early learning, especially the Legislative Women's Caucus and members who coauthored key bills and supported budget priorities to elevate child care as a top priority during a budget deficit year. While the gains made this past year are to be lauded, in general, most families are still left with difficult choices, especially those with infants and toddlers, that leave them having to sacrifice and further maintains their vulnerability to poverty and deepen inequities for who face structural racism, are language isolated and are marginalized by immigration or refugee status. State leaders need to implement additional structural and systemic changes, as well as identify a stable source of funding to significantly augment the State's investment in early learning and care opportunities.

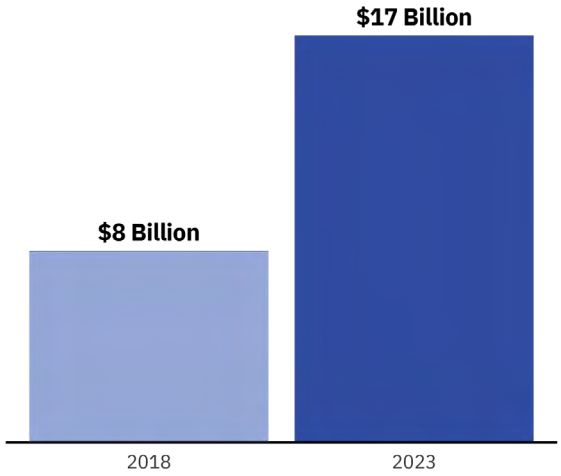
Pro-Kid® Agenda

California policymakers must ensure all families with young children have access to a variety of child care options that are stable, affordable, and promote children's healthy development. It is especially important to ensure that foster families, families experiencing structural racism, poverty, and other families in circumstances of enhanced need or risk have child care settings that meet their comprehensive, whole-child and family needs. In the near-term, the State must follow through on their commitment to adopt a cost-based model and continue multi-year investments towards living wages and benefits for providers, workforce development, and child care facilities expansion. California should at least triple the number of infants and toddlers that receive state-funded child care subsidies and develop a long-term plan for universal access that align with the comprehensive, developmentally appropriate and family-centered approaches in Early Head Start and Head Start settings.

Unmet child care need has an enormous and growing impact on California's economy.[103, 104]

Economic loss estimates include lost earnings, productivity, and revenue, impacting working parents, their employers, and taxpayers.

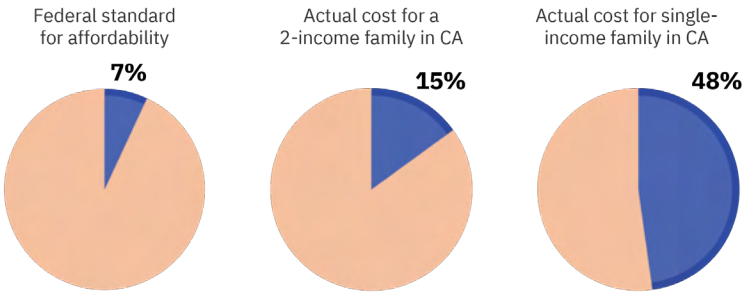
Large, growing economic loss to California due to insufficient infant / toddler child care ($ billions)



Child care affordability is a major concern for California's families.[105]

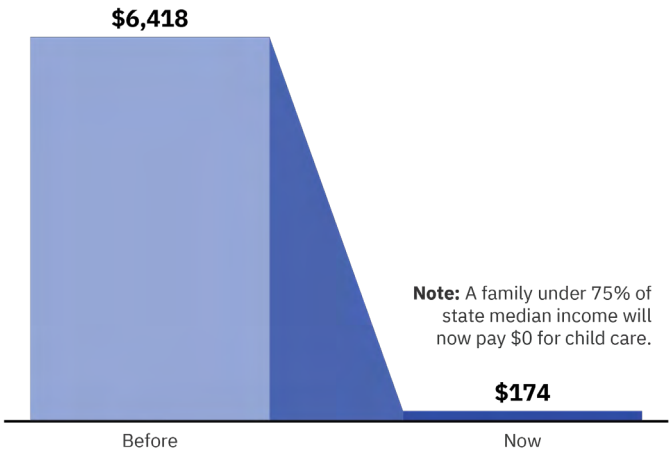
The federal government considers child care to be affordable if it costs 7% of a family's income (or less).[106]

Child care is not affordable for most families (percent of median income devoted to child care, 2021)



New State investments in subsidized care are tremendously reducing the cost for families.[107, 108, 109]

Huge reduction in annual family fees for subsidized child care (family of 4, 75% of state median income)



Note: A family under 75% of state median income will now pay $0 for child care.

Preschool & Transitional Kindergarten

GRADE: B+

Progress Report

By the 2025-2026 school year, all 4-year-olds in California will have access to a new universal Transitional Kindergarten (TK) grade in public schools. Expanding high-quality early education to 3- and 4-year-olds is a critical step to support long-term educational success. At the same time, to truly address racial and economic opportunity gaps it is essential that TK programs are effectively implemented and developmentally appropriate, including recruiting and retaining skilled teachers and assistant teachers, and ensuring age-appropriate curriculum. To date, the State has not adequately expanded access to quality preschool for 3-year-olds or provided the necessary structures to support effective coordination across the mixed delivery system – State Preschool Programs, Head Start, TK, wraparound care for TK, and child care – for the benefit of children and families. Despite the TK expansion, combined 3- and 4-year-old service levels are still below pre-pandemic levels.

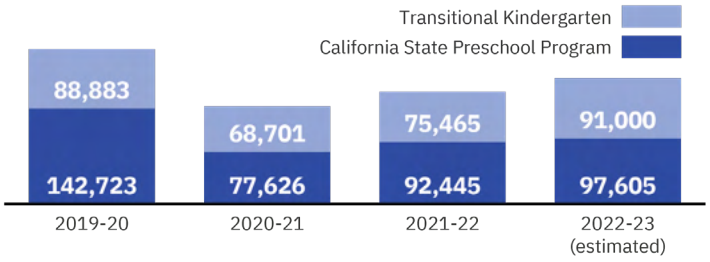
Pro-Kid® Agenda

The State should develop a comprehensive mixed delivery system for 3- and 4-year-olds that incentivizes quality and supports family choice, including traditional kindergarten, State preschool, child care, Head Start, and expanded learning. The State must make the investments necessary to reach full Transitional Kindergarten implementation by the 2025-26 school year and ensure that all school districts receive additional funding for the extra students served, while prioritizing equity and the needs of students by attracting and retaining highly skilled teachers and assistant teachers with child development training, including a focus on recruiting teachers of color and multilingual staff; providing developmentally appropriate curriculum; and lowering student-teacher ratios (ideally 8 to 1 or, at most, 10 to 1). The State should also expand access to the California State Preschool Program for eligible children, ensure high-quality wraparound care to accommodate parents' varying work hours, and ultimately provide universal preschool for all 3-year-olds. Finally, the State should leverage federal early learning investments including better coordination with Head Start and Early Head Start.

California's preschool enrollment is beginning to rebound post-pandemic.[110, 111, 112]

However, TK enrollment is outpacing that of CSPP.

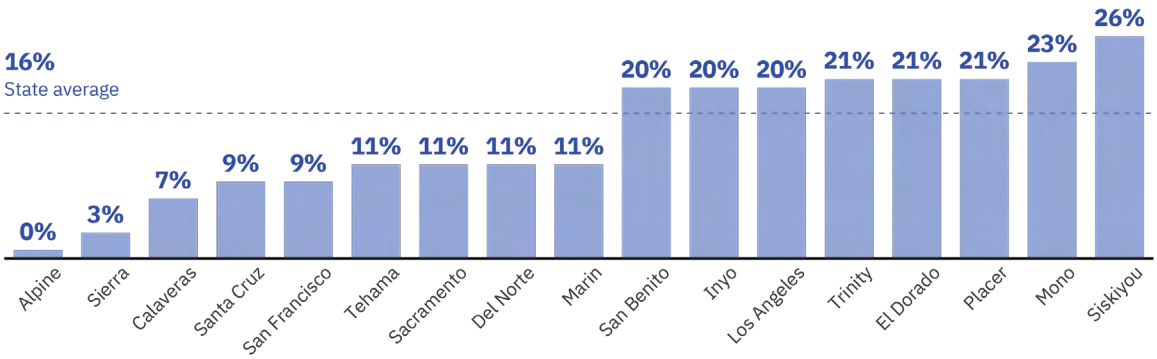
Enrollment in state preschool and Transitional Kindergarten



Implementation of TK has been uneven thus far, with TK enrollment in some counties at one-quarter of kindergarten enrollment, and others not yet starting.[113]

Factors such as staffing shortages and policies to offset the effect of declining enrollment are impacting implementation.[114]

TK enrollment as a percent of kindergarten enrollment, selected counties, 2021-22



California's TK program policies fail to meet major national quality benchmarks.[115]

Despite plans to expand TK to serve younger 4-year-old children, no changes have been implemented to make the program developmentally appropriate for younger kids.

Major quality benchmarks for TK that California does NOT meet

1. Maximum class size of 20
2. Staff-to-child ratio of 1:10 or better
3. Teacher specialization in pre-K and child development
4. At least 15 hours of staff professional development per year
5. Vision, hearing, & health screenings with follow-up referrals
6. System of quality improvement informed by data

Early Care & Education Workforce

GRADE: B-

Progress Report

Young kids learn best through enriching experiences with caring adults, so recruiting and retaining well-supported, experienced educator staff is foundational to providing high-quality early care and education (ECE) programs. California has made some investments in the ECE workforce, including support for educators employed in child care, State Preschool, and Transitional Kindergarten (TK). The recently approved Prekindergarten – Grade 3 ECE Specialist Credential is a step in the right direction for a well-prepared educator workforce. However, California still lacks clear financing and pathways for early childhood educators to further their education, develop their skills, and advance to higher-paid positions. For California to fully implement TK, tens of thousands of additional teachers and assistant teachers will need to be recruited and trained. Without effective compensation and recruitment strategies, children most in need of highly trained and effective teachers – those who face systemic barriers including poverty and racism or who have unique needs, including dual language learners and students with disabilities – could be the least likely to have access to them.

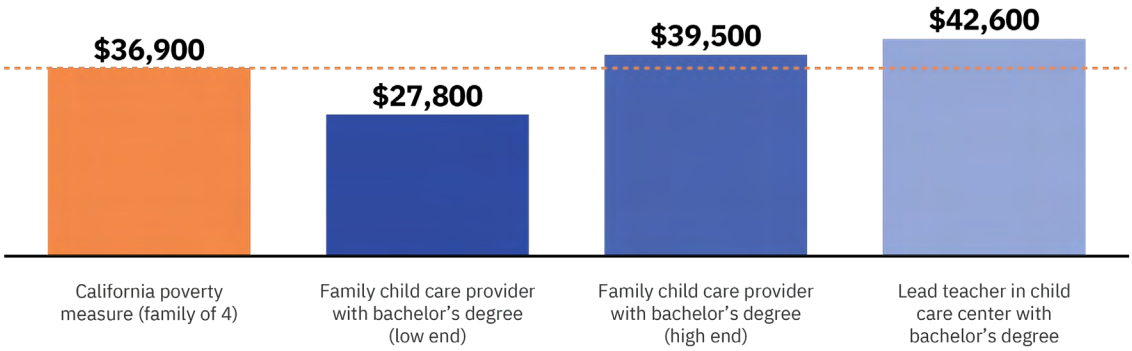
Pro-Kid® Agenda

California must adopt a cost-based model for subsidized child care provider rates to reflect the actual cost of care, including living wages and benefits. California must also build systems of professional development and support for the early care and education (ECE) workforce. As increased compensation via rate reform is implemented, the State should also increase education and experience standards with appropriate compensation and supports, 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. California needs to ensure the effective recruitment, training, and equitable distribution of transitional kindergarten (TK) teachers and instructional aides. This should include providing incentives to place skilled TK teachers in schools with the highest concentrations of students who are low-income, in foster care, and English learners. The State should also invest in the creation of educator preparation programs for the Early Childhood Education Specialist Credential to meet the demand for educators with specialized training in early education.

Child care workers are paid very low wages.[116]

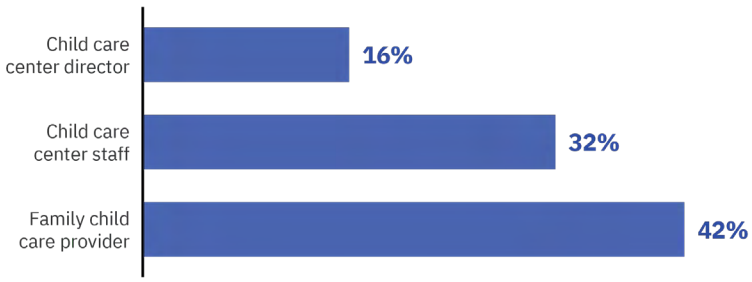
As ECE educators are predominantly women of color, these low wages are a racial and gender justice issue.[117]

Median wages for California's child care workers are below or near poverty (2022 dollars)



Many early childhood educators rely on Medi-Cal health coverage, food assistance, child care subsidies, or other public assistance to make ends meet.[118]

Percentage of early childhood educators who relied on one or more public assistance programs, 2020



Recruitment of qualified early childhood educators is not yet meeting need.[119]

School districts are using a mix of strategies to develop their ECE workforce such as partnering with community colleges and directly advising candidates about credential requirements.

Only about 1 in 5

Local Educational Agencies reported they already have enough qualified staff to teach Transitional Kindergarten.

Early Intervention & Special Education

GRADE: D

Progress Report

It is estimated that 10-15% of infants and toddlers experience a developmental delay.[120] However, just 7% of California's first graders with Individualized Education Programs (IEPs) were participating in early intervention at age 2, due to delays in identification of needs and difficulty accessing services. Systemic inequities in economic opportunity, housing safety, environmental toxins, food insecurity, and low birthweight undermine healthy development. 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. In response to these challenges, the State has made some 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. These investments are steps in the right direction, but do not make up for the years of funding that hasn't kept up with children's needs.

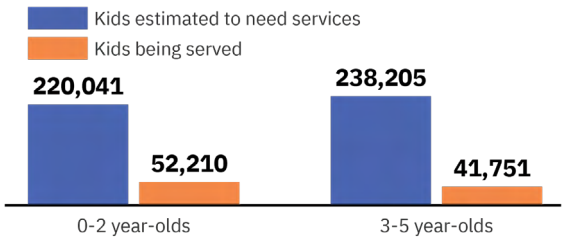
Pro-Kid® Agenda

In order for every California child who needs special education supports to receive them, seamlessly, and as early as possible, the State must ensure 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. In addition, the State should provide greater funding to cost share for the highest-cost students.

California is failing to identify children who need support early.[121, 122]

This is despite the fact that more kids have been referred for developmental evaluations since the pandemic started.[123]

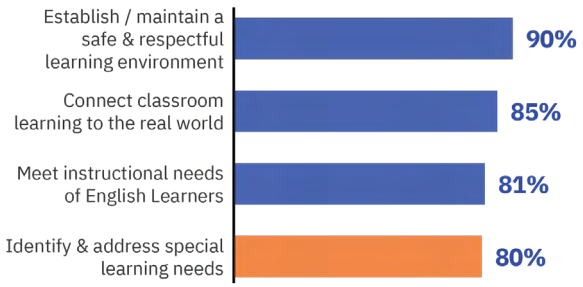
Wide gaps between children estimated to need early intervention services & those served (FFY 2021, most recent available)



New educators who completed teacher preparation programs felt less confident about their ability to help special education students than other areas.[124]

State shortages of special education teachers are also a concern.[125]

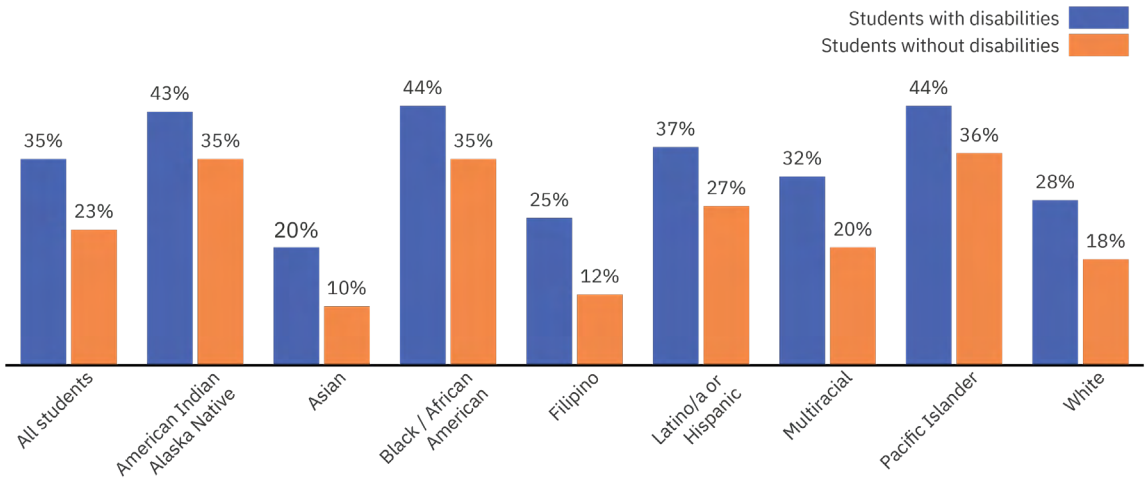
New educators who said their teacher training program prepared them well / very well to:



Chronic absenteeism rates are much higher for students with disabilities than their peers without disabilities.[126]

Overt and implicit racism are important factors that further disadvantage students of color who also have a disability.

Chronic absence rates are higher for students with disabilities than those without, especially Indigenous, Black, & and Pacific Islander students (2022-23)



Available data may mask important differences between sub-groups.

Education for Dual Language & English Learners

GRADE: C-

Progress Report

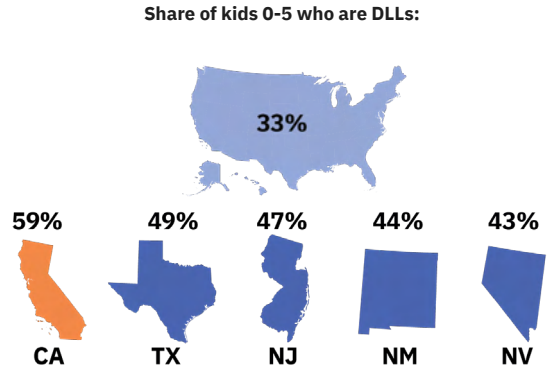
California has the largest English learner (EL) student population in the country (over 2 million) and 60% of children ages 0-5 are Dual Language Learners (DLL).[127] The State must ensure these children have the support necessary to develop their home language and English, while providing rigorous core content with a focus on creating equity in opportunities. Research indicates that California EL students are not sufficiently supported to succeed, and experienced larger gaps in English language and mathematic achievement due to the pandemic. Policymakers made modest investments in bilingual teacher preparation programs and new requirements in district Local Control Accountability Plans. However, the State has set very low expectations for annual EL student progress on the California School Dashboard, resulting in few districts focusing on EL needs, despite those students generating billions of Local Control Funding Formula dollars annually for schools.[128] Other states providing more support to ELs see those students earn better math and reading scores compared to California.[129] The State has also not met federal requirements to standardize the EL reclassification process.

Pro-Kid® Agenda

California policymakers must invest in DLL and EL teacher training and professional development to support expanding equitable access to bilingual education opportunities including dual immersion programs and the Seal of Biliteracy, 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. California must also ensure that Local Control Funding Formula supplemental and concentration grant funds are directly benefiting English Learners, as the law intended and requires, and improve the accountability system to reduce by 50 percent the number of 6th graders identified as Long-Term English Learners by 2030, by ensuring they receive the support that they need.

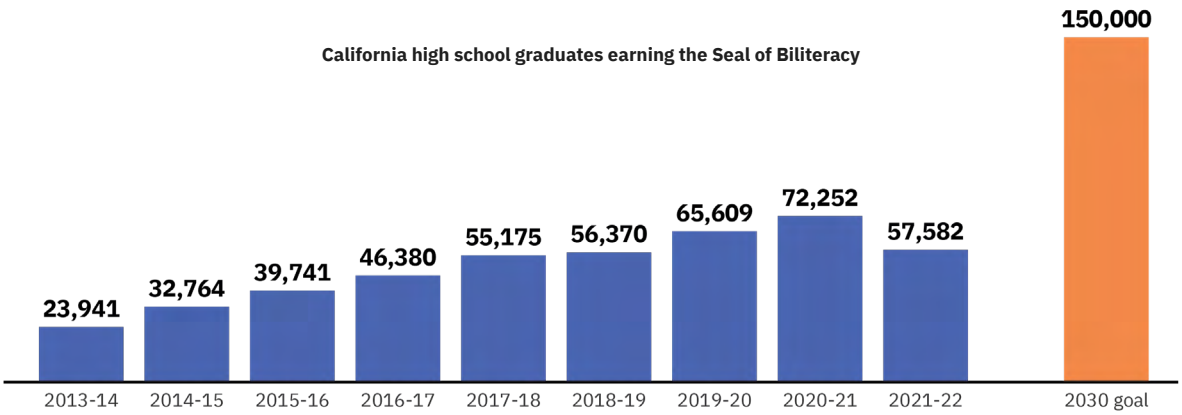
California has the highest percentage of Dual Language Learners (DLLs) of any state.[130]

DLLs are children ages 0-5 with a parent who speaks a language other than English at home.

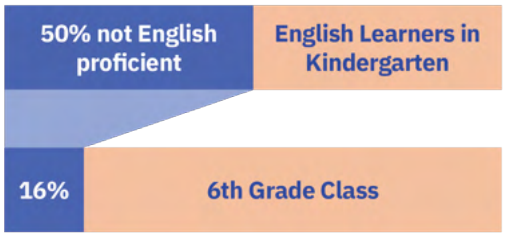


California is well short of its goal of 150,000 high school graduates earning the State Seal of Biliteracy.[131]

The Seal recognizes graduates who have attained a high level of proficiency in speaking, reading, and writing English and one or more other languages.[132]



When schools fail to teach EL Kindergartners English by 6th grade, those students lose access to important higher-level and college-track classes.[133]



Half of all English Learners who entered school in Kindergarten were not English proficient by 6th grade (2022-23) [134]

That's 16% of ALL 6th graders in California

Education Funding

GRADE: C+

Progress Report

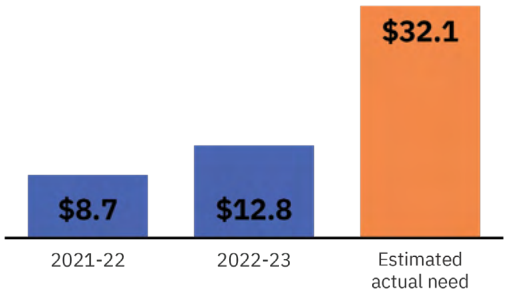
California made some progress in early learning funding, while maintaining most of the historic increases in the Transitional Kindergarten (TK)-12 system and community colleges. In the 2023-24 budget, TK to community college funding fell compared to the previous year but is still $30 billion higher than five years ago. The budget did make an important step toward overhauling early learning finance, with $2 billion in one-time funds and a planned cost-based reimbursement system by June 2024. However, implementing this system for all eligible children costs over $20 billion. Schools continue to benefit from $42 billion in past one-time state and federal funds, but their fiscal futures are uncertain due to the end of these funds and projected enrollment declines. California invests less in schools compared to other states, based on share of state wealth. The University of California and California State University received modest funding increases, keeping pace with inflation. However, the higher education share of the state budget has been cut in half in the last seven years.

Pro-Kid® Agenda

While recent significant investments in TK-12 provide an opportunity for schools to make progress on closing opportunity and achievement gaps and to provide students with essential supports in the aftermath of the COVID-19 pandemic, the lack of any guarantee of ongoing funding to support much of this work in the future raises significant concerns. Even with these recent investments, California schools still rank last in the nation in student-teacher ratios, with an additional 7.5 students per teacher than the average for the rest of the country, and California ranks below 20 other states in expenditures per pupil (average daily attendance). Policymakers should prioritize providing adequate ongoing funding for the TK-12 system to expand the educator workforce and build capacity to ensure that students have the essential services and supports needed to be successful. Additional funding is also needed to dramatically improve staffing ratios for school nurses, counselors, and other adults on campus.

California has increased funding for early childhood education, but investments still fall well short of actual need.[135, 136, 137]

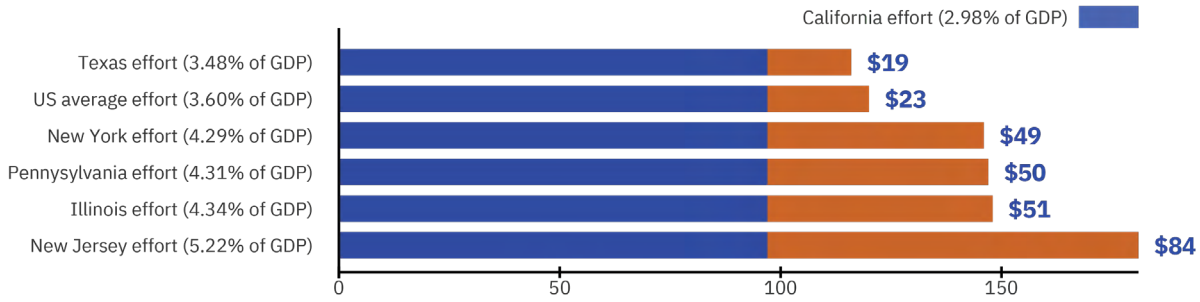
California early childhood education funding falls short of need ($ in billions)



State spending on the TK-12 school system has increased over time, but still represents only 3% of state wealth.[138, 139]

California ranks near the bottom (43rd) among all states for this metric of funding effort (percent of state GDP spent on TK-12 schools).

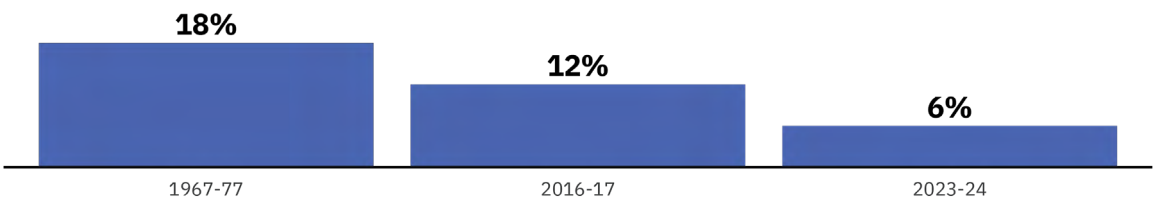
Additional annual spending for the California TK-12 education system if the state increased funding effort to match other large states (2020, $ in billions)



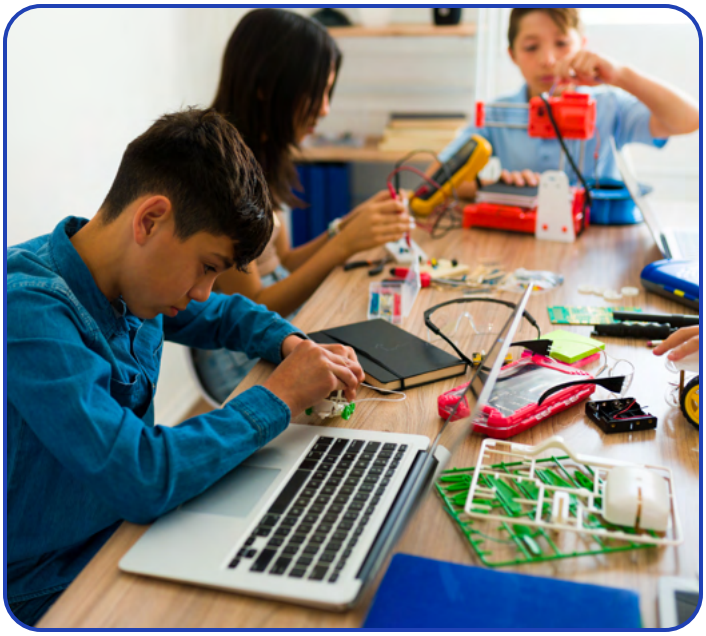
While California's higher education funding has increased over time, funding continues to decline as a share of the state budget.[140, 141, 142]

Between 1976 and 2021, the percentage of California college students who were white declined from 82% to 50%, and male students decreased from 52% to 41%. As student diversity increased, state funding as a percentage of the budget declined by two-thirds.[143]

Higher education funding has decreased as a percent of the California state budget over time



Expanded Learning Programs



GRADE: B

Progress Report

Expanded learning programs (e.g. summer and afterschool) can help reduce opportunity and achievement gaps for students who face systemic racism and poverty and structural barriers such as housing stability, food security, and other issues. The 2023-24 state budget provided nearly $5 billion in expanded learning funds between its three programs, Afterschool Safety and Education, 21st Century Learning Centers, and Expanded Learning Opportunity Program (ELOP). ELOP is in its third year of implementation, yet the state has collected no data on the number of kids being served, their demographics, or type of program being offered. The state Department of Education has leveraged the Expanded Learning Statewide System of Support to aid districts during implementation. However, the lack of available data makes it impossible to gauge the effectiveness and reach of this support.

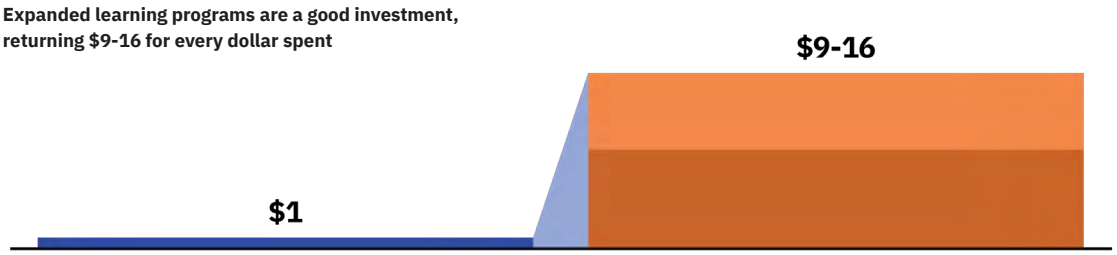
Pro-Kid® Agenda

As work to implement the Expanded Learning Opportunity Program (ELOP) progresses, California must set minimum program quality standards and staffing qualifications. Local education agencies should 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 programs available to serve every student who wants to participate, while prioritizing students from low-income families and those in need of additional academic and social-emotional supports. 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 ELOP is sufficient to meet the needs of students and families as implementation progresses.

State investment in expanded learning has increased dramatically in the last 5 years.[144, 145]

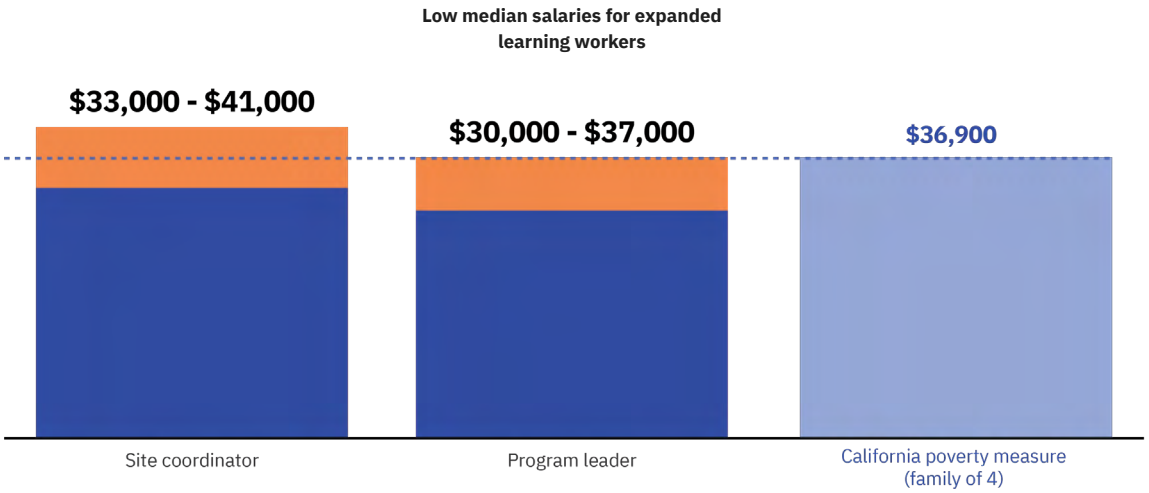
Expanded learning programs can improve academic, health, and social emotional outcomes.[146]

Specifically, they have been shown to increase graduation rates and reduce teen pregnancy and criminal behaviors (and associated costs).



Low wages for California's expanded learning workforce are a barrier to recruitment.[147, 148]

This workforce is largely made up of culturally and linguistically diverse local community members and mostly identifies as female.[149]



STEM Education

GRADE: D

Progress Report

Science, technology, engineering, & math (STEM) education engages students and equips them to succeed in civic life and careers, including STEM-related careers. California is not doing enough to support standards implementation, better 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. The State 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 these subjects contributing to persistent and widening student achievement gaps in reading, math, and science in later grades. While the State has invested in the training, recruitment, and retention of STEM educators, these investments are inadequate given the chronic nature of the STEM teacher shortage. A promising trend, however, is the increase in undergraduate STEM degrees awarded by California colleges and universities to historically marginalized students.

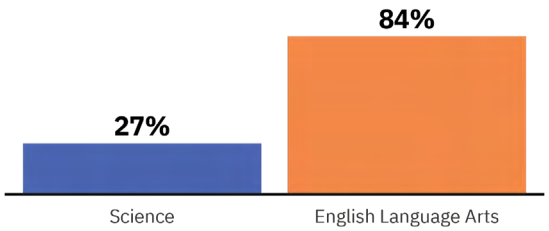
Pro-Kid® Agenda

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 science, technology, engineering, & math (STEM) education — whether they go to college, further career education, or enter directly into the workforce — and regardless of whether their chosen occupation is STEM-related. 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.

Science education at TK-12 schools was deprioritized during the pandemic and the ongoing recovery.[150, 151]

The lack of focus on science education is likely to exacerbate existing low overall levels of science knowledge and gaps among student groups.

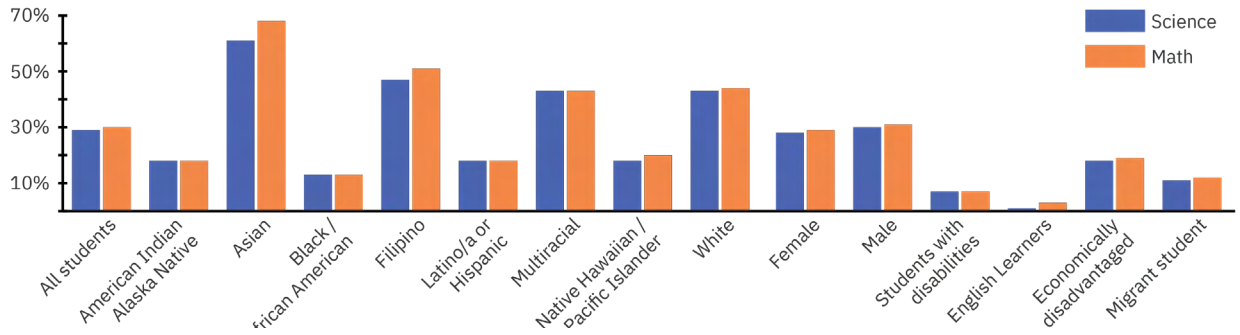
Far fewer California districts prioritized science vs ELA in pandemic recovery plans (% naming subject a "high priority")



California students need more and better support to meet grade-level standards in math and science.[152, 153]

California must step up efforts to close the achievement gap.

Too few 8th graders met or exceeded grade standards in science & math, especially in some student groups (2022-23)

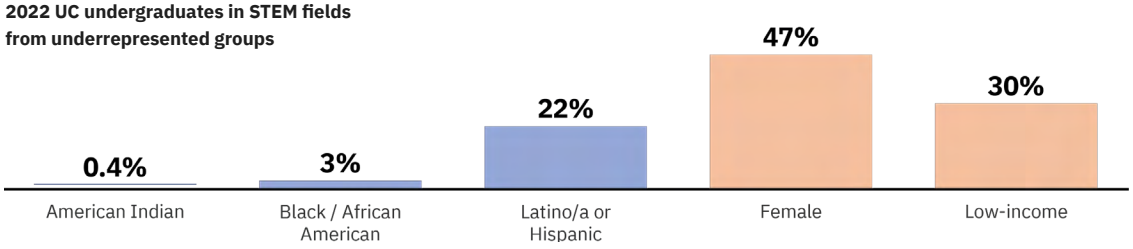


Available data may mask important differences between sub-groups.

Too few undergraduates in STEM fields at University of California campuses are from underrepresented groups.[154]

There has been moderate improvement over the past two decades – for example, Latino undergrads in STEM grew from 10% in 2003 to 22% in 2022 – but more progress is needed.

2022 UC undergraduates in STEM fields from underrepresented groups



Educator Pipeline, Retention, & Diversity

GRADE: C

Progress Report

California needs qualified and effective teachers in every classroom, but this is still not the reality for many students. The 2021-22 school year saw the first decline in new teaching credentials in seven years. Shortages and disparities in teacher preparedness, retention, and diversity, particularly in high-need schools, are negatively impacting students. California has 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 spike in teachers leaving the profession during and post-pandemic, declining teacher preparation program enrollment, the ongoing expansion of TK, and Proposition 28 arts education funding all contribute to the need for tens of thousands of new educators and school staff. 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 and lack of diversity of new educators, continue to improve the preparation of these new educators, provide incentives to enter the profession, 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, quality, and diversity of new teachers, in high-quality professional learning, and, through the California School Dashboard, monitor the equitable distribution of well-prepared educators.

There was a sharp increase in already numerous teacher vacancies as California emerged from the pandemic.[155, 156, 157]

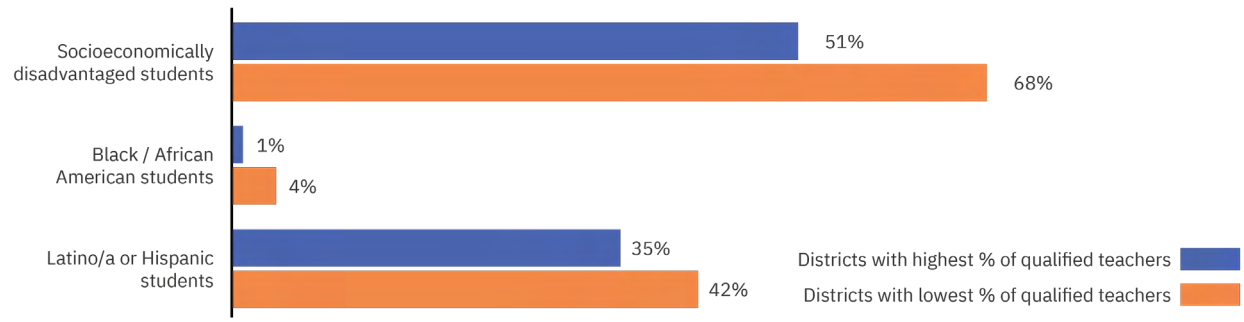
Alarmingly, vacancies shown are in addition to any jobs filled by new teachers.

Teacher vacancies nearly doubled in one year

California school districts with the fewest fully qualified teachers serve a larger percentage of students of color and from low-income families.[158, 159, 160]

Fully qualified teachers are those with credentials that are appropriate for the subject, grade, or student group–sometimes called "clear" teacher assignments.

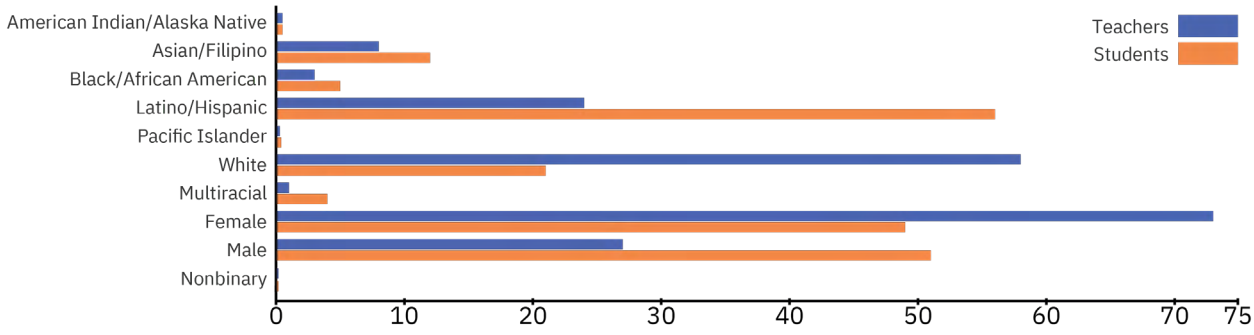
Concentration of fully qualified teachers by student group (2021–22)



California's teacher workforce does not match up with student demographics.[161]

Recent survey data indicates teachers of color and LGBTQ+ teachers report experiencing discrimination at their job.[162]

Race / ethnicity & gender of California teachers & students, 2021-22



Available data may mask important differences between sub-groups.

School Climate: Connections with Adults on Campus

GRADE: D

Progress Report

Student success hinges on the support of caring, effective, trauma-informed, and culturally competent and congruent adults. Despite significant increases in per student spending, California schools continue to have fewer educators, counselors, nurses, support staff, and administrators than almost any other state. Too few students feel connected to an adult on campus, and students who are homeless, English learners, or LGBTQ+ are the least likely to have strong, caring relationships with adults on campus. Student surveys show the pandemic has had a long-lasting impact on student well-being, including increased depression, anxiety, and stress among students, especially Latino/a, Black, and multiracial students. Recently, the State Board of Education increased the required frequency for administering school climate surveys from every other year to annually. This accountability measure must be strengthened through the use of a common set of questions and disclosure of survey data at the school and student group level.

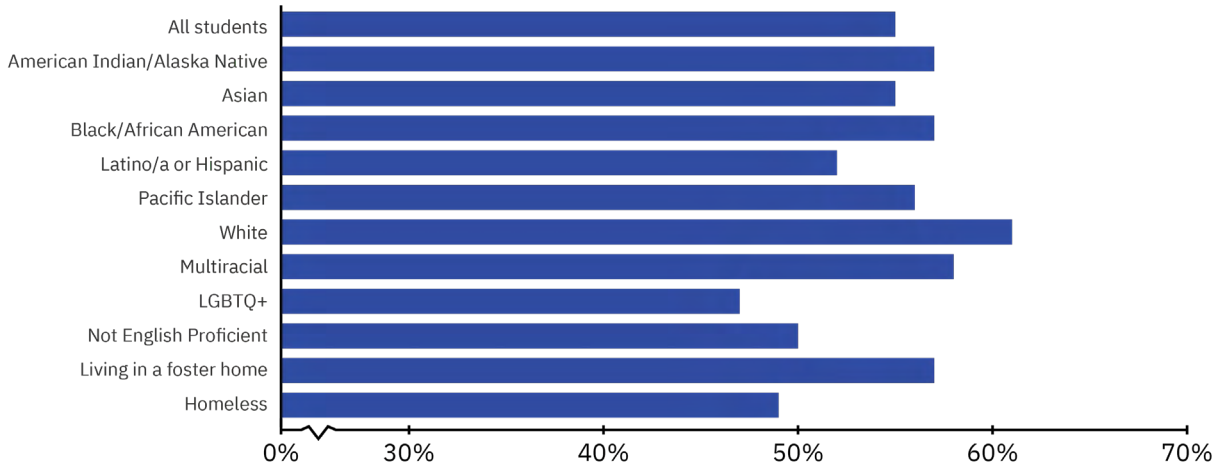
Pro-Kid® Agenda

California must radically improve teacher, school nurse, administrator, and counselor-to-student ratios. Lower ratios ensure students have more access to adults, resulting in delivery of needed supports and services, growth of positive relationships, and improved school climate. This includes building on the $1.1 billion provided through the Local Control Funding Formula (LCFF) concentration factor by maintaining the requirement that funding is used to hire staff in schools with high concentrations of low-income students, English Learners, and foster youth and by increasing support for this goal in future years. The State must ensure that counties and other agencies that provide health and social services to kids are locating services at schools, where the kids are. This could include leveraging state investments in Community Schools and School-County Mental Health Partnerships – or at minimum, ensuring easy access to those services, including transportation support when needed. The State should also standardize core questions about school climate across district surveys, and collect results statewide, and boost the importance of school climate on the California School Dashboard.

A surprisingly low percentage of students say that at least one adult at school cares about them, notices when they're absent, and listens when they have something to say.[163]

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

Only about half of 9th graders reported a caring relationship with an adult at school (2019-21)



Available data may mask important differences between sub-groups.

California has consistently ranked near the bottom of all states in staff-to-student ratios.[164, 165, 166]

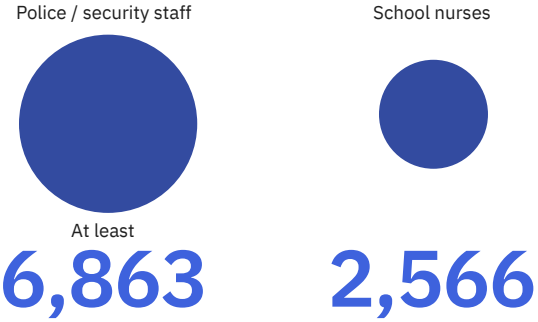
Research shows that staff-to-student ratios are a key factor impacting student success.[167]

Fall 2021 school staff ratios:	California rank (50 states & DC)
Total staff	46th
Teachers	49th
Principals & assistant principals	48th
Guidance counselors	45th
Student support staff	47th

California's schools have too few nurses and too many police/security staff.[168, 169, 170]

Nurses are important for connecting students with essential physical and mental health services.[171, 172]

There are over 2.5 times more police/security staff at California schools as nurses



School Climate: Discipline & Attendance

GRADE: C

Progress Report

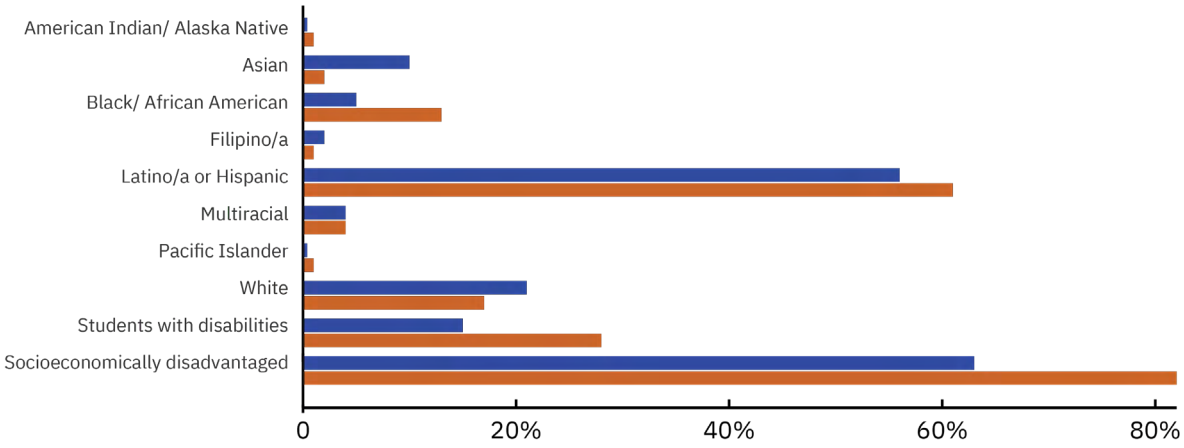
A healthy school climate is one where students feel safe, connected to their peers, and supported by caring adults. Unfair, punitive discipline policies negatively impact the school climate, dampen student attendance, and disproportionately affect students of color. Too many schools have police on campus, but no nurses, social workers, or counselors. Mounting evidence has brought to light discriminatory policing patterns in schools criminalizing students and promoting the school-to-prison pipeline, especially among Black, Indigenous, and Latino/a students and students with disabilities. A new law extending the prohibition of student suspension due to willful defiance through high school holds the promise of reducing this inequitable treatment of students of color. 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.

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 redirect 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, investigate its root causes, and develop effective strategies to improve attendance.

Student suspensions in California continue to decline, but Black, disabled, and socioeconomically disadvantaged students are significantly overrepresented among those suspended for the vague and subjective category of "defiance." [173]

Disparities in "defiance" suspensions by student group 2022-23

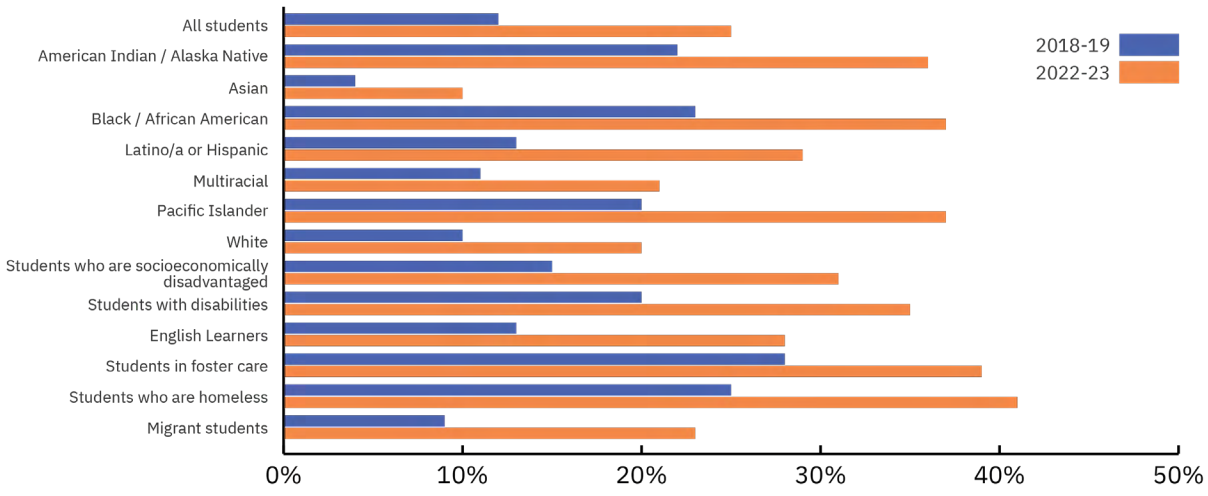


Available data may mask important differences between sub-groups.

Chronic absence ballooned during the pandemic and remains very high. [174, 175]

Historically disadvantaged groups often miss more school days due to health or transportation problems, making it harder to succeed academically. [176, 177]

Chronic absence rates grew dramatically during the pandemic and remain high, especially for disadvantaged groups



Available data may mask important differences between sub-groups.

Higher Education

GRADE: B-

Progress Report

California's 2023-24 budget highlights its commitment to higher education with a total of $40 billion for the University of California (UC), California State University (CSU), and California Community Colleges (CCC), including $1.12 billion in new spending to cover base growth and cost of living adjustments. The budget also includes sustained investments to address the student housing shortage, improve data infrastructure and research, and strengthen higher education's role in addressing workforce needs. High school-to-college transitions have improved as more students take college-level courses earlier through initiatives like dual enrollment. Nonetheless, higher education is still out of reach for many, particularly for students of color and for low-income families. Also, a significant number of students take far too long or fail to graduate 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 and affordable housing, and the need to balance work, home, and school, especially for older students and those attending part-time.

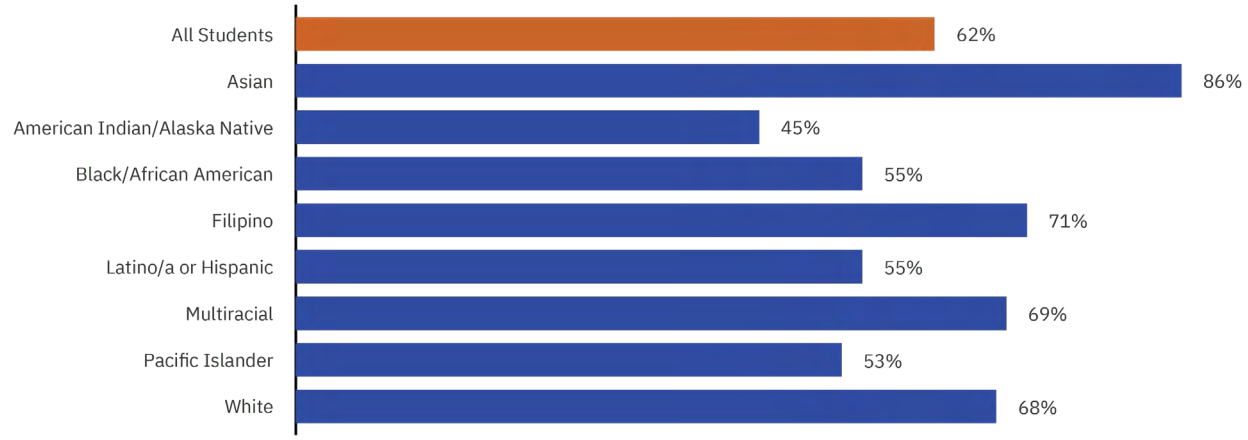
Pro-Kid® Agenda

California policymakers must invest in the University of California, California State University, and California community colleges, and remove the often-insurmountable barriers of attending and completing 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 attainment gaps, provide adequate and stable funding, increase completion rates, and strengthen accountability through increased transparency and measuring performance. Policymakers should continue to prioritize state funding to make college more affordable, including tuition-free community college, additional investments in student financial aid, on-going funding for student mental health and basic needs, and ensuring affordable housing for students attending all three segments of public postsecondary education.

Access to college varies widely among student groups.[178]

Overall, less than two-thirds of high school graduates enrolled in college within 12 months.

Percent of high school graduates enrolling in college within 12 months, by student group, 2020-21

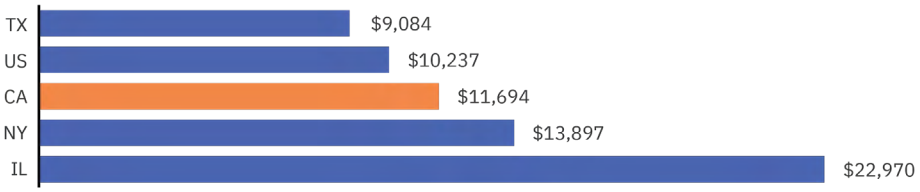


Available data may mask important differences between sub-groups.

California's per-student investment in higher education grew by 63% since 2012 and is now above the national average.[179]

However, there is still room for the State to do more. As a percentage of the state budget, California currently spends 2/3 less than it did in 1976 on higher education.

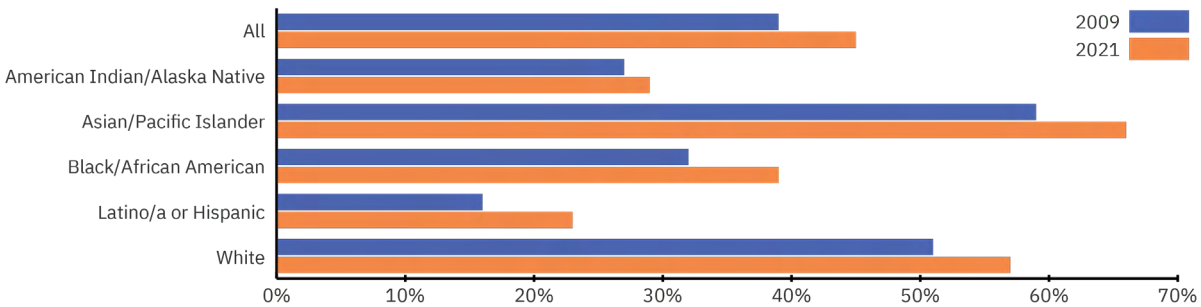
Per student higher education appropriations (2022)



Student outcomes in higher education mirror racial/ethnic access disparities.[180]

The State needs to continue to improve supports for students of color to reduce inequities.[181]

More Californians are earning degrees, but disparities persist (25-64 year-olds with an associate degree or more, 2009 vs 2021)



Available data may mask important differences between sub-groups.

Family Supports

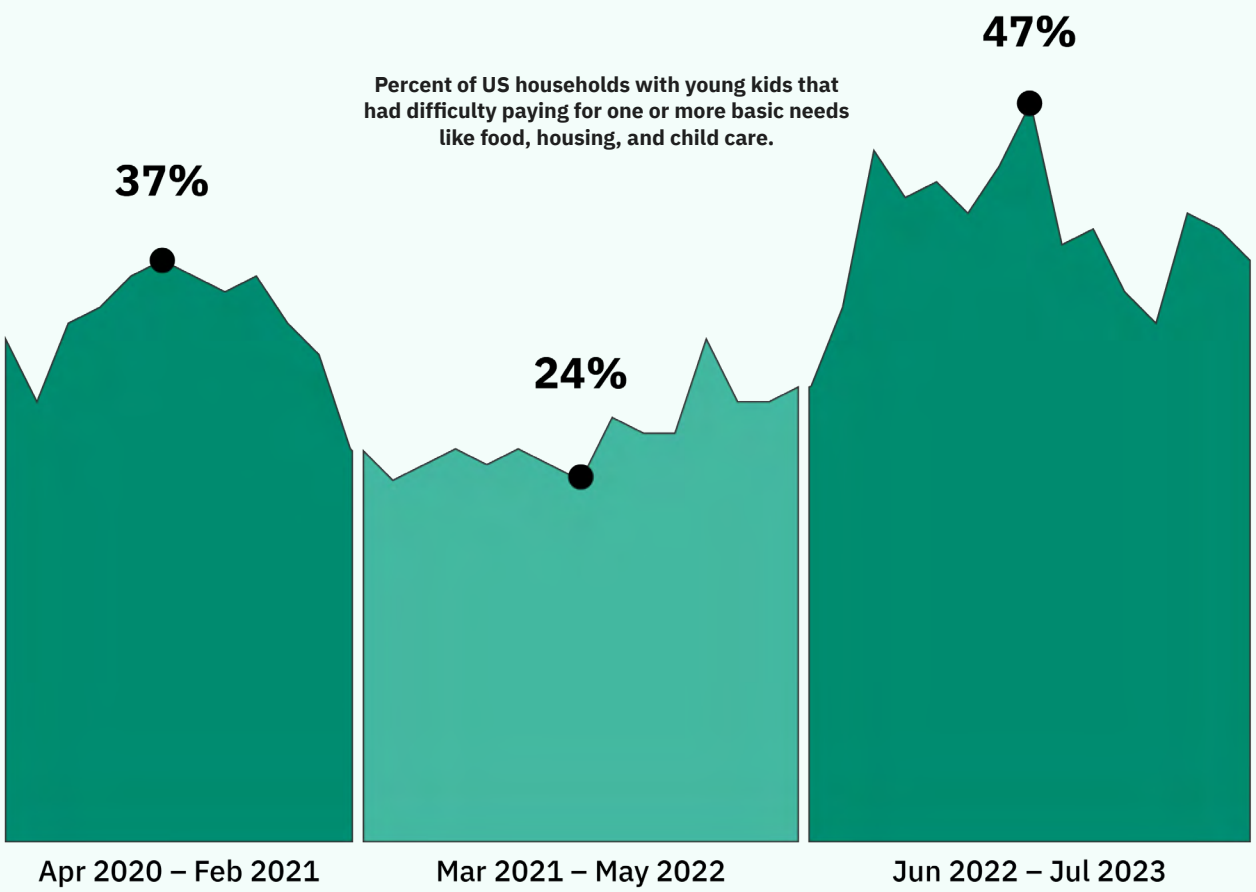
SECTION	GRADE
Voluntary Evidence-Based Home Visiting	**C-**
Paid Family Leave	**B-**
Income Assistance for Low Income Families	**B**

Children's well-being is fueled by good health, enriching learning opportunities, and positive and nurturing relationships with adults. Both adult and child well-being can be undermined by unmet basic needs, economic hardship, social isolation, and stress.[182] However, the experience of the past few years prove once again that supportive policies and funding can buffer negative impacts on families.[183, 184]

Throughout the pandemic, California made positive policy changes to bolster families with key supports, even as federal funding withered away. However, too often families with young children are an afterthought in California policy. For example, recent behavioral health investments largely ignored young kids, and households with kids who aren't yet in school are often forgotten since they aren't part of a single "system."

It is critical that the State build on what has worked to support families, such as home visiting programs, paid family leave, and economic policies like the Child Tax Credit. These successes must be strengthened and brought to scale so that all families have the resources they need to care for their children.

Pandemic-era benefits softened the blow for households with young kids.[185]



Voluntary Evidence-Based Home Visiting

GRADE: C-

Progress Report

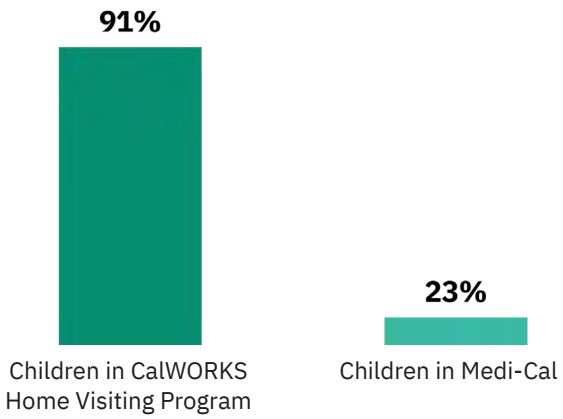
Voluntary evidence-based home visiting programs match new and expectant parents with trained professionals who provide ongoing, tailored support, starting as early as pregnancy and during the child's first few years of life. Research shows that the benefits of evidence-based home visiting last a lifetime – for both the child and parent – and generate significant cost savings to multiple public systems. California has made important progress through historic investments in home visiting programs through CalWORKS and expansion of state general funds for the California Home Visiting Program. Both programs demonstrate meaningful, positive outcomes for participants. To realize the full potential of these investments, state leaders should focus on workforce development, coordination and infrastructure efforts to address the lack of capacity in the field and ensure eligible families are effectively supported to understand their options, enroll, and participate for as long as they are eligible and in need.

Pro-Kid® Agenda

California policymakers must continue to expand voluntary, evidence-based home visiting programs statewide, ensure these effective programs reach a more significant share of eligible families, strengthen alignment and coordination at state and local levels, and provide programs for the duration of the model for fidelity purposes to achieve the full benefit of these investments. Furthermore, the State must ensure outreach and enrollment guidelines center the needs of families and minimize barriers at every opportunity. Access to home visiting through multiple pathways ensures that high-quality, responsive programs are available and meet the diverse needs of families and communities. In addition, the State must leverage multifaceted funding that includes maximizing federal Medicaid dollars as part of sustainability strategies that give providers the flexibility to blend and braid their funding.

91% of eligible children received at least one developmental screening while participating in a CalWORKS Home Visiting Program, compared to 23% of children 0-3 years-old in Medi-Cal.[186]

Children in CalWORKS Home Visiting Program were far more likely to receive at least one developmental screening



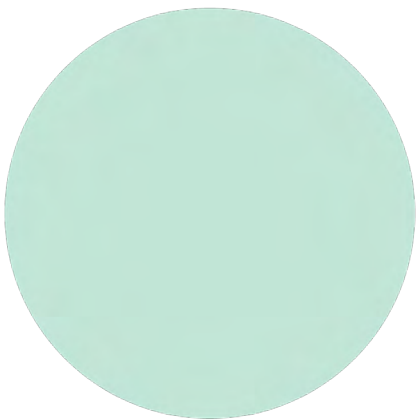
In FY 2022, the Department of Public Health California Home Visiting program reported that: [187]

81% of parents/caregivers were screened for depression.

70% of people who gave birth received a postpartum visit with a health care provider within 8 weeks of delivery.

70% of children enrolled in California Home Visiting Program (MIECHV) received their well child visits.

Despite research proving the benefits of voluntary evidence-based home visiting programs, they do not reach enough California families.[188]



1,004,160

Families who could benefit from home visiting who met one or more risk factors

13,178
(1.3%)

Families actually served

Paid Family Leave

GRADE: B-

Progress Report

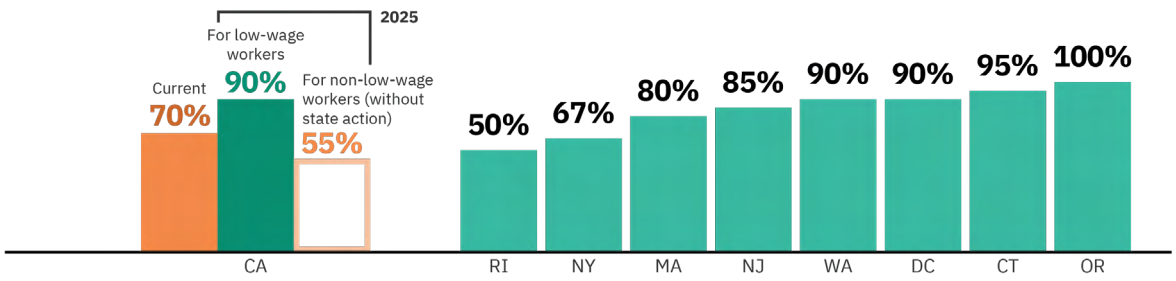
Paid family leave (PFL) policies provide essential job protection and income replacement for parents and caregivers who take time away from work to care for and bond with a new child or support a family member. California was the very first state to enact PFL for most workers in 2002, and took steps in 2019 and 2022 to make PFL more accessible, by increasing the duration of paid leave to eight weeks, temporarily increasing wage replacement to (at most) 70% of wages, and increasing benefits for low wage workers to 90% of their wages.[189] However, a permanent national policy is still not in place and wage replacement policies in California will again fall short compared to states if temporary increases expire in 2025, placing an unnecessary economic burden on low-income families, families of color, and single-parent families.

Pro-Kid® Agenda

California must ensure paid family leave (PFL) 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 permanently increase the wage replacement percentage for middle- and higher-income families to a minimum of 70% to eliminate economic barriers that contribute to racial/ethnic and income disparities in PFL utilization in California. Over the longer term, the state should lead the country in ensuring many more months of paid leave for parents and guardians with newborns as part of bonding and healthy adjustment for the family.

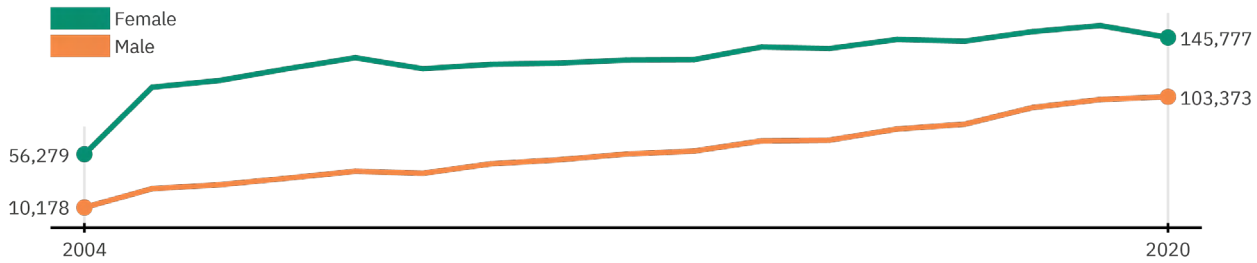
California's paid family leave (PFL) wage replacement rates have improved, but continued work is needed to keep up with the handful of peer states that lead the nation on PFL policies.[190, 191]

Paid family leave wage replacement by state



PFL bonding claims have increased over the life of the program, and men are beginning to close the gap with women.[192]

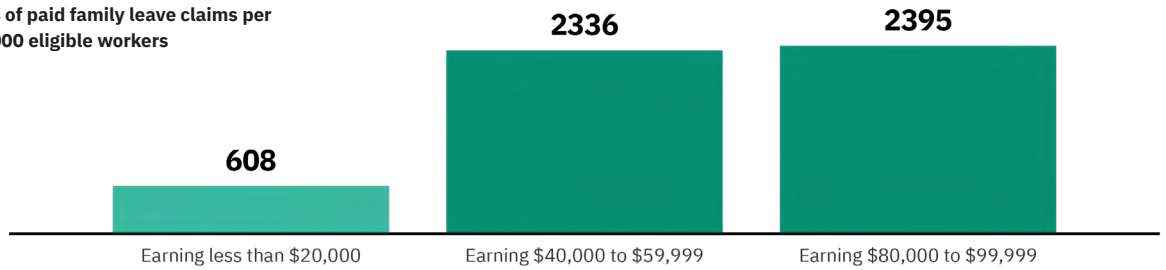
California PFL bonding claims, 2004-2020



California's low-income workers pay into PFL, but many are unable to afford taking leave.[193]

Even with the temporary increase in wage-replacement rates, low-income workers (who are disproportionately women and people of color) [194] are still left out of paid family leave.

Rates of paid family leave claims per 100,000 eligible workers



Income Assistance for Low-Income Families

GRADE: B

Progress Report

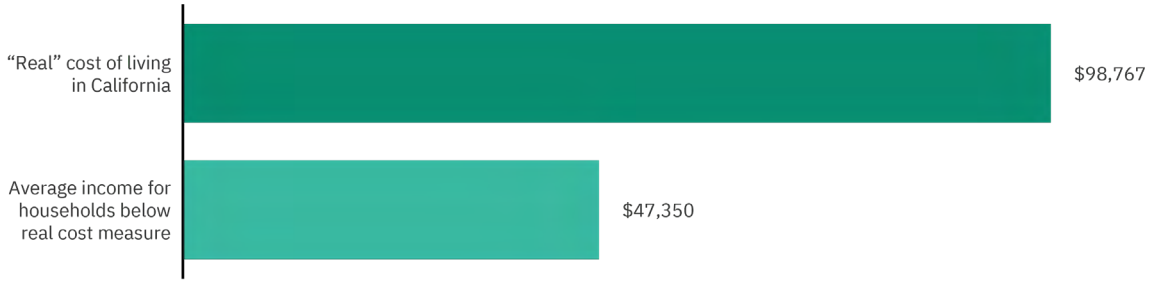
Statewide, over 3 million children live in low-income families, with families of younger kids facing higher levels of poverty.[195] While 80% of low-income California families have at least one working adult,[196] stagnant wages and high housing costs undermine economic security. Children who grow up spending the majority of their lives in poverty are more likely to live in poverty as adults.[197] Recent data from pandemic relief programs highlight the power and effectiveness of public sector investments and affirm the vital role of the government in lifting children and families out of poverty when it takes aggressive actions to bolster public programs. Key federal programs that delivered major poverty reductions during the pandemic include the Child Tax Credit and other refundable credits, CalFresh (SNAP, nationally), and school meals. Pandemic-era federal funds have recently ended, and the state is already seeing a rapid rebound of childhood poverty rates, especially for children under 12.[198]

Pro-Kid® Agenda

All California families should have the basic income needed to house, care for, and feed their children. In the near-term, the State must increase program funding and implement focused outreach efforts to ensure all eligible families benefit from enhanced income assistance programs, including CalWORKs, the Earned Income Tax Credit (EITC), and the child tax credit, with the focus on families with young children, families in deepest poverty, and families with mixed immigration status.

Families with kids are struggling to make ends meet.[199]

Living wage gap for 2 parents, 1 infant, 1 preschooler households (2023)



Income assistance programs are kids' programs.

Over 85% of the funds from California's EITC program go to households with kids, and the vast majority of CalWORKs recipients are children.[200, 201]

770,000 recipients of CalWORKs each year

>85% of CalWORKs recipients are children

Without safety net income assistance, many more California children would live in households with incomes below the poverty line.

With many pandemic-era federal supports coming to an end, child poverty will significantly increase unless the state fills those gaps.[202]

Without policy supports, child poverty rates would have skyrocketed

Child Welfare

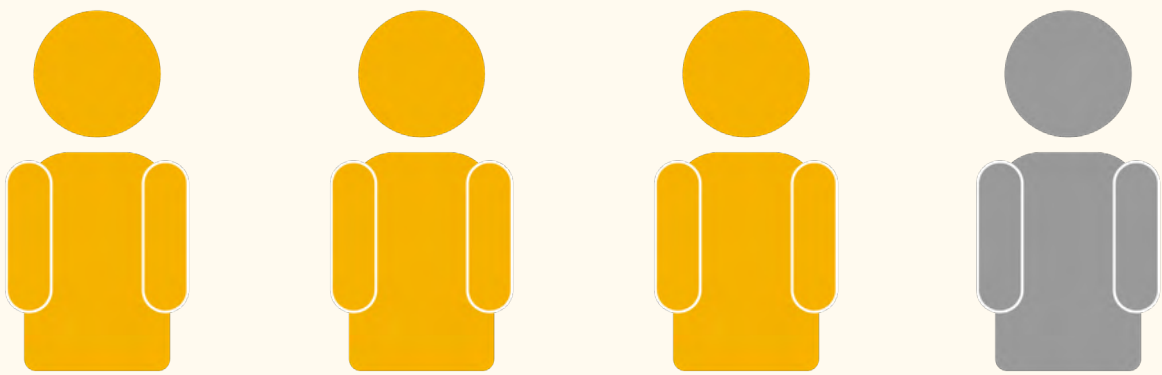
SECTION	GRADE
Stable Homes & Enduring Relationships	**C**
Health Care for Kids in Foster Care	**C+**
Education Supports for Students in Foster Care	**D**
Transitions to Adulthood	**D**

Nearly 54,000 California children and youth were confirmed victims of abuse and neglect in 2022.[203] 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.[204] 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.

Robust prevention programs designed to support families are pivotal to ensuring the safety and well-being of children and youth. 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. The Family First Prevention Services Act (FFPSA) and California's Family First Prevention Services (FFPS) Program both support counties' efforts to implement 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.

1 in 4 California children experience an investigation for maltreatment



Stable Homes & Enduring Relationships

GRADE: C

Progress Report

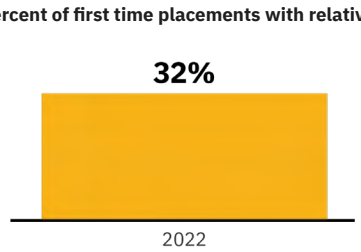
Stable placements in nurturing family homes and enduring relationships with caring adults are foundational for helping children and youth in foster care heal from the trauma they have experienced and thrive. Individualized, trauma-informed supports, services, and resources are critical to building and sustaining these stable homes and enduring relationships. Additionally, keeping children and youth connected to family and community can provide familiarity, comfort, and continuity at a traumatic time. To support ongoing connections, including placement with relatives, California created the Excellence in Family Finding, Engagement, and Support (EFFES) Program and established The Center for Excellence in Family Finding, Engagement, and Support to grow and support culturally responsive, family-centered, and trauma-informed family finding and engagement services across the state. California also continues 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.

Too few first-time placements are with relatives.[205]

Current policy prioritizes placing children and youth with kin; however, there has not been substantial improvement in the last five years. Only a third of new placements are with relatives or other known community members.

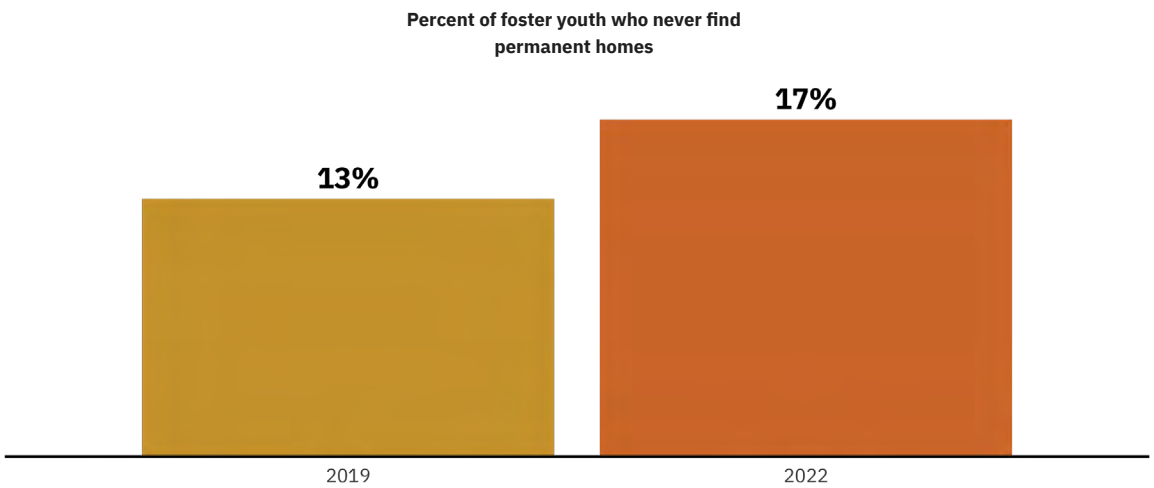


Too many children and youth in foster care experience frequent placement changes.[206]

Stable placements are vital to the well-being of children and youth in foster care, yet they remain elusive.

Nearly one-fifth of youth are aging out of foster care without finding a permanent home.[207]

This leads to increased risks for lower educational and career attainment, physical and mental health problems, unstable housing, and involvement with the juvenile justice system.



Health Care for Kids in Foster Care

GRADE: C+

Progress Report

Children in foster care have experienced abuse, neglect, and other traumas, which often result in physical and mental health challenges that can persist into adulthood. Access to comprehensive health services is imperative to helping children and youth 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) and BH-CONNECT Initiatives and other health initiatives, California is working to improve healthcare access and quality to meet the unique and complex physical and mental health needs that children in foster care may experience. Also, as part of CalAIM, California recently simplified access criteria to allow children and youth in foster care to access specialty mental health services due to their history of trauma without requiring a diagnosis.

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 from their homes. 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 disproportionally represented in the child welfare system. Policymakers should also ensure seamless cross-system collaboration, oversight, and accountability occurs between child welfare and health 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.

Children in foster care are more likely to have physical and mental health needs because they have experienced trauma.[208]

A national study found that kids who had been in foster care were:

7x more likely to experience **depression**

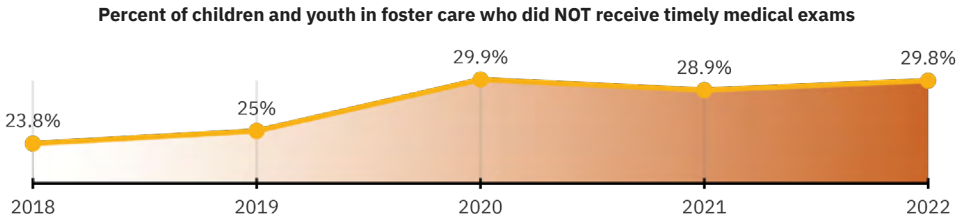
6x more likely to exhibit **behavioral problems**

5x more likely to feel **anxiety**

3x as likely to have an **attention deficit disorder, hearing impairments** and **vision issues**

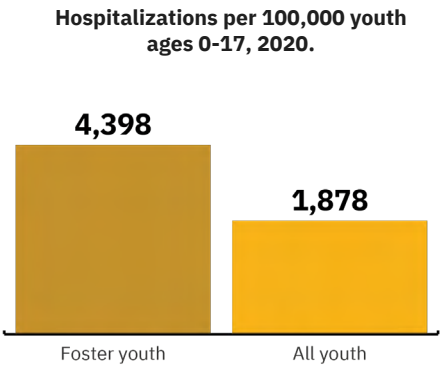
2x more likely to suffer from **learning disabilities, developmental delays, asthma, obesity** and **speech problems**

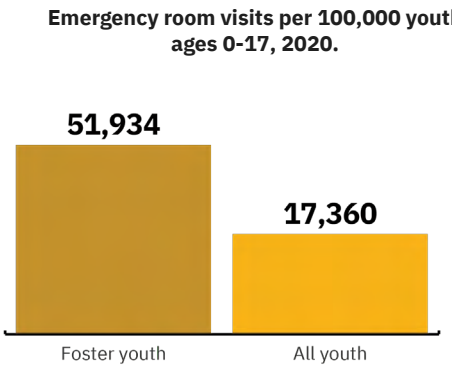
One-third of youth in foster care do not receive timely medical exams, despite a state mandate and their higher levels of health care need.[209]



Children in foster care visit emergency rooms and are hospitalized at much higher rates than children in the general population.[210, 211, 212]

Lack of timely access to required preventative exams and screenings, limited numbers of trauma-informed providers and specialists, and barriers to continuity and coordination of care contribute to greater dependence on hospitals and emergency medicine for children and youth in foster care.





Education Supports for Students in Foster Care

GRADE: D

Progress Report

Due to multiple moves and school changes, missed school days, and trauma, youth in foster care face unique challenges to academic achievement. In 2013, the Legislature overhauled the education financing system and passed the Local Control Funding Formula (LCFF). Acknowledging the distinct experiences of youth in foster care, LCFF identified them as one of three high-need student groups needing extra education supports, along with English Language Learners and low-income students. Despite a decade of LCFF's greater attention on students in foster care, academic engagement and achievement outcomes for youth in foster care have not improved significantly and continue to lag far behind other high-need student groups. To address this, the 2023-24 state budget included language that now requires LEAs to address in their Local Control and Accountability Plans (LCAPs) the low performance of a school and/or student group, such as students in foster care, as identified by the California School Dashboard.

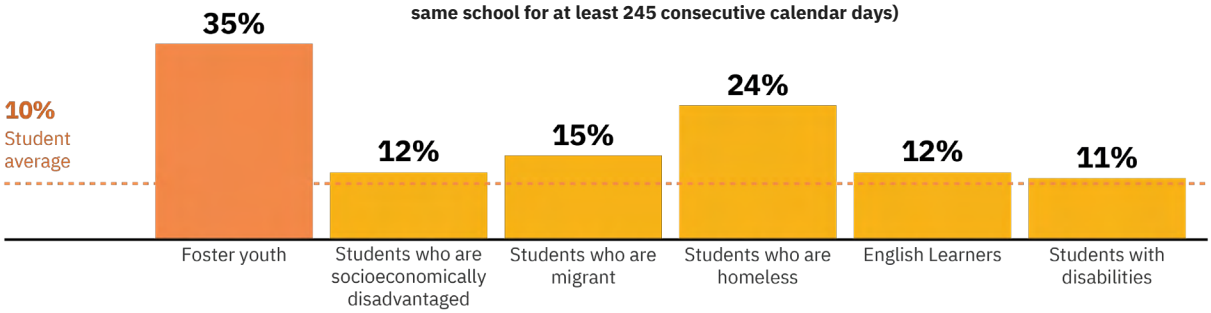
Pro-Kid® Agenda

California policymakers must ensure that all children in foster care receive the supports they need to recover from ongoing COVID-19 pandemic-driven learning loss and keep them from falling further behind in school. 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 LCFF to ensure funding is being used to provide the critical services foster youth need to overcome educational obstacles, and that Local Control and Accountability Plans incorporate planning and accountability that adequately address the needs of youth in foster care. 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.

Youth in foster care have the highest rate of unstable enrollment.[213]

Students in foster care change schools frequently. Despite youth's right to a stable education, frequent home placement changes can cause school transfers and high rates of unstable enrollment.

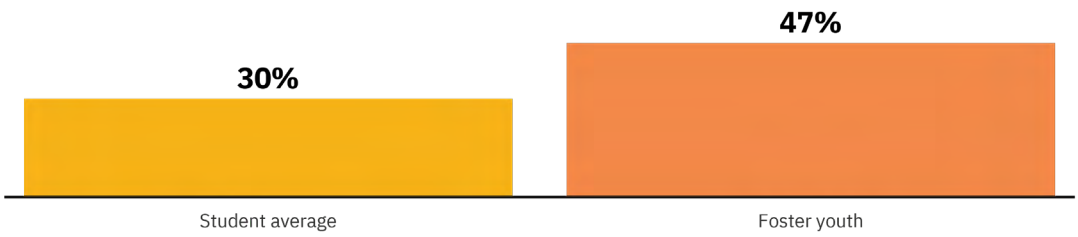
School instability rates, 2021-22 (Students NOT enrolled at the same school for at least 245 consecutive calendar days)



Youth in foster care are more likely to be chronically absent than other underserved youth.[214]

Students in foster care tend to miss many school days. Placement changes, school transfers, court hearings, and parental visitation can disrupt their engagement with learning and ability to do well in school.

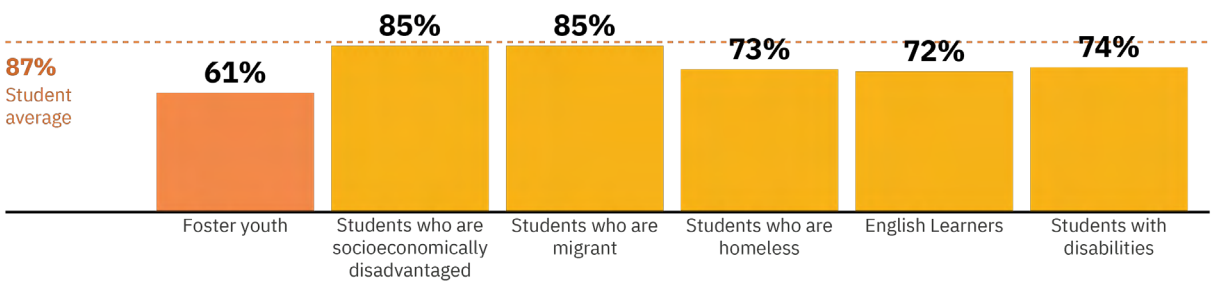
Percent of students who were absent for more than 10% of school days, 2021-22



Due to inequities in the education system, too few youth in foster care finish high school on time.[215]

Low graduation rates can mean youth struggle with college engagement and career attainment.

High school graduation rates, 2021-22



Transitions to Adulthood

GRADE: D

Progress Report

Currently, there are nearly 13,000 youth between the ages of 16 and 21 in the California foster care system.[216] Youth with foster care experience have undergone the significant trauma of being removed from their homes and may experience more trauma in the child welfare system itself. This can have a reverberating effect for youth as they transition into adulthood — leading to poorer outcomes like housing instability, financial instability, lower educational attainment, and poorer mental and physical health. The 2023-24 state budget increased financial aid funding for youth in foster care enrolled in UCs, CSUs or state community colleges. The State has also offered additional supports to youth in foster care transitioning to adulthood in the form of the Foster Youth Tax Credit and increased monthly payments for youth living in supervised independent living placements.[217, 218]

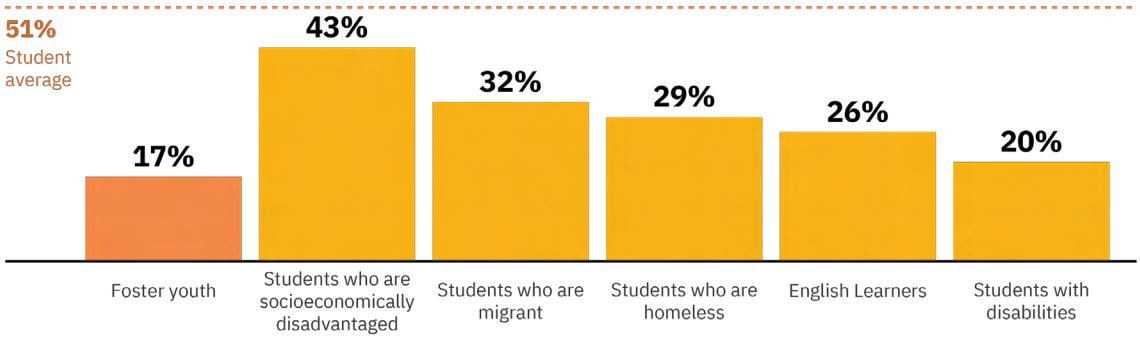
Pro-Kid® Agenda

California policymakers must ensure that older youth in foster care have access to the supports and services they need to successfully transition to adulthood. As youth work to build the life skills necessary to become self-sufficient, policymakers must ensure youth's basic needs are met by improving access to transitional housing, food, and critical safety net programs. Furthermore, the State must provide targeted supports that promote youth's future economic security, including those designed to improve their academic engagement and achievement, aid their transition to postsecondary education, and equip them to find and maintain employment. Finally, California must help youth strengthen and increase lifelong connections to caring adults in their communities as they navigate increasing independence.

Students in foster care are not adequately prepared for college.[219]

Only a small portion of youth in foster care complete all the courses required to be admitted to a UC/CSU.

High school graduates who completed UC/CSU course requirements, 2021-22



Employment outcomes lag for youth with foster care experience.[220]

Youth with foster care experience may lack needed connections to employment opportunities and targeted supports to obtain and maintain employment.

Youth formerly in California's extended foster care program (at age 23)

55% employed

working 10 or more hours per week

Youth without foster care experience

75% employed

working 10 or more hours per week

Many youth who have spent time in foster care experience housing instability and homelessness.[221]

Long transitional housing program waitlists, barriers to housing program entry or retention, unaffordable housing, and a lack of youth-friendly housing options contribute to this problem.

More than 1/2

of respondents in a study of youth formerly in foster care reported experiencing homelessness between ages 17 and 21.

Cross-Sector Issues

SECTION	GRADE
Supports for Unaccompanied Homeless Youth	**D-**
Supporting LGBTQ+ Youth	**C+**
Decriminalization of Youth	**D+**
Food Security	**B-**
Cradle-to-Career Data Systems	**B-**

Children's physical, mental, educational, and social well-being are intrinsically interconnected, yet California's services for kids are too often siloed. Studies suggest that a more integrated, holistic approach to supporting children's well-being is more beneficial than an isolated approach and may be especially useful in addressing complex issues that lack a singular cause, such as unaccompanied youth homelessness and food insecurity.

While all of the issues in the *Report Card* are interrelated, the topics in this section have especially strong implications across multiple sectors and systems. A whole-child approach to supporting kids incorporates services that meet young people where they're at and address the many factors that are needed to help them thrive.

Supports for Unaccompanied Homeless Youth

GRADE: D-

Progress Report

Unaccompanied youth experiencing homelessness are young people (ages 25 and under) who are not living with a parent or guardian and lack a safe, regular, and adequate nighttime residence. They experience homelessness for a variety of reasons, including a lack of family acceptance, domestic violence, family economic challenges, or exiting public systems with insufficient support. They also experience homelessness in a variety of ways, many of which are less visible. They may be shifting from one temporary arrangement to another, living in a car or shelter, or living on the street. Recently, the State included targeted funding for youth housing in Project Homekey and the Homeless Housing, Assistance and Prevention Program which includes a 10% set-aside of funds that must be used to provide services for youth experiencing homelessness. While the State has started to make investments to prevent youth homelessness, many of the available programs are focused on serving adults and are not designed to meet the unique needs of youth.

Pro-Kid® Agenda

California policymakers must ensure that any experience of homelessness by youth is rare, brief, and non-recurring so that youth can reach their full potential and be part of thriving communities. Special attention should be paid to youth exiting the child welfare and juvenile justice systems who often experience additional challenges to 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 youth-friendly housing options and supportive services.

Failures of external support systems are the most common causes of youth homelessness.[222] Among youth who experienced homelessness:

Systemic barriers and inequalities result in circumstances beyond the youth's control that lead to their experiences of homelessness.

92% Cited fragile social networks as a main reason for their homelessness

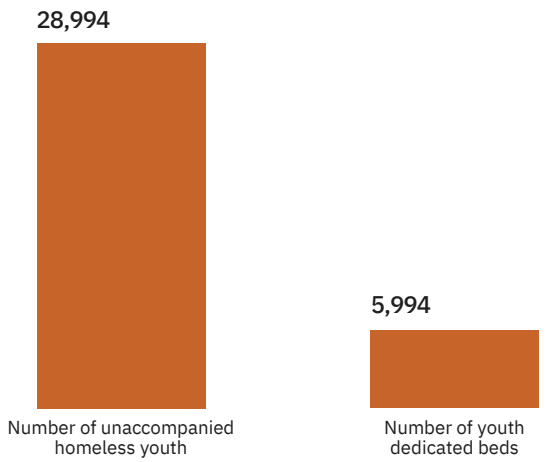
29% Exited the foster care system

62% Had prior juvenile justice involvement

There are almost 5x more unaccompanied homeless youth[223] than there are beds dedicated to them.[224]

Establishing more housing services and supports dedicated to youth and focused on their specific needs is critical.

Many unaccompanied youth experiencing homelessness are unable to find safe places to sleep



Homelessness can have significant and lifelong impacts on youth well-being.[225]

A study in San Francisco on unaccompanied youth experiencing homelessness reported:

80% Exhibited symptoms of post-traumatic stress disorder

51% Had symptoms of moderate or severe anxiety

74% Were at risk of clinical depression

33% Experienced substance abuse

Supporting LGBTQ+ Youth

GRADE: C+

Progress Report

At least 11% of California youth identify as LGBTQ+.[226] In a country rife with LGBTQ+ discrimination, California has some of the strongest legal protections for these youth nationwide. The Student Safety and Violence Prevention Act (2000) prohibited discrimination in schools based on gender identity and sexual orientation. In 2022, Governor Newsom signed a law making California a legal safe-haven for transgender youth seeking gender-affirming care and their families.[227] However, the Governor recently vetoed a bill that would have required judges to consider whether a parent affirms a child's gender identity in custody hearings.[228] Moreover, uneven policy implementation across the state and targeted discriminatory policies at the local level[229] leave LGBTQ+ youth at risk of poorer health, education, and overall well-being. In fact, three-quarters of California's LGBTQ+ youth reported their communities were unaccepting or only somewhat accepting of their identity and a significant number of LGBTQ+ students said they were harassed at school.[230, 231]

Pro-Kid® Agenda

In the face of discriminatory rhetoric and actions in a number of communities, California's policymakers must ensure that all LGBTQ+ youth in the state are protected and supported at school and home – in every school and community. In the near-term, state leaders should continue to block implementation of school district "forced outing" policies, promote inclusive school environments and anti-bias training for administrators and staff, and enforce state sexual health education laws that require the inclusion of LGBTQ+ history and issues. Leaders should also ensure that state data continues to disaggregate LGBTQ+ student outcomes. In the longer term, policymakers must ultimately address the culture of discrimination that continues to leave LGBTQ+ youth vulnerable to poor education, health and well-being outcomes.

California LGBTQ+ youth experience discrimination that impacts their daily lives, including their health.[232]

70% Experienced discrimination based on their gender identity or sexual orientation

32% Experienced physical threats or harm

69% Reported symptoms of anxiety

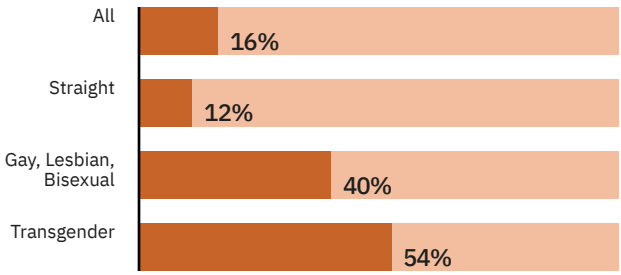
58% Reported symptoms of depression

62% Of those who wanted help with their mental health did not receive care

LGBTQ+ youth also report considering suicide at far higher rates than their straight peers.[233]

When LGBTQ+ youth are supported by the adults around them at home and at school, they are less likely to experience mental health issues and suicidality.

California 11th graders who reported considering suicide, 2019–2021



Supports for LGBTQ+ youth work to empower and affirm all young people.

There are over 1,100 Gender and Sexuality Alliances (GSAs) at schools across California.[234]

Compared to students without GSAs at their schools, students in schools with GSAs reported:[235]

a. Better school climate

b. Less truancy

c. Better grades

d. Less bullying based on sexual orientation

e. Less depressive symptoms & suicidality

f. Lower substance use

g. More connection to their school

h. Better mental health

Decriminalization of Youth

GRADE: 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. 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. The State has recently taken steps to make the system more healing and equitable, including closing state-run youth prisons under the Division of Juvenile Justice in 2023 and transferring youth back to their communities to receive care closer to home.

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 new county-based system caring for young people following the closure of the Division of Juvenile Justice is sufficiently funded and includes oversight and accountability to ensure detained youth are able to successfully reintegrate into their communities.

Many youth involved in the justice system have a prior history of multiple traumas.[236]

Trauma-informed interventions must be a critical component of youth justice programs.

A study on trauma histories of justice-involved youth found that:

4.9 Was the average number of trauma types (e.g. emotional abuse, school violence, physical assault) experienced by youth

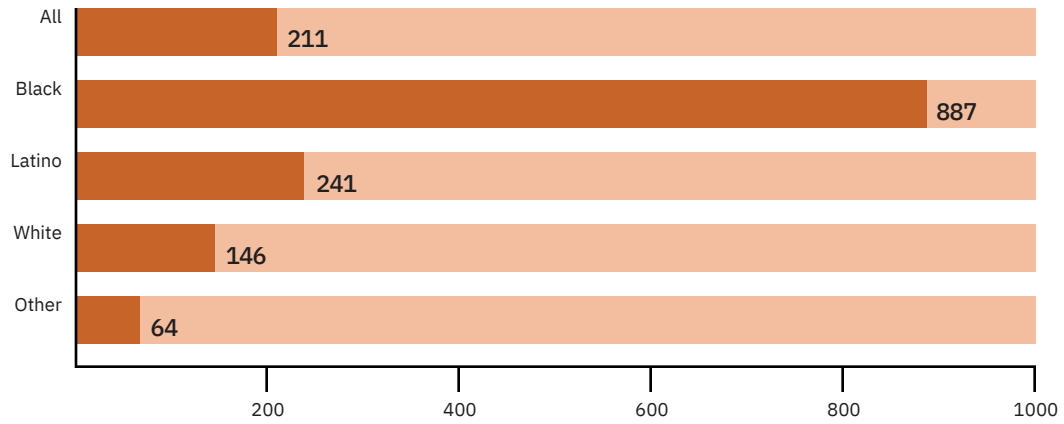
62% Experienced trauma in the first 5 years of life

24% Met criteria for post-traumatic stress disorder

Youth of color are overrepresented in the juvenile justice system.[237]

Implicit and explicit racial biases persist at all levels of the juvenile justice system, resulting in harsher treatment of youth of color—from arrest through incarceration—for the same crimes committed by white youth.

Juvenile (0-17) arrest rate, per 100,000, 2021



Incarceration can have reverberating lifelong impacts on youth.[238]

a. High rates of recidivism and further justice system involvement

b. Less likely to graduate high school or to enroll/ complete college

c. Lower employment and earnings in adulthood

d. Poorer health in adulthood, shorter life expectancy

e. Further trauma, exacerbated trauma

Food Security

GRADE: B-

Progress Report

Good 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 barriers to academic achievement and a higher likelihood of other serious and costly physical and mental health conditions.[239] The pandemic exacerbated food insecurity for many California children, especially Black and Latino/a kids.[240] In good news, although a pandemic-era federal waiver authorizing free school meals for all students expired in June 2022, California's state budget included funds to continue that policy permanently. The 2023-24 state budget made other significant investments to support child nutrition, including a pilot program to raise monthly benefits for CalFresh (known federally as the Supplemental Nutrition Assistance Program), outreach and automation funding for summer food benefits, and a cost-of-living adjustment for child care nutrition programs. However, the State failed to increase meal reimbursement for children in family child care settings.

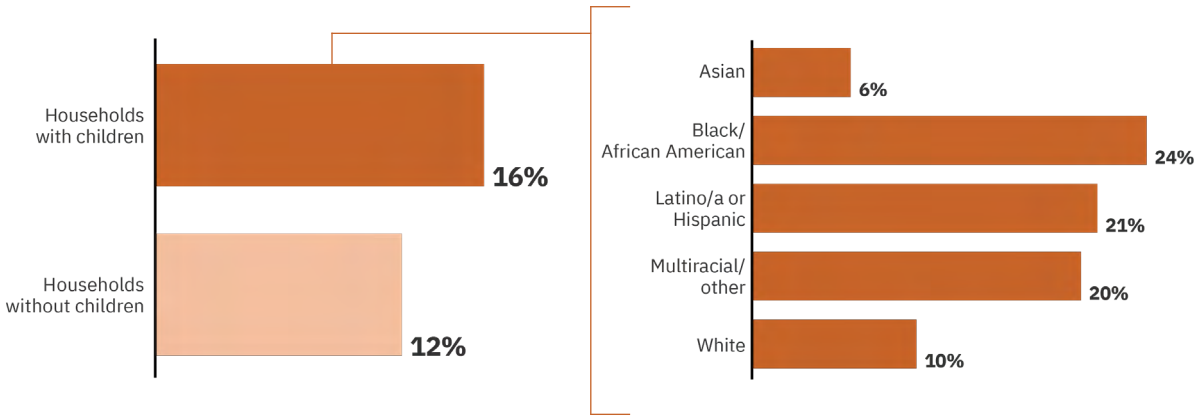
Pro-Kid® Agenda

Every child should have access to nutritious food. The State must ensure every eligible child is able to access CalFresh, school meals, meals in child care settings, and Women, Infants, and Children (WIC). The State should also ensure full, timely implementation of summer food benefits to maximize reach and limit the enrollment burden on families. In a big win for children, California made school meals free for all public school students. The State should also ensure that meals are 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 maintain and increase investments and build on technology improvements and process simplifications necessitated by the pandemic to make nutrition assistance benefits much easier for families to access and use. This includes considering how to reduce inequities in the location and distribution of full-service grocery stores and access to transportation, so that families can fully utilize their benefits for healthy and affordable food.

Many California kids lack access to healthy and affordable food, especially Black, Latino/a, and multiracial children, and particularly in the summer when school is out.[241]

Over 4/5 of surveyed low-income families with children ages 6-12 were worried that their food would run out before they got money to buy more.[242]

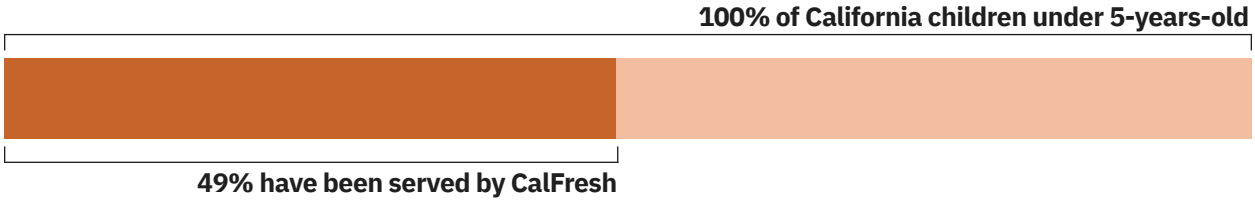
Households with kids are more likely to lack food, especially kids of color (Summer 2023)



Available data may mask important differences between sub-groups.

Kids rely on CalFresh for access to food.

Half of all California children use CalFresh at some point before the age of 5.[243] However, it needs to be easier to enroll infants in the program.[244]



As California school leaders agree, universal school meals help ensure that students can concentrate on learning.[245]

California was the first of eight states to provide school meals for all students regardless of income in the school year 2022-2023.[246]

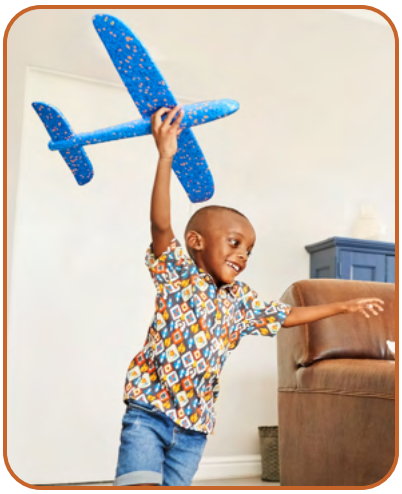
40%

of California school nutrition leaders reported **reduced stigma for students eating school meals**

80%

of California school nutrition leaders reported **increased student meal participation**

Cradle-to-Career Data Systems



GRADE: B-

Progress Report

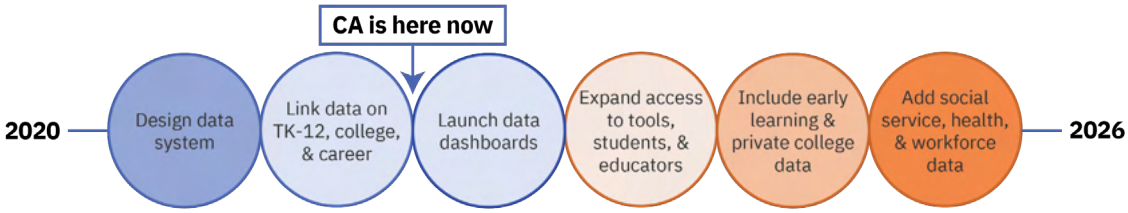
Throughout their lives, children will need multiple supports and services – including quality health care, child care, and education – to successfully enter adulthood. To better provide those resources, California launched an effort in 2019 to effectively connect the services and systems intended to support children from cradle to career. In the 2023-24 budget, California continued its investment 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. In 2022, a significant milestone was reached when data providers submitted their first batch of data—but 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 better served through additional and stronger linkages to health and social services. Simultaneously, policymakers should provide resources and authorization 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.

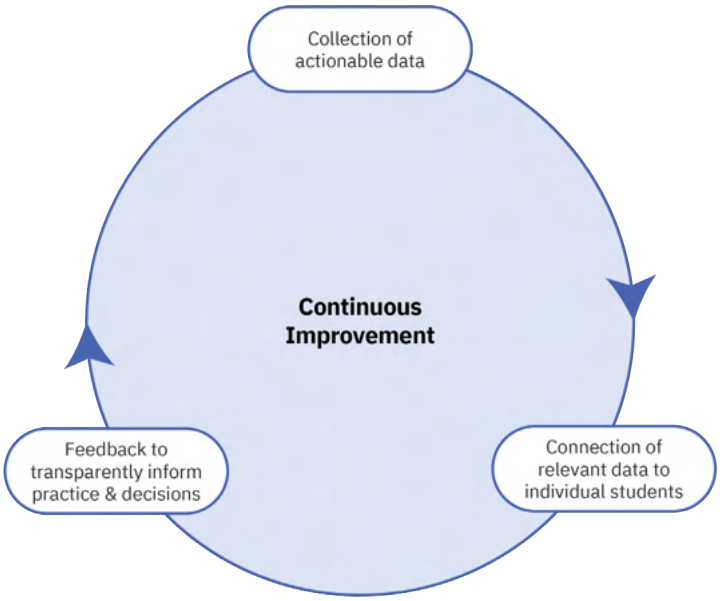
The Cradle-to-Career data system is in the early phases of implementation.[247]

Connecting education data to social services, health, and workforce data is what makes this data system unique and particularly valuable.



The Cradle-to-Career system should allow for actionable data that informs practice and addresses equity at the local level.[248]

An effective data system should include actionable school-site and student level data that enables informed decision making, supports continuous improvement, and allows for full transparency.



The Cradle-to-Career data system will launch several initial data dashboards; more dashboards are forthcoming, especially those related to health services, social services, and workforce.[249]

These data tools are meant for students/families, educators, policymakers, researchers, and advocates.

Dashboards that will be available in the Cradle-to-Career system include:
Pathways from early childhood to postsecondary education & employment
Early education
Primary school
College & career readiness
Community college transfer outcome
Financial aid
Employment outcomes
Teacher training & retention

Endnotes

Demographics

1. California Department of Finance. (n.d.). P3: Race/ethnicity and sex by age for California and counties. https://dof.ca.gov/forecasting/demographics/projections/

2. California Department of Finance. (n.d.). P3: Race/ethnicity and sex by age for California and counties. https://dof.ca.gov/forecasting/demographics/projections/

3. First 5 Center for Children's Policy. (2023, August 23). Support for Native American infants, toddlers, and their families in California. https://first5center.org/publications/support-for-native-american-infants-toddlers-and-their-families-in-california

4. California Department of Health Care Services. (2023). Medi-Cal children's health dashboard: June 2023. https://www.dhcs.ca.gov/services/Documents/Childrens-Health-Dashboard-June-2023.pdf
Note: This figure reflects the average number of children and youth 0-20 enrolled in Medi-Cal for 2022.

5. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). In care – Point in time count for July 2023. https://ccwip.berkeley.edu/childwelfare/reports/PIT/STSG/r/ab636/l

6. DataQuest. (n.d.). 2022-23 Enrollment by English language acquisition status (ELAS) and grade. California Department of Education. https://dq.cde.ca.gov/dataquest/DQCensus/EnrELAS.aspx?cds=00&agglevel=State&year=2022-23

7. California Department of Justice (2021). Juvenile justice in California, 2021. https://data-openjustice.doj.ca.gov/sites/default/files/2022-08/Juvenile%20Justice%20In%20CA%202021_0.pdf

8. DataQuest. (n.d.). 2022-23 Enrollment by ethnicity and grade. California Department of Education. https://dq.cde.ca.gov/dataquest/dqcensus/EnrEthGrd.aspx?cds=00&agglevel=state&year=2022-23

9. California School Climate, Health, and Learning Surveys. (n.d.). Secondary student survey 2019 - 21. https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/
Note: Data provided and prepared by CalSCHLS and WestEd staff by special request.

10. National Survey of Children's Health Data. (2021). Indicator 1.11: Children with special health care needs. Retrieved Fall 2023 from https://www.childhealthdata.org/browse/survey/results?q=9707&r=6

11. American Community Survey. (n.d.). Table B05009: Age and nativity of own children under 18 years in families and sub-families by number and nativity of parents, 2018-2022 5 year estimates. United States Census Bureau. https://data.census.gov

Health

12. The Network for Public Health Law. (2022, April). State and local efforts to declare racism a public health crisis — Eastern region update. https://www.networkforphl.org/wp-content/uploads/2022/07/State-and-Local-Efforts-to-Declare-Racism-a-Public-Health-Crisis-%E2%80%93-Eastern-Region-Update.pdf

13. Slopen, S., Umaña-Taylor, A., Shonkoff, J., Carle, A., & Hatzenbuehler, M. L. (2023, August 15). State-level anti-immigration sentiment and policies and health risks in US Latino children. Pediatrics, 152(3). https://doi.org/10.1542/peds.2022-057581

14. California Health Interview Survey. (n.d.). School days missed due to asthma in past 12 months – 2020, 2021, 2022 pooled. University of California, Los Angeles.

15. California Breathing. (n.d.). Asthma inequities in California children. California Department of Public Health. https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/CDPH%20Document%20Library/CA_Asthma_Inequities_Children_2021-Infographic.pdf

16. Prenatal-to-3 Policy Impact Center. (2021, January). Why do we focus on the prenatal-to-3 age period? Understanding the importance of the earliest years. https://pn3policy.org/wp-content/uploads/2020/12/PN3PolicyImpactCenter_B001202101_WhyFocusonPN3.pdf

17. State of Babies. (2023). Impact area: Good health. https://stateofbabies.org/impact-area/health/

18. Maternal Mental Health Leadership Alliance. (2021, June). Dads & Depression. https://22542548.fs1.hubspotusercontent-na1.net/hubfs/22542548/Dads%20and%20Depression%20Fact%20Sheet%20-%20MMHLA.pdf

19. Dhujrati, R., Main, E., & Profit, J. (2021, September 1). Institutional racism: A key contributor to perinatal health inequity. Pediatrics, 148(3). https://doi.org/10.1542/peds.2021-050768

20. California Department of Public Health: Maternal, Child and Adolescent Health Division. (2023, October 4). Centering Black mothers in California. https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Health-Topics/Centering-Black-Mothers.aspx

21. March of Dimes. (2023). Where you live matters: Maternity care access in California. https://www.marchofdimes.org/peristats/reports/california/maternity-care-deserts

22. Hill, L., Artiga, S., & Ranji, U. (2022, November 1). Racial disparities in maternal and infant health: Current status and efforts to address them. Kaiser Family Foundation Health News. https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/

23. Kwon, S. (2023, October 4). Mothers of color can't see if providers have a history of maltreatment. Why not? California Healthline. https://californiahealthline.org/news/article/black-mothers-birth-equity-data-reviews/

24. Maternal Mental Health Leadership Alliance. (2023, July). Black women, birthing people, and maternal mental health. https://22542548.fs1.hubspotusercontent-na1.net/hubfs/22542548/FINAL%20-%20Black%20Women%2c%20Birthing%20People%2c%20and%20Maternal%20Mental%20Health%20-%20Fact%20Sheet%20-%20July%202023-1.pdf

25. Rubenstein, G. (2023, September 13). They're immigrants, farmworkers, and new moms. And they're facing postpartum depression at higher rates. STAT News. https://www.statnews.com/2023/09/13/postpartum-depression-farmworkers-immigrants/

26. California Health Care Foundation. (2018, September). Listening to mothers in California: Results from a population-based survey of women's childbearing experiences. https://www.chcf.org/wp-content/uploads/2018/08/ListeningMothers2018.pdf?utm_source=National%20Partnership&utm_medium=PDF_Link&utm_campaign=Listening%20to%20Mothers.

27. Hwang, K. (2023, October 30). Despite high Black maternal death rate, California hospitals ignored training about bias in care. CalMatters. https://calmatters.org/health/2023/10/despite-high-black-maternal-death-rate-california-hospitals-ignored-training-about-bias-in-care/

28. March of Dimes. (2020). 2022 March of Dimes report card for California. https://www.marchofdimes.org/peristats/reports/california/report-card

29. Policy Center for Maternal Mental Health. (2023). Inaugural maternal mental health state report card. https://www.2020mom.org/state-report-cards

30. Simon, M. (2020, September). Medi-Cal explained: Maternity care. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2020/09/MediCalExplainedMaternityCare.pdf

31. California Department of Public Health. (n.d.). Infant mortality by race/ethnicity, California, 2020. Retrieved October 29, 2023 from https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Infant-Mortality.aspx

32. California Department of Public Health. (n.d.). Pregnancy-related mortality ratio by race/ethnicity, California, 2018-2020. Retrieved October 29, 2023 from https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Pregnancy-Related-Mortality.aspx

33. California Health Care Foundation. (n.d). Advancing Black health equity: Birth equity. https://www.chcf.org/program/healthequity/advancing-black-health-equity/birth-equity/

34. Murphy, K. (2023, August 22). Childbirth has gotten deadlier for California mothers. Axios San Diego. https://www.axios.com/local/san-diego/2023/08/22/childbirth-deadly-california-mothers-mortality

35. Gupta, A. H. (2023, April 12). How 'weathering' contributes to racial health disparities. The New York Times. https://www.nytimes.com/2023/04/12/well/live/weathering-health-racism-discrimination.html

36. Sakala, C., Declercq, E. R., & Joynt, J.. (2018, September 12). Data snapshot: Listening to mothers in California. California Health Care Foundation. https://www.chcf.org/publication/data-snapshot-listening-mothers-california/#related-links-and-downloads

37. California Department of Public Health: Maternal, Child and Adolescent Health Division. (2022). MIHA data snapshots, California: Health indicators from the 2016-18 Maternal and Infant Health Assessment survey. https://files.constantcontact.com/68d497bd201/96d65000-863e-4220-ac60-2aec158d0a74.pdf?rdr=true

38. Koumoundouros, T. (2023, August 13). Lead exposure in childhood linked to future crimes, study finds. Science Alert. https://www.sciencealert.com/lead-exposure-in-childhood-linked-to-future-crimes-study-finds

39. Brockmeyer, S. & D'Angiulli, A. (2016). How air pollution alters brain development: The role of neuroinflammation. Translational Neuroscience, 7(1), 24-30. https://doi.org/10.1515/tnsci-2016-0005

40. Gilliland, F. D., Berhane, K., Rappaport, E. B., Thomas, D. C., Avol, E., Gauderman, W. J., London, S. J., Margolis, H. G., McConnell, R., Islam, K. T., & Peters, J. M. (2001). The effects of ambient air pollution on school absenteeism due to respiratory illnesses. Epidemiology (Cambridge, Mass.), 12(1), 43–54. https://doi.org/10.1097/00001648-200101000-00009

41. Centers for Disease Control and Prevention. (2022, September 2). Health effects of lead exposure. https://www.cdc.gov/nceh/lead/prevention/health-effects.htm

42. California Environmental Justice Alliance. (2020). Environmental justice agency assessment. https://caleja.org/2021/07/2020-environmental-justice-agency-assessment/

43. Office of Environmental Health Hazard Assessment. (2021, October). CalEnviroScreen 4.0 and race/ethnicity analysis. https://storymaps.arcgis.com/stories/f555670d30a942e4b46b18293e2795a7

44. World Health Organization. (2023, August 11). Lead poisoning. https://www.who.int/news-room/fact-sheets/detail/lead-poisoning-and-health

45. Environmental Working Group. (2023, May 11). 1 in 4 California child care centers found to have alarming levels of lead in drinking water, putting babies and children at risk. https://www.ewg.org/news-insights/news-release/2023/05/1-4-california-child-care-centers-found-have-alarming-levels
Note: "Excessive lead levels" are defined as more than 5 parts per billion of lead in drinking water. https://pirg.org/california/edfund/resources/get-the-lead-out-statewide-map/

46. Rumpler, J., & Casale, M. (2023, February). Get the lead out: Grading the states on protecting kids' drinking water at school. https://publicinterestnetwork.org/wp-content/uploads/2023/02/AME-GTLO-Report-Feb23-1.2.pdf

47. United States Environmental Protection Agency. (2023, April). Climate change and children's health and well-being in the United States. https://www.epa.gov/system/files/documents/2023-04/CLiME_Final%20Report.pdf

48. California Department of Health Care Services. (2023, June). Medi-Cal children's health dashboard. https://www.dhcs.ca.gov/services/Documents/Childrens-Health-Dashboard-June-2023.pdf

49. Covered California. (2023, July 20). Covered California to launch state-enhanced cost-sharing reduction program in 2024 to improve health care affordability for enrollees. https://www.coveredca.com/newsroom/news-releases/2023/07/20/covered-california-to-launch-state-enhanced-cost-sharing-reduction-program/

50. California Department of Health Care Services. (2023, June). Medi-Cal children's health dashboard. https://www.dhcs.ca.gov/services/Documents/Childrens-Health-Dashboard-June-2023.pdf

51. California Department of Finance. (n.d.). State population projections, 2023. https://dof.ca.gov/forecasting/demographics/projections/

52. Buettgens, M., & Green, A. (2022, December). The impact of the COVID-19 public health emergency expiration on all types of health coverage. Urban Institute. https://www.urban.org/sites/default/files/2022-12/The%20Impact%20of%20the%20COVID-19%20Public%20Health%20Emergency%20Expiration%20on%20All%20Types%20of%20Health%20Coverage_0.pdf

53. Galewitz, P. (2022, November 10). Stopping the churn: California and other states want to guarantee Medicaid for kids. Los Angeles Times. https://www.latimes.com/california/story/2022-11-10/stopping-the-churn-california-and-other-states-want-to-guarantee-medicaid-for-kids

54. California Department of Health Care Services. (2021, July 26). Medi-Cal enrollment update. https://www.dhcs.ca.gov/dataandstats/Documents/Medi-Cal-Enrollment-Data-June-2021.pdf
Note: The re-enrollment churning data is from July 2019-June 2020 to capture actual churn before pandemic-era policies paused Medi-Cal renewals.

55. California Health Benefits Review Program. (2023, June 9). Abbreviated analysis: Senate Bill 635 hearing aids. https://www.chbrp.org/sites/default/files/bill-documents/SB0/Abbreviated%20Analysis%20of%20SB%20635%20Hearing%20Aids%20FINAL%20060923.pdf

56. National Academies of Science, Engineering, and Medicine. (2021). Implementing high-quality primary care: Rebuilding the foundation of health care. The National Academies Press. https://doi.org/10.17226/25983

57. California Department of Health Care Services. (n.d.). How do our Medi-Cal managed care plans (MCPs) compare to their peers in children's health care? https://www.dhcs.ca.gov/dataandstats/reports/Documents/Graphic-Fact-Sheet-all-domains.pdf
Note: Only 29% of Medi-Cal managed care plan units reported 60% or more of their children's health domain measures at levels above the Department of Health Care Services standard (which varies by measure).

58. California Department of Health Care Services. (2022, December 13). DHCS delivers on promise to hold health plans accountable for quality care. https://www.dhcs.ca.gov/formsandpubs/publications/oc/Documents/2022/22-15-MCP-Quality-Sanctions12-13-22.pdf

59. California State Auditor. (n.d). Statewide preventive care utilization rates. https://www.auditor.ca.gov/reports/2022-502/supplemental.html

60. National Survey of Children's Health. (2021). Indicator 4.1a: Preventive care visit. Retrieved Fall 2023 from https://www.childhealthdata.org/browse/survey/allstates?q=9373

61. California Department of Health Care Services. (2023, March). 2022 Preventive services report. https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2021-22-Preventative-Services-Report.pdf

62. Lambert, D., Willis, D. J., & Xie, Y. (2023, September 7). 570 California schools targeted for low vaccination rates. EdSource. https://edsource.org/2023/570-california-schools-targeted-for-low-vaccination-rates/696986

63. California Department of Public Health Immunization Branch. (2023, August 3). Audit. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/reporting-audit.aspx

64. Klima, T. (2023, March). Access to pediatric specialty care in California: Results of the Children's Specialty Care Coalition 2022 member survey. Practical Research Solutions. https://childrens-coalition.org/wp-content/uploads/2023/04/4.-Access-Survey-Final-Report.pdf

65. California Department of Health Care Services. (2023, March). 2022 Preventive services report. https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2021-22-Preventative-Services-Report.pdf
Note: The Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2) indicator measures the percentage of children who turned 2 years old during the measurement year, had a screening within six months (before and after) their second birthday, and also had a screening within six months (before and after) their first birthday. The Developmental Screening in the First Three Years of Life—Total (DEV) indicator measures the percentage of children who were screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on the child's first, second, or third birthday.

66. California Department of Health Care Services. (2022, June). 2021 Preventive services report. https://www.dhcs.ca.gov/Documents/MCQMD/2020-21-Preventive-Services-Report.pdf

67. Payne-Sturges, D. C., Taiwo, T. K., Ellickson, K., Mullen, H., Tchangalova, N., Anderko, L., Chen, A., & Swanson, M. (2023, September 23). Disparities in toxic chemical exposures and associated neurodevelopmental outcomes: A scoping review and systematic evidence map of the epidemiological literature. Environmental Health Perspectives, 131(9). https://doi.org/10.1289/EHP11750

68. Teye, S. O., Yanosky, J. D., Cuffee, Y., Weng, X., Luquis, R., Farace, E., & Wang, L. (2021). Exploring persistent racial/ethnic disparities in lead exposure among American children aged 1-5 years: Results from NHANES 1999-2016. International Archives of Occupational and Environmental Health, 94(4), 723–730. https://doi.org/10.1007/s00420-020-01616-4

69. California Department of Public Health. (2022). California's progress in in preventing and managing childhood lead exposure. https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPBReport2022.pdf

70. Tong, M., Artiga, S., & Rudowitz, R. (2022, May 20). Mitigating childhood lead exposure and disparities: Medicaid and other federal initiatives. Kaiser Family Foundation (KFF) Health News. https://www.kff.org/racial-equity-and-health-policy/issue-brief/mitigating-childhood-lead-exposure-and-disparities-medicaid-and-other-federal-initiatives/

71. National Survey of Children's Health. (2021). Indicator 4.6a: Saw an eye doctor. Retrieved Fall 2023 from https://www.childhealthdata.org/browse/survey/results?q=9996&r=6

72. University of California, Berkeley. (n.d.). Police violence is a public health issue. https://racismharmshealth.berkeley.edu/policing/police-violence-is-a-public-health-issue/

73. California Department of Health Care Access and Information. (n.d.). Hospital discharges, by primary diagnosis (custom tabulation). KidsData. https://www.kidsdata.org/topic/290/hospital-discharges-diagnosis/table

74. California Department of Managed Health Care. (n.d.). Independent Medical Review (IMR) determinations, trend. https://data.chhs.ca.gov/dataset/independent-medical-review-imr-determinations-trend
Note: In 2022, nearly 50% of all youth Independent Medical Review cases were for care denied by a health plan for a "mental disorder" diagnosis.

75. National Survey of Children's Health. (2021). Indicator 4.4a: Difficulties obtaining mental health care, ages 3-17. Retrieved Fall 2023 from https://www.childhealthdata.org/browse/survey/results?q=9390&r=6

76. California Department of Public Health. (2022, December 15). Epicenter: California injury data online. https://skylab4.cdph.ca.gov/epicenter/

77. Stobbe, M. (2023, Jume 15). Study shows jump in suicides and homicides among young Americans early in the pandemic. Public Broadcasting Service (PBS). https://www.pbs.org/newshour/health/study-shows-jump-in-suicides-and-homicides-among-young-americans-early-in-the-pandemic

78. Griffin, L., Hosking, W., Gill, P. R., Shearson, K., Ivey, G., & Sharples, J. (2022, September 19). The gender paradox: Understanding the role of masculinity in suicidal ideation. American Journal of Men's Health, 16(5). https://doi.org/10.1177/15579883221123853

79. Watkins, D. (2023, August 25). Gen Z is hooked on vaping: Exploring the obstacles to nicotine cessation among teens. CHEST Advocates. https://www.chestnet.org/Guidelines-and-Topic-Collections/Publications/CHEST-Advocates/Gen-Z-Is-Hooked-on-Vaping

80. Ramamurthi, D., Louis-Ferdinand, N. G., & Jackler, R. K. (2020). Rapid growth of JUUL hashtags after the company ceased social media production. Stanford University School of Medicine. https://tobacco-img.stanford.edu/wp-content/uploads/2021/07/21231808/hashtagjuulgrowth2020.pdf

81. McKelvey, K., Baiocchi, M., Ramamurthi, D., McLaughlin, S., & Halpern-Felsher, B. (2019, April). Youth say ads for flavored e-liquids are for them. Addictive Behaviors, 91, 164-170. https://doi.org/10.1016/j.addbeh.2018.08.029

82. California Department of Health Care Services. (2023, March). 2022 Preventive Services Report. https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2021-22-Preventative-Services-Report.pdf
Note: Only 3.8% of children enrolled in Medi-Cal Managed Care ages 11 to 21 years were screened for tobacco use in 2021.

83. California Overdose Surveillance Dashboard. (n.d.) 2021 Fentanyl-related overdose deaths by age group. California Department of Public Health. https://skylab.cdph.ca.gov/ODdash/?tab=CA

84. DataQuest. (n.d.). School climate data: Suspension and expulsion data. California Department of Education. https://dq.cde.ca.gov/dataquest/

85. Volkow, N. (2021, May 7). Addiction should be treated, not penalized. National Institute on Drug Abuse. https://nida.nih.gov/about-nida/noras-blog/2021/05/addiction-should-be-treated-not-penalized

86. U.S. Department of Health and Human Services. (2000). Oral Health in America: A Report of the Surgeon General. https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf

87. Center for Disease Control and Prevention. (2021, January 25). Cavities. https://www.cdc.gov/oralhealth/fast-facts/cavities/index.html#:~:text=Untreated%20cavities%20can%20cause%20pain,in%20rare%20cases%20fatal%2C%20results.

88. California Health Interview Survey. (n.d). Missed school due to dental problem in past year, asked of children age 5 and older who attend school. https://ask.chis.ucla.edu/

89. Medi-Cal Dental. (n.d.). Medi-Cal provider directory. California Department of Health Care Services. https://dental.dhcs.ca.gov/find-a-dentist/home?locale=en
Note: Children Now analysis. Smile California "Find a dentist" search for "pedodentist" by county, as of September 2023. A pediatric dentist appearing on the list of providers does not necessarily mean that they are accepting new patients or speak the family's language.

90. California Department of Health Care Services. (2023, March 20). Dental utilization measures and sealant data by county and age, calendar year 2013 to 2021. California Health and Human Services Open Data Portal. https://data.chhs.ca.gov/dataset/test-dhcs-utilization-measures-and-sealant-data-by-county-calendar-year-2013-to-2021
Note: Data is drawn from the "Annual Dental Visit (D0100 - D9999, CPT 99188 or Safety Net Clinics 03 Encounters)" measure.

91. National Survey of Children's Health. (2021). Decayed teeth or cavities. Retrieved Fall 2023 from https://www.childhealthdata.org/browse/survey/allstates?q=9243#.
Note: The best 5 states, national average, and worst 5 states are shown on this visual.

92. California Department of Health Care Services. (2023, March). 2022 Preventive services report. https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2021-22-Preventative-Services-Report.pdf

93. Sexuality Information and Education Council of the United States. (2022, July). Sex ed state law and policy chart. https://siecus.org/wp-content/uploads/2021/09/2022-Sex-Ed-State-Law-and-Policy-Chart.pdf
Note: Six other states provide all 4 healthy relationships content areas, but California is the only state that provides teacher training, requires a certificate or expertise to teach, & requires teachers to attend training.

94. California Department of Public Health. (2021, July 16). Adolescent health data and statistics: Why does the adolescent birth rate continue to decline? https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Data/Adolescent-Health-Data.aspx

95. Mason, C. N., Ryan, K., Storz, O., Poyatzis, G., & Hegewisch, A. (2022, July). IWPR reproductive rights index: A state-by-state analysis and ranking. Institute for Women's Policy Research. https://iwpr.org/wp-content/uploads/2022/07/Reproductive-Rights-Index-2022_FINAL_website.pdf

96. California Department of Public Health. (2023, September 8). Adolescent births. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/adolescent-births.aspx

97. California Department of Public Health. (2020). Sexually transmitted infections (STIs) reach epidemic levels in California. https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2020-STI-Snapshot.pdf

98. California Department of Public Health. (2023, October 6). Sexually transmitted infection data. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx

Education

99. Hun School of Princeton. (2019, December). Everything you need to know about student-teacher ratios. https://www.hunschool.org/resources/student-teacher-ratios

100. U.S. News & World Report. (n.d.). Education gap by race. Retrieved November 9, 2023, from https://www.usnews.com/news/best-states/rankings/opportunity/equality/education-gap-race

101. Children Now. (2022, August). Black student success: Improving educational outcomes for Black kids through increasing the number of Black teachers. https://www.childrennow.org/portfolio-posts/black-student-success-brief/

102. National Assessment of Educational Progress. (n.d.). State student group scores: Mathematics. https://www.nationsreportcard.gov/mathematics/states/groups/?grade=4

103. ReadyNation. (2019). Want to strengthen California's economy? Fix the child care crisis. https://strongnation.s3.amazonaws.com/documents/1241/43de3091-f262-416f-9696-3b5d411e5c3b.pdf?1607539015&inline;%20filename=%22California%20Child%20Care%20Factsheet.pdf%22
Note: Children Now calculation based on the ReadyNation figure of California's percentage of the nation's young children.

104. ReadyNation. (2023, February). $122 billion: The growing, annual cost of the infant-toddler child care crisis. https://strongnation.s3.amazonaws.com/documents/1598/05d917e2-9618-4648-a0ee-1b35d17e2a4d.pdf?1674854626&inline;%20filename=%22$122%20Billion:%20The%20Growing,%20Annual%20Cost%20of%20the%20Infant-Toddler%20Child%20Care%20Crisis.pdf%22

105. Child Care Aware of America. (2022). Child care affordability in California. https://info.childcareaware.org/hubfs/2022%20Price%20of%20Care%20State%20Fact%20Sheets/California%202022%20-Price%20Fact%20Sheet.pdf

106. Child Care and Development Fund Program, 81 F.R. 67438 (2016) https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program

107. Pryor, L., Saucedo, E., & Parent Voices. (2023, July). Mending harmful family fees: Expanding possibilities for California families. California Budget & Policy Center. https://calbudgetcenter.org/resources/mending-harmful-family-fees-expanding-possibilities-for-california-families/

108. California Department of Social Services. (2023, July). Family monthly fee schedule — effective October 2023. https://ca-times.brightspotcdn.com/da/9c/e82c26bf452fb13d405d8ddfea58/family-fee-schedule-fy2324-effective-october-2023.pdf

109. Taketa, K. (2023, July 28). 'Historic' California child care deal slashes 'family fees,' promises rate overhaul. Here's what it means for families and providers. The San Diego Union Tribune. https://www.sandiegouniontribune.com/news/education/story/2023-07-28/state-reduces-subsidized-child-care-fees-promises-rate-overhaul

110. California Legislative Analyst's Office. (2023, February 14). The 2023-24 budget: Transitional Kindergarten and state preschool proposals. https://lao.ca.gov/Publications/Report/4682

111. DataQuest. (n.d.). Transitional Kindergarten data. California Department of Education. https://www.cde.ca.gov/ds/ad/filestkdata.asp

112. Fensterwald, J. & Willis, D. J. (2023, April 4). California's TK-12 enrollment fails to rebound in return to 'normalcy.' EdSource. https://edsource.org/2023/californias-tk-12-enrollment-fails-to-rebound-in-a-return-to-normalcy/688123

113. DataQuest. (n.d.). Transitional Kindergarten data. California Department of Education. https://www.cde.ca.gov/ds/ad/filestkdata.asp

114. Powell, A., & Adejumo, T. (2023, June 16). Why is Transitional Kindergarten Enrollment Lagging? A Look at Parent Survey Data. Center for the Study of Child Care and Employment at University of California, Berkeley. https://cscce.berkeley.edu/blog/parents-tk-enrollment-2022/

115. National Institute for Early Education Research. (2022). California preschool yearbook. https://nieer.org/wp-content/uploads/2023/05/California_YB2022.pdf

116. Powell, A., Montoya, E., Austin, L. J. E., Kim, Y., Muruvi, W., & Petig, A. C. (2023, February). Teachers of preschool-age children in California: A comparison of lead teachers in Transitional Kindergarten, child care centers, and family child care homes. Center for the Study of Child Care and Employment at University of California, Berkeley. https://cscce.berkeley.edu/wp-content/uploads/2023/02/CSCCE-Teachers-of-Preschool-CA.pdf

117. Powell, A., Montoya, E., & Kim, Y. (2022, January 13). Demographics of the California ECE workforce. Center for the Study of Child Care and Employment at University of California, Berkeley. https://cscce.berkeley.edu/publications/data-snapshot/demographics-of-the-california-ece-workforce/

118. Powell, A., Chávez, R., Austin, L. J. E., Kim, Y., Muruvi, W., & Petig, A. C. (2022, February 16). "The forgotten ones" — The economic well-being of early educators during COVID-19. Center for the Study of Child Care and Employment at University of California, Berkeley. https://cscce.berkeley.edu/publications/brief/the-forgotten-ones-the-economic-well-being-of-early-educators-during-covid-19/

119. Leung-Gagné, M., Wang, V., Melnick, H., Mauerman, & C. (2023, April). How are California school districts planning for universal prekindergarten?: Results from a 2022 survey. Learning Policy Institute. https://learningpolicyinstitute.org/media/4009/download?inline&file=CA_UPK_Implementation_REPORT.pdf

120. Choo, Y. Y., Agarwal, P., How, C. H., & Yeleswarapu, S. P. (2019). Developmental delay: identification and management at primary care level. Singapore medical journal, 60(3), 119–123. https://doi.org/10.11622/smedj.2019025

121. U.S. Department of Education. (2023, June 23). 2023 SSP/APR and state determination letters, part B — California: Grant year 2021-2022. https://sites.ed.gov/idea/spp-apr-letters?selected-category=&selected-year=&state=California

122. U.S. Department of Education. (2023, June 21). 2023 SSP/APR and state determination letters, part C — California: Grant year 2021-2022. https://sites.ed.gov/idea/spp-apr-letters?selected-category=&selected-year=&state=California

123. California Health Interview Survey. (n.d.). Doctor/other professional referred child to specialist regarding development, asked for children 1 year or older – 2019, 2020, & 2021 pooled. University of California, Los Angeles. https://ask.chis.ucla.edu

124. Patrick, S. K., Darling-Hammond, L., & Kini, T. (2023). Educating teachers in California: What matters for teacher preparedness? Learning Policy Institute. https://doi.org/10.54300/956.678

125. Ondrasek, N., Carver-Thomas, D., Scott, C., & Darling-Hammond, L. (2020, February). California's special education teacher shortage. Learning Policy Institute. https://learningpolicyinstitute.org/media/395/download?inline&file=PACE_Special_Education_Teacher_Shortage_REPORT.pdf

126. DataQuest. (n.d.). 2022-23 Absenteeism data. California Department of Education. https://dq.cde.ca.gov/dataquest/

127. California Department of Education. (n.d.). English learners in California schools. https://www.cde.ca.gov/ds/sg/englishlearner.asp

128. Lavadenz, M., Armas, E. G., & Jáuregui Hodge, S. (n.d.). In search of equity for English learners: A review of the 2021-24 Local Control and Accountability Plans (LCAP). California Strong Together. https://californianstogether.org/wp-content/uploads/2022/09/21024-LCAP-2022-Report-FINAL.pdf

129. For example, English learner 8th graders in Texas scored nearly 20 points higher than English learner 8th graders in California on both math and reading National Assessment of Educational Progress assessments in 2020. https://www.nationsreportcard.gov/

130. Migration Policy Institute. (2022, October). Learning more about dual language learners. https://www.migrationpolicy.org/content/learning-more-about-dual-language-learners

131. California Department of Education. (2023, November 8). 2022-23 List of districts and schools participating. https://www.cde.ca.gov/sp/el/er/sealofbiliteracy.asp

132. Najarro, I. (2023, June 30). Earning Seals of Biliteracy are beneficial to students. Here's what the research shows. EdWeek. https://www.edweek.org/teaching-learning/earning-seals-of-biliteracy-are-beneficial-to-students-heres-what-the-research-shows/2023/06

133. Buenrostro, M., & Maxwell-Jolly, J. (2021). Renewing our promise: Research and recommendations to support California's long-term English learners. Californians Together. https://californianstogether.org/wp-content/uploads/2021/10/Renewing_Our_Promise_to_LTELs.pdf

134. DataQuest. (n.d.). 2022-23 "Ever-ELs" by years and reclassification (RFEP) status and grade. California Department of Education. https://dq.cde.ca.gov/dataquest/longtermel/ElYears.aspx?cds=00&agglevel=State&year=2022-23

135. California Legislative Analyst's Office. (2023, February 9). The 2023-24 budget: Child care proposals. https://lao.ca.gov/Publications/Report/4672

136. California Legislative Analyst's Office. (2023, February 14). The 2023-24 budget: Transitional Kindergarten and state preschool proposals. https://lao.ca.gov/Publications/Report/4682
Note: An 8% cost-of-living adjustment was applied to the $29.7 billion actual funding needed to bring the estimate to current dollars.

137. Gould, E., Whitebook, M., Mokhiber, Z., & Austin, L. (2019, July 23). Breaking the silence on early child care and education costs: A values-based budget for children, parents, and teachers in California. Center for the Study of Child Care Employment at University of California, Berkeley. https://cscce.berkeley.edu/breaking-the-silence-on-costs/

138. Education law Center. (2022). Making the grade 2022: How fair is school funding in your state? https://edlawcenter.org/research/making-the-grade-2022.html

139. U.S. Bureau of Economic Analysis. (2023). Gross domestic product by state and personal income by state, 1st quarter 2023. https://www.bea.gov/sites/default/files/2023-06/stgdppi1q23.pdf

140. Cook, K. (2017, March). Higher education funding in California. Public Policy Institute of California. https://www.ppic.org/publication/higher-education-funding-in-california/

141. California Legislative Analyst's Office. (2023, July). EdBudget figures — Higher education. https://www.lao.ca.gov/Education/EdBudget/2023/July

142. California Legislative Analyst's Office. (2023, October 16). The 2023-24 budget: Overview of the spending plan. https://www.lao.ca.gov/Publications/Report/4788

143. National Center for Education Statistics. (2022, November). Table 306.10: Total fall enrollment in degree-granting postsecondary institutions, by level of enrollment, sex, attendance status, and race/ethnicity or nonresident status of student: Selected years, 1976 through 2021. https://nces.ed.gov/programs/digest/d22/tables/dt22_306.10.asp

144. California Budget. (n.d). 2020-21 Governor's budget — Department of Education. https://ebudget.ca.gov/2020-21/pdf/GovernorsBudget/6000/6100.pdf
Note: Funding for the Expanded Learning Opportunities Program, After School Education and Safety Program, and 21st Century Community Learning Centers are included.

145. California Budget. (n.d). 2023-24 Governor's budget — Department of Education. https://ebudget.ca.gov/2023-24/pdf/GovernorsBudget/6000/6100.pdf
Note: Funding for the Expanded Learning Opportunities Program, After School Education and Safety Program, and 21st Century Community Learning Centers are included.

146. Schwarzeneggar Institute. (n.d). New research on California's Expanded Learning Programs since Proposition 49 passed in 2002. University of Southern California. https://schwarzenegger.usc.edu/institute-in-action/article/californias-expanded-learning-programs-since-proposition-49-passed-in-2002

147. Lugo, L. (2023, September). California's expanded learning workforce: State of the state of expanded learning in California brief. California Afterschool Network. https://www.afterschoolnetwork.org/sites/main/files/file-attachments/sots_2023_-_remediated_spreads.pdf?1695160149

148. Bohn, S., Danielson, C., Kimberlin, S., Malagon, P., & Wimer, C. (2023, October). Poverty in California. Public Policy Institute of California. https://www.ppic.org/publication/poverty-in-california/

149. Lugo, L. (2023, September). California's expanded learning workforce: State of the state of expanded learning in California brief. California Afterschool Network. https://www.afterschoolnetwork.org/sites/main/files/file-attachments/sots_2023_-_remediated_spreads.pdf?1695160149

150. Gao, N., DiRanna, K., & Chang Fay, M. T. (2022, June). The impact of COVID-19 on science education: Early evidence from California. Public Policy Institute of California. https://www.ppic.org/publication/the-impact-of-covid-19-on-science-education/

151. Gao, N., & DiRanna, K. (2022, September 13). Commentary: California must prioritize science education to stay competitive. Public Policy Institute of California. https://www.ppic.org/blog/commentary-california-must-prioritize-science-education-to-stay-competitive/

152. California Assessment of Student Performance and Progress. (n.d.). 2022-23 California Science Test results for 8th grade. California Department of Education. https://caaspp-elpac.ets.org/caaspp/

153. California Assessment of Student Performance and Progress. (n.d.). 2022-23 Smarter Balanced Summative Assessments results for 8th grade mathematics. California Department of Education. https://caaspp-elpac.ets.org/caaspp/

154. University of California. (2023, June 16). UC STEM degree pipeline — Undergraduate diversity over time. https://www.universityofcalifornia.edu/about-us/information-center/uc-stem-degree-pipeline

155. California Commission on Teacher Credentialing. (2023, April). Teacher supply in California, 2021-22: A report to the Legislature. https://www.ctc.ca.gov/docs/default-source/commission/agendas/2023-04/2023-04-5c.pdf?sfvrsn=79721b1_3

156. California Commission on Teacher Credentialing. (2022, December 9). 2020-21 Assignment monitoring dashboards. https://www.ctc.ca.gov/commission/reports/data/california-educator-assignment-monitoring

157. California Department of Education. (2023, April 19). State Superintendent Tony Thurmond leads effort to confront the California teacher shortage. https://www.cde.ca.gov/nr/ne/yr23/yr23rel25.asp
Note: This data reflects the top and bottom 15% of districts with regard to clear teacher FTEs.

158. California Department of Education. (n.d.). 2021-22 Cumulative enrollment data. https://www.cde.ca.gov/ds/ad/filesenrcum.asp
Note: Children Now analysis.

159. California Department of Education. (2023). 2021-22 Teaching AMO downloadable data files. https://www.cde.ca.gov/ds/ad/filestamo.asp
Note: Children Now analysis.

160. California Commission on Teacher Credentialing. (2023, April). Teacher supply in California, 2021-22: A report to the Legislature. https://www.ctc.ca.gov/docs/default-source/commission/agendas/2023-04/2023-04-5c.pdf?sfvrsn=79721b1_3

161. Hart Research Associates. (2022, September 15). Voices from the classroom: Developing a strategy for teacher retention and recruitment. California Teachers Association; University of California, Los Angeles Center for the Transformation of Schools. https://www.cta.org/wp-content/uploads/2022/09/Voices-from-the-Classroom-CTA-Survey-Report.pdf

162. California School Climate, Health, and Learning Surveys. (n.d.). Secondary student survey: 2019-21. California Department of Education. https://calschls.org/reports-data/

163. National Center for Education Statistics. (2022). Table 213.20: Staff employed in public elementary and secondary school systems, by type of assignment and state or jurisdiction: Fall 2021. https://nces.ed.gov/programs/digest/d22/tables/dt22_213.20.asp

164. National Center for Education Statistics. (2022). Table 208.40: Public elementary and secondary teachers, enrollment, and pupil/teacher ratios, by state or jurisdiction: Selected years, fall 2000 through fall 2021. https://nces.ed.gov/programs/digest/d22/tables/dt22_208.40.asp

165. National Center for Education Statistics. (2022). Table 213.50: Staff, enrollment, and pupil/staff ratios in public elementary and secondary school systems, by state or jurisdiction: Selected years, fall 2000 through fall 2021. https://nces.ed.gov/programs/digest/d22/tables/dt22_213.50.asp

166. The Hun School. (2019, December). Everything you need to know about student-teacher ratios. https://www.hunschool.org/resources/student-teacher-ratios

167. California Department of Education. (2019). Staff assignment and course data. https://www.cde.ca.gov/ds/ad/filesassign.asp

168. National Center for Education Statistics. (2021). Table 233.70: Percentage of public schools with security staff present at least once a week, and percentage with security staff routinely carrying a firearm, by selected school characteristics: 2005–06 through 2019-20. https://nces.ed.gov/programs/digest/d21/tables/dt21_233.70.asp **Note:** The National Center for Education Statistics shows that 65% of all schools had at least one security staff person in 2019-20. According to the California Department of Education, there are 10,559 schools in the state, so if 65% of those schools have just one security officer, there are at least 6,863 school security personnel in the state.

169. California Department of Education. (2023). 2021-22 Enrollment/number of schools by grade span & type. https://www.cde.ca.gov/ds/ad/cefenrollgradetype.asp

170. Cha, P. (2020, September 4). Do schools have enough nurses to fight the pandemic? Public Policy Institute of California. https://www.ppic.org/blog/do-schools-have-enough-nurses-to-fight-the-pandemic/

171. DeGuzman, C. (2023, October 13). A third of schools don't have a nurse. Here's why that's a problem. California Healthline. https://californiahealthline.org/news/article/school-nurses-shortage-mental-health/

172. DataQuest. (2023). 2022-23 Suspension rate. California Department of Education. https://dq.cde.ca.gov/dataquest/dqCensus/DisSuspRate.aspx?year=2021-22&agglevel=State&cds=00

173. DataQuest. (n.d.). 2018-19 Chronic absenteeism rate. California Department of Education. https://dq.cde.ca.gov/dataquest/DQCensus/AttChrAbsRate.aspx?cds=00&agglevel=State&year=2018-19&initrow=Eth&ro=y

174. DataQuest. (n.d.). 2022-23 Chronic absenteeism rate. California Department of Education. https://dq.cde.ca.gov/dataquest/DQCensus/AttChrAbsRate.aspx?agglevel=State&cds=00&year=2022-23

175. Toness, B. V. (2023, August 10). Millions of kids are missing weeks of school as attendance tanks across the US. EdSource. https://edsource.org/2023/millions-of-kids-are-missing-weeks-of-school-as-attendance-tanks-across-the-us/695460

176. Attendance Works. (n.d.). Chronic Absence. https://www.attendanceworks.org/chronic-absence/the-problem/

177. DataQuest. (n.d.). 2020-21 College-going rate for California high school students by postsecondary institution type. https://dq.cde.ca.gov/dataquest/DQCensus/CGR.aspx?agglevel=State&cds=00&year=2020-21

178. State Higher Education Finance. (n.d.). State profile: California. State Higher Education Executive Officers Association. https://shef.sheeo.org/state-profile/california/

179. Lumina Foundation. (n.d.). We're tracking educational attainment by race and ethnicity. https://www.luminafoundation.org/stronger-nation/report/#/progress/racial_equity&equity-time-state=CA

180. Zinshteyn, M. (2022, July 12). Cal State's Black students are falling behind other groups — and poor graduation data obscures the crisis. CalMatters. https://calmatters.org/education/higher-education/2022/07/black-students-graduation-csu/

Family Supports

181. State Health Access Data Assistance Center. (2023, July 20). Interventions likely prevented childhood poverty from rising during the pandemic. https://www.shadac.org/news/child-pov-pandemic

182. Stavely, Z. (2023, July 17). Families with young children face increased hardship after pandemic relief policies end. EdSource. https://edsource.org/2023/families-with-young-children-face-increased-hardship-after-pandemic-relief-policies-end/693962

183. Anderson, C. (2023, October 20). How cash payments are helping Yolo County families reduce depression and improve childhoods. The Sacramento Bee. https://www.sacbee.com/news/equity-lab/representation/article280661400.html

184. Rapid Survey Project. (n.d.). Material hardship over time. Retrieved December 4, 2023, from https://rapidsurveyproject.com/latest-data-and-trends
Note: Figures reflect national-level data.

185. Children Now. (2023, September). A statewide approach to strengthen home visiting in California. https://www.childrennow.org/portfolio-posts/a-statewide-approach-to-strengthen-home-visiting-in-california/

186. Children Now. (2023, September). A statewide approach to strengthen home visiting in California. https://www.childrennow.org/portfolio-posts/a-statewide-approach-to-strengthen-home-visiting-in-california/

187. National Home Visiting Resource Center. (2022). 2022 yearbook: California state profile. https://nhvrc.org/state_profile/california-2022/

188. Office of Governor Gavin Newsom. (2022, September 30). California expands support for working families. https://www.gov.ca.gov/2022/09/30/california-expands-support-for-working-families/

189. Kuang, J. (2022, September 30). Newsom signs bill making family leave affordable to more workers. CalMatters. https://calmatters.org/california-divide/2022/09/paid-family-leave/

190. Shabo, V. (2023, September 30). Explainer: Paid leave benefits and funding in the United States. New America. https://www.newamerica.org/better-life-lab/briefs/explainer-paid-leave-benefits-and-funding-in-the-united-states/

191. California Employment Development Department. (2022). Overview of California's paid family leave program. https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de2530.pdf

192. Schumacher, K. (2022, February). Paid family leave payments don't add up for California workers. California Budget & Policy Center. https://calbudgetcenter.org/resources/paid-family-leave-program-is-out-of-reach-for-many-californians/

193. UC Berkeley Labor Center. (2022, May 12). Low wage work in California data explorer. https://laborcenter.berkeley.edu/low-wage-work-in-california-data-explorer/

194. Danielson, C., & Bohn, S. (2014, September). Child poverty and the social safety net in California. Public Policy Institute of California. https://www.ppic.org/publication/child-poverty-and-the-social-safety-net-in-california/#:~:text=We%20estimate%20that%20about%202.3,used%20to%20assess%20economic%20need.
Note: The researchers estimated that over 2 million children lived in poverty, and 1 million more would, if not for state safety nets.

195. Public Policy Institute of California. (2021, January). California's future: Safety net. https://www.ppic.org/wp-content/uploads/californias-future-safety-net-january-2021.pdf

196. Fass, S., Dinan, K. A., & Aratani, Y. (2009, December). Child poverty and intergenerational mobility. National Center for Children in Poverty. https://www.nccp.org/publication/child-poverty-and-intergenerational-mobility/

197. Pryor, L. (2023, November). Poverty rapidly increased for California's youngest children. California Budget & Policy Center. https://calbudgetcenter.org/resources/poverty-rapidly-increased-for-californias-youngest-children/
Note: Between 2021 and 2022, poverty rose by 49% for all Californians, but it rose by 121% for children 0-12.

198. United Ways of California. (2023, May 28). The real cost measure in California. https://public.tableau.com/app/profile/hgascon/viz/TheRealCostMeasureinCalifornia2023/RealCostDashboard?publish=yes

199. Davis, C. & White, E. (2019, October). Who receives the Earned Income Tax Credit in California? California Policy Lab. https://www.capolicylab.org/wp-content/uploads/2019/10/Who-receives-the-EITC-in-California-Oct-2019.pdf

200. California Legislative Analyst's Office. (2021, February 2). Budget & policy post: Estimating the CalWORKs take-up rate. https://lao.ca.gov/Publications/Report/4340

201. Bohn, S., Danielson, C., Kimberlin, S., Malagon, P., & Wimer, C. (2023, October). Poverty in California. https://www.ppic.org/publication/poverty-in-california/#:~:text=More%20than%20a%20quarter%20of,down%20from%2034.0%25%20in%202019.

Child Welfare

202. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). Children maltreatment substantiation rates. https://ccwip.berkeley.edu/childwelfare/reports/SubstantiationRates/MTSG/r/rts/l
Note: Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures.

203. Putnam-Hornstein, E., Ahn, E., Prindle, J., Magruder, J., Webster, D., Wildeman, C. (2021). Cumulative rates of child protection involvement and terminations of parental rights in a California birth cohort, 1999–2017. American Journal of Public Health, 111(6). https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2021.306214

204. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). Entries to foster care. https://ccwip.berkeley.edu/childwelfare/reports/Entries/MTSG/r/ab636/
Note: The data reflect first entries for youth in care for 8 days or more, across January-December intervals for each year. Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures. Figures were rounded to the nearest whole number.

205. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). Placement stability. https://ccwip.berkeley.edu/childwelfare/reports/P5/MTSG/r/Fed/l
Note: The data reflect January-December intervals for each year for youth who were in care for 8 days or more. Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures.

206. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). Exits from foster care. https://ccwip.berkeley.edu/childwelfare/reports/Exits/MTSG/r/ab636/l
Note: Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures.

207. Turney, K. & Wildeman, C. (2016, November). Mental and physical health of children in foster care. Pediatrics, 138(5). https://doi.org/10.1542/peds.2016-1118

208. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). Timely health and dental exams. https://ccwip.berkeley.edu/childwelfare/reports/5B/MTSG/r/sd/l
Note: Children Now averaged out the January-March, April-June, July-September, and October-December intervals to get one annual figure of youth who did not receive a timely medical exam. Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures.

209. KidsData. (n.d). Emergency department visits. Population Reference Bureau.
Note: This data was converted into a rate by dividing the KidsData figure by the California Department of Finance estimates (Table P1-B) for the total number of children 0-17 in 2020 (9,148,444) and multiplying by 100,000.

210. KidsData. (n.d). Hospital discharges. Population Reference Bureau.
Note: This data was converted into a rate by dividing the KidsData figure by the California Department of Finance estimates (Table P1-B) for the total number of children 0-17 in 2020 (9,148,444) and multiplying by 100,000.

211. California Department of Healthcare Services. (2022, December). COVID-19 impact on Medi-Cal utilization among children in foster care: Reported through August 2022. https://www.dhcs.ca.gov/dataandstats/reports/Documents/COVID-19_Impact_Reports/Foster-Care-Utilization-Pandemic.pdf

212. DataQuest. (n.d.). 2021-22 Stability rates. California Department of Education. https://dq.cde.ca.gov/dataquest/DQCensus/StbStudentReport.aspx?cds=00&agglevel=State&year=2021-22&ListReportRows=Sub&subgroup=-&ro=1

213. DataQuest. (n.d.). 2021-22 Absenteeism data. California Department of Education. https://dq.cde.ca.gov/dataquest/DQCensus/StbStudentReport.aspx?cds=00&agglevel=State&year=2021-22&ListReportRows=Sub&subgroup=-&ro=1

214. DataQuest. (n.d.). 2021-22 Four-year cohort graduation rates and outcomes. California Department of Education. https://dq.cde.ca.gov/dataquest/dqcensus/CohRate.aspx?cds=00&agglevel=state&year=2021-22

215. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A.L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., Ensele, P., Nevin, J., & Guinan, B. (2023). In care – Point in time count for July 2023. https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/l
Note: Figures were taken from Fall 2023 and may differ slightly from updated CCWIP figures.

216. California Franchise Tax Board. (n.d.). Foster youth tax credit. Retrieved October 18, 2023 from https://www.ftb.ca.gov/file/personal/credits/foster-youth-tax-credit.html

217. John Burton Advocates for Youth. (n.d.). 2022-23 state budget: Higher monthly payments for foster youth in the Supervised Independent Living Placement (SILP). https://jbay.org/wp-content/uploads/2023/07/2023-Implementation-Fact-Sheet-SILP-Housing-Supplement.pdf

218. DataQuest. (n.d.). 2021-22 Four-year cohort graduation rates and outcomes. California Department of Education. https://dq.cde.ca.gov/dataquest/dqcensus/CohRate.aspx?cds=00&agglevel=state&year=2021-22

219. Courtney, M. E., Okpych, N. J., Harty, J. S., Feng. H, Park, S., Powers, J., Nadon, M., Ditto, D. J., & Park, K. (2020). Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 23. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf

220. Courtney, M. E., Okpych, N. J., Harty, J. S., Feng. H, Park, S., Powers, J., Nadon, M., Ditto, D. J., & Park, K. (2020). Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 23. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1020.pdf

Cross-Sector Issues

221. Los Angeles Homeless Services Authority. (2019, July 31). Briefing on youth homelessness key messages. https://www.lahsa.org/documents?id=3567-2019-youth-homelessness-briefing-key-messages

222. California Business, Consumer Services and Housing Agency. (n.d.). People experiencing homelessness who California served in 2022. https://bcsh.ca.gov/calich/hdis.html

223. U.S. Department of Housing and Urban Development. (n.d.). 2022 Housing inventory by state. Annual Homelessness Assessment Report. https://www.hudexchange.info/resource/6802/2022-ahar-part-1-pit-estimates-of-homelessness-in-the-us/

224. Jain, J. P., Santos, G. M., Hao, J., Leonard, A., Miller, A. M., Cuca, Y. P., & Dawson-Rose, C. (2022, March 17). The syndemic effects of adverse mental health conditions and polysubstance use on being at risk of clinical depression among marginally housed and homeless transitional age youth living in San Francisco, California. PLOS One, 17(3), e0265397. https://doi.org/10.1371/journal.pone.0265397

225. California School Climate, Health, and Learning Surveys. (n.d.). Secondary student survey 2019 - 21. https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/
Note: Data provided and prepared by CalSCHLS and WestEd staff by special request.

226. Yurcaba, J. (2022, September 30). California governor signs bill offering legal refuge to transgender youths. NBC News. https://www.nbcnews.com/nbc-out/out-politics-and-policy/california-governor-signs-bill-offering-legal-refuge-transgender-youth-rcna50240

227. Gallegos, E. (2023, September 25). Newsom vetoes bill on transgender acceptance in custody disputes, before signing other LGBTQ bills. EdSource. https://edsource.org/updates/newsom-vetoes-bill-on-transgender-acceptance-in-custody-disputes-before-signing-other-lgbtq-bills#:~:text=Newsom%20vetoed%20AB%20957%2C%20a,factor%20in%20any%20custody%20dispute.

228. Peele, T., Lambert, D., Tadayon, A. (2023, July 21). State superintendent's ouster from Chino Valley school board meeting unwarranted, expert says. EdSource. https://edsource.org/2023/state-superintendents-ouster-from-chino-school-board-meeting-unwarranted-expert-says/694574

229. The Trevor Project. (2022). 2022 National survey on LGBTQ youth mental health: California. https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-California.pdf

230. California School Climate, Health, and Learning Surveys. (n.d.). Secondary student survey 2019 - 21. https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/
Note: Most recent (2017-19) state data shows that 63% of 11th graders who are transgender and 51% of 11th graders who are lesbian, gay, or bisexual said that they had been harassed at school in the past 12 months.

231. The Trevor Project. (2022). 2022 National survey on LGBTQ youth mental health: California. https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-California.pdf

232. California School Climate, Health, and Learning Surveys. (n.d.). Secondary student survey 2019 - 21. https://calschls.org/reports-data/public-dashboards/f882f1e2-dfc0-4448-b90b-f49cef6e6d3f/

233. Gender and Sexualities Alliance Network. (n.d.). FAQ: How many GSAs are there? https://gsanetwork.org/faq/

234. Baams, L., & Russell, S. T. (2021). Gay-straight alliances, school functioning, and mental health: Associations for students of color and LGBTQ students. Youth & Society, 53(2), 211-229. https://doi.org/10.1177/0044118X20951045

235. Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R., & Pynoos, R. S. (2013). Trauma histories among justice-involved youth: findings from the National Child Traumatic Stress Network. European journal of psychotraumatology, 4, 10.3402/ejpt.v4i0.20274. https://doi.org/10.3402/ejpt.v4i0.20274

236. California Department of Justice (2021). Juvenile justice in California, 2021. https://data-openjustice.doj.ca.gov/sites/default/files/2022-08/Juvenile%20Justice%20In%20CA%202021_0.pdf

237. The Sentencing Project. (2023, March 1). Why youth incarceration fails: An updated review of the evidence. https://www.sentencingproject.org/reports/why-youth-incarceration-fails-an-updated-review-of-the-evidence/

238. U.S. Department of Agriculture. (2023, October 25). Definitions of food security. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/

239. U.S. Census Bureau. (2023, August 23). Measuring household experiences during the Coronavirus pandemic. https://www.census.gov/data/experimental-data-products/household-pulse-survey.html

240. U.S. Census Bureau. (n.d). Household Pulse Survey data. https://www.census.gov/programs-surveys/household-pulse-survey/data.html

241. Nourish California. (2023, March). Food hardship & opportunities for change: Key findings from statewide research conducted in fall 2022. https://nourishca.org/wp-content/uploads/2023/03/FoodHardshipAndOpportunitiesForChange-March2023-Final.pptx.pdf
Note: This statewide panel survey does not draw from a representative sample.

242. Danielson, C., Thorman, T., & Bohn, S. (2020, December). The importance of CalFresh and CalWorks in children's early years. Public Policy Institute of California. https://www.ppic.org/wp-content/uploads/the-importance-of-calfresh-and-calworks-in-childrens-early-years-december-2020.pdf

243. Lee, M. & Call, J. (2022, August 17). New policy brief: Bridging gaps in CalFresh enrollment among newborn infants. https://nourishca.org/fresh/blog-category/new-policy-brief-bridging-gaps-in-calfresh-enrollment-among-newborn-infants/

244. Zuercher, M. D., Cohen, J. F. W., Hecht, C. E., Hecht, K., Ritchie, L. D., & Gosliner, W. (2022). Providing school meals to all students free of charge during the COVID-19 pandemic and beyond: Challenges and benefits reported by school foodservice professionals in California. Nutrients, 14(18), 3855. https://doi.org/10.3390/nu14183855

245. Food Research & Action Center. (2023, November). Raise your hand for healthy school meals for all. https://frac.org/healthy-school-meals-for-all

246. California Cradle to Career Data System. (n.d.). Roadmap & progress. https://c2c.ca.gov/roadmap-progress/

247. California Cradle to Career Data System. (n.d.). Data elements by provider. https://c2c.ca.gov/resources/data-elements-by-provider/

248. California Cradle to Career Data System. (n.d.). Crade-to-career dashboards. https://c2c.ca.gov/resources/data-elements-by-provider/

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CMO Report
December 2023

Summary of Major Interval Events

- L.A. Care received a preliminary "intent to sanction" based on the Medi-Cal Accountability Set (MCAS) performance for $890k on 12/5/23. As previously noted, this was based on a new framework that placed L.A. Care in the highest tier for quality (based on State and/or Regional benchmarks), but in tier 2 for financial sanctions (based on national benchmarks). The sanction amount is heavily influenced by the size of the health plan while underrepresenting how close the plan is to the actual benchmark. We immediately began discussions with LHPC and DHCS to advocate for a different methodology and had our Meet and Confer with DHCS on 12/19/23. Though regulators understood and seemed aligned with our concerns, on 12/29/23 we received a formal Sanction Notice without any adjustments to the methodology or amount. We will vigorously defend our position and are planning to formally appeal.

- L.A. Care received information on the 2024 Q1 and Q2 default auto-assignment rates for new unassigned membership at the end of November. As we have discussed, there was a sudden and dramatic change in DHCS's methodology that has shifted the balance away from Local Health Plans despite a continued differential in quality performance. Using the new calculation, L.A. Care's default rate shifted from 59% to 53%. Information about the methodology was sparse leading into the end of December at which point, it became clear that there were calculation errors. After DHCS refreshed the numbers, Plans were given from 12/20-12/26 to check the calculation. Health Services discovered a number of significant concerns with the new methodology, collaborated with other Local Health Plans, and held a series of discussions with DHCS in an attempt to defer the policy change. By the evening of 12/22, we received notice from DHCS that they would reopen stakeholder discussions and would consider changing the auto-assignment methodology to better reflect Plan performance. They have stated that their IT platform will not allow them to alter the assignment methodology for Q1, but they will disproportionately correct Q2-Q4 assignment to adjust for any changes in the methodology that would have affected Q1. We have a weekly meeting schedule with DHCS to arrive on a new calculation by February.

- We are continuing to make progress with our Field Medicine Plan for the County. This represents a way of delivering care to the unhoused in an operationally sound and scalable way. We intend on deploying Street Medicine services to provide members with in-the-moment access to care while creating a glidepath to longitudinal care and full primary care assignment. The plan incorporates financial support for high provider-density regions with large unhoused populations that require greater coordination through "Care Collaboratives." It also extends support for City and County Interim Housing Initiatives. Stakeholder meetings are ongoing this week and will conclude by mid-month. We are preparing a significant investment of HHIP and IPP funds to support implementation of the plan in March. The Community Health team will be making a full presentation to the Board of Governors in an upcoming session.

- The CM/UM/MLTSS department is moving forward with a reorganization of its efforts around over and underutilization of healthcare services in the network. We have a new medical director who has come on board to lead this effort alongside our Analytics and Quality Improvement departments. She is currently prepping our dashboarding and aligning on a list of high priority efforts. At the same time, we have completed hiring our new in-house Medical Directors who, while providing some UM physician review, will each have an additional focus on clinical collaboration across the organization including for claims, appeals and grievances, fraud/waste/abuse, network, California Children's Services, and discharge planning.

Departmental Review

Care Management/Utilization Management/MLTSS Departments

Care Management

Enhanced Care Management (ECM)

ECM leaders continue to implement quality improvement activities related to staff roles, technology, and processes to align with the DHCS ECM Policy Guide.

- **Data Integrity**
  - Coordinators from the CM team completed corrections of thousands of enrollments
  - Continued creating code sets to assist with accuracy and completeness of enrollment data
  - Developed Referral and Enrollment KPIs for internal use and for DHCS reporting

- **Payment Model**
  - Conducted a full payment reconciliation on CY 2022 and Q1 2023. Complete and accurate numbers are now available for reporting and payment recovery amounts validated to claims/encounters.
  - Worked with Actuary to develop a fee-for-service (FFS) rate structure. We are anticipating moving forward with this change once we have obtained additional feedback from our network with likely implementation April 2024.
  - Updated the ECM provider contract to include compensation for outreach services to offer members ECM. This change in payment is retro to July 2023 and covers all outreach including unsuccessful attempts at reaching members.

- **Clinical Oversight**
  - Team is testing the new audit tool with a few providers. Concurrently, the ECM team is communicating standards and expectations to all providers in advance of launching full-scale audits during Q1 2024.
  - Developing reports to assess provider performance such as average time from referral to enrollment and rates of face-to-face interventions.

- **Network**
  - Working with IT to develop a dashboard to overlay the provider network expertise and capacity with our ECM eligible membership.
  - Numerous factors will likely prompt changes to network as providers respond to changes in the payment model, contract and oversight activities described above.
  - Developed the LA County ECM provider capacity report with partnership from the local MCPs. This will support capacity planning and DHCS reporting requirements.
  - In collaboration with local MCPs the team sent out the Justice Involved (JI) ECM provider survey to assess how many of our current providers can meet the DHCS JI Provider requirements. The survey results along with follow up meetings helped finalize the LA County JI ECM provider network, which will serve our members upon release from incarceration.

- **Staffing**
  - Continue to add and update job aids. Reference guides have been developed to standardize compliant processes.
  - Team building
    - Current: 6 FTEs +1 Consultant
      - In recruitment: 10 positions (4 backfills, 6 new positions)
    - Future: 4 new positions pending approval
- **Enrollment**
  - Plan to increase its ECM Enrollment from the current ~10k to 30k members for Q3 2024. This goal will require significant cross-functional efforts and the ECM provider network to achieve.

Transitional Care Services (TCS)

- CM team began implementing the TCS program in Q1 2023 using Care Managers (CM) and Community Health Workers (CHWs). With 16 new staff hired in August and September and finishing training, we have been able to increase monthly outreach to hospitalized members dramatically: 147 in July 224 in August and 554 in September – a remarkable 377% increase in only two months. As of mid-October, year-to-date 1,929 members have been outreached for TCS. We anticipate that with the additional planned hiring and training that by end of Q2 2024 we will reach the goal of outreaching to 3K high-risk admissions per month.
- So far, we have had a high engagement rate, with about 44% of members we outreach to participating in part or all of the TCS process. While difficult to measures outcomes at this point in the program, there is intrinsic value in engaging with our members in the critical period post-transition to help with follow-up visits, medications and other services critical to members in their most vulnerable time after hospitalization.
- The CM team is working with other departments
  - CM is collaborating with the MLTSS team in the development of plans for new populations of focus that will also need TCS starting in 2024, primarily the long term care population residing in skilled nursing facilities (SNF) and in Intermediate Care Facilities for the Developmentally Disabled (ICF-DD). In partnership with CM, MLTSS is creating workflows, assessing staffing needs, testing tools, drafting letters, determining documentation standards and creating training schedule and materials.
  - In addition, Network is working to ensure PPGs are aware of, and are performing, TCS for the high-risk populations for which they are responsible.
- In response to LAC and other health plans' feedback, DHCS issued updated guidance late-October for the TCS requirements for 2024 related to low-risk members.
  - Plans no longer have to assign all members with a transition to a care coordinator. However, hospitals, SNFs etc. will need to inform each member that TCS services are available through their health plan and inform members about how to reach out to the health plan to start the process.
  - We are adjusting our plans accordingly. LAC will have a centralized intake line to the TCS team that take the requests and then assign staff.
  - We will need to build system and process to establish responsibilities and hand-offs between LAC, PPGs, hospitals and potential vendors.

General CM

- CM had no audit findings in the reports from the recent DHCS and DMHC Preliminary reports. Despite that, the team continues to work on improvements in areas identified as potential findings during the on-site portion of the audits such as California Childrens' Services (CCS) (see below).
- CM continues to work on adopting and implementing new PHM requirements from DHCS (not covered in above sections).
    - These efforts include significant IT work such as:
        - Configuring IPRO (analytic stratification tool) to account for newly introduced DHCS high-risk populations, including those meeting definitions for SMHS/SUD, those transitioning into or out of SNFs, and individuals within 12 months post-partum.
        - Implementing an effective system of tracking members in CM and TCS across the PPGs so case transfers, assignments, and coordination are seamless.
        - Integration of DHCS's PHM Service risk stratification and segmentation logic into IPRO and CCA (Case Management documentation platform) upon its release in CY2024.
        - Transitioning to the new version of CCA.
    - Headwinds
        - DHCS expectations have shifted throughout the year. While some of the changes are welcome, the changes hold challenges in planning and implementation.
        - High-risk populations are more fluid than DHCS is accounting for. These populations have associated expectations for assessment, care coordination, TCS, and formal care management that do not divide cleanly between the PPGs and LAC's internal CM team because the stratifications do not necessarily account for clinical or utilization risk.
    - Team Building
        - Hiring remains a focus as we build capacity to meet the new requirements. Bringing on experienced and/or skilled staff at a pace that matches the pipeline of new work for DSNP and PHM has been difficult.
        - Attrition in recent months is higher than the department's multi-year trend due to both the demands of the work itself as well as the current volume of attractive job prospects outside of the organization.
        - As of 10/31/23: 53 new staff have started (including staff for ECM and TCS) during CY2023.
        - With the expanded requirements and populations of focus, recruitment continues for numerous positions. Examples include: Coordinators (9 + 2 Supervisors); Program Manager (1); Care Managers (12 + 5 Supervisors + 1 Manager); Data analyst (1).
- DSNP
    - CM continues to work on adopting and implementing new DSNP requirements. These efforts include significant IT work such as:
        - Configuring a new Health Risk Assessment (HRA) into CCA to account for new required DSNP elements. The HRA is the foundation for nearly all care coordination processes. Consequently, in addition to the HRA, all current operational and regulatory reports as well as related operational processes will need revisions to account for the new HRA.
        - Updating note templates and modules in CCA in order to track and report face-to-face activities in accordance with new DSNP program expectations.
    - LAC's CM team is performing well on DSNP metrics and is advising EPO on the audit and oversight of PPG performance.

- CM staff audit process was selected for review in the recent Medicare mock Compliance Program Effectiveness audit and received positive feedback on their monitoring processes.

Utilization Management

Timeliness Corrective Action Plans (relates to June 2021 regulatory disclosure, 2021 DHCS Audit and 2022 Enforcement Action. The DMHC Preliminary Report for the 2021 Routine Survey also listed two timeliness findings.) UM continues to make extraordinary progress in this area. We have made incremental improvements quarter over quarter for the past year.

Compliance Scorecard measures – Q3 2023 most recent available

- Overall performance for all Lines of Business
  - 50/52 measures > 95%
  - 50/50 measures > 90%
- Direct Network only (Medi-Cal subset)
  - 20/20 measures > 95%
  - LAC continues to submit Direct Network scores and narratives on process enhancements and staffing levels to DMHC via quarterly reports.

UM Team Development

Since 1/1/23, 42 new FTEs have been hired

- As of 10/31/23 multiple positions were open
- Note: UM expectations/standards have been made clear, and are being enforced with the team leading to an increased turnover rate. Anticipate this will level-off with the latest round of resignations
  - 2 new Supervisor positions to support the growth of the Quality Team (in recruitment)
  - 4 Medical Directors (two hired with start dates in November, one in December, one in January.)
  - Quality Manager (resignation, filled with internal candidate early November)
  - Director, Outpatient (resignation, in recruitment for external candidate)
  - Manager, Inpatient (resignation, filled, start date 11/20/23)
  - Supervisor, Inpatient (internal transfer, subsequently filled with start date 11/6/23)
  - Supervisor, Outpatient (internal transfer, in recruitment)
- The Quality team now has seven auditors (five clinical, two nonclinical), four trainers (two clinical, two nonclinical), and one policy nurse. These positions are critical to ensure staff are trained for compliance and quality and to conduct monitoring and oversight of the team that will help us sustain the demonstrated improvements as well as ensure implementation of corrective action plans from regulatory audits (described below).
- The ER/Admit team phone queue went live in mid-May, but has three openings that have been difficult to fill as they are evening and night shifts. This has also been a tough team to keep staffed as the calls can be challenging. Maintaining management coverage for nights and weekends has been difficult.
- The Discharge Planning team has been sluggish to staff but has 5/6 positions filled. Progress also slowed when the Supervisor for the team was on a leave during all of October. A P&P was developed to set standards for phone queue management and customer service.
- The data analyst has been assisting with tracking productivity and projecting staff capacity. As a result, in early November the Inpatient clinical teams restructured to a pod system to better distribute work based on hospital volume and contract type (DRG and per diem). The inpatient team was also able to significantly reduce the inventory of aging concurrent review cases.

Systems

- SyntraNet – enhancements have been on schedule for deployment since September and are scheduled to continue to the end of the year. The system is now displaying member ages and correct due dates for decisions and notifications, which will assist the team in prioritizing cases for completion, thus maintaining the high timeliness metrics. The post-stabilization log for tracking and monitoring was also added.
- QXNT UM – Plans are in full swing for a conversion from Syntranet to QNXT in 2024. UM team is working with LAC IT and Cognizant staff to develop and execute an extensive workplan. Currently the team is building specifications for work queues and planning for user acceptance testing to start in mid-December. While these planning stages heavily impact the leadership on multiple teams (UM, ECM, MLTSS, CS), we look forward to the future flexibility and improved speed of configuration as regulatory requirements and business-needs change. In addition, we welcome the integration with QNXT claims that is expected to reduce abrasion that impacts our day-to-day relationships with our providers.

UM Cross-Functional Collaborations

- Coordination between UM and Grievance & Appeals and Quality
    - The three teams have increased their meeting frequency to weekly.
    - A new processes and leveling for medical directors to review grievances that appear to have quality of care (QOC) concerns ASAP after receipt continues to be developed and refined. Findings from the recent audit reports as well as updated guidance from DHCS regarding timeliness and peer protection are being accounted for. The new clinical grievances workflow is expected to be completed by the first week in December, and receiving sign-off from Compliance by mid-December. Once regulatory compliance isvalidated, all relevant policies and procedural documentation will be updated to reflect the substantive changes and Health Services and Operations leadership will convene to plan and implement a clinical staff model designed to support this new process.
    - The Medical Directors received training in the PCT system in October and are now documenting directly in the A&G system rather than by email.
    - A framework for metrics and reporting was developed to track denials rates, appeal rates, uphold/overturn rates and break down by entity (e.g. LAC, PPG). The business case is under review with IT.
    - The Appeals nurses participated in the 2023 MCG IRR, all with passing scores. Discussion is occurring to establish MCG training course of action.
- California Children's' Services (CCS)
    - SyntraNet now displays dates of birth in the work queues allowing easy identification of members under 21.
    - We created and filled a UM Supervisor position that will oversee inpatient and outpatient UM staff who will review all pediatric authorization requests to determine whether the member is already enrolled in CCS or needs to be referred to CCS. All complex kids with CCS or CCS eligible diagnoses will be referred to CM/ECM/PPG.
    - Our medical director Dr. Lina Shah has experience with CCS and is working with both UM and CM teams in building processes to ensure kids with complex medical needs are connected with the services they need through formal CCS program enrollment and/or collaboration with other specialty providers.
    - The UM CCS UM Supervisor, and CM leadership have established a CCS workgroup which meets routinely to ensure continued collaboration and process progression.

  - In October, DHCS released the final new MOU template with an All Plan Letter. The team is reviewing the new requirements and working with their counterparts at LA County CCS Office to implement it.
- Hospital and SNF
  - UM, MLTSS, PNM, Finance and AAL continue to work on updating contracts with particular focus on ensuring rate allowances that will facilitate timely discharges from hospitals by offering greater access to SNF beds.
  - UM inpatient team continues to meet weekly with multiple hospitals to assist with complex discharge planning needs. While new contracts are pending, Finance has allowed PNM to work with UM on member specific Letters of Agreements to move complex members out of acute beds.
  - Developed a template for hospitals to use in seeking skilled nursing placements to meet the member's needs. The template pilot has been going well with one hospital system and one SNF system working with LAC to expedite discharges. We continue to streamline more targeted referral processes with other large SNF chains.

Managed Long Term Services & Supports (MLTSS)

Since January 2022, the MLTSS team has grown from administering six categories of benefits and services to 15 by 2024. In order to maintain current operations and implement new ones from CalAim, 19 additional staff were approved in June and all of the new positions have been filled as of November.

Community Based Adult Services (CBAS)

- New staff are in training and are expected to take on full time review of new requests for 5-day/week services early in 2024. The staff will focus on reviewing requests to determine the appropriate visit frequency for the member's condition and prevent avoidable over-utilization.
- Team is also working with AAL to quantify the impact of prior efforts to appropriately reduce CBAS frequency requests of 6 and 7 days per week and estimate the savings from UM activities.
- MLTSS leaders are working with AAL on a claims recovery project in which providers were paid inappropriately despite lack of authorization, incorrect codes and incorrect dates/frequency of services. The second part of this effort will use all findings to work with claims team to ensure controls are established to prevent erroneous payments going forward.

CalAIM & Community Supports (CS)

- The MLTSS team is currently administering the following CS services: Personal Care and Homemaker Services; Caregiver Respite; Environmental Accessibility Adaptations
  - Each of these CS have low referrals and approvals.
    - Personal Care and Homemaker Services: while referrals have steadily increased, the highest month so far was August 2023 with 112
    - Caregiver Respite: the average monthly referrals remains in the low double digits with the highest month at 21 in July 2023
    - Environmental Accessibility Adaptations: only two months so far this year have seen double digit referrals
  - LAC is not unique in low uptake of the CS services. DHCS believes that these CS services are underutilized statewide. The Department has provided updated guidance to plans about benefit and eligibility standardization along with expectations that plans increase member access and uptake of these services in 2024.

  - In collaboration with the Community Health team, MLTSS is promoting the CS offerings in numerous forums including the JOMs (Joint Operating Meetings) occurring with PPGs (Provider Groups), hospitals and SNFs (Skilled Nursing Facilities). The MLTSS team offers separate more detailed training sessions on the services, eligibility criteria, and referral/approval processes. The team has been conducting an average of two trainings per month and also promotes the services during the quarterly webinars with CBAS centers and SNFs.
- MLTSS is preparing for additional CS services becoming effective 1/1/24.
  - Intermediate Care Facility For Developmentally Disabled (ICF-DD) Long-Term Care Carve-In from FFS Medi-Cal (benefits are administered by Regional Centers).
  - Nursing Facility Transitions/Diversions to Assisted Living Facilities (Transitioning members who meet program and medical criteria for transition out of LTC) and Community Transition Services/Nursing Facility Transition to a Home.

New Populations/Benefits Standardization

- MLTSS continues to prepare for the 1/1/24 effective date for members residing in Intermediate Care Facilities for the Developmentally Disabled (ICF-DD)
  - Webinar held in October with Regional Centers and ICF-DDs with 73 external participants
  - MLTSS continues to collaborate in regular workgroups with other health plans on operational process alignment for this new population.
  - LAC has provided feedback to DHCS on their proposed ICF-DD Carve-in Resource Policy Guide.
  - Syntranet updates are in progress and user acceptance testing is being set up
- Pediatric Sub-Acute Carve In 1/1/2024. Though the DHCS APL is still in draft form and pending publication, planning progresses
  - System readiness: Codes are in process of being loaded with the new heading
  - Provider readiness: working with PNM and CRM to contract all three pediatric sub-acute facilities in LA County. Drafting letter to providers.
  - Working with PNM on PCP/PPG assignment – likely to follow the methodology of other long-term care members
  - Provider training – planning in progress
  - Updating existing policies/procedures and referral forms to add Pediatric subacute as appropriate

Palliative Care

- Palliative Care SB 1004 (APLs 17-015 and 18-020) benefit is currently for full-benefit-only Medi-Cal members (excludes partial and full duals). Benefit expands to full duals in DSNP (under Medi-Cal) on 1/1/24.
- Despite steady increases, referrals and enrollment are low for this benefit, averaging around 50 per month with a current census of 224. MLTSS team is using the PPG, hospital and SNF JOMs to promote the service's benefits and availability. They will also be providing an in-service to ECM providers. Additionally, UM and CM are redirecting members ineligible for hospice for palliative care where appropriate. We are looking at ways we can use our IPRO risk stratification data to further increase referrals as the program has previously shown to positively affect utilization.

<u>Community Health</u>

Community Supports Operations & Reporting:

- CS staff worked alongside ECM team to resubmit revisions to DHCS for the Quarterly Implementation Monitoring Report (QIMR) for 2022 Q1, 2022 Q2, and 2022 Q3. Plan partner data changed and L.A. Care had more claims to support the reporting of Services Received.
- DHCS Member Information Sharing - CS staff are working with internal IT to build out the CS Authorization Status File (ASF) and prepare for processing CS Return Transmission Files (RTFs) in accordance to DHCS requirements
- Developed draft of DHCS Supplement Data Request for Q1 2023 to give them information needed to create provider payment rates

Community Supports - SyntraNet:

- CS staff outreached to Excell HCA/UpHealth to specify assistance required with ASF development, and plan for SyntraNet ingestion of RTF data.
- CS staff are continuing to work with IT and Excell HCA/UpHealth on several data discrepancies and issues on both Daily Scrum meetings and Technical CalAIM issue calls

Social Services

- Provided an in-person training at a CRC (Community Resource Center) to showcase our Community Link and engage Community Based Organizations to collaborate through our Community Link.
- Our Community Health Coordinators attended various community events and health fairs to provide information to the community about our Community Resource Centers and the Community Health Worker Benefit.
- Our Recuperative Care Staff continues to provide on-site visits to Recuperative Care Centers in our network. This last month our staff worked with our Communications Department on a success story of a homeless members that entered into permanent supportive housing out of a recuperative care center.

HHSS:

- Members Enrolled (as of 11/15/2023): 11,024 members enrolled in HHSS
- Provider Network:
    - Currently 28 contracted for HHSS: Includes 4 new providers, 15 also contracted for HD
    - January 2024 provider load: 9 new providers in process
- Provider Capacity Report:
    - Q3 2023 Quarterly Provider Staffing and Report (reported as of 9/3/2023)
        - Total: 29,063
        - DHS: 26,034
        - Non-DHS: 3,029
- Claims Needed Report: CS staff have prepared October Claims Needed Report for HHSS Providers. This report will help HHSS providers be more compliant and timely in submission of HHSS claims

HHIP:

- Metric 1.6 - Housing Equity: Awards for infrastructure/capacity and innovation
    - Max earnings: $6.9M
    - Applications are under review
- Metric 2.1 - 10% Increase from MP1 (Measurement Period 1): Relationships with SM (Street Medicine) providers to meet MP2 increase
    - Max earnings: $13.8M
    - Request for Applicant submissions received and being reviewed
- Metric 3.2 – Screening for high utilizers

  - Max earnings: $6.9M
  - Engaging with MLK and DHS: DHCS has approved partial points and we are likely to achieve the 2% threshold. Pursuing max 5%.
- Metric 3.3 – ECM enrollment: Increase ECM enrollment for HHSS eligible members from MP1 to MP2
  - Max earnings: $6.6M
  - Reporting of ECM enrollment sent to eligible HHSS providers
- Metric 3.6 – Eviction Prevention: Execute agreement for 2nd installment of funds
  - Max earnings: $13.8M
  - Investment in Mayor's Fund Eviction Prevention
  - Exploring coinciding investment in County's eviction prevention services

Street Medicine (SM):

- Development of SM network contract in progress
- SM network service structure: Developing a regional structure for service delivery based on anchor providers
- SM rates are in development
  - We are currently analyzing potential SM provider rates and exploring supplemental HHIP-funded rates for anchor providers
- Development of geo mapping of SM providers
- Conducting individual meetings with SM providers to preview proposed operational model

Pharmacy

Star Rating Metrics

- **Medication Adherence:** Our medication adherence STAR measures continue to trend higher than the same time last year. We are on track to meet our goal for CY2023.
  - Comprehensive Adherence Solutions Program (CASP): After evaluating the adherence call programs offered by Navitus and L.A. Care Pharmacy department, we have determined that our program is superior in both call connection and member engagement rates. The quality of calls made by L.A. Care Pharmacy also surpasses those of Navitus. As a result, L.A. Care Pharmacy intends to transition all adherence call efforts in-house for 2024. Pharmacy continues to pursue the implementation of Salesforce Intelligent Desktop (IDT) to further strengthen our in-house adherence call program, ultimately improving our STAR performance across 3 triple-weighted adherence measures.
  - CVS Medication Adherence Program: Launched 11/1/23.
  - Participating Physician Group (PPG) Collaboration: Pharmacy is proactively pursuing collaboration opportunities with PPGs to improve medication adherence and statin measures. We will leverage PPG clinical pharmacists to facilitate timely initiation of refills and statin therapy. Successful initial meetings have been held with Optum and Altamed.
  - Formulary Team Expanded Rejected Claim & Transition Fill Outreach: Formulary team reviews daily rejected claims and transition fill reports and conducts outreach to providers and members. Outreach is conducted to ensure appropriateness of rejections, resolve rejections, encourage utilization of preferred alternatives, and submission of coverage determinations as needed. As of 11/6/23, 388 claims identified for outreach were successfully reached by the prescriber, member, or pharmacy.

- **Medication Therapy Management (MTM) Program**: CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR). Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor), OutcomesMTM, and CustomHealth pilot program, achieved 73% completion rate of eligible members in 2023 Q3, a notable improvement from 2022 Q2 at 60%. Pharmacy has implemented a hybrid model with MTM vendor starting on 11/1. L.A. Care pharmacists are conducting CMRs alongside MTM vendor for additional assistance to boost CMR completion rate.

- **Care for Older Adults (COA)**: Medication reviews completed by summer interns have been reviewed by L.A. Care pharmacists and sent to STARS team for dissemination. PPGs will be educated at upcoming Joint Operations Meetings (JOMs) on how to close the gap for their members. Pharmacy is also submitting MTM comprehensive medication reviews for this measure. We are projected to achieve a 4 star rating based on the medication reviews that have already been completed by Pharmacy and Navitus (2,671 as of 10/25/2023), in addition to the number of reviews anticipated to be completed by the PPGs.

- **Statin Use in Persons with Diabetes (SUPD)/Statin Therapy for Patients with Cardiovascular Disease (SPC):** Pharmacy, in collaboration with Navitus Clinical Engagement Center, has launched a new provider-facing intervention in late-September 2023. Pharmacy is also collaborating with PPGs to facilitate appropriate initiation of statin therapy. Outcomes will be provided in future reports.

California Right Meds Collaborative (CRMC)

- CRMC is an initiative with USC to establish a network of community pharmacies that provide comprehensive medication management (CMM) to members with chronic diseases, such as diabetes and cardiovascular disease. As of October 2023, an average A1c reduction of 2.7% from an A1c baseline of 11.5% is observed in patients who complete at least 5 visits with a pharmacist. In addition, an average reduction in systolic blood pressure (SBP) of 18.4 in patients with baseline blood pressure >140/90 mmHg with 3 or more visits with the pharmacist.
- Multiple CRMC pharmacies have submitted interest forms to contract with LA Care for the Community Health Worker (CHW) benefit to expand current services.

Clinical Pharmacy Pilot Program (Ambulatory Care)

- A clinical pharmacist participates as part of the healthcare team once weekly at various FQHCs to improve medication use and safety for L.A. Care members with uncontrolled diabetes and/or uncontrolled hypertension.
- Clinical pharmacist will also be assisting in closing out gaps for COA Medication Review and Transitions of Care (TRC) for DSNP members.
- Current clinics include Wilmington Community Clinic and Harbor Community Clinic.

Community Resource Center (CRC) Flu Clinics

- Pharmacy in collaboration with Health Education, CRC leadership, and North Star Alliances planned and hosted 10 successful flu clinics. USC Medical Plaza Pharmacy offered health screenings (blood pressure and blood glucose), in addition to flu and COVID vaccines. All Pharmacy Team members have volunteered to attend ≥2 events. The number of vaccines and health screenings administered are listed below:
    - Flu shots administered: 1,061

- COVID shots administered: 347
- Members with either blood pressure or blood glucose health screening: 56
- Members with both health screenings: 798

Quality Improvement

Executive Summary

- NCQA Health Plan Accreditation Survey results have been received. L.A. Care's status is **Accredited** for Medicaid and Medicare. Our Exchange line of business is Accredited, but under a Corrective Action Plan requiring a written response within 30 days and onsite survey in May 2024.
- A Direct Network Physician Advisory Collaborative meeting was held in September.
- The first Provider Engagement Event was held successfully at the Lynwood CRC on 10/26/23.
- DHCS Equity and Practice Transformation (EPT) Grant announced that 133 practices have selected LA Care as their managed care plan. This includes 83 small/medium-sized independent practices and 50 FQHCs. We are now reviewing these applicants to submit our concurrence for their participation in EPT to DHCS.

Health Education & Cultural Linguistic Services (HECLS)

- Maternal health texting campaigns, PPC1 (Prenatal), and PPC2 (Post-partum) received the Activate 2023 Award for Achieving Health Equity from mPulse at their annual conference. The two campaigns were recognized for content, strong member engagement, and successful results.
- Multimodal Fight the Flu campaign activities underway: texting campaign launched on 9/22 with 439,027 members enrolled in the flu texting campaign. Additionally, end-of-call flu script, flu postcards, social media campaign, automated flu message, newsletter articles, provider email, and fax blast are additional initiatives in flight.
- The Diabetes Prevention Program (DPP) under the new vendor (Diabetes Care Partners) reached highest enrollment to date with 197 members enrolled in FY 22-23. This was a 42% increase from FY 21-22 under the previous vendor Solera, and the highest number of members (n=46) who achieved a weight loss goal of at least 5% reduction in body weight.
- Meals As Medicine program has completed most activities related to the Medically Tailored Meals DHCS-required alignment within MCPs. This includes eligibility criteria expansion and documentation uniformity. New criteria going into effect on 1/1/2024 will add an extensive list of diet responsive conditions to the current eligible conditions and eliminate any age restrictions.
- First Pediatric Healthy Lifestyle program for ages 6 to 13 years were completed at Lynwood CRC with seven initial participants and five who completed the three-session pilot. The program is expanding to Inglewood, Metro and El Monte CRCs with the support of Registered Dietitians.
- Three trainings on "Writing in Plain Language and Readability using Health Literacy Advisor" were conducted during the months of October and November with approximately 180 participants. These trainings aim to train and educate staff from departments that develop member letters and materials.
- The Adult Weight Management program, a six week skills based series of workshops, will be piloted at the Inglewood CRC in January. Efforts are underway to expand to other CRCs and develop a virtual option.

Initiatives

- The Managed Care Accountability Set (MSCAS) Performance and Sanctions:-DHCS recently released their new methodology for determining sanctions. The new methodology takes into consideration state and regional benchmarks along with national benchmarks. Based on this new methodology, L.A. Care is

in the Green Tier and has no financial sanction for Measurement Year (MY) 2022. L.A. Care will need to complete one project due to low performance in the Child Health domain.

- The Department of Health Care Services also released new benchmarks for the MY 2023 MCAS. While some benchmarks were lowered, some increased substantially such as the Follow-Up After Emergency Department Visit for Mental Illness (FUA) 30-Day Follow-Up. This increases the total number of measures at risk to meet the minimum performance level (MPL) to eight measures.
- The at-home test kit contract with ixLayer was accelerated, signed, and executed on 10/13/2023. Plans are underway to mail out the test kits in December. Notification to providers is scheduled to go out mid-November through various channels to ensure that providers are aware of this new resource for members.
- Clinical initiatives team hosted "Q4 push" meetings to discuss specific interventions and measures that L.A. Care will be focused on through the remainder of year. The team is also supporting discussions with Participating Provider Groups (PPGs) on their efforts to close out the measurement year.
- A chase list of noncompliant members for specific measures (BCS, CIS, LSC, CBP, COA, EED, HBC >9%, W30) was curated for each PPG to support closing gaps and distributed on October 13, 2023 with requests for follow-up. Additionally, initiatives shared W30 and CIS incentive program information along with a list of eligible members for PPGs to outreach. Meetings were conducted with: AltaMed Health Services, Allied Pacific IPA, Optum Care Network/Apple Care Select, Community Family Care, Exceptional Care Medical Group, Global Care IPA, Health Care LA IPA, Prospect, and Preferred.
- Retinal-Eye Exam (EED) outreach conducted by Vision Service Plan continues. A Q4 priority is to focus on Dual Eligible Special Needs Plan (D-SNP) populations. Member outreach (04/03/23-08/10/23) statistics are as follows: 2,259 MCLA members, 400 members scheduled to date, 181 gaps closed. Provider outreach (04/08/2023-08/10/2013) statistics are as follows: 17,123 noncompliant members sent to assigned eye-care providers, 3,650 gaps closed.
- All seven text messaging campaigns to improve preventive care are now live:
    - **Comprehensive Diabetes Care (CDC)**
    - **Well-Child Visits in the First 30 Months of Life (W30A&B)**
    - **Adults Access to Preventive and Ambulatory Care (AAP)**
    - **Colorectal Cancer Screening (COL)**
    - **Controlling Blood Pressure (CBP)**
    - **Breast Cancer Screening (BCS)**

Quality Improvement- Practice Transformation Programs

First 5LA/HMG LA

- Cohort 1 practices (APHCV + Kids & Teens MCG) are screening 51.9% of our members aged 0-5 years old, realizing a 38% increase in screenings over baseline (14%) through September.
- Cohort 2 practices (T.H.E., Bartz-Altadonna, Palmdale Pediatrics, and White Memorial CMC) have generated a 12.6% increase over baseline for completed screenings through September.
- Completed 50 out of 60 early childhood development classes for members through November.

Transform L.A.-Direct Network

- Current program enrollment: 19 practices, 102 providers, 12,095 DN members (29% of total DN members).
- One new practice has enrolled in the program.
- A1C <9%: 7% improvement over baseline and Controlling Blood Pressure: 10% improvement over baseline

EQuIP LA – Direct Network

- Baseline data for four practices have been successfully submitted. Practices have completed their baseline assessments of quality improvement capabilities. Development of health equity based program goals under way.

Equity & Practice Transformation Payments Program

- Enrollment has concluded. Total number of practices that selected LA Care: 133: 83 small/medium sized independent practices and 50 FQHCs/look-alikes/large practices. Exceeded enrollment goal (60) by 122%.
- A review of applications is underway.

Provider Quality Review (PQR)/Potential Quality of Care Issues (PQI)

- **Total PQI Reviewed**
  - FY 2022/2023 (October 2022 - September 2023) the PQR team reviewed and closed 7,337 cases. 2,165 (30%) were classified as duplicates or triage zero, meaning that they did not meet the PQI referral criteria. The remaining 5,172 cases were reviewed for quality of care or service issues. 339 had actions taken to address the PQI findings. The PQI actions included communication to inform provider of quality review findings (no response required), provider response required for quality review findings, and corrective action plans required for quality review findings. As of April 2023, the monthly rate for timely closure has averaged above 99%.

- **Aging PQI Cases:** As of October 31st, 2023, there were 3,734 cases open. 3,358 cases in green (0-151 days), 300 cases in yellow (152-183 days), 75 cases in orange (184-213 days), and one case entered the untimely aging category of 214+ days.

- **PQR – Critical Incident (CI) Reporting**
  - The PQR department is currently undertaking the reinstatement of Critical Incident (CI) Reporting. Under the new guidelines from DHCS, Critical Incident reporting will now include DSNP and MCLA members. The team is consulting Compliance and Legal team to understand regulatory reporting to ensure we require the impacted facilities to report CI. We will finalize the requirement and P&P by 11/20/2023.

- **PQR – Staffing Updates**

  PQI referrals remain high. A&G and PQR leadership continue to work together to enhance the end-to-end process. Meanwhile, the PQR team staff up to ensure timely processing of referrals. As of November 6, 2023, all approved positions are filled.

Accreditation

National Committee for Quality Assurance (NCQA): Health Plan Accreditation

L.A. Care's status is **Accredited** for Medicaid and Medicare. Our Exchange line of business is **Accredited** but under a Corrective Action Plan requiring a written response within 30 days and onsite survey in May 2024.

CATEGORY SCORING THRESHOLDS

STANDARD CATEGORY	CATEGORY RESULT	POINTS RECEIVED AND PERCENTAGE	TOTAL APPLICABLE POINTS (TOTAL POSSIBLE)	≥80% THRESHOLD POINTS (ACCREDITED)	< 80% - ≥ 55% THRESHOLD POINTS (PROVISIONAL)	< 55% THRESHOLD POINTS (DENIED)	MUST-PASS REQUIREMENTS
QI - Quality Management and Improvement	ACCREDITED	14.00 (82.35 %)	17.00	13.60	9.35	9.18	
PHM - Population Health Management	ACCREDITED	18.00 (85.71 %)	21.00	16.80	11.55	11.34	
NET - Network Management	ACCREDITED	28.00 (100.00 %)	28.00	22.40	15.40	15.12	
UM - Utilization Management	ACCREDITED	43.50 (94.57 %)	46.00	36.80	25.30	24.84	1 Failed Must-Pass Elements
CR - Credentialing	ACCREDITED	17.00 (100.00 %)	17.00	13.60	9.35	9.18	0 Failed Must-Pass Elements
ME - Member Experience	ACCREDITED	26.00 (100.00 %)	26.00	20.80	14.30	14.04	

- The CAP is for **UM 7B: Written Notification of Nonbehavioral Healthcare Denials**. During the file review, 15 out of the 30 files did not include a statement that members and their treating physicians can obtain a copy of the actual benefit provision, guideline, protocol, or other similar criterion on which the denial decision was based.
    - Please note, this letter was corrected and implemented prior to the survey. However, half of the selected files were for dates prior to the issue being corrected.
    - Next Steps: QI will coordinate CAP completion with EPO and our consultants. The CAP response due date is December 3, 2023.
        - QI will also coordinate a mock file review by our consultants in February 2024 in preparation for the CAP survey.

- **Discretionary Review – UM 13 Elements C: Review of UM Program and D: Opportunities for Improvement**
    - Part of the evidence for the DHS discretionary survey did not meet all standards and will therefore also be included in the CAP survey.
    - Next Steps: QI will coordinate an **internal CAP** completion with EPO and our consultants.
        - QI will also coordinate a mock file review by our consultants in February 2024 as preparation for the CAP survey.

- **Near Misses:**
    - The requirements for the elements listed below were not fully met, although similar evidence was accepted in a prior survey. A one-time exception was granted and full points have been awarded for this survey only. Compliance will be evaluated during our next survey in 2026. Regardless, QI is actively working with the accountable business units on completing an **internal CAP** to ensure these gaps are addressed.

Health Equity Accreditation (HEA)

- NCQA survey submission will be 12/5/2023.

- Health Equity Evidence Updates
    - The minimum passing score to achieve accreditation is 80%
        - QI Accreditation estimates a **worst-case scenario score of 84%** once all evidence is reviewed
    - The survey holds 2 critical (must pass) factors.
        - We have no concerns about meeting requirements for either of these elements.

- HE 7 Standard: Delegation of Health Equity Activities
    - NCQA Selected Delegates:
        - Anthem: HEA Accredited, however, still pending agreement
        - Teladoc: Pending discussion
        - Carelon: Pending response
        - Liberty: Agreed to delegation

Access to Care

- MY2022: CAP responses- 32 of 33 received. Past-due follow-up notifications have been sent to the remaining provider groups. DHS Pending CAP submission
    - DHS reached out to L.A. Care on 9/8 concerning appointment availability survey and corrective action plan concerns. DHS has shared five areas of concern. Investigation of concerns have resulted in a minor edit to DHS's report card and CAP regarding PCP routine and urgent appointments.
    - All other issues were related to provider contact list issues which have been resolved for MY2023
    - QI Accreditation is finalizing follow-up communication with DHS.

STARS/HEDIS

- MY2023 performance continues to project to 3.0 (rounding down). Most HEDIS measure performance is still projected to perform lower year over year. The overall performance is projected to improve from a 2.44 to 2.94 despite substantial increases in cut-points. Both the Operations and Pharmacy measure performance are performing higher with overall domain performance improving from 2.28 to 2.96 (Operations) and from 2.31 to 2.85 (Pharmacy) despite huge increases in cut-points.
- HEDIS Q4 recovery effort continues which includes 1) reconciliation between PPG performance tracking vs. LAC received encounter information; 2) review of PPG Q4 improvement plans and areas LAC can assist and 3) review of supplemental data submission (and potential under-submissions).
- For the High Touch HEDIS Outreach RFP, AdhereHealth was selected as the vendor of choice. The contract is currently in redline review between L.A. Care legal and AdhereHealth Legal with the goal to have the contract approved prior to 12/31/23 and implementation kicking off early Q1 2024.

Surveys: (CAHPS (Consumer Assessment of Healthcare Providers and Systems)/HOS (Healthcare Outcomes Survey)/QHP (Quality Health Plan)/Off Season

- Surveys were deployed late September/October 2023
    - MAPD(Medicare Advantage Part D)/HOS Offseason
    - TAR (Timely Access Reporting) QHP Offseason (LACC(Covered CA) population)
    - LACC-D (Direct)
    - PASC (Personal Assistance Services Council) (Using Commercial CAHPS survey – in anticipation of potential accreditation decision in the future)
    - Provider Satisfaction Survey (PSS)
- Identify methods for improving member services and experience for this composite to count positively towards CAHPS performance
    - Identify consistently poor performing providers
    - Identify consistently poor performing office locations
    - Identify lower rated PCPs

Population Health Management (PHM)

- For Enterprise Goals, the PHM team is tracking the 2022-2023 PHM index and is currently on track to meet the mid-goal, with 13/16 of the goals met for at least one line of business.
- The 2023-2024 PHMI is in development and work is in progress across the enterprise to update goals for the next cycle.
- The PHM team will develop the 2023 PHM Program Description in Q4 2023 and will include the CalAIM requirements.
- CalAIM Strategy document was submitted to Compliance and will be passed forward to DHCS.
- L.A. Care submitted the CalAIM Key Performance Indicators (KPIs) report to DHCS.

Initial Health Assessment (IHA) transitioning to Initial Health Appointment

- The QI-047 IHA Policy and all related materials have been updated per APL 22-030.
- Further IHA provider training is in development.
- The IHA workgroup has drafted documentation on root causes of poor IHA completion rates and has created a corrective action plan (CAP). Next steps include enhancing reporting and monitoring tools, and strengthening the PPG accountability process.
- All Network Providers (PPG and Direct Network) have access to monthly IHA due reports on the provider portal to support IHA completion for members within 120 days of enrollment. Soon they will also receive monthly (currently quarterly) reporting on members who have not had their IHA.

Annual Cognitive Health Assessment (ACHA) APL 22-025

- The Policy for APL 22-025 developed by the PHM team and approved by DHCS will go to QOC for internal approval in November after the process is more established.
- DHCS is sending the reports on providers completing the Dementia Aware training and L.A. Care has notified all providers of the new APL requirements.

Facility Site Review (FSR)

- The total Public Health Emergency (PHE) related backlog spanning 3/15/2020-12/31/2021 is now down to **20**. To date **377** audits have been completed from the backlog.
- In Q3 2023, **6** FSR/MRR audits were conducted and completed from the backlog.
- L.A. Care FSR is working with the LA County Collaborative (According to APL 22-017, all health plans operating in the LA County area must collaborate to establish systems and implement procedures for the coordination, consolidation, and data sharing of site reviews for mutually contracted PCPs. All health plans within a county have equal responsibility and accountability for participation in the site review collaborative processes) on the FSR/MRR backlog audits to be completed by 12/31/2023.
- FSR is working with the LA County Collaborative on a combined mobile unit tool and condensed street medicine tool. All MCP's are currently piloting this tool. Feedback still pending.

Population Health Informatics

Health Information Management (HIM) Analytics

- The Population Health Assessment, which is a document submitted to NCQA annually showing the different health profiles of LA Care (Member Demographics, Utilization Rates, Top Diagnoses, etc.) has begun and is on track to be completed in early January 2024.
- Preliminary data research is being conducted for the upcoming SNF and Hospital Incentive Programs and the availability and usability of each measures' rates from publically available data sources (such as Nursing Home Compare) are being evaluated.
- Continued development of the Hospital Performance Dashboard is ongoing. This Dashboard is updated on an annual basis (may change to quarterly) which reports the performance of Hospitals

based on CMS quality metrics. This Dashboard is used by various teams when meeting with Hospitals.

- The first phase of a new STARS Dashboard has been published. HIM is working alongside the STARS Team for phase 2 which will include Operations and Member Experience metrics. Discussions are also in progress to develop a LACC Dashboard for MY 2024.
- A Social Determinants of Health/Initial Health Assessment/Health Information Exchange Report is currently being developed to distribute to PPGs that will inform provider groups of their performance in these three domains. This report will be distributed quarterly.
- Given the recent spike in COVID cases, HIM has been tasked with ingesting all available vaccination data streams to identify the uptake of vaccine boosters in the L.A. Care population. The ingestion code has been completed and will be run on a monthly basis.
- HIM continues analytic support for Annual Cognitive Health Screening and IHAs for elderly and new members.
- HIM continues its analytic work on the CalAIM project. Measures are currently being developed which monitor PCP visits and ambulatory care.
- HIM is working alongside Community Health to identify the homeless population with greater accuracy for the HHIP program.

Health Information Exchange Ecosystem (HIEc)

- L.A. Care is revising the Hospital Services Agreement (HSA) to mandate hospital participation in Health Information Exchanges (HIEs). This revision will enforce compliance with CMS 9115 standards for Hospital ADT notifications and require participation in the CalHHS Data Exchange Framework (DXF).
- A similar directive is underway for Skilled Nursing Facilities (SNFs), obligating them to engage in DXF and facilitate information exchange with HIEs.
- Effective January 1, 2024, involvement in Health Information Exchanges (HIEs) will become part of the Hospital Pay-for-Performance (P4P) program. Hospitals will be eligible for incentives upon achieving set milestones in HIE participation.
- Likewise, beginning January 1, 2024, Skilled Nursing Facilities' (SNFs) engagement in HIEs will be incorporated into SNF Pay-for-Performance (P4P) program, offering incentives for SNFs that reach specific HIE participation milestones.
- Edifecs has been selected as the Clinical Data Repository (CDR) vendor, tasked with managing real-time ADT data ingestion via FHIR from LANES and CMT.
- The One-Time HIE Adoption Incentive Program has been successfully launched, offering incentives from October 1, 2023, to September 30, 2026, for providers, particularly aimed at FQHCs and small or solo group providers, to enhance HIE adoption and DXF participation.
- The California Health and Human Services Agency (CalHHS) has designated LANES as a Qualified Health Information Organization (QHIO). In this capacity, LANES is set to serve as the QHIO for L.A. Care and is actively working on the implementation of the Data Exchange Framework (DXF) to enable the exchange of health and social services information in alignment with the established DXF policies and procedures.

Incentives

- Final 2022 HEDIS and other domain data are being processed for use in the P4P Programs. We are aiming to complete all six program reports and payments between Thanksgiving and Christmas.

- The 2023 Update Action Plans have been sent to L.A. Care from the PPGs. L.A. Care and Plan Partner subject matter experts have provided feedback on the PPG projects. Final action plan results are expected from the PPGs in January 2024.
- A new Hospital P4P Program is close to being finalized. The program will be previewed with hospital leadership in November/December. The goal is to launch the program in January 2024.
- A new SNF P4P Program is close to being finalized. The program will be previewed with SNF leadership in November/December. The goal is to launch the program in January 2024.
- 2023 Provider Opportunity Report (POR)/Gap in Care (GIC) reports are being produced monthly. Plans for report enhancements are under way alongside efforts towards more effective use of the Cozeva platform.

Clinical Initiatives: Children's Phone-Based Interventions

1/16/2024
CHCAC Meeting

Clinical Initiatives Team, Quality Improvement

Laura C. Gunn, MPH, CHES
Project Manager II

Tamara Ataiwi, RN, MSN
Nurse Specialist II

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Agenda

- Measurement Year (MY) 2023 children's measures
- Phone-Based Interventions:
  - Summary of robocall and text messaging campaigns
  - Results from 2022 and 2023 campaigns
- Lessons learned and looking towards the future.

Children's Health

Measures for MY 2023:

- Immunizations
  - Childhood immunizations by age 2 (CIS-10)
  - Adolescent Immunizations (IMA-2)

- Well Care Visits
  - Well-Child Visits for 0-15 month olds (W30 6+)
  - Well-Child Visits for 15-30 month olds (W30 +2)
  - Well-Child Visits for 3-21 year olds (WCV)

- Lead Screening in Children (LSC)

- Topical Fluoride Varnish (TFL-CH)

- Developmental Screenings for ages 1-3 years old (DEV)

Fluoride and Developmental Screenings are not included for MY 2022

Children's Health

How do we reach members to come in for preventive care services?

- Social Media Campaigns
- Robocalls
- Mailers
- Text Messaging Campaigns
- Newsletters
- Member Incentives

Phone-based interventions are robocalls and text messages. Both conducted in MY 2022 and MY 2023.

Robocalls

Robo calls are reminder calls to the guardian/parent of the member who has not completed a well care visit(s) for the calendar year. Members range between 0-21 years of age for both Medi-Cal and Covered California. Robo calls are automated, meaning no live person is making the call to the parent/guardian….but, a live person records the message.

MY 2021 robocalls

- Launched: 10/25/2021-11/18/2021
- 162,027 members called.
- Calls conducted in English and Spanish.
- 111,776 (69%) members reached (live connect/voicemail).

➢ ***Did the 2021 robocalls work? YES!!!!!!***

- Looking at the number of members reached successfully who also had a date of service, L.A. Care gained a 2% boost in visits- meaning we gained an extra 3,744 well care visits!!
- We saw more of an impact with our 0-11 year old members.

Robocalls

MY 2022 robocalls

- Launched: 9/27/2022-10/7/2022
- 146,693 members called.
- Calls conducted in English and Spanish.
- 112,818 (77%) members reached (live connect/voicemail).
- New scripts compared to 2021 calls.

➢ ***Did the 2022 calls work? YES!!!!!***

- Looking at the number of members reached successfully who also had a date of service, L.A. Care gained a 7% boost in visits- meaning we gained an extra 9,884 well care visits!!
- *To note:* Another run of text messages also went out in September for WCV. It's possible other interventions affected the call success rate, but it's safe to say that continuing to conduct calls ***is part*** of the L.A. Care success!

Robocalls

MY 2023 robocalls

- New to 2023: Two sets of robocalls! Get better phone numbers!

Set 1:

- Calls took place 3/30-3/31 and 5/26-7/6.
- 167,545 members called.
- Calls conducted in English, Spanish, Mandarin, and Cantonese.
- 121,305 (72%) members reached (live connect/voicemail).
- Same scripts as 2022 calls.

Set 2:

- Calls for 0-30 months members launched 9/29. Calls for members ages 3-21 years old launched 12/28.
- 0-30 months: 7,770 called in English and Spanish.
- 0-30 months: 5,369 members (69%) reached (live connect/voicemail).
- New scripts created for Set 2.

➢ **Did the 2023 calls work?** Will determine in 2024.

Text Messages

Text Messaging Campaigns are a series of text messages over a short period of time to the member or guardian/parent of the member who has not completed a well care visit. Both Medi-Cal and Covered California are sent messages. Text campaigns are taken care of by the vendor mPulse.

MY 2022 Campaign

- Campaign ran for WCV. Split into two age groups: 1) 3-6 year old members and 2) 7-17 year old members. For MCLA members only.
- Series of 4-7 text messages sent every two weeks providing health education and a reminder to schedule the annual well care visit.
- Two runs, March 2022 and September 2022.
  - 1st run outreached to 26,465 members, 2nd run 29,974 members.
  - 99.9% enrollment rate between both runs!

Did the WCV text messaging campaign work? YES!!

- Vendor, mPulse, did the evaluation analysis for us. This was part of the contract and we shared data with them (dates of service).
- Analysis showed a 22.63% improvement rate.
- Analysis showed a 11.72% difference in compliance rate.

Text Messages

MY 2022 Campaign- analysis continued

Closer look at the numbers:

- Intervention Population total: 44,979
- Intervention Compliance total: 28,571
- Intervention Compliance rate: 63.52%

- Control Population total: 1,224
- Control Compliance total: 634
- Control Compliance rate: 51.80%

Difference in Compliance Rate: 11.72% (63.53% - 51.80%)

Improvement Rate: 22.63%
[11.72% (compliance rate difference) divided by 51.8% (control compliance rate)]

***1,615 member between intervention and controls groups were excluded from the analysis because they closed their WCV gap prior to start of the 1st campaign on 3/16/2022.**

Text Messages

MY 2023 Campaign

- Campaign ran for W30. Split into two age groups: 1) 0-14 month old members and 2) 15-30 month old members. MCLA and LACC members.
- Series of 5-6 text messages sent every two weeks providing health education and a reminder to schedule well care visits.
- Two runs, August and December 2023.
  - August run:
    - W30A: 3,258 outreached. 3,255 enrolled- 99.9%
    - W30B: 2,962 outreached. 2,956 enrolled- 99.8%
  - December run:
    - W30A: 2,240 outreached. 2,239 enrolled- 99.9%
    - W30B: 2,220 outreached. 2,218 enrolled- 99.9%

Did it work?? Will learn more in 2024.

Lesson Learned

Lessons learned so far:

- Calls more than once a year is a good practice.
- Taking the extra step & time to gain better phone numbers is worth it.
- Utilizing call scripts more than once saves time and will help justify the recording of different languages.
- Text messages need to go to all 0-21 year old members.

Strengthen interventions:

- Applying member feedback to Text Messaging WCV scripts.
- Applying text messages to specific preventive services (lead screening and flu).

L.A. Care
HEALTH PLAN
For All of L.A.

Thanks!!

ELEVATING HEALTHCARE
IN LOS ANGELES COUNTY
SINCE 1997

L.A. Care HEALTH PLAN
For All of L.A.

CCS Care Coordination Updates

Lina Shah, MD

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Presentation Overview

- CCS program overview
- UM department updates
- Care Coordination within LA care
- Other Updates

What is (California Children's Services) CCS?

State legislated program

- Established in 1927.
- Originally called the California Crippled Children Services.

Local administration

- CCS is the authorizing agent of Medi-Cal for children with CCS eligible conditions

CCS Enrollment

- This is not auto enrollment
- Initial referral can be submitted by anyone
- SAR's (service authorization request) must be submitted by a CCS provider or community partners
  - Requests are sent with current medical records justifying request for CCS services
- Appeals Process: If initially denied for CCS, can appeal for eligibility or service
- This is not a full carve out
  - Only for services related to a qualified diagnosis
  - If not enrolled, MCP obligated to pay for services
  - MCP liable to help identify and enroll qualified members 2024 MOU with LHD

Who Qualifies for CCS?

- Must be under the Age of 21
- Must have a qualified diagnosis (determined by local CCS department)
- Residency Requirement (must show proof of LA county residence)
- Financial Requirement
  - Has Medi-cal coverage, or
  - Family's adjusted income is less than $40,000
  - Family earns more than $40,000, but would spend 20% or more on medical services for the CCS condition without CCS

CCS Medically Eligible Conditions

In general: **most** chronic, physically disabling, severely disfiguring, or life-threatening conditions that require complex medical intervention, surgical, or rehabilitative services are **eligible.**

Most acute, simple, self-limiting, or primarily mental, developmental conditions are **NOT eligible**.

"**Syndromes, mental health, autism, transgender are not covered**"

Examples of CCS eligible conditions

- **Conditions involving the heart** (congenital heart disease, rheumatic heart disease)
- **Neoplasms** (cancers, tumors)
- **Diseases of the blood** (hemophilia, sickle cell anemia)
- **Diseases of the respiratory system** (cystic fibrosis, chronic lung disease)
- **Endocrine, nutritional, and metabolic diseases** (thyroid problems, PKU, or diabetes)
- **Diseases of the genito-urinary system** (serious kidney problems)
- **Diseases of the gastrointestinal system** (liver problems such as biliary atresia)
- **Serious birth defects** (cleft lip/palate, spina bifida)
- **Diseases of the sense organs** (eye problems leading to loss of vision such as glaucoma and cataracts, and hearing loss)
- **Diseases of the nervous system** (cerebral palsy, uncontrolled epilepsy/seizures)
- **Diseases of the musculoskeletal system and connective tissue** (rheumatoid arthritis, muscular dystrophy)
- **Severe disorders of the immune system** (HIV infection)
- **Disabling injuries and poisonings requiring intensive care or rehabilitation** (severe head, brain, or spinal cord injuries, and severe burns)
- **Complications of premature birth requiring an intensive level of care**
- **Diseases of the skin and subcutaneous tissue** (severe hemangioma)
- **Medically handicapping malocclusion** (severely crooked teeth)

CCS Services

- Members will be primary with Medi-cal, and will have approved diagnoses covered by CCS

- DHCS manages the CCS program
  - CCS is administered as a partnership between county health departments and the DHCS

- CCS Provides the following for CCS eligible conditions
  - Doctor Visits and Care (must be CCS paneled)- specific conditions seen at an SCC
  - Hospital stays (must be CCS paneled)
  - Surgery
  - Therapies: PT, OT, ST
  - Diagnostic testing: Radiology, laboratory
  - DME
  - Case Management
    - May assist members in finding a physician and may refer to other resources
  - Medical Therapy Program (MTP): school based OT/PT services
    - Majority have neurological or musculoskeletal disorders

MCP Requirements

- All Plan Letter 23-029: MOU Requirements for MCPs and Third-Party Entities
  - ATTACHMENT F: Local Health Department (LHD) MOU
    - Exhibit F: CCS
      1. Party Obligations: MCP to provide coverage until CCS coverage established
      2. Training and Education: MCP to train on CCS program and how to make referrals (within LA care, network providers, and subcontractors)
      3. Referrals and Eligibility Determinations (including ECM): help network providers to make referrals
      4. Care Coordination and Collaboration: making sure all medically necessary services are provided to members, including HRIF, transportation, transition services, and emergency services
      5. Data Information and Exchange: all needed data provided to CCS to do initial eligibility determination

Overlapping Benefits with CCS

- **Overall Goal**: Health plans and CCS work together to ensure each entity knows their roles and that these kids get services they need from the right place and there is no duplicating efforts
  - CM efforts to help CCS enrollment, community referrals and coordination of care

- Examples: PDN with MCP and CCS (APL 20-012)
  - CCS has a max and health pan can authorize additional hours

- Many children have both CCS and Regional Center (RC)
  - RC many times adds respite care for parents
  - ie: A child with 2 seizure medications will qualify based on diagnosis for CCS and epilepsy is a criteria for RC services
  - RC services can continue even after child turns 21

Overlapping Benefits with CCS

- **Children with Special Health Care Health Care Needs (CYSHCN) Program**
  - 30% of Title V federal funds: Maternal and Child Health Block Grant
    - A portion of this is allocated to CCS (other funds from state and county)
    - Title V provides core funding to California to improve the health and well-being of mothers, infants, children and youth, including children with special health care needs and their families
  - Serves birth through 21
  - Needs one or more chronic physical, behavioral or emotional condition
  - Services through local agencies with state level support (ie: early intervention or public health nursing)

Termination of CCS services

- CCS services may end when
  - The child no longer has a CCS-eligible condition because the condition has changed or treatment has been completed
  - The child is no longer financially eligible because the family's income has changed
  - The child moves outside the state of California
  - The child turns 21 (importance of transition care)

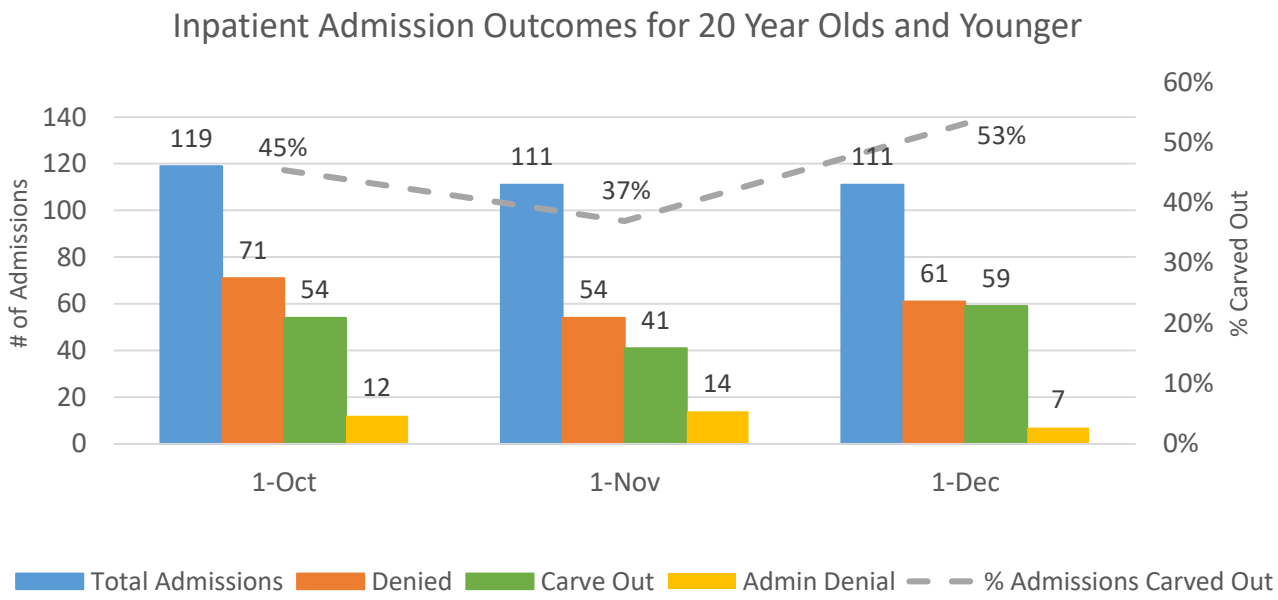
Updating the UM Processes

- Restructuring within UM to focus on CCS screening by subject matter experts
  - Addition of an UM nurse to inpatient screening and 2 outpatient UM nurses
    - PEDI to track CCS SARS
      - Access the status of Requests for Services/Authorizations
      - Goal: Auth Tech to reach out to providers to submit SARs to CCS and track these SARs
    - Carving out inpatient stays that are deemed CCS medically eligible
    - Carving out outpatient requests for members with active CCS and have pending service request with CCS, have a request related to CCS eligible condition, and/or have had these services previously authorized by CCS
      - CCS can retroactive pay for any services that are CCS eligible
    - CM referral for potential CCS clients

CCS Reporting

CCS Team Initial Outcomes

- CCS Carve Outs with a CCS subteam model: second week of Oct
- 37% to 53% of approved inpatient admissions for 20 year olds and younger were carved out from Oct 2023 to Dec 2023



Category	23-Oct	23-Nov	23-Dec
Total Admissions	119	111	111
Carve Out	54	41	59
% Admissions Carved Out	45%	37%	53%
Admin Denial	12	14	7
Denied	71	54	61
Cancelled	184	124	152

Care Coordination

- Weekly rounds with CM team (Pediatric ICT rounds) to help identify community resources such as RC, CCS, ECM for members

- Developing a transition process for aging out CCS members
  - CHOC transition team meeting (approximately 300 LA County CCS-LA care members)

  - Transition letters (educate families about aging out)

Other Updates

- Quarterly meeting with LA county CCS
- Meeting with DHS and CHOC
- Meeting with LA care recoupment team
- Weekly LA care CCS workgroup
- County wide CCS workgroup meeting

Questions/Comments

Thank you!