AGENDA ITEM: 12
DATE OF MEETING: January 24, 2013
ACTION: ___X___
INFORMATION: _____

GUIDELINES FOR IMPLEMENTING
THE CALIFORNIA CHILDREN AND FAMILIES ACT

SUMMARY OF REQUEST

The Commission is asked to review the Guidelines for Implementing the California Children and Families Act (the Guidelines) and approve its release to the First 5 county commissions.

BACKGROUND

The California Children and Families Act of 1998 (the Act) requires First 5 California to adopt Guidelines for the development of "an integrated and comprehensive statewide program of promoting, supporting, and improving early childhood development that enhances the intellectual, social, emotional, and physical development of children in California." (Health and Safety Code, § 130125(b).) The same section requires that First 5 California: "On at least an annual basis, periodically review its adopted guidelines and revise them as may be necessary or appropriate." The section also states that "at least one public hearing" on the Guidelines be held prior to adoption.

The Guidelines serve to guide county commissions in the planning and design of a comprehensive, integrated plan to implement the Act. The Guidelines include:

1. Commission Background
2. Mission, Vision and Guiding Principles
3. Guidelines: Purpose and Structure
4. Focus Area One: Parent Education and Support Services
5. Focus Area Two: Child Care and Early Education
6. Focus Area Three: Health and Wellness

The Guidelines also cover the strategic planning elements that the Act requires:

- Description of goals and objectives
- Description of programs/services/projects
- Description of measurable outcomes using appropriate reliable indicators
- Description of how program/services/projects will be integrated into an accessible system

The Guidelines were initially adopted by the State Commission in September 1999, and substantially updated in 2006. In January 2012, the Commission adopted revised Guidelines in which the changes were more organizational and administrative in nature. There are no changes in the version being submitted now for the Commission's annual review. Staff anticipates that the Guidelines will undergo a more substantial revision following the Commission's strategic planning efforts this calendar year, to align with the goals and objectives of the new strategic plan and to reflect input from the First 5 county commissions.

STAFF RECOMMENDATION

In order to comply with the requirements of Proposition 10, staff recommends the Commission review the existing Guidelines for Implementing the California Children and Families Act and approve its release to the First 5 county commissions.

ATTACHMENTS

- Guidelines for Implementing the California Children and Families Act (January 2012)

Guidelines for Implementing the California Children and Families Act

January 2012

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The First 5 California Children and Families Commission is pleased to issue the following guidelines for implementing “Proposition 10,” the California Children and Families Act.

The State Commission hopes that the information contained in these guidelines will be of use to County Commissions in their efforts to update comprehensive and integrated strategic plans to support a statewide program of promoting, supporting, and improving early childhood development that enhances the intellectual, social, emotional, and physical development of children in California.

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FIRST 5 CALIFORNIA CHILDREN AND FAMILIES COMMISSION

BACKGROUND

Proposition 10, The California Children and Families Act of 1998 (the Act), created the California Children and Families Commission, also known as First 5 California. The Commission is the leadership agency and statewide coordinator of the Act. In this leadership role, the First 5 California Commission has had the opportunity to make a significant impact on the lives of California's young children by developing a long-term public policy framework around school readiness, setting strategic goals, and integrating early childhood services into existing education, health, and social service systems.

Current research in brain development clearly indicates that the emotional, physical, and intellectual environment a child is exposed to in the early years of life has a profound impact on how the brain is organized. The experiences a child has with respect to parents and caregivers significantly influences how a child will function in school and later in life. The Act is designed to provide, on a community-by-community basis, all children prenatal to five years of age with a comprehensive, integrated system of early childhood development services. Through the integration of health care, quality childcare, parent education, and effective intervention programs for families at risk, children and their parents and caregivers will be provided with the tools necessary to foster secure, healthy, and loving attachments. These attachments will lay the emotional, physical, and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society.

MISSION, VISION, AND GUIDING PRINCIPLES

First 5 California Vision Statement

All children in California enter school ready to achieve their greatest potential.

First 5 California Mission Statement

By 2012, be recognized as California's unequivocal voice for children 0 to 5 to ensure greater equity in their readiness for school.

Summary of First 5 California Guiding Principles

To guide its work, First 5 California developed the following Guiding Principles. These principles are intended to be overarching statements that guide all Commission activities and responsibilities.

Child Centered: Focus all programs and activities on the needs of California's children.

Family Focus: Support families as children's primary caregivers and first teachers.

Diversity: Ensure that families from all of California's diverse populations connect to services needed to succeed.

Public Support: Build a foundation of support for a comprehensive, integrated and holistic early childhood development system.

Quality Standards: Incorporate the highest quality, evidence-based standards when assessing program effectiveness.

Partnerships and Leveraging: Promote collaboration with public and private partners, building on existing systems.

To establish a strong and clear agenda of accountability and learning, the State Commission has adopted two documents: *Results to be Achieved* (2000) and the *Research and Evaluation Framework* (2005) that provide a structure for developing the State and County Commission strategic plans and evaluation efforts. The *Framework* document outlines the reporting requirements for local and state evaluations and the establishment of the Center for Results. The *Results* document provides examples of short- and long-term results, along with indicators for the following four result areas to achieve school readiness for each of California's children:

- Improved Family Functioning: Strong Families
- Improved Child Development: Children Learning and Ready for School
- Improved Child Health: Healthy Children
- Improved Systems of Care: Integrated, High-Quality, Consumer-Oriented, Culturally Appropriate, and Easily Accessible Programs and Services

PRINCIPLES ON EQUITY

Recognizing significant gaps and disparities in the provision of services for children and their families and in educational, health, and other outcomes, First 5 California adopted a resolution in 1999, demonstrating its commitment and leadership in taking proactive steps to ensure that California children and their families from diverse populations, including children with disabilities and other special needs, are an integral part of the planning and implementation of Proposition 10. In 2000, First 5 California established the Advisory Committee on Diversity to serve as its policy advising body on issues related to diversity and equity. This Advisory Committee developed the Principles on Equity to be used as guidelines to ensure that the programs and services established and supported by Proposition 10 funds are both culturally and linguistically competent and inclusive in serving children with disabilities and other special needs. The Principles on Equity address four important areas: (1) Inclusive Governance and Participation, (2) Access to Services, (3) Legislative and Regulatory Mandates, and (4) Results-based Accountability. The Advisory Committee approved the Principles on Equity on June 29, 2001, and the Commission formally adopted the Principles on October 18, 2001, as a component of the Guidelines for Implementing the California Children and Families Act

for the County Commissions and for First 5 California activities, decisions, and program designs. (See Appendix A.)

PROPOSITION 10: HELPING MEET EARLY CHILDHOOD DEVELOPMENT NEEDS

Young children learn and grow because of the key role their parents play in their development. Although a wide range of individuals and institutions impact the health and well-being of young children, the role of parents is paramount. Parenting is much more important during the ages birth to five than once believed. By providing children with safe, nurturing, and stimulating environments, parents and caregivers influence long-term growth and development during these important early years.

During the first three years of a child's life, the early physical architecture of a child's brain is established.

- At birth, the brain is remarkably unfinished. The parts of the brain that handle thinking and remembering as well as emotional and social behavior are very underdeveloped.

- In the early years, a child develops basic brain and physiological structures upon which later growth and learning are dependent.

- The brain operates on a "use it or lose it" principle. Emotionally and socially as well, the child develops many of the abilities upon which later social functioning is based.

- The brain matures in the world, rather than in the womb; thus young children are deeply affected by their experiences.

- Their relationships with parents and other important caregivers; the sights, sounds, smells, and feelings they encounter; and the challenges they meet all can affect the way a child's brain develops.

The early years of a child's life form the foundation for later development. Attention to young children is a powerful means of preventing later difficulties, such as developmental delays and disturbances. Physical, mental, social, and emotional development and learning are interrelated. Progress in one area affects progress in the others. Thus, promoting child development is not limited to the academic arena of numbers and letters. The following dimensions of child development are important:

- Physical development: Meeting children's basic needs for protection, nutrition, and health care.
- Cognitive development and social-emotional development: Meeting children's basic human needs for affection, security, social participation, and interaction with others, as well as educational needs through intellectual stimulation,

exploration, imitation, trial and error, discovery, and active involvement in learning and experimentation within a safe and stimulating environment.

These early childhood development needs formed the basis for Proposition 10, the California Children and Families Initiative.

GUIDELINES: PURPOSE AND STRUCTURE

PURPOSE OF THE GUIDELINES

The purpose of these guidelines is to be a resource to County Commissions in their efforts to update comprehensive and integrated strategic plans to support a statewide program of promoting, supporting, and improving early childhood development that enhances the intellectual, social, emotional, and physical development of children in California as per the Children and Families Act of 1998 (the Act). They are intended to provide useful information to county commissions in developing an outcomes-based accountability approach to the investment opportunities afforded by the Act.

These guidelines contain elements the Act requires the State Commission to address, while also suggesting pathways for achieving the ends the Act promotes; they are not prescriptive, nor is following them mandatory. The pathways outlined in these Guidelines provide County Commissions a resource for implementation of the Act but do not enact additional legal requirements beyond those approved by the voters and subsequent legislation, collectively know as Proposition 10.

Unlike many funding opportunities that are restricted by service categories, the Act supports local decision-making and the development of integrated strategies that are determined to be most appropriate for each county. This emphasis encourages flexibility in local planning, program design, allocation, and evaluation.

The primary allocation standard for county commissions identified in the Act is specified in Revenue and Taxation Code Section 30131.4 where it states clearly that revenue *shall be appropriated and expended only for the purposes expressed in the Act and shall be used only to supplement existing levels of service and not to fund existing levels of service. No moneys in the California Children and Families Trust Fund shall be used to supplant state or local General Fund money for any purpose.*

STRUCTURE OF THE GUIDELINES

The guidelines are organized as follows:

- **Strategic Results**
  This section includes a discussion of the four strategic results or long range outcomes that have been identified in the Evaluation Framework:

1. Improved Family Functioning: Strong Families

2. Improved Child Development: Children Learning and Ready for School
3. Improved Child Health: Healthy Children
4. Improved Systems of Care: Integrated, High-Quality, Consumer-Oriented, Culturally Appropriate, and Easily Accessible Programs and Services

This section emphasizes the importance of comprehensive, integrated planning and service delivery in achieving overarching improvements for children 0 to 5 and their families.

- **Focus Areas**
  This section includes an introduction to each of the Act's three focus areas:

  1) Parent Education and Support Services
  2) Child Care and Early Education
  3) Health and Wellness

Each area includes information on current issues, objectives and planning considerations. Resources for each area are provided at the close of each section.

In developing these guidelines, the State Commission attempted to respond to several imperatives:

- First, the Act itself is highly prescriptive regarding elements to be included in the guidelines. These elements are largely reflected in the "Focus Areas" section.
- The Act also requires County Commissions to integrate programs and strategies into a "consumer-oriented and easily accessible system."
  Suggestions for achieving this result are woven throughout the guidelines, but it receives special attention in the "Focus Areas" section.
- The "Strategic Results" section was developed to provide overall coherence to and vision for the guidelines.

The State Commission recognizes that these guidelines will evolve over time; annual review is required by the Act. As is the case in designing and implementing any bold new initiative, lessons will be learned over the course of time. Experience will guide and direct appropriate changes to this document.

These guidelines are intended to provide useful information for the updating of county commission strategic plans. The guidelines set forth comprehensive integrated strategies for supporting and improving early childhood development, including encouraging cultural competence and addressing challenges for children and families with special conditions.

FISCAL CONSIDERATIONS

The State Commission recognizes that the revenue generated by the Act is clearly inadequate to address all of the possible goals and objectives that a county commission may identify in its planning process.

The State Commission encourages county commissions to:

1. Mobilize their communities around critical issues affecting young children and their families and identify approaches that begin to meet their highest or broadest needs;
2. Consider opportunities for leveraging or matching county commission revenue with other private, local, state or federal programs;
3. Consider long-range financial planning based on the expectation that county commission allocations will become a dwindling revenue source;
4. Consider research findings in selecting the most effective and primary programs and strategies;
5. Consider outcomes/evaluation; and
6. Consider strategies that maximize long-term impact through up-front investments (e.g., education and training of caregivers and service providers).

The State Commission recognizes that developing effective fiscal strategies is essential to the successful implementation of the Act. It also recognizes that county commissions may benefit from more guidance in long-range fiscal planning and management than is provided in these guidelines. To meet this need, The First 5 Association in conjunction with the Government Finance Officers Association of the United States and Canada (GFOA) and the State Commission prepare the First 5 Financial Management Guide (Guide). The purpose of the Guide is to help county commissions establish and refine their financial management policies and practices. The Guide contains best practices, standard practices, and, in some instances, emerging practices in governmental finance. The policies and procedures included in the Guide have been tailored where possible to the specific needs and environment of First 5 commissions.

This Guide is provided as a resource to commissions in the development of their financial policies and practices and is not intended to be mandatory. To the greatest extent possible, the Guide relies on practices that are required by Proposition 10 enabling legislation or other sections of the state statutes governing First 5 commissions, and those that have been established by nationally recognized sources such as the Governmental Accounting Standards Board (GASB) and the GFOA. The Guide also builds on work previously commissioned by the First 5 Association, specifically in the areas of long-term financial planning, fund balance reporting, and accounting and financial reporting.

STRATEGIC RESULTS

The Evaluation Framework defines strategic results as the "overarching direction, focus or broad outcomes for improvement." It identifies four strategic results:

1. **Improved Family Functioning: Strong Families**
2. **Improved Child Development: Children Learning and Ready for School**
3. **Improved Child Health: Healthy Children**
4. **Improved Systems of Care**

The State Commission encourages county commissions to consider these strategic results while planning programs, services, and projects that *promote, support, and improve early childhood development to enhance the intellectual, social, emotional, and physical development of children in California* (Health and Safety Code Section 130125 (b)).

While the Act is intended to "emphasize local decision-making, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicative administrative systems" (Health and Safety Code Section 130100), the Act also requires the State Commission to "define the results to be achieved" (Health and Safety Code Section 130125 (b)(3)(c)). The specification of strategic results is a first step in meeting this mandate and provides a basis for defining, gathering, and analyzing data elements that can be used in assessing the overall impact of the Act.

1. **Improved Family Functioning: Strong Families**
   Successful and strong families are those that are able to provide for the physical, mental, and emotional development of their children. Young children are entirely dependent upon caregivers for survival and nurturing. It is the interaction between the parent or primary caregiver and the child that shapes the child's viewpoint as an individual capable of interacting with the world and achieving desired outcomes from that interaction. Parents and caregivers provide the foundation for a child's ability to create successful relationships, solve problems, and carry out responsibilities. Children who are encouraged to develop a strong self-concept from an early age are more likely to achieve productive and fulfilling lives.

2. **Improved Child Development: Children Learning and Ready for School**
   The importance of preparing children to succeed in school is critical. The role of education in a child's later ability to create a healthy, fulfilling life has been well-documented. Skills that encourage an individual to problem-solve and think creatively are developed in early childhood education settings and nurtured through community and parental reinforcement. The National Association of Elementary School Principals stated that "better childhoods" would be the single greatest contributor to improvement in school achievement.

3. **Improved Child Health: Healthy Children**
   Children who are healthy in mind, body, and spirit grow up confident in their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurturing and guidance, and mental stimulation, and they live in families and communities that value them. The research on child development and the impact of the early years emphasizes the importance of children and their mothers beginning life with healthy nutrition and healthy environments.

4. **Improved Systems of Care: Integrated, High-Quality, Consumer-Oriented, Culturally Appropriate, and Easily Accessible Programs and Services**
   Systems of care improvements are designed to impact family functioning, child development, and health. Schools and education institutions, community based agencies, government agencies, private institutions focus on implementing integrated, comprehensive, inclusive, and culturally and linguistically appropriate services to achieve improvements in one or more of the other Focus Areas.

Clearly, these strategic results are interrelated, and strategies selected to achieve them should also be interrelated. The domains they encompass – prenatal care, child health, preschool education, child care, family support, parent education, and community building – ideally should form a coherent whole that can be sustained over time and produce widely valued outcomes for young children and their families.

PLANNING CHALLENGES TO KEEP IN MIND

The county strategic plan shall be consistent with, and in furtherance of the purposes of, this act and any guidelines adopted by the state commission pursuant to subdivision (b) of Section 130125 that are in effect at the time the plan is adopted. In developing their plans, county commissions are encouraged to consider four cross-cutting considerations that affect the development of consumer-oriented and easily accessible systems:

1. Emphasizing an outcomes-based accountability framework;
2. Maximizing opportunities to develop integrated service strategies and delivery systems;
3. Encouraging universal access to cultural competence; and
4. Addressing children and families with special needs.

1. Outcomes-Based Accountability

The Act calls for the use of an outcomes-based accountability approach to guide the review and update of county strategic plans. While many definitions of terms and approaches are possible (sometimes it is called “results-based accountability”), all share a common focus on achieving outcomes as opposed to measuring services delivered. The key to most successful outcomes-based accountability approaches lies in selecting and describing the desired outcomes or conditions of wellbeing that are sought (preferably stated in positive terms), designing strategies to achieve them, and

determining measures (or indicators) that gauge the extent to which the desired conditions are achieved. First 5 California has developed the resource *Child, Family, and Community Indicators* (August 2002) as a resource for the county commissions in the review and update of their strategic plans. www.ccfc.ca.gov/evaluation/PDF/Resources/Child_Family_and_CommunityIndicators.pdf

2. Integrated Service Strategies

In their review and update of their strategic plans, counties may consider to promote integration, linkage, and coordination among programs, service providers, revenue resources, professionals, community organizations, and residents in an overall effort to strengthen communities and support children and families.

In promoting integration, county commissions may anticipate challenges with integrated service models and develop strategies to address them directly. Challenges that are frequently cited include:

- Maintaining focus on the outcomes to be achieved
- Identifying sustainable funding
- Staff turnover
- Achieving comprehensive integration
- Ensuring confidentiality of participant information
- Federal or state statutory requirements that prohibit the blending of funds or services
- Addressing the lack of training/experience with service integration
- Overcoming geographic distance, language, or cultural differences

The flexible nature of funds from the Act offer county commissions the opportunity to overcome some of these barriers.

Many successful models of integrated services exist in California and throughout the nation. Key strategies that have contributed to successful integration of services include:

- Public/private partnerships
- Strong leadership
- Extensive, inclusive planning
- Strong communication practices among member agencies
- Clear focus on outcomes and results
- Shared data resources or the development of original data
- Broad inclusion of participants in decision-making
- Interdisciplinary training and technical assistance to staff
- Well-defined governance structure

While county commissions may consider the merits of establishing new partnerships and linkages, they are not required to develop new service collaboratives in response to the Act. Many counties already have existing collaboratives, networks or partnerships that could form the basis for linking and integrating the programs and services identified

in the Act. County commissions may wish to assess how existing collaboratives in the community already serve children and families. This review may include fiscal management, community representation, and historical reliability in meeting outcomes and capacity.

The following chart serves as an example for county commissions in planning strategies to provide comprehensive and integrated services. It provides information about the main elements of comprehensive integrated services and systems, and suggests indicators to use in measuring progress. The table suggests approaches that County Commissions interested in comprehensive integrated services may consider when they design and deliver services, collect, analyze and disseminate data, develop policy and finance programs and other activities.

For example, data that are accessible, shared, integrated, and confidential are for more supportive of comprehensive integrated systems than data that are difficult to find (or don't exist), are shared only with a select few, and are available only in a narrow, categorical program database that cannot be connected to other programs or service providers.

The middle column of the chart ("Descriptors") offers descriptors of system change elements to consider. The last column ("Indicators") describes how to recognize any progress toward a system that is supportive of comprehensive, integrated services.

For example, comprehensive, integrated policy tends to be developed when informed by data and information from multiple sources, especially from research and residents. If your county commission regularly conducts focus groups or reviews data from focus groups in key policy areas such as readiness for school or keeping kids safe at home, and you use that information to inform policy decisions, you are making progress toward your goal. If you base funding decisions for programs on a review of program outcomes, not just on how much they received last year, you are also moving toward your goal.

System Dimension	**Descriptors**	**Indicators**
Prevention & Promotion	Family-centered	• Public information campaigns • Informed community
Service Delivery	Comprehensive	• Services responsive to needs • Continuum from prevention to treatment • Culturally competent providers

	Integrated	• Provider agreements/Memorandum of Understanding for shared services • Single point of entry • Co-located services • Multi-disciplinary teams with single family case manager • Improved referrals and follow-up
	Accessible	• Co-located services • School-linked/community-based services • Culturally competent providers • Informed consumers • Satisfied consumers • Consumer/resident input
Data	Available, accessible, and shared	• Widely accepted list of results and indicators for children that crosses agency/discipline lines • Regular tracking and reporting of results and indicators • Regular agency performance reports that relate to results and indicators • Databases accessible from multiple locations to planners, policymakers, providers, residents
	Integrated	• Standardized data entry and reporting • Translation standards across categorical data systems • Family case management data systems
	Confidential	• Single customer information release form across agencies/systems • Standard protections in reporting disaggregated data

Policy	Informed by data/information, residents	• Regular resident input beyond public hearings (e.g., surveys, etc.) • Funding decisions based on results/ indicator and agency performance data • Policies/program implementation revised as new information surfaces
	Collaborative	• Policy decisions focused on improving performance in results and indicators • Joint public hearings across health, education, and social services • Joint agency presentations
Finance	Results-based	• Widely accepted list of results and indicators for children that crosses agency/discipline lines • Regular tracking and reporting of results and indicators • Clear targets for indicator improvement • Regular agency performance reports that relate to results and indicators • Funding decisions based on results/indicators and agency performance data
Finance (cont.)	Flexible funding	• Organizational agreements to share resources across agency lines/categorical programs • Program funding streams with wide local spending latitude tied to program results

3. Universal Access to Culturally Competent Systems and Services

The issues related to the access and appropriateness of service delivery are increasingly important as California's population continues to diversify.

Lack of awareness about cultural differences can make it difficult to achieve optimal outcomes for children and families. Nationality, ethnicity, culture, family background, and individual experiences all affect beliefs, practices and behavior on the part of the individual, the community, and the service provider. They also influence the expectations that each have for the other.

The California Department of Health Care Services has developed a definition of cultural competence which may guide County Commissions as well as service providers and other care providers for children and families. While intended for providers in the field of health, the definition is broadly applicable to all who work and interact with families and children.

> *Culture is comprised of a group's learned patterns of behavior, values, norms, and practices. Organizational cultural competency is the ability of … organizations and individuals to actively apply knowledge of cultural behavior and linguistic issues when interacting with members from diverse cultural and linguistic backgrounds.*
>
> *Cultural competency requires the recognition and integration by … professionals of an individual's behaviors, values, norms, practices, attitudes, and … beliefs. Development and incorporation of these interpersonal and intra-cultural skills should effect a positive change in the manner in which … care is delivered to culturally diverse [populations]. Being culturally competent means improved communication between providers and [individuals] who may be from different ethnic and cultural backgrounds. Culturally competent care ultimately leads to improved access … .*

Because cultural competency is neither finite nor static, it should not be viewed as a set of behaviors that can be acquired definitively. Rather, it is a continually evolving process that requires constant vigilance to improve cultural understanding and to assure the quality of service delivery.

The development of outcome measures that capture the impact of cultural competency is still a relatively new concept. Given the demographics of California's prenatal to five-year-old population, however, it is critical to develop programs that consistently and effectively address the needs of children and their families from diverse communities. When possible, data should be disaggregated by race, ethnicity, primary language, and other demographic variables so that differences in outcomes among groups can be analyzed and targeted strategies to address these differences can be developed and executed.

Although the integration of services is highly recommended, providers administering federal, state, and California Children and Families Act programs should be cautious not to include possible immigration requirements for federal and state programs with the California Children and Families Act, for which there are no restrictions based on immigration status.

4. Addressing Children with Special Needs and Their Families

Juggling the demands of young children with the responsibilities of work and home are challenging for all families. For families whose children have disabilities or other special needs, the added responsibility of accessing adequate supports and negotiating the various service systems can be overwhelming. Parent education and family support

programs address a wide range of challenges and can include early intervention, special education, mental health, treatment and support for victims of domestic violence, child abuse and neglect, and substance abuse. Attention to comprehensive, integrated services and programs is critical when addressing the complexities of children, families, and communities with special needs.

Special health needs may also arise when a child, parent, or caregiver has a severe and/or chronic mental or physical impairment. This kind of impairment, often referred to as a developmental disability or chronic disease, is attributable to one of the following conditions: mental retardation (a symptom with many possible genetic and acquired causes), cerebral palsy, autism, epilepsy, visual or hearing problems, or another chronic/disabling condition requiring ongoing treatment.

Coordinated early intervention services to promote child development and enhance family capacity are critical during a child's early years. Research shows that participation in family-centered, early intervention services during the first years of life can have significant positive effects on the cognitive development, social adjustment, and overall development of at-risk children and their families.

Children with special needs and their families often experience challenges in receiving the level and type of care appropriate to meet their needs. There are a number of public and private programs that provide services to this population, but their use is restricted to meeting specific eligibility criteria that can limit access and continuity in care. Resources include the Children's System of Care (through county mental health departments), the Department of Developmental Services, Regional Centers, local education agencies (special education, adult education services), community-based organizations, and volunteer groups.

Primary and specialized services that are family-centered and coordinated with other services to address parent education and referral, health care, child care, respite care, counseling, support, and employment assistance are especially critical for this population. Challenges with coordination, cultural competence, transportation, and communication are additional barriers affecting access and utilization.

PLANNING CHECKLISTS AND REFERENCES

The following pages contain resources in the form of checklists, charts, planning considerations, approaches from related programs, and references that county commissions may find useful. The resources are not prescriptive, nor are they exhaustive.d The State Commission intends to provide additional guidance, support, and technical assistance to county commissions and their communities through other venues and over time.

COUNTY COMMISSION STATUS CHECKLIST

- ❑ Has your county adopted an **ordinance** to establish the Children and Families County Commission?

- ❑ Has your county established a County Commission Children and Families Trust Fund?

- ❑ Has your county commission established one or more **advisory committees** to provide technical and professional expertise and support for any purposes that will be beneficial in accomplishing the purposes of the Act?

- ❑ Has your county commission developed a **strategic plan** that includes the following required components?

    a) A description of the goals and objectives proposed to be attained;
    b) A description of the programs, services and projects proposed to be provided, sponsored or facilitated;
    c) A description of how measurable outcomes of such programs, services and projects will be determined by the county commission using appropriate reliable indicators; and
    d) A description of how programs, services and projects relating to early childhood development within the county will be integrated into a consumer oriented and easily accessible system.

- ❑ Has your county commission conducted at least one **public hearing** on its proposed county **strategic plan** before the plan is adopted?

- ❑ Is your county commission's proposed strategic plan consistent with and in furtherance of the purposes of the Act and any guidelines adopted by the State Commission at the time the plan is adopted?

- ❑ Does your county commission's proposed strategic plan recognize that revenue allocations from the State Commission shall be used only to **supplement** existing levels of service and not to fund existing levels of service? Does your county commission's proposed strategic plan recognize that no moneys in the California Children and Families Trust Fund shall be used to supplant state or local General Fund money?

- ❑ Has your County Commission adopted an **adequate and complete** county strategic plan for the support and improvement of early childhood education within the county?

- ❑ Has your county commission **submitted** its **adopted** county **strategic plan**, and any subsequent revisions to the State Commission?

SERVICE INTEGRATION QUESTIONS

Below are questions that county commissions may find useful in planning for service integration.

1. Will our efforts expand the available services and supports to young children and their families?
2. Do our efforts fill a gap in the continuum of services from prevention to treatment?
3. Can families enter the entire system from any one of the collaborative partner sites?
4. Is there a strong and active system of mutual referral and follow-up on referrals?
5. Are multiple services available at single sites?
6. Do teams of workers from across several disciplines work in unison with the family?
7. Is there one person in the system who acts as the point of contact for the family and for the other service providers?
8. Are services available in neighborhoods or in areas and facilities easily accessible to families (schools, churches, community centers, traveling vans, etc.)?
9. Are parents and families part of the decision-making and feedback loops?
10. Are programs and providers able to provide services and supports to people of multiple cultures?
11. Is there an agreed-upon set of results and indicators in place across agencies and programs?
12. Are there regular performance reports by providers that relate to the agreed-upon results?
13. Are there standardized data fields and reports?
14. Are there organizational agreements in place that provide for shared resources and funding across programs and agencies?
15. Is there a plan for regular public polling, public hearings, and public input to keep both programs and systems informed?
16. Is there an effort to create responsible media coverage of efforts and results?
17. Are policy decisions focused on improving performance in results and indicators?
18. Are results tracked on a regular basis?
19. Are there clear targets for improvement?
20. Are funding streams tied to performance and results?

SERVICE INTEGRATION STRATEGIES

Below is a list of planning considerations and strategies that county commissions may find useful in examining opportunities for integrated services and systems to improve early childhood education.

- Identify goals for different segments of the population, such as specific service goals, family goals, policy goals, and community goals. Encourage the development of new data sources and new measures where appropriate.
- Develop strategies to achieve goals and objectives that arise from the needs and assets assessment and reflect available resources.
- Develop strategies that consider innovative projects, available research, and best practices.
- Link goals and outcomes to an evaluation process, and describe the mechanism that will be used to determine whether projects are working effectively. Use continuous evaluation and monitoring for program improvement.

Service Integration Strategies to Consider

- ✓ Improve existing service sites, such as child care centers, so they offer more comprehensive services.
- ✓ Improve coordination between existing public and private services, including Women Infant and Children (WIC) Programs, Temporary Assistance to Needy Families, Head Start, Early Head Start, Healthy Start, immunization and oral health programs, health clinics.
- ✓ Support efforts to increase the utilization of existing programs – e.g. Medi-Cal, Healthy Families, Assistance to Indigent Mothers Program, child care food programs.
- ✓ Support efforts to integrate new topics into practitioners' and providers' existing education, training and service approaches (e.g. topics such as pregnancy, parenting, child development, nutrition, safety, mental and oral health, and breast feeding).
- ✓ Develop child care centers that also serve as Family Resource Centers.
- ✓ Create mobile education and service teams.
- ✓ Develop centralized resources such as registries, pools, and waiting lists.
- ✓ Support efforts to increase interdisciplinary training for service providers on topics such as infant and child development, best practices for working with young children, business/facilities planning and management, available resources in the community, cultural competence, immunizations, identifying at-risk mothers, and identifying oral and mental health conditions.
- ✓ Increase the number of culturally competent professionals who serve children and families.
- ✓ Develop materials and other resources in different languages that facilitate interdisciplinary education for parents and providers (e.g. guides and hotlines).
- ✓ Identify and develop public and institutional policies to improve services for children and their families.

PLANNING PARTICIPATION

The following is a list of planning considerations that county commissions may find useful in encouraging diverse participation in the development of strategic plans.

- Minimize barriers such as transportation, language preference, child care, location, and timing of meetings to increase the potential for family and community involvement.

- Target efforts to fully integrate parents and families, including those with special needs, into the planning process.

- Encourage community participation in the planning process, including ethnic/cultural, income, and geographic diversity.

- Encourage participation from individuals who may be recipients or participants in the proposed programs, services, and projects, especially those individuals living and working in under-served geographic regions or neighborhoods.

- Encourage involvement of experts in the areas of child care, child development, brain research, child health, maternal health, family support, and parenting education.

- Encourage participation from staff in model programs that already coordinate, link and integrate their activities and resources in ways that facilitate easy access to a comprehensive array of services for children and families.

- Encourage the participation of staff whose roles and practices may change in order to make services more available and accessible to families. This may include representatives of agencies that offer a variety of services on their sites or the staff who may be responsible for forging new linkages, making referrals, or joining mobile and interdisciplinary service teams; or providers who may incorporate new topics or services into their traditional practices/presentations.

- Encourage participation from representatives of private sector institutions including foundations, businesses, and corporations.

- Support continuous quality improvement processes that increase communication between consumers/communities/families and the systems that serve them.

RESOURCES

The following section contains resources culled from the *Results-Based Accountability Project at the Harvard Family Research Project.*

General Information on Strategic Planning

Building communities from the inside-out: A path toward finding and mobilizing a community's assets. **Kretzmann, John P. and McKnight, John L., ACTA Publications, 1993.**

Friedman, Mark. (1996). ***A strategy map for results-based budgeting: Moving from theory to practice.*** **Washington, DC: The Finance Project.**
www.financeproject.org

Minnesota Planning: Developed statewide strategic plan and ***Minnesota milestones: A report card for the future*****.**
www.mnplan.state.mn.us/mm

Oregon Progress Board: Responsible for translation of Oregon strategic plan into goals, indicators and benchmarks.
www.oregon.gov/das/opb

General Information on Outcome- and Results-Based Accountability

Center for Assessment and Policy Development: Produced a paper on challenges and potential benefits of developing an outcomes orientation.
www.capd.org

Council of Chief State School Officers: Produces issue briefs and reports on collaborative and coordinated child and family services, as well as state results-based accountability efforts.
www.ccsso.org

The Finance Project: Produces publications on finance issues related to results based accountability for child and family services.
www.thefinanceproject.org

Harvard Family Research Project. (1996). Evaluation Exchange Newsletter: Emerging Strategies in Evaluating Child and Family Services. Cambridge, MA. This issue (Vol. II, No. 1) begins with an overview of accountability systems, discussing both the opportunities and challenges they present, as well as brief descriptions of two states, Minnesota and Oregon, that have developed results based accountability systems.
www.hfrp.org

Improved Outcomes for Children Project, Center for the Study of Social Policy: Developed reports on outcome based accountability. *Finding the data: A start-up list of outcome measures with annotations.*
This companion document to "The Case for Shifting to Results-Based Accountability" was developed to help communities determine the outcomes on which data are already being collected, and find the data in their community. The aim was to do as much of the "legwork" as possible in order to make it easier for states and communities to determine how their families were doing. For each of the outcomes in the core list contained in "The Case for Shifting to Results-Based Accountability," this document provides information about: how that outcome can be measured; what cautions should be heeded in collecting data; and where data can be found on a national, state, and local level. Appendices list many organizations, by state, that collect data on topics such as child welfare, juvenile justice, educational scores, child health, and other areas. This document is an important resource for individuals involved in developing systems of results-based accountability.
www.eric.ed.gov

Kagan, S. L. (1995). *By the bucket: Achieving results for young children* (Issue Brief prepared for The Governors' Campaign for Children, The National Governors' Association). Washington Association.
This issue brief provides a conceptual framework for states beginning the process of focusing on enhanced accountability for children and their families. The issue brief describes four categories, or "buckets," of data that can be used to measure results for children, families, services, and systems: (1) what children know and can do; (2) child and family conditions; (3) service provision and access; and (4) systems capacity. It provides an interesting framework for thinking about the processes and mechanisms for developing outcomes for children and their families.
www.nga.org

Oregon Commission on Children and Families: Produces numerous relevant publications, particularly the Outcome measurement notebook: 1995-1997 (Portland, OR: Oregon Commission on Children and Families, 1995).
This notebook, designed to help local Commissions on Children and Families in Oregon develop outcome measures, includes sections on the use of information in comprehensive planning, research on model programs and sample measurement methods for frequently measured outcomes.
www.oregon.gov/occf

Schorr, L., Farrow, F., Hornbeck, D., & Watson, S. (1995). *The case for shifting to results-based accountability with a start-up list of outcome measures.* Washington, DC: Improved Outcomes for Children Project and the Center for the Study of Social Policy.
This paper sets out some of the issues in the shift to results-based accountability, and identifies a list of outcome measures with annotations on their use. The authors see results-based accountability as an essential part of a larger strategy to improve outcomes for children. This paper sets the stage for later discussions of how these outcomes can be translated into a program agenda; how that program agenda can then

lead to a budget and financial plan; and how, over time, results based accountability can be combined with both rewards and penalties based on performance.
www.cssp.org

Stephens, S. A., Leiderman, S. A., Wolf, W. C., & McCarthy, P. T. (October 1994). *Building capacity for system reform.* Bala Cynwyd, PA: Center for Assessment and Policy Development.
Discussing the capacities that need to be built to support system reform, this paper notes the importance of an outcome orientation in changing systems of service for children and their families. This paper notes that even in the absence of ideal conditions for measuring improvements in outcomes, there is value in outcomes oriented planning and implementation. While the authors acknowledge the technical and resource challenges in developing an outcomes orientation, they delineate the potential benefits of such an orientation as a strategic planning tool. The paper provides a good summary of the challenges and potential benefits of developing an outcomes orientation.
www.capd.org

Young, N., Gardner, S., Coley, S., Schorr, L., & Bruner, C. (1994). *Making a difference: Moving to outcome-based accountability for comprehensive service reforms.* (Resource Brief #7). Falls Church, VA: National Center for Service Integration.
This resource brief contains three chapters that address various aspects of accountability systems for child and family services programs. One chapter provides a conceptual framework for understanding and examining outcomes within the context of goals, strategies, and resources. Another chapter describes the rationale for outcomes-based accountability systems and provides a preliminary list of child outcome measures that can be used to assess progress. The final chapter describes the challenges in measuring the impact of service strategies and suggests a new approach to evaluating comprehensive, community-based service reform efforts.
www.cfpiowa.org

Choosing Child and Family Indicators and Outcomes

American Humane Association: Produces publications and sponsors an annual roundtable on outcome measures for child welfare services.
www.americanhumane.org/children

Brown, B. V. (1994). *Indicators of children's well-being: A review of current indicators based on data from the Federal Statistical System*. Washington, DC: Child Trends.
This paper familiarizes the reader with the numerous indicators of children's wellbeing currently in use which are based on federal data. The indicators reviewed were taken from existing government and private publications that feature descriptive measures of children's well-being. As such, they do not exhaust all of the important measures of child well-being that are available from the vast federal statistical system, nor do they tap the range of measures that could be created. In the text itself, the following items are discussed for five topic areas (health; education; economic security; population, family and neighborhood; and social development and problem behaviors): the major

data sources from which most of the indicators are constructed; a brief description of the indicators themselves; and a brief discussion of any obvious limitations of the existing set of indicators in each area.

Child Trends, Inc.: Produces research and publications on indicators related to children and families.
www.childtrends.org

Child Trends, Inc., SRI International (August, 2002). *Child, Family, and Community Indicators Book.*
www.ccfc.ca.gov/evaluation/PDF/Resources/Child_Family_and_CommunityIndicators.pdf

Institute for Research on Poverty, University of Wisconsin-Madison:
Sponsors annual conference on indicators of children's well-being; conference papers are available from the Institute.
This three-volume set includes the proceedings, background and conference papers of the November 1994 conference on "Indicators of Children's Well-being" sponsored by the Institute. Volume I includes the background papers and rapporteurs' comments; Volume II includes the papers on indicators for child health, education, and economic security; Volume III includes the papers on indicators for social development and problem behaviors as well as cross-cutting issues and papers on population, family and neighborhood. Short summaries of the papers and the conference are included in the Institute's newsletter, *Focus* (Vol. 16, No. 3, Spring 1995).
www.irp.wisc.edu

Moore, K. A. (1994). *Criteria for indicators of child well-being*. Paper prepared for Indicators for Children's Well-being Conference, November 17, 1994, Bethesda, MD.
After highlighting a lack of clear, valid, up-to-date indicators of child well-being and the lack of consensus on what it is desirable to track, this paper goes on to present criteria for designing a system of indicators about children. Thirteen criteria are discussed in detail: comprehensive coverage; children of all ages; clear and comprehensible; positive outcomes; depth, breadth, and duration; common interpretation; consistency over time; forward-looking; rigorous methods; geographically detailed; cost efficient; reflective of social goals; and adjusted for demographic trends. This paper provides a detailed discussion of important issues in designing an indicators system to track child well-being.
www.eric.ed.gov

Budget and Financial Considerations

Cutler, I. (1995). *The role of finance reform in comprehensive service initiatives.* Washington, DC: The Finance Project.
This paper examines the strategies for financing a variety of community-based comprehensive initiatives across the country, with special attention to their applicability to major systems change. It highlights a number of issues that decision makers will have to address in their efforts to successfully create comprehensive systems that link

education and other children's services and strengthen community supports outside the mainstream of categorical services. It highlights a number of issues to be considered as policymakers explore central finance questions.
www.financeproject.org

Government Finance Officers Association (2005). ***First 5 Financial Management Guide*** **and** ***Financial Management Tool Kit***
The purpose of this Guide is to help county commissions establish and refine their financial management policies and practices. The Guide contains best practices, standard practices, and in some instances, emerging practices in governmental finance. The policies and procedures included in the Guide have been tailored where possible to the specific needs and environment of First 5 commissions.
www.f5ac.org/item.asp?id=3190

FOCUS AREAS

INTRODUCTION

Increased awareness about the importance of the early childhood period and its unique opportunities for effective support and/or intervention, combined with the funding afforded by this Act, provide communities with the opportunity to move forward in developing systematic efforts to improve the lives and futures of young children. It is difficult, however, to find authoritative guidance from traditional research practices about taking the many pieces of "what works" from the domains of prenatal care, child health, early childhood, preschool education, child care and development, family support, parent education, and community building, and combining them into a coherent whole that can be sustained over time. Moreover, much of the success of "what works" depends upon the care with which strategies are chosen and applied to the circumstances of the communities and families involved.

Nevertheless, the experiences of many communities and practitioners offer rich suggestions for achieving the strategic results provided for in the Act and envisioned in these guidelines. County commissions do not need to start from scratch to figure out what they consider the most plausible links and pathways that connect programs and strategies to interim and long-term results or outcomes for young children and their families. The purpose of this section is to provide local planners with a compendium of strategies that may be effective in achieving major agreed-upon outcomes and strategic results.

The Act specifically requires the State Commission guidelines to address, at a minimum, "parental education and support services," "the availability and provision of high quality, accessible, affordable child care," and "the provision of child health care services." The following program sections focus on suggested goals, strategies, and planning considerations for achieving those goals. The areas of concentration suggested (e.g., "Support for High-Quality Child Care Programs" or "Educating Families for Healthy Pregnancies and Newborns") are either required by the Act to be included in the guidelines, or they are recommended for consideration by the Guidelines Advisory Committee. The areas of concentration and objectives for consideration suggested in the "Health and Wellness" section were drawn from the Draft Healthy People 2010 Objectives, developed by the U.S. Department of Health and Human Services, because they are generally considered to represent the desirable and appropriate standards for health care.

Several caveats are in order when reviewing this section of the guidelines. First, while the resources made available to county commissions under the Children and Families Act are significant, they are not adequate to address all of the needs county commissions will identify. Nor are they adequate to cover all the suggested goals and strategies contained in these guidelines. Instead, the Act offers county commissions the opportunity to mobilize communities around critical issues affecting young children and their families and to identify approaches that begin to meet their highest needs. Also, the strategies chosen will vary greatly from county to county, at least in part because of

vastly differing needs and resources. Commissioners in small counties will receive modest funds and, as a result, will be more restricted in what they can do. Adopting strategies that focus on a more limited or targeted set of outcomes would be appropriate to consider in these cases.

Second, while the sections that follow are organized around discrete program areas (as required in the Act), the Act also encourages "an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development." Efforts have been made to show points of cross-reference; some are apparent through the obvious overlap and repetition of goals, objectives, strategies, and outcomes. County commissions may want to consider a combination of new and integrated approaches to enhance early childhood development that blend service delivery and community-building strategies and build on collaborative efforts that are already under way.

FOCUS AREA ONE:
PARENT EDUCATION AND SUPPORT SERVICES

STRATEGIC RESULT – IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

Parent support and family education programs are among the best and most cost-effective methods to promote children's success. These programs enable parents to become better teachers, role models, protectors, and providers. They can provide parents many forms of social support including:

- Support and guidance in child rearing
- Models of effective forms of discipline and child management, including positive forms of interacting and engaging children and models of a safe and secure environment for children
- Interactions with other parents for activities that offer support and a sense of belonging
- Access to information, such as resources and referrals to other forms of community support
- Introduction to concrete services, such as job skills
- Emergency respite and drop-in services
- Support for the emotional and physical health and well-being of children

Definitions Useful in Discussing Parent Education and Support

There are many terms used to describe efforts to provide education and support for parents. The following definitions may be useful:

- **Parent:** Anyone who carries the responsibility for raising a child. This can be a biological parent, a stepparent, an adoptive parent, a guardian, a foster parent, a relative (e.g., grandparent), a sibling or another member of the child's extended family, or expectant parents.

- **Parental Education:** Parent education is used to describe efforts to provide parents with knowledge and skills directly related to parenting, as well as efforts to assist families in becoming self-sufficient and providing safe, stable, loving, and stimulating environments so children can thrive.

- **Parent Education and Support** is most often based on an integrated service delivery model. The following are examples of integrated service delivery strategies that incorporate parent education and support:

    - **Family Resource Centers** generally offer a broad spectrum of universally accessible, comprehensive community-based services, all intended to promote the well-being of families. Family Resource Centers can employ staff who work collaboratively with onsite and near site child care programs to extend family support and education services to families. Resources might also be provided to enhance the capacity of the child care programs to partner with families to provide onsite, parent-driven activities and to participate in Family Resource Center-sponsored activities.

    - **Pediatric nurse practitioners** and/or **family advocates** are based in community organizations to work directly with young parents through a combination of home visiting and center-based approaches. They work in multi-disciplinary teams, working with families being served by the mental health, health, and child care disciplines.

    - **Family Prevention Specialists**, housed in child care resource and referral agencies or early childhood agencies, offer informal support and linkages to formal support services for families being served in family child care homes. They also provide support to family child care providers through regular visits and parenting education workshops.

    - **School-based family literacy programs** incorporate family support components, establishing linkages with onsite or near-site early childhood programs.

EDUCATION AND FAMILY SUPPORT FOR PREGNANCY AND NEWBORNS

Goal
To prepare prospective parents of newborns for the demands of parenting through educational programs.

There are a number of areas that are essential for educating families for healthy pregnancy and newborns. Research regarding the effects of maternal health behaviors on fetal development has made it clear that parenting begins before birth. Important gains in fetal health are made by preparing parents both practically and psychologically for caring for a newborn. Many new parents have little idea of what to expect from a newborn and may not be adequately prepared to recognize the breadth of their child's needs.

A. Early Parent Education

Background

In addition to promoting healthy pregnancies, early parent education is an important tool for:

- Educating and training parents in childbirth and newborn and infant health care (birth classes and post-natal classes), including breastfeeding
- Teaching nurturing skills for optimal infant development
- Teaching parenting skills
- Avoiding unintentional injuries
- Educating pregnant mothers and their significant others on health risks of tobacco, illicit drugs, alcohol, other substances, and risky behavior that can harm the developing fetus, including the risk of infants born HIV positive
- Educating parents, especially farm workers, about the dangers of agricultural pesticides and their impact on developing fetuses, newborns, and young children
- Preventing child abuse and neglect

Many groups provide parenting education, including public health programs, Family Resource Centers, natural childbirth groups, community-based prevention programs, and mental health services. Mutual support and self-help groups also provide a network of resources to members in adjusting to new roles, problems, or changes in family circumstances. These groups can help members expand

their social contacts, improve their feelings of self-esteem, and increase their knowledge of child development.

Strategies for Consideration

- Create a resource list of all early parent education programs, including qualifications of staff, and distribute it broadly.
- Work with local child and health care providers, social service and community-based organizations, and agencies to promote the provisions of information on:

  - The importance of regular, preventive pediatric health care
  - Newborn nutritional needs and feeding practices
  - Information on the health advantages of breastfeeding
  - Information on safety and unintentional injuries
  - The importance of nurturing, stimulating environments for very young children and
  - Information on managing and disciplining young children

- Agree on and identify risk indicators relevant for children prenatally and after birth.
- Identify areas of county with high incidence of early risk.
- Locate Family Resource Centers in neighborhoods where there is a high incidence of early risk. Family Resource Centers can provide early parent educational programs and link families to needed resources.
- Increase the range of sites for parenting education including work sites, local libraries, faith-based centers, PTA meetings, hospitals, etc.
- Recruit fathers: Consider changes in the content and approach of parent education programs to address issues relevant to fathers in health, welfare, and social service programs and optimize opportunities to seek meaningful contact with their children.
- Collaborate with or establish home visiting programs.

B. Early Prenatal Care

Background

Early prenatal care has long been considered the single-most beneficial and cost-effective intervention for improving infant health. Comprehensive prenatal education programs are important channels for disseminating information about prenatal nutrition, the effects of prenatal substance abuse, infant nutrition and breastfeeding, and

postnatal care of a newborn. When women receive adequate early prenatal care, they gain important medical information as well as ideas about preparing for their babies. Any problems with a developing fetus may be detected, and evolving parenting challenges can be discussed.

Strategies for Consideration

- Identify all the prenatal programs in the county.
- Identify the areas of the county having a high incidence of low birth weight babies and infant mortality.
- Use existing health clinics and collaborate with prenatal health providers to develop an outreach campaign to potential parents.

C. Prenatal Exposure To Substance Abuse (Tobacco, Alcohol, and Illicit Drugs)

Background

The effects of substance abuse during pregnancy are well documented. Prenatal exposure to tobacco, alcohol, and illicit drugs increases a child's risk of mental retardation, neuro-developmental deficits, attention deficit disorders with hyperactivity, fine-motor impairment, as well as more subtle delays in motor performance and speech. Maternal smoking and infant exposure to environmental tobacco smoke has been linked to asthma, low birth-weight, and an increased risk of Sudden Infant Death Syndrome (SIDS).

Strategies for Consideration

- Increase the availability of information and fact sheets on the harmful effects of illicit drugs, alcohol, and tobacco to reach all pregnant and parenting families.
- Identify those entities from your community responsible for coordinating educational services for substance abusing families.
- Identify the number of beds in substance abuse treatment programs available for pregnant women in your county.
- Identify and increase the number of residential programs for women and their children.
- Increase the use of community-based programs for outreach and referral.
- Identify the number of training classes offered to caregivers of prenatally exposed children in your community.
- Establish home visiting programs.

D. Nutrition Education Issues

Background

Research has shown that inadequate nutrition and weight gain during pregnancy can increase the risk of low birth-weight infants, which is associated with increased risk of hearing, vision, or learning problems, and an increased need for special education. Specific nutritional deficiencies, most notably folic acid, increase the risk of neural tube defects (e.g., anencephaly, spina bifida) that may lead to serious impairment or death.

Good nutrition and physical activity can promote social and cognitive development of young children and improve children's readiness to learn.

Strategies for Consideration

- Assess the nutrition information available to all pregnant women through public health programs, private non-profit health programs, managed care programs, and public schools.
- Implement free, accessible, language-appropriate nutritional educational programs for pregnant women, including current information on the effect of poor nutrition on the developing fetus.
- Improve coordination with the WIC program (the Special Supplemental Food Program for Women, Infants and Children) and utilize their parent education programs that extend beyond nutritional needs to include early parenting skill-building and proper postnatal care practices.
- Leverage matching federal funds with USDA targeting low income families to promote nutrition education/physical activity. Develop special Local Incentive Awards Programs that would enable county commissions to qualify for USDA matching funds.
- Assist with training and technical assistance regarding culturally relevant, age-appropriate nutrition education activities that help children acquire the knowledge and skills they need to make lifelong healthy eating and physical activity choices.
- Advance the adoption and expansion of model programs with strong nutritional/physical activity components, such as Head Start and Migrant Education.
- Provide access to a network of partners that promote environmental and systems changes to improve the health of low-income families with children.
- Increase the number of Child and Adult Care Food Program providers in the area.

EDUCATION AND FAMILY SUPPORT TO ENHANCE PARENTING AND CHILD DEVELOPMENT

Goal

To enable parents to utilize multi-disciplinary parenting education resources that will increase their capacity and confidence in raising healthy children.

A. Parenting Education

Background

Parenting education is designed to increase caregivers' capacity and confidence in raising healthy children. It assumes that parenting is an acquired skill and that all parents have strengths and the ability to be good parents. It also assumes that every child and every parent is different and there are no "quick fixes." As a family support activity, parent education is family-focused and family-centered, strengths-based, resource-based, culturally competent, and designed to empower families.

Cultural diversity is a California strength. Counties in California have some of the richest collections of multi-cultural families in the world. They have much to contribute on alternate methods of parenting and much to learn from new concepts in child development. A family-focused parenting education program should strive to respect and embrace differences.

Parent education classes are provided through a variety of institutions including school districts, Family Resource Centers, hospitals, community colleges, faith-based sites, and community-based nonprofit organizations. Programs may range from a single lecture presentation to a series of classes and support groups that involve discussion or other activities.

Parenting education generally crosses four specific disciplines: education, health, human services, and mental health. Although these disciplines have different languages and conceptual frameworks, parenting education emphasizes the following core competencies:

- Understanding child development (ages and stages)
- Setting limits/effective discipline
- Building self-esteem and parenting confidence
- Understanding the relationship between physical and emotional health
- Learning communication skills with children during different stages of development
- Understanding the various stages of parenthood

- Learning how to advocate for your child
- Balancing work and family
- Learning how family discord/harmony affects young children's stability
- Understanding family systems and functioning
- Understanding transitions in the family
- Practicing conflict resolution
- Learning parent advocacy and parent empowerment

Strategies for Consideration

- Itemize the number, type and qualifications of parenting education programs available to parents by neighborhood or community and increase the number of parenting education programs in geographic areas not currently being served.
- Expand home-based programs to educate new parents on child development and family life skills.
- Extend evening parenting programs.
- Develop telephone support or "warm lines."
- Extend resources for peer support, group support, group therapy, and individual therapy.
- Enlist local employers in providing space and other support for parenting classes and time off for employees to attend.
- Provide professional training workshops to prepare local service providers and caregivers to deliver research-based programs.

B. Education to Enhance Child Development

Background

Parent education programs in all disciplines are designed to help parents raise healthy children. Child care programs often provide for education on child development; parents may also obtain this information through health providers, social workers, community colleges, or community-based social service programs.

Key to child development education is an understanding of the developmental stages from infancy through adolescence in order for parents to have realistic expectations of their children. Cultural sensitivity is especially important in the area of child development as the many cultures represented in California have varying methods of rearing their children. Understanding child development:

- Enables parents to support their children through different stages.
- Helps parents understand the varying and conflicting types of temperament their children are born with.
- Enables parents to develop more confidence in raising their children.

Outreach to parents in their homes is particularly important for at-risk and isolated families. A growing body of research shows that family support programs must focus on the family, rather than simply the child; on prevention, rather than intervention or treatment; and on family empowerment. Family support programs must be designed to strengthen and enhance the growth and development of the entire family unit, and focus on empowering adults in their roles as parents, nurturers, and providers.

Specifically, parenting education should include training for the care of children with special care needs (e.g., children who were drug exposed, have fetal alcohol syndrome or have other developmental disabilities).

Strategies for Consideration

- Itemize the number and type of child development education programs available to parents by neighborhood or community, and increase the number of child development education programs in areas not served.
- Increase child development education through health providers, clinics, community colleges, Family Resource Centers, and home visiting or mentoring programs.
- Utilize parent participation preschools, such as Head Start and parent cooperative preschools, as non-intrusive forms of “hands-on” child development education.
- Develop parent advocacy groups in neighborhoods to oversee the parenting programs available.
- Establish home visiting programs.
- Encourage the development of bilingual programs in child care and development programs for limited-English-proficient and monolingual children.
- Encourage the development of parent and provider training in identifying young children with learning disabilities and emotional and behavioral disorders.

C. Education of Teen Parents on Parenting and Child Development

Background

Young teens who give birth are at an increased risk for dropping out of high school and delivering low birth-weight babies. In general, infants born to teen parents have a higher rate of accidental death due to causes such as burns,

suffocation, car accidents, and injuries during the first year of life compared to infants with parents over age 20. These fatalities likely represent the most extreme tip of the iceberg in terms of the challenges adolescents face in caring for their infants. Although young children of adolescents have only slightly lower scores on developmental assessments, difficulties began to emerge in terms of school success as these children grow older.

Strategies for Consideration

- Identify the high-risk indicators for teen parenting by neighborhood.
- Increase prenatal services for adolescent parents.
- Increase programs for teen fathers.
- Assess the number of child development classes available to teen parents.
- Consider increasing the number of teen clinics located near or in public high schools.
- Encourage high schools to provide high-quality, on-site child care programs.
- Increase the outreach for CalWORKS and Adolescent Family Life programs for teens.

D. Family Literacy Programs

Background

Becoming literate improves the learning environment of the home and the employability of the parent. Helping low-literate adults improve their basic literacy skills has a direct and measurable impact on both the education and quality of life of their children. When education and other background factors are held constant, adult literacy is strongly associated with a range of important economic and social outcomes (e.g., employment, wages, poverty). As the education level of adults improves, so does their children's success in school. Family literacy programs provide many opportunities to build on connections between parenting and other adult roles and skills.

Key features of popular family literacy services include:

- Helping families during children's infancy by encouraging language development and interactive play as precursors to emergent literacy
- Providing books, print materials, and lessons that are appropriate for the literacy levels of family members
- Providing parenting education

Strategies for Consideration

- Support family literacy opportunities in multiple settings: child care centers, Head Start, Early Head Start, family child care networks, community-based organizations, libraries, and parent resource centers.
- Contact libraries, universities, community colleges, volunteer agencies, and retired individuals for literacy tutors.
- Utilize concepts of family literacy programs to provide in-home literacy support in home-based child care.
- Work with grandparents, volunteers, and other caregivers of young children to increase their literacy skills and use of books.

SUPPORT FOR FAMILY STABILITY AND WELL-BEING

Goal
To support families of young children in their efforts to become economically, socially, and emotionally self-sufficient.

A. Develop and Support an Integrated System of Services to Enhance and Maintain Family Self-Sufficiency

Background

There are social and emotional challenges to self-sufficiency.
While parent education can be used to increase parents' knowledge, change attitudes, and build skills, without changes in the social and economic environments in which families live, education may have a limited impact on parenting behaviors and child outcomes.

Providing nurturing and stimulating environments for children is a challenge for parents facing financial insecurity and poverty; physical or social isolation; housing instability, unavailability or overcrowding; and community or domestic violence.

Family support centers and programs are increasingly utilized as "one stop shops" for an array of services, including:

- Adult education, vocational education and job training
- Assistance with housing
- Assistance with other basic needs to help parents balance work, family and self
- Emotional support and peer guidance from others who have succeeded
- Parenting education

- Referrals to service agencies, such as health clinics

Strategies for Consideration

- Support the development of Family Resource Centers or family resource mobile vans.
- Create a comprehensive guide of all public and private education programs for adults.
- Encourage agencies to create neighborhood-based education programs for adults that are easily accessible to families with young children.
- Provide affordable, accessible, flexible child care at sites providing education for adults.
- Support the development of neighborhood-based groups.

Goal

To develop multi-disciplinary intervention and treatment services that enable parents to overcome risk and danger in their homes and in their communities, to keep children safe, provide them with permanent homes, and ensure their optimal well-being.

B. *Prevention and Intervention Programs for Families with Young Children Who are at Risk of Abuse and Neglect*

Background

Most families function sufficiently under everyday circumstances. Children living in families with four or more of the following characteristics, however, may be considered at "high risk:"

- Child is not living with two parents.
- Household head is high school dropout.
- Family income is below the poverty line.
- Child is living with parent(s) who do not have steady, full-time employment.
- Family is receiving welfare benefits.
- Child does not have health insurance.

Families experiencing these circumstances may be more likely to neglect their children educationally, medically, and emotionally due to a lack of basic services. The incidence of child abuse, however, cuts across all economic lines. Parenting education, emotional support, and basic health and employment services offered in community-based family support programs may be helpful in addressing the challenges faced by all families.

Domestic violence clearly affects the well-being of young children:

- The estimated overlap between domestic violence and child physical or sexual abuse ranges from 30 to 50 percent. Some shelters report that the first reason many battered women give for fleeing the home is that the perpetrator was also attacking the children.

- Children can experience serious emotional damage as a result of living in a violent household. Children exposed to family or neighborhood violence are at higher risk for developing anxiety, sleep disturbances, poor school performance, delinquency, aggression, and suicide than children who grow up in safe environments. Child witnesses to domestic violence should themselves be considered abused.

Substance abuse also affects the caregiving of young children:

- Studies have found that children of alcoholics are at greater risk for developing emotional, social, behavioral, and academic problems than are children of non-alcoholic parents.
- Mental illness and substance abuse are related. A small number of families have parents who are seriously mentally ill, and abuse or neglect their children as a result of their problem. The abuse of substances in conjunction with a mental health problem, such as depression or schizophrenia, may increase the child's risk.

Intervention programs for families in crisis are mandated by federal law and usually provided by county child welfare workers if the child is reported for child maltreatment services. They are traditionally family-focused and provide an array of integrated services using the capabilities of child welfare, mental health, substance abuse, health, probation, and education (early childhood education).

Strategies for Consideration

- Develop or identify integrated, cross-trained service teams of social workers, health workers, early childhood workers, mental health workers, job developers, CalWORKS workers, home visitors, and community workers.
- Develop programs that involve the family's network, such as Family Group Decision Making (Family Conferencing).
- Involve the "faith community" in neighborhood-based interventions, such as family mentoring, family assessment centers, and Family Resource Centers.
- Provide outreach and special focus for young families at community-wide events and fairs.

- Expand family-friendly support groups, especially for socially or geographically isolated families.

  Work with other agencies to create telephone hotlines to provide 24-hour support, information, and referrals to stressed parents to prevent child abuse and neglect and to provide information and referrals to others concerned about child abuse.

C. Expand Programs for Young Children in Out-of-Home Care with Kin or Foster Parents

Background

Many relatives and foster parents are older, working adults. Frequently, a kin-caregiver is the 70-year-old great grandmother of a young child. Caring for young children can be stressful under normal circumstances, but it is particularly difficult if the child has been adversely affected either by parental child abuse or neglect or by the child's experience in the child welfare system. To ensure better outcomes for maltreated children, their caregivers need support through peer groups, professional counseling, respite child care, and ongoing child care.

Many young children in the child welfare system have been doubly damaged by their experiences both at home and from the stress of the child welfare system. Multiple moves between caregivers can have a significant affect on a child's ability to normally attach. Young children need early psychological as well as medical assessments to quickly provide needed interventions. Many children in the child welfare system who are not formally diagnosed developmentally disabled or mentally ill may still need specialized therapeutic child care to help with their educational challenges, emotional growth, and behavior management.

Strategies for Consideration

- Expand quality child care for children in the child welfare system.
- Expand respite care.
- Expand mental health consultation services for young children who are at home, in child care, with relatives, or in foster care.
- Expand training for foster parents and grandparents in caring for and supporting children with disabilities.

PLANNING FOR A CONSUMER-ORIENTED DELIVERY SYSTEM

With such diversity within the field of family support and parental education, it is even more critical that communities, and particularly the voices of parents, have weight in determining the approaches to be used in each community. Giving voice to a range of perspectives during the planning stage ensures that critical information or viewpoints are not left out of program design. This will also result in support from a broad array of constituents. Involving parents makes them feel valuable, creates a sense of ownership over the programs, and instills the desire to participate once programs and services are in lace.

A key strategy is to focus on the power of neighborhood resources – natural entry points that have a potential to serve children and families. For young families this might mean Family Resource Centers, libraries, Head Start, child care centers, and recreation programs. These primary services have roots in communities and provide informal ways of engagement that are natural and often enjoyable. These services have the flexibility to be responsive to cultural preferences and values. Because they are voluntary, they offer families a sense of choice and control and generally work in ways that are neither categorical, nor stigmatizing. In creating a consumer-oriented service delivery system, these primary services play a key function as part of the needed infrastructure for family services, uniting services that enhance functioning and development as partners with specialized services that respond to child and family problems.

Planning Considerations

County commissions should consider the following planning questions in developing strategies to promote parent education and support programs:

- All programs targeted to young children affect the conditions of families. Does the plan infuse relevant parenting education and support into the broad range of social supports that exist or that will be developed in the community?
- Does the plan establish/strengthen linkages among agencies, organizations, and individuals to promote effective parenting and public awareness of the importance of families in California?
- Does the plan ensure that a continuum of care for families is developed, offering a range of intervention, prevention, and promotion efforts?
- Does the delivery of parent education and support programs build upon the systems that serve as natural access points for young families? Are the services easily accessible and located in close proximity of the families to be served?
- Does the plan have input from potential participants of the programs and services to be delivered? Will parents have an impact on program implementation? Do the options facilitate a reciprocal relationship between parents and programs?

- Does the plan address child care and transportation issues that support family participation?
- Providing a range of participation options for parents, from receiving services to board membership, facilitates reciprocal relationships with parents and allows them to contribute at multiple levels. Do the programs involve parents in a variety of roles?
- Are the programs and services to be developed and information to be disseminated responsive to and respectful of the cultural context in which families live and raise their children?
- Are the Parent Education and Support programs and services based on clearly articulated theories of child development, parent development, and other theories?
- Do programs acknowledge that while all persons have the potential to be good parents, parenting is a learned skill, and healthy parenting is developed over time?
- Do programs focus on building and strengthening informal support networks for families rather than depending solely on professional support systems?
- Are programs flexible and continually build on the unique strengths as well as identified needs of each family and community?
- Do programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society?
- Do programs facilitate parental involvement and build parents' capacity to serve as resources to other parents, participate in program decisions and governance, and develop the ability to advocate on behalf of their community?

NOTE: A source for more in-depth information about this community strategy is the American Youth Policy Forum, Education and Human Services Consortium monograph, *Children, Families and Communities: Early Lessons from a New Approach to Social Services* (Washington, DC, 1995).

FOCUS AREA ONE RESOURCES

Brain Development
I Am Your Child Campaign
www.iamyourchild.org

Families and Work Institute (Publication*: Rethinking the Brain*)
www.familiesandwork.org

The Ounce of Prevention Fund (Resource paper: *Starting Smart*)
www.ounceofprevention.org

Breastfeeding
Breastfeeding Support Network (for breastfeeding supplies only)
www.momsboutique.com

Lactation Associates/National Alliance for Breastfeeding Advocacy
www.naba-breastfeeding.org

La Leche League International
www.lalecheleague.org

Child Abuse and Neglect
(See also Violence Prevention, Child Welfare)
The Kemp Foundation for the Prevention and Treatment of Child Abuse and Neglect
www.kempe.org

Prevent Child Abuse America
www.preventchildabuse.org

American Humane Association Children's Division
www.americanhumane.org

Child Help: Prevention and Treatment of Child Abuse
www.childhelp.org

Child Care Information
Accreditation/Licensing
National Association for the Education of Young Children (NAEYC)
www.naeyc.org

Child Development Associate (CDA) Certificate
Council for Professional Recognition
www.cdacouncil.org

Family Child Care
National Association for Family Child Care
www.nafcc.org

General Information
National Child Care Information Center
www.nccic.org

National Resource Center for Health and Safety in Child Care and Early Education
Colorado School of Nursing
Health Sciences Center
www.nrckids.org

Early Head Start/Head Start
Early Head Start National Resource Center
www.ehsnrc.org

National Head Start Association
www.nhsa.org

Legal Information
Child Care Law Center
www.childcarelaw.org

Resource & Referral Agencies
Child Care Aware
www.childcareaware.org

National Association of Child Care Resource & Referral Agencies (NACCRRA)
www.naccrra.org

Child Safety
Consumer Products Safety Commission
www.cpsc.gov

American Academy of Pediatrics
www.aap.org

National SAFE KIDS Campaign
www.safekids.org

Child Welfare
The following Resource Centers are sponsored by the Children's Bureau, Administration on Children, Youth and Families, Department of Health and Human Services.

ARCH National Center for Respite and Crisis Care Services
The Chapel Hill Training-Outreach Project
www.chtop.org

National Abandoned Infants Assistance Resource Center
Family Welfare Research Group

School of Social Welfare
University of California-Berkeley
aia.berkeley.edu

National Child Welfare Resource Center for Organizational Improvement
Edmund S. Muskie Institute
University of Southern Maine
www.muskie.usm.maine.edu/helpkids/

National Resource Center for Family Centered Practice
University of Iowa
School of Social Work
www.uiowa.edu/~nrcfcp

National Resource Center on Legal and Court Issues
ABA Center on Children and the Law
740 15th Street, N.W., 9th Floor
Washington, DC 20005
(202) 662-1720
www.americanbar.org/groups/child_law

National Resource Center for Permanency Planning
Hunter College School of Social Work
www.nrcpfc.org

National Resource Center for Special Needs Adoption/
www.nrcadoption.org

National Resource Center for Youth Services
The University of Oklahoma
College of Continuing Education
www.nrcys.ou.edu

Cultural Diversity
Culturally and Linguistically Appropriate Services (CLAS)
Early Childhood Research Institute
University of Illinois at Urbana-Champaign
www.clas.uiuc.edu

Maternal and Child Health Bureau
www.mkchb.hrsa.gov

National Center for Cultural Competence
nccc.geaorgetown.edu

Disability Resources
Americans with Disabilities Act (ADA)
www.ada.gov

Attention Deficit/Hyperactivity Disorder (ADD)
ADD Warehouse (publications)
www.addwarehouse.com

General Information:
National Dissemination Center for Children with Disabilities
www.nichcy.org

National Early Childhood Technical Assistance Center (NECTAC)
www.nectac.org

Learning Disabilities:
The National Center for Learning Disabilities
www.ncld.org

LD Online
www.ldonline.org

Parents with Disabilities:
Through the Looking Glass
www.lookingglass.org

Speech/Hearing/Language Concerns:
American Speech-Language-Hearing Association
www.asha.org

Additional Resource:
Council for Exceptional Children
www.cec.sped.org

Drug Exposure/Substance Abuse
National Organization on Fetal Alcohol Syndrome (NOFAS)
www.nofas.org

Substance Abuse and Mental Health Services Administration
www.health.org

Funding Resources

Corporate Information
The Taft Group (Taft Corporate Giving Directory)
www.gale.cenage.com/taft

Department of Health and Human Services
Office of Grants and Acquisition Policy and Accountability
www.dhhs.gov/asfr/ogapa

Foundation Information
The Foundation Center
www.foundationcenter.org

Rockefeller Brothers Fund
www.rbf.org

Health Care (Includes Maternal & Child Health)
American Academy of Pediatrics
www.aap.org

Child Life Council
www.childlife.org

National Association for Children's Hospitals & Related Institutions
www.childrenshospitals.net

National Center for Education in Maternal and Child Health
www.ncemch.org

National Health Information Center
www.health.gov/nhic

Training/Community Health
Bright Futures Project
NCEMCH
www.brightfutures.org

National Healthy Mothers/Healthy Babies Coalition
www.hmhb.org

Immunizations
American Academy of Pediatrics (AAP)
www.aap.org

Every Child by Two
www.ecbt.org

Infant Massage
International Association of Infant Massage
www.iaim.net

Legal Assistance/Child Welfare Related
Child Care Law Center
www.childcarelaw.org

Legal Assistance/Disabilities Related
American Bar Association Center on Children & the Law
www.americanbar.org/groups/child_law

Disability Rights Education and Defense Fund (DREDF)
www.dredf.org

National Disability Rights Network
www.protectionandadvocacy.com

Parenting
Baby Center
www.babycenter.com

Poverty
National Center for Children in Poverty:
Columbia University School of Public Health
www.nccp.org

Public Policy/Data/Advocacy
The Future of Children
www.futureofchildren.org

Center for Family Policy and Practice
www.cffpp.org

Children's Defense Fund
www.childrensdefense.org

Children's Health Fund
www.childrenshealthfund.org

Child Trends, Inc.
www.childtrends.org

Child Welfare League of America
www.cwla.org

Health (includes insurance, Medicaid, financing)
Institute for Educational Leadership
www.iel.org

Respite Care

National Respite Coalition
www.archrespite.org

Sudden Infant Death Syndrome (SIDS)
National Sudden and Unexpected Infant/ Child Death and Pregnancy Loss Resource Center
www.sidscenter.org

Teen Pregnancy
Alan Guttmacher Institute
www.guthmacher.org

National Perinatal Association
www.nationalperinatal.org

National Perinatal Information Center
www.npic.org

Violence Prevention
Center to Prevent Handgun Violence
www.bradycenter.org

Children's Safety Network - National Injury and Violence Prevention Resource Center
www.childrenssafetynetwork.org

National Coalition Against Domestic Violence
www.ncadv.org

Volunteerism/Community Action
America's Promise Alliance
909 N. Washington Street, Suite 400
Alexandria, VA 22314-1556
(703) 684-4500
www.americaspromise.org

SparkAction
www.sparkaction.org

ADDITIONAL RESOURCES

Smoking Cessation During Pregnancy
American Cancer Society, Guide to Quitting Smoking
www.cancer.org

Office on Smoking and Health
Centers for Disease Control and Prevention
www.cdc.gov/tobacco/osh

Exposure to Environmental Tobacco Smoke
American Lung Association of California
www.californialung.org

California Department of Health Services
Tobacco Control Section
Tobacco Education Clearinghouse of California
www.tecc.org

AHCPR Guidelines: Health Systems Implementation
Agency for Health Care Policy and Quality
www.ahrq.gov

FOCUS AREA TWO:
CHILD CARE AND EARLY EDUCATION

STRATEGIC RESULT – IMPROVED CHILD DEVELOPMENT: CHILDREN LEARNING AND READY FOR SCHOOL

Each California county is currently served by a number of public and private child care agencies which are responsible for planning, administering subsidy systems, offering resource and referral services to families and providers, and developing and providing child care and early education services to children and families. These include:

- State-funded child care resource and referral agencies
- Local child care planning councils
- City and county child care coordinators
- County social services agencies
- School districts
- Adult education programs
- Child care centers with state contracts to serve low-income families
- Local interagency coordinating councils
- County child protective service agencies
- Alternative payment programs administering child care subsidies

These agencies may support county commissions by providing information about existing services and needs. Many of the agencies are, in fact, required by law to collect specific data. Coordination between county commissions and these agencies may result in improvements regarding data collection and data capacity goals.

These guidelines are organized around suggested goals of improved ***quality,*** ***accessibility,*** and ***affordability*** of child care and early education services — three interrelated core priorities or areas of concentration to consider for supporting creative, strategic, integrated, and comprehensive efforts to enhance the healthy development and economic well-being of California's children and families.

SUPPORT FOR HIGH-QUALITY CHILD CARE AND EARLY EDUCATION PROGRAMS

As child care needs continue to expand, communities face a growing dilemma: whether to devote resources primarily to *quantity* (namely, building the available child care supply to meet rising needs) or to *quality* (usually defined in terms of professional training and experience of caregivers, combined with staffing ratios and group sizes). In reality, these two cannot be separated, and staffing is the key. California, like the nation as a whole, is facing a severe staffing crisis in child care and early childhood education,

with an estimated one in three teachers, providers, or other caregivers leaving the job each year.

Child care is a low-wage field which traditionally has experienced high rates of job turnover. As a result, child care programs may find it difficult to recruit and retain needed staff, or to meet the needs of the families they serve. Many child care programs are already operating below their licensed capacity, or even being forced to close their doors. Inevitably, it is young children, dependent as they are on sensitive and consistent care, who are suffering the consequences the most.

In order to make child care and early education programs available and accessible to the families who need them – while keeping them affordable – communities may choose to devote considerable attention toward stabilizing and retaining the caregiving workforce. Training alone, however, is often insufficient. Although many child care workers are relatively well-educated, child care-related training is not widely linked to economic advancement and, as a result, many communities continually devote resources toward training new cohorts of caregivers because well-trained and educated workers, especially those with a BA degree or more, regularly leave the field for other employment.

Goal

Improve the quality of child care services for California children in order to promote optimal child development and school readiness, along with family stability and economic independence.

Objectives, strategies, and planning considerations for achieving child care quality are grouped below into three categories:

1. Training
2. Compensation and retention of providers
3. Technical support and community networks for providers

A. Training

Background

The education and training, including cultural and linguistic training, of child care teachers, family child care, and exempt care providers is an indispensable part of child care quality. In California, formal early childhood training is provided primarily through the community college system, supplemented by workshops and courses offered by child care resource and referral agencies, professional organizations, conferences, in-service programs, and other organizations. Training in languages other than English is in short supply, particularly in the formal community college training system. The Child Care Resource and Referral Network has developed extensive training resources in Spanish for family child care providers. A coordinated system of accessible, affordable, quality training programs, and opportunities for professional growth for all types of child care providers, should be available in each county in order to ensure and promote high-quality child care for children from birth to five years of age.

Strategies for Consideration

- Assess the availability and quality of training opportunities for child care providers, as well as the opportunities for professional "career ladder growth."
- Develop or support training opportunities that address identified gaps.
- Determine which child care programs are capable of identifying children with special needs and/or developmental delays.

Planning Considerations

- Where and when is training provided? Are geographic locations, types of settings, and hours of training appropriate for the audience served? Is training provided in close proximity to provider locations? Is training free or available at a reasonable cost?

- Are all courses or workshops that are required for licensure as a family child care provider or for work as a center teacher or director available in the county? How frequently are they provided?

- Is training linked with better compensation, professional certification standards, career ladder opportunities, and retention?

- Is training available that is specifically tied to working with particular age groups, including infants and toddlers?

- Is training and support available to assist child care programs in caring for children with special needs?

- Are the Child Care Food Monitoring visits to child care facilities used to train providers in areas beyond nutrition, such as anemia, lead poisoning, dental care, asthma, identifying special needs, etc.?

- Is there training and support for informal, license-exempt providers?

- Do providers have access to training in basic skills (literacy, writing, etc.) as needed?

- Are there supports to programs that allow providers to attend available training (e.g., paid time off, provision of substitutes)?

- Do courses and workshops address diversity and cultural competence in child care programs?

- Is training offered in languages reflecting the population of providers, children, and families in the county?

- Are various training model approaches employed?

- Are there financial and transportation barriers to accessing training?

- Is “cross training” available that links child care and child development with other family support services?

- Are local child care resource and referral service agencies aware of the programs for children and families with special needs that are sponsored by the Regional Centers?

- Are child development programs provided in the least restrictive environments, allowing children with disabilities and their families access to services?

- Are early childhood providers trained on brain research and its effects on learning? Are these providers trained to work with children with disabilities and delays, including children with emotional and behavioral challenges?

B. Compensation and Retention of Providers

Background

The low compensation for the child care workforce makes it difficult to recruit and retain skilled teachers and providers. Research has found direct links between low compensation and high job turnover to diminished quality. In particular, high turnover creates a detrimental situation for young children who experience discontinuity and loss with each significant change of caregiver. Since high-quality child care is more costly to provide than what most parents can afford to pay, additional funds are needed to bridge the gap between parent fees and child care worker earnings.

Strategies for Consideration

- Collect information as needed on the compensation and retention of qualified child care teachers and providers in the county.
- Develop a program or fund to boost compensation and retention.
- Assure better continuity of care for children and families.

Planning Considerations

- Are data available on the average wages for child care assistants, teachers, directors, and family child care providers, and on annual turnover rates in the county? To what degree are trained caregivers in the county staying in the child care and early education field? For what length of time do positions typically go unfilled, or do programs hire personnel who do not fully meet qualifications?
- Are training efforts linked to better compensation (e.g., stipends) and career advancement opportunities for teachers and providers? This includes, for example, the California Early Childhood Mentor Program, which trains

experienced caregivers to mentor novice staff in return for stipends and other professional opportunities.

- Has the county commission considered establishing a local program to provide stipends and/or incentives tied to education and experience to improve wages?
- Are enhanced reimbursement rates offered for programs and providers who achieve accreditation or improve staff compensation and retention?
- Do home-based or private providers have sufficient access to opportunities to save on program-related costs, including access to the Child and Adult Care Food Program, and training in small-business management skills?
- Do child care providers in the county have access to affordable health insurance? Is there the potential for child care programs to purchase health care insurance as part of a larger purchasing group?
- Is there a central registry, pool, or other mechanism for recruiting and dispatching qualified child care substitutes, or can such a mechanism be developed?

C. Technical Support and Community Networks for Providers

Background

Providing high-quality child care services is a multi-faceted undertaking, requiring business and financial skills, knowledge of child development, awareness of health and safety issues, and the ability to work effectively with families and others in the community. Assistance with and support for the many aspects of running a child care program can help programs and providers start up, operate on a sound financial footing, provide quality child care to young children, and stay in business longer. Opening and operating a child care program also requires compliance with local laws and regulations, such as zoning, fire, and building codes. Local requirements, such as restrictive zoning regulations, can become an impediment to developing child care programs in a community. Department of Social Services Community Care Licensing agencies are a resource for county commissions considering these issues.

The quality and safety of the physical facilities of child care programs should be of particular importance. Providing training and education on the removal of common environmental hazards for children and adults, such as asbestos, lead paint, and pesticides, should be a priority for all child care settings. Facilities must also be free of fire hazards and comply with all building and earthquake safety codes.

Finally, child care programs of the highest quality are those in which parents, child care providers, and the community-at-large work together. The ongoing involvement of parents with their children's home- or center-based child care program is an indispensable aspect of quality, but involvement from and partnership with the greater community are also crucial. In particular, engaging local business, labor, and faith communities, as well as agencies offering related support services for children and families, can greatly increase the base of public support for quality child care. Caregivers themselves, who are in contact with families on a daily basis, are an excellent source of information about the supports and services that families need.

Strategies for Consideration

- Research and evaluate the technical assistance resources currently available for child care providers, and develop efforts to fill any gaps in services.
- Promote parent and community involvement with child care programs.
- Establish links between child care providers and other resources, including mental health services for children and families, to build the capacity of child care programs to serve as sites for integrated services, (e.g., parent education, family support, health, and mental health consultation and early assessment).

Planning Considerations

- Are child care programs and providers served by organizations that provide start-up and ongoing assistance to small businesses, including business management, tax information and assistance, information on applicable laws and regulations, and facilities planning? County commissions and communities may wish to promote partnerships with private-sector businesses and organizations that can offer business-skills training and technical assistance to child care providers.
- Do child care providers have appropriate access to credit and loans in the community?
- Do home-based providers have access to technical assistance consultation by telephone or home visit?
- Are child care providers, as well as other service providers, familiar with child care resource and referral services, child care subsidies, the Child and Adult Care Food Program, and available choices of child care settings?
- Can home-based providers be reached directly where they work through such services as home visits, the Child and Adult Care Food Program, and mobile lending libraries for toys, equipment, and books?
- Are programs available to educate and train providers on how to abate environmental hazards in child care homes or centers?
- Do all providers, including those who are exempt from licensing, have knowledge of how to create a safe child care environment?
- Do parks and other public outdoor facilities meet sufficient standards for safety?
- Are there efforts to educate child care consumers and the community at large about the importance of quality child care for school readiness and family stability and the importance of a well-trained and well-compensated child care workforce?
- Is there support to help child care centers and family child care homes become accredited?

ADEQUATE AND ACCESSIBLE SUPPLY OF HIGH-QUALITY CHILD CARE

All parents want caring and attentive caregivers for their children, along with environments that foster their children's growth and learning. But parents do not always have the information or financial resources that allow them to choose the child care program that best meets their needs. Additionally, the availability of high-quality child care, especially for infants and toddlers, is often in short supply.

Families must be able to locate and obtain child care that meets both children's needs and parents' schedules. For information about the supply of licensed care in their jurisdiction, county commissions can contact local child care resource and referral agencies, local planning councils, county child care coordinators, and district Community Care Licensing offices. Local child care payment agencies, including county human services departments, may be able to help determine the numbers of families receiving subsidies who are using care that is exempt from licensing (e.g., care provided by friends or relatives, or those caring for children from only one family). Often, however, hard data about the availability of relatives, friends, and other license-exempt caregivers are not readily available.

In assessing supply and demand, it is important to determine whether all parts of the county are being served, and to identify transportation and other barriers that prohibit families from accessing child care. It is also important to consider the work patterns and job participation rates of families with young children to better understand local child care needs. Other key components of access are whether the available supply matches families' needs in terms of ages of children served, special needs of children, hours of operation, geographic accessibility of child care centers, costs, and linguistic needs of families in the county.

Commissions may consider creative measures to support the increased availability of child care programs for infants and toddlers, children with special needs, families requiring care during non-traditional hours, and children of specific linguistic and cultural populations – and to retain a stable and well-trained workforce in order to keep these programs available. In some communities, licensable facilities may also be in short supply. In others, programs may need assistance in order to comply with environmental requirements, issues, the Americans with Disabilities Act (ADA), requirements and other regulations.

While many families with young children struggle to find high-quality programs that they can afford, families of children with special needs face particularly steep hurdles. But inclusion in a high-quality child care program can be a crucially positive influence for a child's ability to integrate meaningfully into his or her community and to socialize with non-disabled peers. Child care priorities for children with disabilities and their families should be based on current and accurate data. It is also important for multiple agencies, including child care programs, early intervention and family support services, Regional

Centers, resource and referral agencies, school districts, and health providers, to work in a coordinated effort to assist children with special needs.

Goal

Promote the accessibility of high-quality child care and early education services to all families who need them.

Strategies for Consideration

- Evaluate the county's present child care supply in order to address gaps in services.

- Develop efforts to assist programs in start-up, licensing, accreditation, renovation, and facilities improvements.

- Encourage the development of facilities in under-served neighborhoods and near centers of employment.

- Encourage utilization or expansion of child care program space in faith-based organizations.

Planning Considerations

- Are providers aware of unmet child care needs in the county, including under-served populations and age groups such as infants and toddlers, certain linguistic and cultural groups, and children with special needs? Can targeted outreach and recruitment efforts to local providers help fill such service gaps? Is funding available for such outreach and recruitment efforts?

- Are programs available, or can they be established, to provide low-cost loans for purchasing child care facilities, for remodeling child care homes or centers, or for upgrading facilities to comply with health and safety regulations?

- Is assistance available to help facilities remove lead or other toxic materials, provide safe water, meet fire codes and ADA requirements, etc.?

- Do local public transportation routes help or hinder families in commuting between home, child care programs, and work?

- Are families educated about all available child care options in the community? Do parents know where to go for information? Are they told about the benefits of choosing a provider who participates in the Child Care Food Program?

- Is the information about all aspects of child care, including referrals and licensing, subsidy, and food program information, available in languages other than English?

- Are Child Care Food Programs being used to help new providers become licensed?

- Do child care facilities exist in ethnic/cultural neighborhoods or near development centers?

- Are resource and referral agency personnel informed about special needs issues, including the roles and responsibilities of Regional Centers and school districts in providing support services for children and families?

- Is the faith community involved in assessing and increasing the supply of child care?

AFFORDABLE CHILD CARE FOR ALL FAMILIES

Many families cannot afford to pay the full cost of quality child care services. It is of considerable (and rising) concern that families cannot be the sole funding source of measures to increase the stability of child care teachers and providers.

Many families need financial assistance in securing and using the high-quality child care services that best meet their needs. There are a variety of subsidies available. However, because of limited funding, restrictions in eligibility criteria, and sometimes to lack of outreach, they reach only a fraction of eligible families. Individual providers and center-based programs also may need assistance to ensure their financial viability. Without assistance from sources other than parent fees, child care programs are often unable to provide decent compensation for staff, which leads to high turnover, lower quality, and decreased accessibility for families.

Goal

Assure affordable child care services to all families in the county needing them, along with adequate resources, so that child care programs and providers can provide high-quality, reliable care.

Strategies for Consideration

- Work with employers in communities to provide high-quality, onsite child care programs.

- Develop outreach to providers to ensure their awareness and use of sources of public and private support.

- Expand outreach to parents to ensure they are knowledgeable about programs and services available to assist families in meeting the cost of child care.

Planning Considerations

- Do families have adequate information in order to understand all available sources of financial support, including child care subsidies and tax benefits?

- Do providers have adequate information about all sources of public and private financial support, including subsidy programs, payment systems, tax credits, and nutrition assistance through the Child and Adult Food Program?

- Is it possible for eligibility applications for various types of financial support to be standardized?

- Are eligibility lists for financial support centralized? Are they accurate for data assessment efforts? Are they managed efficiently in order to be timely, effective, and helpful for families?

- Can county commission allocations or other local funds be devoted to increasing available subsidies for families and providers?
- Can local employers be more actively encouraged to assist employees with child care expenses as part of their benefit plans?

FOCUS AREA TWO RESOURCES

A. Mitchell, L. Stoney & H. Dichter. *Financing Child Care in the United States: An Illustrative Catalog of Current Strategies.* Kansas City, Mo.: Ewing Marion Kauffman Foundation, and Philadelphia, PA.: Pew Charitable Trust, 2001

California Child Care Resource and Referral Network
www.rrnetwork.org

California Child Care Training Consortium, California Department of Education
www.childdevelopment.org

California Interagency Coordinating Council on Early Intervention
www.dds.ca.gov/earlystart

Center for the Child Care Workforce (CCW): child care salary and benefits data available for a number of California counties, as well as technical assistance on workforce compensation and retention issues. See also 1997 publication, *Making Work Pay in the Child Care Industry: Promising Practices for Improving Compensation*, and CCW's annual compendium of *Current Data on Child Care Salaries and Benefits in the United States*
www.ccw.org

Center for the Future of Children, David and Lucile Packard Foundation, 1996 publication, *Financing Child Care*
www.futureofchildren.org

Child and Adult Care Food Program (offering financial assistance, and nutrition and other training, for eligible providers)
www.fns.usda.gov/cnd/care

California Association for the Education of Young Children
www.caeyc.org

California Community Care Licensing Division
www.ccld.ca.gov

California Early Childhood Mentor Program
www.ecementor.org

FOCUS AREA THREE:
HEALTH AND WELLNESS

STRATEGIC RESULT – IMPROVED CHILD HEALTH: HEALTHY CHILDREN

Health and wellness focuses on integrated services and systems to optimize individual, family, and community health. Ideally, health and wellness activities should be dedicated to creative efforts that support families and enrich the development opportunities for all children prenatal to five so they reach their maximum potential.

The State Commission recognizes that health and wellness mean more than the absence of disease. A broad health and wellness definition includes the following components:

- Multiple determinants including physical, spiritual, emotional, environmental, and intellectual factors impact health.
- Health and wellness are affected by interrelated factors along a continuum that includes individual, family, and community.
- Strategies that impact health may include interventions at multiple levels to protect, promote, and preserve optimal health.

In this section of the Guidelines, a variety of health and wellness topic areas are highlighted. While the topic areas are presented in a categorical manner, it is important to consider them in relationship to one another. Many of the objectives for consideration that have been offered in a single area relate to objectives in other areas. Moreover, the objectives should be considered within the broader context of the Guidelines' other Focus Areas – Child Care and Early Education and Parent Education and Support Services – with which there also are likely and considerable relationships.

In developing the following topic areas, many of the objectives for consideration which are presented have been drawn from *Healthy People Objectives*, which were developed by the U.S. Department of Health and Human Services. These objectives are included to stimulate consideration and discussion and assist County Commissions in their identification of objectives for consideration consistent with the needs and conditions of their communities. They are not intended to provide an exclusive list of objectives for consideration for County Commissions.

In some areas where an objective was more broadly presented in the *Healthy People Objectives*, it has been tailored here to meet the needs of pregnant women or young children from birth to age five, consistent with the provisions of the California Children and Families Act.

ACCESS TO QUALITY HEALTH SERVICES

Background

When children lack health coverage and a regular health care provider, they are less likely to receive appropriate immunizations and regular preventive care, and treatment for illness or injury may be delayed until they become serious health problems. There is no consistent medical provider involved in the child's care. Without a regular health care provider there is no "medical home" where the child's physical and mental development are regularly assessed to make sure appropriate developmental milestones are being met. Opportunities to identify vision, hearing or other problems are missed – problems which can undermine a child's later school readiness. Access to quality health services during a child's early years is crucial for healthy development.

In California, children receive health care services through a variety of coverage arrangements. These include employer-sponsored health insurance, health insurance purchased in the private market, Medi-Cal, the Healthy Families Program, the Child Health and Disability Prevention (CHDP) program, and the Access for Infants and Mothers (AIM) program. These types of coverage provide differing levels of benefits and differing arrangements for the delivery of care, all of which have an impact on the extent to which a child's health care needs are addressed.

A wide body of research shows that children without health coverage do not receive needed health care services and are less likely than insured children to receive primary and preventive care services, such as check-ups and appropriate immunizations. Similar research shows that even when children are insured, many have problems obtaining necessary care due to access barriers. Barriers can include the lack of insurance; lack of nearby facilities; lack of provider training in prevention; cultural, language, and knowledge barriers; and physical barriers. In California, the diversity of our population makes assuring cultural and linguistic competency on the part of health care providers and health care systems particularly important. This competency includes assuring that services are available to children and families in their communities. A lack of this competency imposes an added barrier of access for ethnic minority children and families.

Objectives for Consideration

- Reduce the proportion of children ages zero to five without health insurance coverage.
- Increase the proportion of children under age five who have a specific source of ongoing primary care.
- Reduce the proportion of families with children ages zero to five who report they did not obtain all the health care that they needed.
- Reduce preventable hospitalizations for chronic illness among young children, such as pediatric asthma and immunization-preventable pneumonia and influenza.

- Increase the proportion of providers with formal cultural competency training.

Strategies and/or Planning Considerations

- Expand health insurance coverage.
- Strengthen community-based efforts to promote the use of existing health services.
- Assure all children eligible for Medi-Cal, Healthy Families, and other state programs are enrolled.
- Assure pregnant women are enrolled in Medi-Cal, AIM, and other programs.
- Develop creative and innovative methods to distribute health services information to parents, including technology links to community-based organizations and increased use of Community Health Outreach Workers (CHOWs).
- Use CHOWs to link parents and children with community services.
- Encourage guidance from physicians and other health services providers to parents about child development, adopting healthy behaviors, using medications appropriately, getting immunizations and check-ups, addressing behavioral or discipline issues, and making appropriate use of medical services.
- Establish nurse-staffed telephone assistance services.
- Promote community-based strategies outside of the traditional health care system that link preschools, schools, parents, and community-based health care programs to assure early identification of illness and risk for injury, and provide referrals for child care and safe recreation alternatives.
- Promote a strong public health system with linkages to the community and the medical provider community.
- Monitor and report on changes in the health status of young children at the county level to guide future planning.
- Annually measure and report on the performance of health plans and medical providers in delivering preventive services to children and families.
- Identify and report on barriers to the delivery of preventive services and how they are overcome.

MATERNAL, INFANT, AND CHILD HEALTH

Background

Prenatal care includes risk assessment, risk reduction, and education. Each of these components can contribute to reductions in prenatal morbidity and mortality by identifying and mitigating potential risks and helping women address the behavioral factors, such as smoking and alcohol use, that contribute to poor health outcomes for themselves and their children. The use of timely, high-quality prenatal care has been shown to help prevent poor birth outcomes.

Part of this care must address the prevention of developmental disabilities, the most common group of disorders that cause lifelong disability. Although many disabilities may not be recognized until the child is challenged in school, the majority of developmental disabilities are caused by events occurring in the prenatal and infant periods. Thus, interventions to decrease the prevalence of underlying disabling conditions must be targeted to prevent known causes before they occur. This includes targeting risk behaviors such as using tobacco products, illicit drug and alcohol use, as well as enhancing protective behaviors that benefit the fetus, such as nutrition and prenatal care.

Several risk factors are specifically related to poor birth outcomes, including infant mortality, but foremost among these are low birth-weight (LBW) and pre-term delivery. LBW and short gestation are the risk factors most closely associated with poor birth outcomes that include long-term disabilities, such as cerebral palsy, autism, mental retardation, vision, and hearing impairments and other developmental disabilities. Implementing strategies that protect infant birth-weight, along with addressing maternal behavior, can contribute substantially to reducing adverse health outcomes for newborns.

Objectives for Consideration

- Reduce the infant mortality rate.
- Reduce the incidence of child mortality for children ages one to four years.
- Reduce the incidence of LBW births.
- Increase the percentage of women who breastfeed their infants (in early postpartum, until six months old, until one year old).
- Increase the proportion of all women who receive prenatal care in the first trimester.
- Increase the proportion of women who receive a postpartum visit four to six weeks after delivery.

- Increase the proportion of providers of primary care to women of reproductive age who routinely provide preconception counseling about risks to a healthy pregnancy.

- Increase the proportion of pregnant women who attend a formal series of prepared childbirth classes.

- Increase the proportion of babies ages 18 months and younger who receive recommended primary care services at appropriate intervals.

- Increase the proportion of health providers who refer or screen infants and children for impairments of vision, hearing, speech, and language and assess other developmental milestones.

- Decrease the proportion of pregnant women who smoke or live in households with smokers.

Strategies and/or Planning Considerations

- Provide cultural competency training for health providers.

- Develop culturally competent maternal, infant, and child health education materials for parents.

- Establish public health nurse home visitation programs following delivery of newborns.

- Provide health provider training to identify at-risk mothers (e.g., underweight, overweight, substance abuse).

- Educate pregnant women about harmful effects of alcohol, tobacco, and other drugs.

- Educate pregnant women about the importance of nutrition, prenatal vitamins, folic acid, and breastfeeding.

- Establish education programs to enhance the skills and attitudes of future parents.

- Involve all medical personnel (physicians, nurses, etc.) and social services agencies in educating parents about maternal, infant, and child health.

- Increase access to the Women, Infants, and Children (WIC) program.

- Partner WIC agencies with private health organizations.

- Establish and expand Family Resource Centers to serve a broad range of needs of women and children.

- Establish outreach programs, including mentoring and support groups, for at-risk mothers.

- Develop reminder/recall systems for postpartum checkups, regular pediatrician visits, and immunizations.

- Promote public awareness campaigns involving employers, civic and community leaders, and the faith community, among others.

- Provide Kits for New Parents with educational materials and information on support resources, child care, etc.

- Increase links between the public health and the private medical system with the State Regional Centers to provide assessments, treatment and follow-up services.

CHILDREN AND FAMILIES WITH SPECIAL NEEDS

Background

According to the Center for Disease Control, "Developmental disabilities are a heterogeneous group of physical, cognitive, psychological, sensory, and speech impairments that arise during development from birth to 18 years of age."

Research demonstrates that early intervention and education programs for children with disabilities and developmental delays enhance development, provide important family support, and reduce the need for future services.

While some children with developmental disabilities are easily identified at birth, other disabilities are not identified until the child is older. According to the National Institute of Health, most children with learning disabilities are not identified until the third grade, long after they have experienced school failure. For this reason, it is critical to identify children with developmental delays or risk for developmental delays as early as possible.

Young children with disabilities, developmental delays, and who are at risk for developmental delays receive services from a number of agencies, increasing the need for integrated and comprehensive planning in this area. There oftentimes are gaps in eligibility and service delivery during the early childhood years. As a result, because of the complexity of multiple agency roles and challenges, many children who would benefit from timely assessment and intervention may not be attended to early enough. Additionally, children with disabilities often face substantial barriers in accessing the same health and child care services available to non-disabled children.

Objectives for Consideration

- Increase the number of children with disabilities who have access to comprehensive early intervention services.

- Increase the number of health care providers trained to identify and serve children with disabilities and delays, including children with early emotional, behavioral, and learning challenges.

- Increase communication efforts to promote use of health services for timely assessment and treatment of children with disabilities or developmental delays.

- Reduce the number of young children residing in institutions.

- Expand long-term services and supports to allow families to care for their children at home rather than in institutions.

Strategies and/or Planning Considerations

- Assess the quality and scope of existing early intervention services in meeting the needs of children with disabilities, children with developmental delays, and children at substantial risk of developmental delays, to expand services to children in need.

- Improve early screening and identification of children with disabilities, developmental delays, and substantial risks for developmental delays.

- Improve access to early intervention services for children with a full range of disabilities and developmental delays.

- Expand early intervention services to children with increased risk for developmental delays, including children with teen parents, children with parents who have mental health impairments or developmental disabilities, and children of parents who have substance abuse problems.

- Ensure continuation of comprehensive developmental services for children with a range of disabilities, developmental delays, or risk for delays, beyond the zero-to-two age period when services for these children are frequently reduced.

CHILDREN AND FAMILIES AT RISK: DEVELOPMENTAL DELAYS

Background

One of the most significant and cost-effective outcomes of early childhood development is that of providing assistance to children who are at risk of a developmental disability or who may require special education support services later in their lives. When developmental delays and other risk factors are recognized early and addressed with appropriate and culturally sensitive programs and services for the child and family, these delays often disappear before kindergarten, rather than developing into long-term problems.

Identification of children with high risk factors for school failure may occur through a variety of providers. These may include regular well-child visits with primary care

providers; Child Health and Disability Prevention (CHDP) screenings, preschool and other early education child care settings; and Women, Infant, and Child (WIC) programs. In some cases, children at risk may be identified at birth, when hospitals, clinics, and physicians have time and resources. They also may be identified through referrals, particularly when these assessments identify risk factors such as limited prenatal care, maternal drug and alcohol use, family poverty, and maternal age under 19 years.

Objectives for Consideration

- Increase the county's capacity for public health follow-up of infants born at risk of a disability or significant developmental delay.
- Increase the number of infants referred for and receiving public health follow-up who may be at risk of a developmental delay.
- Increase the number of early education personnel qualified to administer and analyze developmental screening tools for young children.
- Reduce the percentage of children in kindergarten and first grade who are referred for special education services.
- Increase the level of early intervention services, such as speech and language development, provided by specialists and trained child care providers in outpatient settings, preschool settings, and child care settings.

Strategies and/or Planning Considerations

- Improve linkages, communication, and referrals between families with children who have special needs and public health, county offices of education, private providers, community clinics, CHDP, HMOs, WIC Programs, hospitals, child care, and early education programs.
- Within each county, identify the range of services, including genetic counseling, available to children with developmental delays and their families. Address any local gaps in services.
- Determine if genetic counseling services are available to all parents, and assess the availability and affordability of prenatal care.
- Increase health insurance coverage for all young children including children with special needs.

ENVIRONMENTAL HEALTH

Background

Research shows that human exposures to hazardous agents in the water, air, food, and soil are major contributors to increased disability, morbidity, and mortality. Children are particularly susceptible to environmental hazards. These include the effects of various

chemical, physical, and biological agents, as well as the effects of the broad physical and social environment, including housing, urban development, transportation, and industry.

For young children, a major source of environmental hazards is the home environment and other care settings, such as the home of a day care provider, a Preschool, or elementary school. Many children are exposed to secondhand tobacco smoke at home, which places them at an increased risk of asthma and lower respiratory tract infections. Hazardous household chemicals also pose environmental risks at a child's home or day care setting. Potential poisoning sources can be found around any house and include cosmetics, cleaning substances, over-the-counter medications, and plants.

In addition, lead poisoning is a particular danger for young children. The developing brains of fetuses and young children are vulnerable to elevated blood lead levels, which can adversely affect a child's intelligence, behavior, and development, and potentially damage the nervous and reproductive systems.

Pregnant women are at risk of exposure to pesticides, which pose a significant health risk to the fetus, including developmental and physical abnormalities. Many agricultural workers without child care bring their families to the fields, placing their newborns, infants, and children at risk of exposure to pesticides. Exposure to pesticides has been linked to learning disabilities and immunity problems in children. In addition, many families in rural areas live within proximity to agricultural fields that are sprayed with pesticides; many such families are unaware of the danger that pesticides place on their unborn fetus and/or their children.

Objectives for Consideration

- Reduce the level of blood lead levels exceeding 10 ug/dL to 0 in children ages one to five.
- Reduce the proportion of children ages five and younger who are regularly exposed to tobacco smoke at home.
- Increase the number of homes built before 1950 in which testing for lead based paint has been performed as a means to reduce childhood lead poisoning.
- Reduce deaths and nonfatal poisonings of children under age six from exposures to household hazardous chemicals.
- Reduce the number of pregnant women exposed to pesticides.
- Reduce the number of children under age five exposed to pesticides.

Strategies and/or Planning Considerations

- Increase parental education and awareness about environmental hazards to child health.
- Increase training and education of physicians and other health care providers, especially to threats existing in the communities they serve.

- Provide lead screenings for at-risk young children in preschool and day care settings.
- Provide communities with mobile lead-screenings in public settings (health and safety fairs, malls, libraries, preschools, day care centers, etc.).
- Provide education to agricultural workers on the dangers of pesticides and their potential impact on the fetus and children.
- Provide information to renters and homebuyers on how to identify potential hazardous threats.
- Conduct community-based home environment safety fairs.
- Screen parents and children during health care visits to determine exposure to secondhand smoke in the home.
- Assess care settings for levels of environmental risk and educate providers about strategies available to abate these risks.

CHILDHOOD IMMUNIZATIONS

Background

Infectious diseases continue to remain major sources of morbidity and mortality in the United States. In the case of newborns, the immunity from many diseases that they acquire while in the womb usually wears off within the first year of life. Vaccination is important at these early stages of life to safeguard the newborn from illness and death caused by infectious diseases. Vaccines play a powerful role in preventing the debilitating and sometimes fatal effects of infectious diseases such as measles, mumps, polio, rubella, pertussis, chicken pox, and hepatitis B.

Following the recommended immunization schedule for newborn to preschool-age children is critical because these children have not built up strong immune systems and are especially susceptible to disease. Experts agree that all children ages zero to two years should be immunized against all preventable childhood diseases. The resurgence of measles in the United States during the period 1989-1991 was associated with 55,622 reported cases of measles, 11,251 hospitalizations, and 166 suspected deaths. The cause of the epidemic was the failure to vaccinate according to the recommended schedule.

Additionally, providing immunizations for mothers-to-be is critical in protecting the fetus from possible illnesses to which the mother may be exposed. In the 1960s, more than 20,000 infants were born with major malformations, including deafness, blindness, congenital heart disease, and mental retardation due to the rubella virus infecting their pregnant mothers. The protective value of immunizations is evident when immunization levels in a community are high. Those who are not vaccinated may be indirectly protected because they are surrounded by vaccinated persons and are less likely to get exposed to disease.

Objectives for Consideration

- Reduce indigenous cases of vaccine-preventable diseases for children ages zero to five.
- Reduce chronic Hepatitis B infections in infants.
- Increase efforts to address Hepatitis B infections in all adults, with particular focus on sub-populations with high infection rates.
- Achieve full immunization coverage for children 19-35 months of age.
- Maintain immunization coverage for children in licensed day care programs.
- Strengthen outreach and education efforts to address significant racial disparities in immunization rates.
- Increase the proportion of two-year-olds who are on time for immunizations as part of comprehensive primary care.

Strategies and/or Planning Considerations

- Develop and establish immunization tracking/reminder/recall systems in both private practices and public clinics.
- Link immunization programs with other programs, such as WIC's Special Supplemental Food Program, AFDC, and Head Start.
- Provide on-site immunizations at schools and child care centers according to standards set by state and county health departments.
- Educate child care providers and parents about vaccines (types, importance, schedule, adverse reactions, etc.).
- Involve all medical personnel (physicians, nurses, etc.) in screening children and educating parents about immunizations.
- Develop and establish programs that provide free vaccines to uninsured children, especially through home visits.
- Improve data assessments to better distinguish sub-population rates for on-time immunization.
- Encourage employers to offer insurance options that cover vaccines and allow parents time off to immunize their children.
- Establish work-site immunization program.
- Develop state- or county-wide registries to track immunization status and notify parents when immunizations are required.
- Improve communication and registry links between clinic, public, and private providers.
- Establish partnerships and coalitions among public and private groups at the local, state, and national levels to promote immunization.

NUTRITION

Background

Good nutrition is important for sustenance, development, health, and well-being throughout life. It is particularly essential for pregnant women and growing children ages zero to five to have a nutritious diet to allow the child's brain, other organs, and bones to develop to their full potential. Although it is known that nutrition and diet behaviors affect health, food insecurity (hunger) is also an important factor that contributes to nutritional status. Households with children, single women, minorities, and incomes below the poverty line appear to have a much greater risk of hunger. It is critical for mothers-to-be to have good nutritional habits to ensure the best possible prenatal conditions for their children. Moreover, it is important for parents to establish healthful diet behaviors early in their children's lives to ensure they will grow and develop to their fullest potential.

Many dietary components are involved in nutrition and health relationships. Chief among nutritional problems is the disproportionate consumption of foods high in fat and sugar, often at the expense of foods high in complex carbohydrates, fiber, and other substances conducive to good health that are found in fruits, vegetables, and grain products. Oftentimes in young children, nutritional inadequacies can affect growth and long-term health.

Being overweight or obesity acquired during childhood or adolescence may persist into adulthood and increase the risk for some chronic diseases later in life. Being overweight is not limited to adults. These conditions in young children not only have negative health implications later in life, but often result in increased psychological stress that can precipitate other negative health outcomes.

Objectives for Consideration

- Reduce growth retardation for low-income children ages five and younger.
- Reduce iron deficiency for young children and women of child-bearing age.
- Reduce the prevalence of overweight and obesity in children ages zero to five.
- Reduce the incidence of anemia in pregnant women in their third trimester.
- Increase the proportion of young children and pregnant women who meet the minimum average daily goal of at least five servings of fruits and vegetables.
- Increase the proportion of young children and pregnant women who meet the minimum average daily goal of at least six servings of grain products.
- Increase the proportion of young children and women who meet the average daily goal of no more than 30 percent of calories from fat.

Strategies and/or Planning Considerations

- Give health providers sufficient and appropriate education about nutrition and effective strategies to help people improve their diets.
- Make nutrition counseling a part of primary care visits for young children.

- Promote nutrition counseling for pregnant women.
- Train health providers to identify at-risk mothers (i.e., those who are underweight or overweight at conception).
- Promote nutrition education through Medi-Cal managed care organizations.
- Promote access to the Women, Infants, and Children (WIC) program.
- Partner WIC agencies with private health organizations to address nutritional needs of pregnant women and children.
- Assist low-income families in obtaining fresh fruits and vegetables.
- Expand availability of community gardens.
- Provide training in food preparation to families with young children.
- Promote educational and peer support programs for new mothers about the importance of breastfeeding.
- Encourage employers to provide workplace areas set aside for breastfeeding/pumping.
- Promote community campaigns about good nutrition.
- Expand availability of iron-fortified formulas (when formulas are used).
- Create simplified literature/educational materials about nutrition for use by parents.
- Expand breakfast and lunch programs at day care centers and preschools.

PHYSICAL ACTIVITY AND FITNESS

Background

Children and adults benefit from a lifestyle that includes regular and vigorous physical activity. Regular physical activity has long been known to reduce the chance of heart disease, the single greatest cause of death in the United States. Research confirms that active people outlive those who are inactive.

While children are generally more active than adults, physical activity in children tends to diminish with age. For this reason, it is important for children and families to adopt and maintain a physically active lifestyle as early and as regularly as possible. Research shows that even among children three to four years old, those who are less active tend to remain less active than most of their peers after age three. Moreover, low-income and minority children are less likely to participate in sports activities. Physically active parents can serve as role models for children to maintain active lifestyles at any age.

Primary care providers play an important role in encouraging and supporting parents and children to adopt a physically active lifestyle. Most studies suggest that physical activity counseling in a primary care setting is successful in increasing physical activity, at least in the short-term. Moreover, pregnancy may be a particularly good time to

encourage physical activity. New mothers, concerned about the health of their developing child, may be more willing to start a moderate exercise program, while already active mothers can be reassured that continued exercise will not harm a fetus. Healthcare providers can inform pregnant patients that exercise during pregnancy is an important way to prepare the body for the physical rigors of childbirth and encourage women to maintain an active lifestyle during pregnancy that continues after the birth of their children.

Outdoor activity, however, should be enjoyed in a sun-safe manner that includes the use of sunscreen, protective clothing (weather permitting), and wide-brimmed hats.

Objectives for Consideration

- Increase the proportion of primary and allied health care providers who routinely assess and counsel pregnant patients regarding their physical activity practices.
- Increase use of public and open space areas by improving facilities and play structures in rural areas and in locations with traditionally under-served populations.
- Increase the number of public playgrounds that are accessible to children with disabilities.
- Increase the number of recreation programs available to children with disabilities.

Strategies and/or Planning Considerations

- Include screening for exercise/physical activity levels as part of standard maternal/pediatric medical exams.
- Offer free or low-cost prenatal and postnatal fitness programs through local parks and recreation departments.
- Increase public education efforts to communicate the benefits of good health and the risks of obesity, for both children and adults.
- Offer prenatal fitness programs in conjunction with WIC and other social services.
- Ensure that facilities and landscapes serving young children (e.g., schools, child care centers, libraries, playgrounds) are accessible to children with disabilities.
- Offer discounted or low-cost prenatal fitness programs at local health clubs.
- Encourage parents and caregivers to support children in practicing sun safety when they exercise outdoors.

ORAL HEALTH

Background

Dental caries, commonly known as tooth decay or cavities, is the most common disease among American children. Research shows that by the time children are just eight years

old, more than half have had at least one cavity. Oral diseases, including dental caries, however, are easily prevented with early intervention and access to care.

Preventive dental services need to begin early in a child's life, since oral diseases can start at as young an age as six months of age, when the first tooth comes in, and feeding practices, such as putting a baby to bed with a bottle containing anything other than water, can seriously jeopardize a child's oral health.

According to the California Report Card (2009), more than one-third of California children did not see a dentist in 2008. In addition, cost is one of the principal barriers to needed dental care for families with no dental insurance or for whom coverage is extremely limited. Children who are most likely to lack access to dental care include low-income children, members of ethnic or racial minority groups, and children of parents with little education. These children are those most at risk for oral diseases in early childhood and into adolescence and adulthood. According to the same 2009 report, over 50 percent of California kindergarteners experience dental decay.

Fluoride treatments, including professionally applied topical fluoride, fluoride dentifrice, and fluoride mouth rinses have all been shown to be beneficial in the prevention of initial tooth decay.

Objectives for Consideration

- Reduce the proportion of children ages zero to five with dental caries in their primary teeth.
- Reduce untreated caries in the primary and permanent teeth of children ages zero to five.
- Increase the proportion of two-year-olds who receive caries screening by a qualified health professional for the existence of any observable decay and counseling about fluoride and brushing.
- Increase use of topical fluorides for children ages zero to five not receiving fluoridated water.
- Reduce barriers that children with special needs face in accessing dental services.

Strategies and/or Planning Considerations

- Educate/train families, pediatricians and oral health providers about oral health and nutrition.
- Promote referrals to oral health providers by primary care providers.
- Assess community dental needs and expand community dental care facilities.
- Expand the availability of preschool and community-based preventive dental programs, including fluoride varnish programs for high-risk children ages zero to five and antimicrobial mouth rinse programs for mothers of young children.
- Utilize mobile trailers and equipment to deliver dental treatment to under-served populations (low-income areas, rural areas, homebound individuals, etc.).

- Encourage employers to expand dental insurance.
- Link oral health programs to WIC, Healthy Start, and Head Start programs.
- Conduct community campaigns about oral health.
- Establish databases and patient registries for tracking history of dental care.

ALCOHOL AND DRUG USE

Background

Many Californians choose not to drink alcohol or limit their alcohol intake. Yet many others consume alcohol in quantities and frequencies that put them and others at risk of serious health or social consequences, including alcohol-related disease, unintentional injury, and crime. Pregnancy and early childhood are critical developmental periods, during which fetal exposure to harmful substances can have consequences for life-long health. It is widely understood and recommended that pregnant women should abstain from alcohol, including beer, wine, wine coolers, and hard liquor throughout their pregnancies and while nursing their babies. Pregnant women who consume any amount of alcohol put their developing fetus at risk of miscarriage, low birth-weight, stillbirth, death in early infancy, intellectual impairment, developmental problems, and fetal alcohol syndrome disorders (FASD).

FASD is one of the most commonly known causes of mental retardation that is entirely preventable. It is a condition that inhibits fetal and infant development and often produces low birth weight (LBW) babies, as well as physical and mental birth defects. Even when FASD does not result in mental retardation, it can result in varying degrees of psychological and behavioral problems for children over their lifetimes.

The long-term consequences to development of a child born with drug exposure are serious. It is widely understood that pregnant women who use illicit drugs subject their unborn children to the same risks as those associated with alcohol use and other risk factors, such as HIV/AIDS transmission and similarly transmitted diseases that are associated with injection drug use. Research shows children who have been exposed to drugs during pregnancy tend to be medically fragile, having been born with low birth-weight or prematurely, and may suffer a similar constellation of illnesses as that associated with exposure to alcohol. Pregnant women who used illicit drugs (e.g., heroin, methadone, phencyclidine (PCP), crack, or cocaine) may give birth to addicted babies who will undergo withdrawal. Moreover, substance abuse is rarely an isolated event and continued use/addiction may negatively affect the safety of a child's growing environment after birth.
For healthy development of their children, it is essential that mothers-to-be address the needs of their developing babies in an environment, whether in the womb or at home, that is not compromised by harmful substances.

Objectives for Consideration

- Increase abstinence from alcohol use by pregnant women.
- Eliminate use of illicit drugs by pregnant women.

- Reduce incidence of fetal alcohol syndrome disorders (FASD).

Strategies and/or Planning Considerations

- Provide parent education about the effects of alcohol and other drug (AOD) use on pregnant women and children
- Develop comprehensive health education that includes an AOD component.
- Train and educate social services/caseworker to identify pregnant women and family members at risk of alcohol or drug use and make appropriate referrals.
- Increase screening for AOD use through health providers and social service agencies.
- Increase access to treatment programs that are tailored to pregnant women and parents with small children.
- Provide training for foster parents who care for children affected by AOD.

TOBACCO USE

Background

Tobacco use is the single leading preventable cause of premature death and disability in the United States – an acknowledged risk factor for heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; and chronic lung disease. The health effects on the fetus are profound if a mother smokes or is exposed to secondhand or environmental tobacco smoke (ETS) during pregnancy. Research confirms that when a pregnant woman smokes or is exposed to tobacco smoke, the supply of oxygen and nutrients circulated to the fetus is adversely affected and has an injurious effect on the baby's development and survival.

Smoking cessation at all ages reduces the risk of morbidity and mortality. Cessation from tobacco use is of particular concern for pregnant mothers and is required to prevent the significant adverse effects of smoking on the health, wellbeing, and development of the fetus and the newborn child. Smoking during pregnancy has been positively associated with pregnancy complications, stillbirth, and low birth-weight, which has been shown to increase the risk of disease and death (Sudden Infant Death Syndrome) during infancy and early childhood along with growth and health implications later in life.

Exposure of young children to secondhand or ETS has a devastating effect. It has been shown that children in households with adults who smoke are more susceptible than children in non-smoking households to suffer from respiratory illnesses and infections, such as bronchitis and pneumonia, reduced lung function, chronic middle ear infections, and increased frequency and severity of symptoms in asthmatic children. It is important for children ages zero to five to be born and develop in a household and an environment that does not compromise their potential with the presence of tobacco smoke.

An emerging field of study and definition for ETS is “thirdhand” smoke. Some researchers have defined thirdhand smoke as tobacco smoke contamination that remains after the cigarette or other tobacco has been extinguished. It refers to a residue of toxins that linger in and cling to carpets, sofas, clothes and other materials hours or even days after a cigarette is put out. These toxins take the form of particulate matter deposited in a layer onto every surface within the home; in loose household dust; and as volatile toxic compounds that “off gas” into the air over days or weeks.

Children are especially susceptible to thirdhand smoke exposure because of their proximity to the ground or carpets and will often touch exposed surfaces and objects and then put those objects or their fingers into their mouth.

Objectives for Consideration

- Reduce cigarette smoking among pregnant women.
- Increase smoking cessation during pregnancy, so that women who are cigarette smokers at the time they become pregnant quit smoking early in the pregnancy and maintain abstinence for the remainder of their pregnancy, after delivery, and through postpartum.
- Increase smoking cessation by new mothers.
- Increase the proportion of providers advising smoking cessation for pregnant women and new mothers.
- Increase the proportion of pediatricians and family physicians who inquire about secondhand and thirdhand smoke exposure in the home and advise a reduction in exposure for the patient and the family.

Strategies and/or Planning Considerations

- Promote clinician advice, assistance, and follow-up for counseling and cessation services for pregnant women.
- Expand access to individual and group counseling.
- Establish or use smoking cessation telephone hotlines/help-lines.
- Educate about and promote the importance of clean indoor air in homes and vehicles with pregnant women and young children.
- Promote community awareness through public education campaigns about the consequences of tobacco use.
- Provide technical assistance, education, and training to social service/caseworkers to screen, assess, and provide referral to cessation treatment programs.
- Provide technical assistance, education, and training for local health agencies and other community-based programs serving pregnant women and their families.
- Develop educational materials/programs provided to parents through child care centers and preschools.

- Support programs to prevent smoking initiation, minors' access to tobacco, and exposure to environmental tobacco smoke or thirdhand smoke.

INJURY/VIOLENCE PREVENTION

Background

Unintentional injury is the leading cause of death among children ages 14 and under in the United States, including drowning, motor vehicle accidents, fire-related deaths, and poisonings. Each year, thousands of children under the age of 14 die from unintentional injuries. Tens of thousands more are permanently disabled each year as a result of unintentional injury. Research estimates that as many as 90 percent of unintentional injuries are preventable.

In general, poor children are disproportionately affected by unintentional injuries. Poor children are more likely to live in hazardous environments that increase the risk of injury, including substandard and overcrowded housing and proximity to busy streets, and live in homes less likely to have safety-devices. They also are less likely to have safe recreational facilities.

For children ages one to four, drowning is the leading cause of unintentional injury-related death, followed by motor vehicle occupant injury, and fire and burns. In addition, suffocation is a leading cause of death among infants. Homes are the most likely site for these injuries. For example, the majority of drownings of young children occur in residential pools, and two-thirds of all fire-related deaths and injuries among children under five occur in homes without functioning smoke alarms.

In California, firearms have surpassed motor vehicle accidents as the leading cause of all injury-related deaths. While the number of children under five years who die from firearms-related injuries is relatively small, these children can be greatly affected by the loss or disability of a parent due to gun-related injuries.

Additionally, thousands of children each year are harmed by their parents or guardians, leading to physical and emotional injury and death. Moreover, domestic violence is the leading cause of injury to women, causing more injuries than mugging, stranger rape, and car accidents combined. An estimated four million women are physically abused by their spouse or live-in partner each year.

Objectives for Consideration

- Reduce injuries and deaths resulting from motor vehicle accidents.
- Increase the use of safety belts and child restraints in motor vehicles.
- Reduce residential fire deaths of children ages zero to five.
- Increase the presence of functional smoke alarms on each habitable floor of all residential dwellings.
- Reduce nonfatal and fatal poisonings of children ages zero to five.

- Reduce injuries and death of children ages zero to five due to firearms.
- Reduce the number of children ages zero to five living in homes with firearms that are loaded and unlocked.

- Reduce drowning deaths among children age ages zero to five.
- Reduce the incidence of maltreatment of children age five and younger.
- Increase delivery of injury prevention counseling by health care and dental providers.

Strategies and/or Planning Considerations

- Increase the availability of affordable child car seats and expand training for parents.
- Support enforcement of safety belt and child restraint use – the most effective means of reducing risk of death and injury for people involved in a motor vehicle accident.
- Provide education and training to parents on the importance of installing residential smoke alarms and carbon monoxide detectors
- Develop a collaborative program between local fire departments and businesses to provide free or discounted residential smoke alarms and carbon monoxide detectors to low-income families with small children.
- Provide free fire arm trigger locking devices through community groups, safety fairs, etc.
- Encourage physicians and social service providers to provide educational materials and resources to help parents evaluate potential safety risks in and around the home.
- Provide early elementary, preschool, and day care center safety fairs for parents and children.
- Encourage and support community violence prevention programs for children and families.

MENTAL HEALTH

Background

Children are not immune to mental illnesses. At least one in five children and adolescents may have a diagnosable mental, emotional, or behavioral problem ranging from attention deficit disorder and depression to bipolar disorder and schizophrenia. Yet approximately two-thirds of all young people with mental health problems do not receive treatment. Research shows that children whose mental or emotional disorders go unrecognized or untreated are at greater risk for school failure and dropout, drug use, HIV transmission, and other difficulties, and that depression, if untreated, can result in suicide. Children experiencing mental health problems are often withdrawn, anxious or

depressed, show aggressive and delinquent behaviors, attention and thought disorders, social problems, and have difficulty sleeping.

The term “infant mental health” currently is being used to refer to the broad spectrum of social and emotional development, and to interventions designed to support that development. The spectrum of infant mental health intervention includes:

- The promotion of positive parent-infant relationships;
- Preventive intervention with at-risk relationships; and
- Intensive intervention, or treatment, for relationship disturbances.

Parents typically seek care for their children from a primary care provider. It is therefore important for primary care providers to assess the mental health conditions of children and their parents when children have an office visit, and take on a screening and referral role. If the primary care provider screens for mental disorder in children and caregivers during routine early childhood visits, and makes referrals when treatment is needed, risk to children can be mitigated. Overall, researchers and clinicians agree that coordinated systems of care that link agencies serving children, including schools and preschools, health care and mental health providers, and community-based programs in support of children, are effective in addressing the mental health needs of children.

For Medi-Cal eligible children, the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program provides important flexibility to provide health care services that address the developmental and mental health needs of children. Yet few children to date have taken advantage of the broader range of services available. California’s Healthy Families program offers coverage consistent with that offered to state employees. While coverage covers important inpatient and outpatient services, it is not as flexible or extensive as coverage available under EPSDT.

For children covered by employer-sponsored health coverage and private health insurance, a variety of limits on benefits are usually included. Limits on mental health benefits provided in these plans typically include limits on the number of inpatient and outpatient services, co-insurances, co-payments, or deductibles which are greater than that of other physical health benefits, and lower overall coverage limits.

Objectives for Consideration

- Increase the percentage of primary care providers trained to screen for mental health problems for infants, toddlers, preschool children, school-aged children, and adults.
- Increase the percentage of primary care providers trained to offer information and make referrals for parent training that focus on the mental health needs of infants, toddlers, and preschoolers.
- Increase the proportion of primary care providers for children who include assessment of cognitive, emotional, and parent/child functioning with appropriate counseling, referral, and follow-up.

- Decrease the proportion and parents of young children who do not receive mental health care because they cannot afford it.

Strategies and/or Planning Considerations

- Educate health care providers about identifying possible mental health conditions among parents and children and about making referrals to mental health care providers.
- Provide regular screenings for mental health risk factors, including assessment of mental health status at every health care visit.
- Train parents and other caregivers about signs of mental health problems and/or learning disabilities.
- Link mental health referrals and treatment programs to programs like WIC and Head Start.
- Increase access to counseling and support groups for children with mental health problems and their families.
- Coordinate mental health, physical health, education, and child welfare services.
- Tailor mental health treatment programs to children.
- Conduct community campaigns about mental health.
- Assure that children and parents eligible for Medi-Cal are aware of services available in the Early and Periodic Screening Diagnosis and Treatment (EPSDT) in order to promote access to necessary developmental and mental health services.
- Link with local children's "systems of care" which serve children with severe emotional disturbances.
- Improve coordination between health plans and mental health programs to assure appropriate identification and treatment of depression and other serious mental health problems in parents and children.

FOCUS AREA THREE RESOURCES

Introduction

California Department of Health Care Services, Medi-Cal Managed Care All Plan Letter 99-005.
www.dhcs.ca.gov

American Academy of Pediatrics, Committee on Children with Disabilities. 1993. Pediatric Services for Infants and Children with Special Health Care Needs. *Pediatrics* 92 (1): 163-165.
pediatrics.aappublications.org

Capute, Arnold J. and Pasquale J. Accardo. 1991. *Developmental Disabilities in Infancy and Childhood*. Baltimore: Paul H. Brookes Publishing Co., Inc.

California Child Care Resource and Referral Network. The 2009 California Child Care Portfolio.
www.rrnetwork.org

Children's Defense Fund. Children in the States: 1998 data: California. April 28, 1998.
www.childrensdefensefund.org

U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment. Sections 10-3 through 10-21. September 28, 1998.
www.healthypeople.gov

Thompson, R.S., Taplin, S.H., McAfee, T.A., et al. 1995. Primary and Secondary Prevention Services in Clinical Practice: Twenty Years Experiences in Development, Implementation and Evaluation. JAMA 273: 1130-1135.
www.ncbi.nlm.nih.gov

Schauffler, H.H. and Brown, E.R. The State of Health Insurance in California, 1998. Berkeley: University of California Press, 1999.
www.healthpolicy.ucla.edu

Maternal, Infant and Child Health

U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment. Sections 12-10 through 12-32. September 28, 1998.
www.healthypeople.gov

Environmental Health

U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment. Sections 5-3 through 5-4 and 5-13 through 5-19. September 28, 1998.

www.healthypeople.gov

U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment. Sections 22-9, 22-12, 22-23, 22-24, 22-28. September 28, 1998.
www.healthypeople.gov

Childhood Immunizations

CDC. Standards for Pediatric Immunization Practices. MMWR 1993; 42 (RR-5); 001.

National Vaccine Advisory Committee. The measles epidemic: the problems, barriers and recommendations. JAMA 1991; 266: 1547-52.
www.hhs.gov/nvpo/nvac/reports

Good Nutrition

U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment. Sections 2-9 through 2-23. September 28, 1998.
www.healthypeople.gov

National Center for Education in Maternal and Child Health. (1991) Second Follow-up Report: The Surgeon General's Workshop on Breastfeeding and Human Lactation. Washington: U.S. Department of Health and Human Services, 1991.
www.ncemch.org

Nutrition Policy and Legislative News: Hunger Action Alert. California Food Policy Advocates, July 22, 1999.
www.cfpa.net

Physical Activity and Fitness

U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment. Sections 1-4 through 1-5 and 1-18 through 1-19. September 15, 1998.
www.healthypeople.gov

Oral Health

U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment. Sections 9-4 through 9-18. September 15, 1998.
www.healthypeople.gov

Center for Oral Health. *The Oral Health of California's Children: Halting A Neglected Epidemic*. San Rafael: The Dental Health Foundation, 1997. "Oral Health Disparity for Low-Income Children." Children's Defense Fund. Child Health Information Project Listserv, June 30, 1999.
www.centerfororalhealth.org

Alcohol and Other Drug Use

U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment. Sections 12-25. September 28, 1998.
www.healthypeople.gov

No Safe Haven: Children of Substance-Abusing Parents, The National Center on Addiction and Substance Abuse at Columbia University, January 1999.
www.casacolumbia.org

U.S. Department of Health and Human Services, Tenth Special Report to U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services, June 2000.
www.niaaa.nih.gov

Tobacco Use

U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment. Sections 3-9 through 3-14. September 28, 1998.
www.healthypeople.gov

U.S. Department of Health and Human Services, National Institutes of Health, Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders, The Report of the U.S. Environmental Protection Agency, 1993.
www.epa.gov

Injury/Violence Protection

U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment. Sections 7-4 through 7-23. September 28, 1998.
www.healthypeople.gov

SAFE KIDS Campaign. Safety Fact Sheets.
www.safekids.org

Centers for Disease Control and Prevention. Firearm-Associated Deaths and Hospitalizations – California, 1995-1996. *MMWR* (June 18, 1999) 48(23): 485-488.
http://www.cdc.gov/mmwr

Centers for Disease Control and Prevention. National Center for Health Statistics. *National Vital Statistics Reports*
http://www.cdc.gov/nchs/products

U.S. Department of Health and Human Services, Health Resources and Service Administration. *Models That Work Compendium, 1998. Best Practices in Women's Health Domestic Violence*. American Association of Health Plans, 1998.
www.aahp.org

Mental Health

U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Draft for Public Comment. Sections 23-4 through 23-15. September 15, 1998.
www.healthypeople.gov

Children's Defense Fund, Meeting Children's Unique Mental Health Needs, obtained online March 26, 1998.
www.childrensdefense.org

The Hay Group. Health Care Plan Design and Cost Trends – 1988 through 1997. May 1998.
www.haygroup.com

Skin Cancer Prevention

California Department of Public Health, Skin Cancer Prevention
www.cdph.ca.gov