



## The 2015-16 Pro-Kid Policy Agenda for California

### A Guide to Pro-Kid Policymaking

The *2015-16 Pro-Kid Policy Agenda for California* is the only comprehensive roadmap at the state level for policymakers, stakeholders, and others who want all children – especially children of color and children from low-income families – to have the opportunity to reach their full potential.

A plethora of research shows that investments in quality programs for kids more than pay for themselves in terms of increased earnings and revenues and a stronger overall economy, and decreases healthcare, corrections, and other public costs later on. Given the far-reaching impact of ensuring that all kids have the supports they need, the Pro-Kid Agenda is a critical component of the other major agendas facing the state, including the anti-poverty, pro-economic growth, social justice, governmental efficiency, equity, pro-safety, and pro-family support agendas.

Yet unlike many of these other agendas, the *Pro-Kid Agenda* is one that can be readily embraced by policymakers across the political spectrum, a range of diverse stakeholders and the general public. Prioritizing kids should be a unifying goal. Who, for example, thinks it makes sense that, while California is a relatively high tax state (ranking 11th in per capita state and local tax revenues), it ranks in the bottom half of states in per-capita expenditures on education and children's health? The *Agenda* can unite Democrats and Republicans, business and labor, liberals and conservatives, urban and rural and people of all ethnicities, incomes and ages.

The *Agenda* was compiled by Children Now, the only umbrella research, policy development and advocacy organization dedicated to promoting children's health, education and welfare in California. Children Now created and coordinates The Children's Movement of California – the member-based constituency supporting kids that now includes more than 1,100 business, education, parent, labor, civil rights, and faith- and community-organizations. Children Now also leads, co-leads or participates in scores of coalitions around the state covering the full range of children's issues. The *Agenda* reflects the top priorities of each of those coalitions and their members.

More information on each of the *Pro-Kid Agenda* items is available at [www.childrennow.org](http://www.childrennow.org). For a detailed version of the *Pro-Kid Agenda*, go to [www.childrennow.org/prokidagenda](http://www.childrennow.org/prokidagenda). If you have any questions or comments regarding the *Agenda*, please email [agenda@childrennow.org](mailto:agenda@childrennow.org).

## At-A-Glance: The 2015-16 Pro-Kid Policy Agenda for California

### Education: Early Learning

- 1 Expand high-quality child care opportunities for infants and toddlers.
- 2 Protect recent investments and commitments to increase access to high-quality preschool.
- 3 Ensure the quality of California's early learning system, including scaling local Quality Rating and Improvement Systems (QRIS).
- 4 Promote coordination between early learning and TK-12 systems, as well as across other agencies serving young children and families.

### Education: TK-12

- 5 Promote the use of a universal kindergarten readiness observation and assessment tool to highlight understanding of how prepared our young children are at school entry.
- 6 Implement and increase investments in California's new school finance system, the Local Control Funding Formula, to blend the benefits of flexibility, equity, and transparency.
- 7 Fully integrate Common Core and Next Generation Science content standards with an aligned assessment system that also places a greater emphasis on Science, Technology, Engineering and Math.
- 8 Adopt a robust system of outcomes-based accountability to support student success.
- 9 Recruit, train, support, improve, and retain effective teachers for every child.
- 10 Foster innovation in approaches to the traditional school day and expanded learning time (i.e., afterschool and summer programs) to extend proven programs, such as Linked Learning.
- 11 Leverage technology more fully and appropriately to advance academic achievement by revamping the education infrastructure, taking successful blended and personalized learning models to scale, providing access to resources and supporting professional development.
- 12 Address school climate and student engagement priorities, monitor chronic absence and eliminate inequitable suspension and expulsion policies.

### Health

- 13 Ensure universal access to developmental and behavioral screenings and improve access to early intervention services.
- 14 Expand and strengthen voluntary early childhood home visiting programs.
- 15 Provide every child with affordable and comprehensive health insurance coverage.

- 16** Ensure children's timely access to the complete range of critical health care services, including preventive screenings, immunizations, dental, mental, vision and hearing care.
- 17** Establish a tech-savvy "health home" for every child, and increase the availability of school-based health services.
- 18** Institute a comprehensive approach to combating childhood obesity, focusing on healthy food and beverage choices, increased physical activity and nutrition education.
- 19** Prevent and mitigate the long-term effects of toxic stress by building on child, caregiver, and community strengths and promoting trauma-informed systems.

### Child Welfare and Juvenile Justice

- 20** Ensure the state maintains oversight and state and county governments are held accountable for improving child welfare and juvenile justice outcomes.
- 21** Strengthen and expand child abuse and neglect prevention, early intervention, and at-home services.
- 22** Prioritize placement stability and lifelong, supportive connections for foster youth.
- 23** Ensure foster youth aging out of the system have access to education, health care, housing, and other services.
- 24** Ensure foster youth receive services and supports to meet their unique educational needs in order to close the foster youth achievement gap.
- 25** Discourage inappropriate delinquency proceedings and encourage age-appropriate justice system responses.

### Cross-Sector Coordination

- 26** Institute a Children's Coordinating Council.
- 27** Develop eligibility and enrollment standards and outcome measures to be used across agencies.
- 28** Establish a comprehensive, longitudinal, interagency data system.

# Santa Clara County

### COUNTY COMPARISON RATING

**Education**  
★★★★★

**Health**  
★★★★★

**Child Welfare & Economic Well-Being**  
★★★★★

### COUNTY QUICK FACTS

**442,256** children live in Santa Clara county.

Ethnicity is **37%** Latino, **23%** White, **2%** African-American, **32%** Asian, **6%** Other

**\$103,899** is the average family income for this county.

**63%** of families can afford basic living expenses.

**13%** of children live in poverty.

## EDUCATION

1. Young children, ages 0-5, who are read to every day
2. 3- and 4-year-olds who attend preschool
3. 3rd graders who read at grade level

| 2014 Rank | DATA ACROSS COUNTIES |        |      | DATA OVER TIME |        |      | DATA BY RACE/ETHNICITY |       |                  |       |       |
|-----------|----------------------|--------|------|----------------|--------|------|------------------------|-------|------------------|-------|-------|
|           | Low                  | CA Avg | High | 2014           | Change | 2012 | Latino                 | White | African American | Asian | Other |
| 11        | 52%                  | 62% CA | 81%  | 70%            | ↓      | 71%  | 61%                    | NA    | NA               | 69%   | NA    |
| 6         | 32%                  | 47% CA | 67%  | 57%            | -      | 57%  | 41%                    | 66%*  | NA               | 67%   | NA    |
| 2         | 24%                  | 46% CA | 66%  | 60%            | ↑      | 59%  | 34%                    | 75%   | 46%              | 78%   | 69%   |

**4.** 7th graders who meet or exceed state standards in math



**5.** Students who are low income and have access to a state-funded afterschool program



**6.** High school science classes that are taught by a highly qualified teacher



**7.** Students who feel connected to their school



**8.** Suspensions that are limited to serious offenses, not willful defiance



**9.** Expulsions that are limited to serious offenses, not willful defiance



**10.** Students who are ready or conditionally ready for college-level math courses

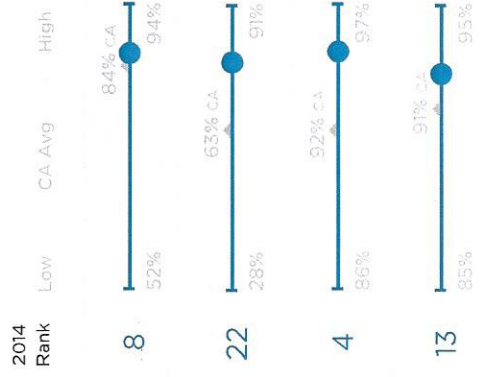


**11.** 12th graders who graduate on time

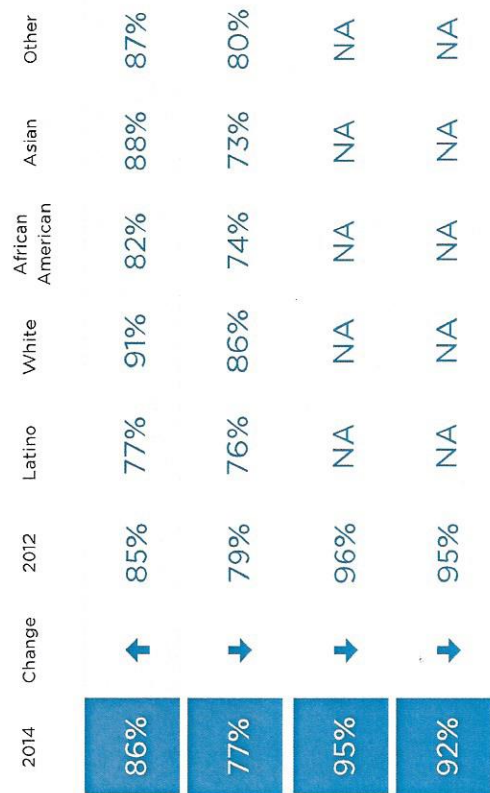


**HEALTH**

DATA ACROSS COUNTIES



DATA OVER TIME



DATA BY RACE / ETHNICITY

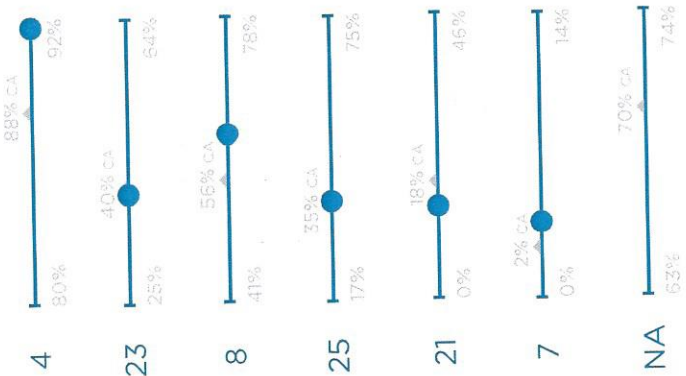
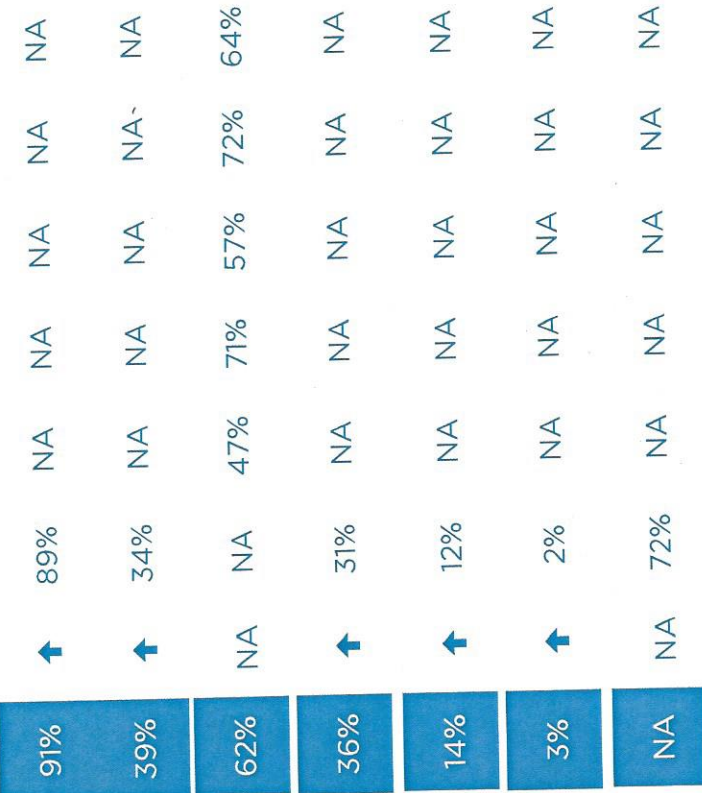
**1.** Women who receive early prenatal care

**2.** Newborns who are exclusively breastfed while in the hospital

**3.** Children who have health insurance for the entire year

**4.** Children with a usual source of health care

- 5. Children who have visited a dentist in the last year
- 6. Asthmatic children who have been given an asthma management plan
- 7. Children who are in a healthy weight zone
- 8. Students who are low income and eat free or reduced price breakfasts during the school year
- 9. Students who are low income and eat free or reduced price meals during the summer
- 10. Schools that have a health center
- 11. Adolescents who are not at risk for depression



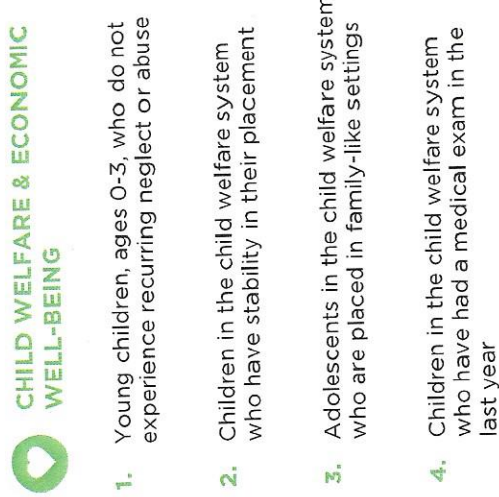
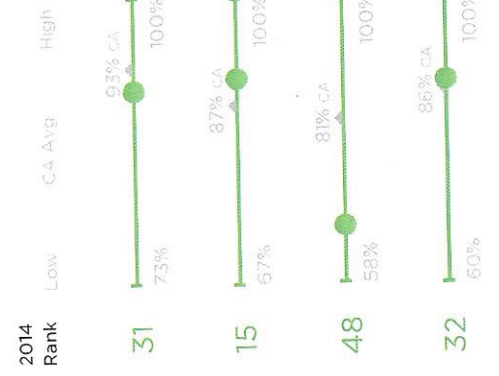
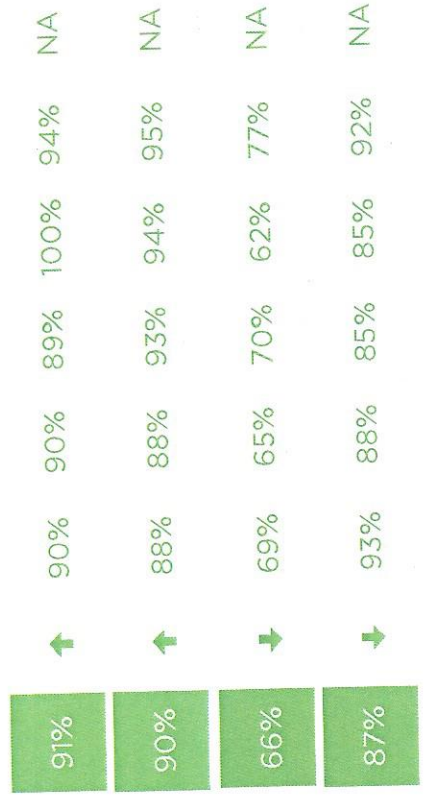
DATA BY RACE / ETHNICITY

DATA OVER TIME

DATA ACROSS COUNTIES

**CHILD WELFARE & ECONOMIC WELL-BEING**

- 1. Young children, ages 0-3, who do not experience recurring neglect or abuse
- 2. Children in the child welfare system who have stability in their placement
- 3. Adolescents in the child welfare system who are placed in family-like settings
- 4. Children in the child welfare system who have had a medical exam in the last year



| Item   | 2014 Rank | Low | High |
|--|-----------|-----|------|
| 1. Young children, ages 0-3, who do not experience recurring neglect or abuse        | 31        | 73% | 100% |
| 2. Children in the child welfare system who have stability in their placement        | 15        | 57% | 100% |
| 3. Adolescents in the child welfare system who are placed in family-like settings    | 48        | 58% | 100% |
| 4. Children in the child welfare system who have had a medical exam in the last year | 32        | 60% | 100% |

| Race/Ethnicity   | White | Latino | African American | Asian | Other |
|--|-------|--------|------------------|-------|-------|
| 1. Young children, ages 0-3, who do not experience recurring neglect or abuse        | 89%   | 90%    | 100%             | 94%   | NA    |
| 2. Children in the child welfare system who have stability in their placement        | 93%   | 88%    | 94%              | 95%   | NA    |
| 3. Adolescents in the child welfare system who are placed in family-like settings    | 70%   | 65%    | 62%              | 77%   | NA    |
| 4. Children in the child welfare system who have had a medical exam in the last year | 85%   | 88%    | 85%              | 92%   | NA    |

|   |    |                        |     |    |     |     |     |      |     |    |
|---|----|------------------------|-----|----|-----|-----|-----|------|-----|----|
| 5. Children in the child welfare system who exit to permanency within three years | 26 | <p>73% 86% CA 100%</p> | 88% | ↓  | 90% | 83% | 97% | 91%  | NA  | NA |
| 6. Children who are not living in communities of concentrated poverty             | 24 | <p>55% 96% CA 100%</p> | 98% | NA | NA  | NA  | NA  | NA   | NA  | NA |
| 7. Youth who attend school or are employed  | 3  | <p>84% 92% CA 97%</p>  | 96% | ↑  | 93% | 94% | 97% | 93%* | 98% | NA |

**NOTES+**