



## Prioritizing Young Children in All Policies

### Family Strengthening

- Formally adopt the Strengthening Families Protective Factors Framework as the “north star” in the statewide early childhood system of care, guiding investments in policy, program, training, and assessment systems.
- Provide universal access to a continuum of evidence-based voluntary newborn home visiting programs.
- Implement evidence-based family strengthening programs, particularly those with evidence of reducing the risk for child abuse and neglect.

### Early Identification and Intervention

- Implement a universal state plan to ensure all children receive periodic and routine developmental screening and connection to needed services through care coordination.
- Improve data collection, data sharing and data reporting on key indicators of screening activities, including referral and follow-up as a result of the screening results.
- Increase access to comprehensive approaches (such as Help Me Grow) to enhance communication and care coordination to ensure children are connected to services as quickly as possible.

### Oral Health

- Provide financial incentives to ensure access to essential dental services for the youngest children enrolled in Medi-Cal.
- Invest in community-based programs, such as the Virtual Dental Home, that bring preventive dental services to young children where they are (e.g., Head Start, Early Head Start, clinics) through the innovative use of workforce solutions and technology.
- Ensure the Department of Health Care Services implements the recommendations to increase utilization of dental services—especially for younger children—included in the recent state audit of Medi-Cal’s dental program.

### Quality Early Learning

- Require that early learning programs utilizing federal, state, or local funding participate in continuous improvement processes with benchmarked tiers of quality rating with action plans and resources tied to improvement plans.
- Ensure counties, early learning consortia, and early learning programs have the supports needed to successfully implement the QRIS statewide.
- Strengthen the qualifications, compensation, and stability of the ECE workforce.
- Continue to expand access to high quality preschool for four-year-olds and grow the capacity statewide to serve infants and toddlers in quality licensed settings.

### System Sustainability and Reach

- Work with statewide partners to explore and advance opportunities to increase funding streams dedicated to early childhood health and development.

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

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



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

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



gross & fine motor



cognitive & problem-solving



social & emotional



speech & language

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



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



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

**CA ranks 30<sup>th</sup>** in the nation on the rate of infant & toddler developmental screenings

**California can do better!**

**2 in 5 CA parents**

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



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



## FOR THRIVING CHILDREN BIRTH TO 3, COUNT TO 6: 6 Essentials to Support Infants, Toddlers, and their Families

Meeting the needs of children during their first three years is essential if California's children are to reach their full potential. A compounding body of evidence from neuroscience, human development, and economics points to the necessity to invest in the earliest years of a child's life. In these early years, the architecture of the brain is being developed and early intervention efforts are the most impactful. A nurturing and intellectually stimulating environment creates a sturdy neurological foundation for future learning and health.

Based on 15 years of experience across the diverse communities of our state, the First 5s have developed a clear vision for ensuring that our children's earliest years place them on a path towards a healthy and thriving future. That vision includes six essentials that should be available to all children:

1. **Newborn home visiting** programs provide the information and support parents want as they adjust to their new role as their child's first and most important teacher. Home visiting pays off in terms of reduced health care costs, reduced need for remedial education, and increased family self-sufficiency.
2. **Developmental screening and referral to appropriate supports** ensures that children receive early intervention for speech and language delays, behavioral challenges, and even autism. Despite the fact that screenings are prioritized by the American Academy of Pediatrics and covered by both Medi-Cal and the Affordable Care Act, only 28 percent of California's youngest children received screens in 2013.
3. A **health and dental home** connects children to preventive services, utilizing a team-based approach that integrates multiple disciplines – medical, dental, mental health, and support – ensuring comprehensive, coordinated care for the “whole” child and family.
4. **Parent education and parent-child learning programs** strengthen families' resilience, expand support systems, and reduce child abuse and neglect. When parents and other adult caregivers participate in these programs, they report increased understanding of children's development and confidence in their parenting abilities.
5. **Early childhood education programs** are essential for school readiness and for family economic success. Families are challenged by long waiting lists, unaffordable fees, and hours that may not match parents' work schedules. Low reimbursement rates result in programs that struggle to invest in the staff, curriculum, materials, and training necessary for quality programs.
6. Finally, California needs an **integrated early childhood system of care** to hold together and enhance the existing state and local funded programs, and maximize efficiency both from a service delivery and financing standpoint. We need integrated data systems, shared evaluation benchmarks, and blended funding approaches that ensure that all children are served.

We know what children need, and together, by embracing this vision, we can ensure all of California's children get the best possible start. First 5 invites partners, funders, community leaders, and parents to join this vital conversation.



April 9, 2015

The Honorable Marty Block, Chair  
Senate Budget & Fiscal Review Sub. 1 on Education  
State Capitol, Room 4072  
Sacramento, CA 95814

The Honorable Kevin McCarty, Chair  
Assembly Budget Sub. 2 on Education Finance  
State Capitol, Room 2160  
Sacramento, CA 95814

The Honorable Holly Mitchell, Chair  
Senate Budget Sub. 3 on Health & Human Services  
State Capitol Building, Room 5080  
Sacramento, CA 95814

The Honorable Tony Thurmond, Chair  
Assembly Budget Sub. 1 on Health & Human Services  
State Capitol Building, Room 5150  
Sacramento, CA 95814

**Re: Invest in Quality Early Education Funding in the 2015-2016 Budget**

Dear Chairs Block, McCarty, Mitchell, and Thurmond:

We are a partnership of statewide early childhood education advocacy organizations writing to urge you to reinvest in quality Early Care and Education (ECE) programs for our state's youngest children. In order to continue building a successful early learning system that works for California's families and young children, we highly encourage the state to continue making significant investments in three fundamentally linked priority areas: **access, affordability, and quality**. We applaud the recent efforts that have been made including the preschool expansion promise, yet the early learning system is still reeling from the \$1 billion cut resulting in 100,000 children losing out on services and programs. It is apparent that we still have work to do to meet the early care and education needs of children birth to five; this need is even greater for infants and toddlers. Moving forward we propose:

**1. Expand access to quality early learning for low-income young children and their families**

Quality preschool for 4 year olds

Last year, Governor Brown and the Legislature increased access to the California State Preschool Program and declared their intent to provide full-day, full-year quality preschool opportunities to all low-income 4 year olds over a multi-year period. This year's budget should contain the next step toward this intent with a further expansion. As such, we propose that you:

- Build off of last year's 4,000 slot expansion and expand California State Preschool Program by another 10,500 slots
- Begin expansion of additional 10,500 slots starting in June 2015
- Enact statutory budget language stating intention to fully fund the remaining 10,500 new slots

Quality child care for babies and toddlers

Given the great need for families to have access to quality care for babies and toddlers in multiple settings, we also propose an expansion of 10,500 in infant and toddler slots.

**2. Increase rates and cost of living adjustment so that low-income families can afford a wide range of programs and child care/early education providers can continue to provide services**

Given the need to continue quality improvements as well as the continuous cost pressure to maintain operations including the recent increase in minimum wage, we propose that you:

- Increase the Standard Reimbursement Rate as well as the infant multiplier from 1.7 to 2.3 and the toddler multiplier from 1.4 to 1.8, and include a COLA
- Increase the Regional Market Rate ceiling so families can eventually access 85% of the programs in their communities

### 3. *Continue to focus on increasing quality in all settings*

California has successful local efforts and various initiatives to support quality; however, *the state still needs a consistent, system wide focus* on quality and continuous quality improvement to ensure families throughout the state have equal access to quality child care and preschool. We propose that you:

#### Increase quality in infant and toddler settings via QRIS block grant expansion

Last year's budget included a \$50 million QRIS block grant to focus on improving quality in state preschool settings. Given that the quality in infant and toddler settings is lower on average, the block grant should be increased and extended to infant and toddler providers.

#### Strengthen ECE professional development community college opportunities

In order to continue improving the quality and consistency of ECE professional training and education throughout the state, an ECE community college statewide workgroup should be created to assess and support colleges in strengthening the quality and alignment of their Child Care and Development programs, particularly their ECE instructional practices and training opportunities offered through existing laboratory schools. The workgroup efforts will build upon the existing community college infrastructure, align with related efforts across higher education systems and lay the foundation for implementation of forthcoming Commission on Teacher Credentialing recommendations on the ECE permit matrix and credential.

#### Ensure CA is prepared to meet the new Child Care Development Block Grant (CCDBG) requirements

CCDBG reauthorization and the development of the state plan for disbursement of Child Care Development Fund (CCDF) monies provide opportunities to articulate priorities and goals for strengthening the early learning system. Initial investments to help California reach compliance should include increased funding to achieve annual inspections for licensed settings, and creating alternative models for meeting new inspection requirements for license-exempt. Funding for these efforts should be from the General Fund and not CCDF quality funds. New health and safety training should also include specific child development training.

Early care and education is critical to the current and long-term economic and educational viability of our state. High-quality early learning programs significantly narrows the readiness gap, reduces the high school dropout rate, and leads to savings from lower costs related to special education, public assistance, and crime. Study after study has shown that it is one of the best investments we can make to impact child outcomes and increase economic sustainability for families. We respectfully ask that you prioritize our youngest children and their families in this year's state budget.

Sincerely,

Advancement Project  
Bay Area Council  
Children Now  
Early Edge California  
First 5 Association of California  
First 5 California  
First 5 Los Angeles  
Los Angeles Area Chamber of Commerce

Cc: Members, Senate Budget and Fiscal Review Sub. 1 on Education  
Members, Assembly Budget Sub. 2 on Education Finance  
Members, Senate Budget Sub. 3 on Health & Human Services  
Members, Assembly Budget Sub. 1 on Health & Human Services

## Addressing the Oral Health Needs of California's Youngest Children

April 2015

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### Oral Health Is Important for Young Children

Good oral health is critical to children's ability to grow up healthy and succeed in school and life. Nationally and in California, tooth decay ranks as the most common chronic disease and unmet health care need of children.<sup>1</sup> Untreated dental problems are the primary health-related reason for missed school days.<sup>2</sup>

The dental care needs of young children deserve particular attention. Early preventive dental care results in better oral health, overall health, and well-being over one's lifespan. And it saves families and taxpayers money by avoiding more expensive interventions later on. However, young children enrolled in Medi-Cal receive dental services at disproportionately low rates.

### The Need

While the utilization of dental care is below optimal levels for many of California's children, young children enrolled in Medi-Cal face particular obstacles to obtaining dental care. The 2014 State audit of the Medi-Cal dental program starkly highlighted this problem. The report found that in 2013, 56 percent of children enrolled in the program did not have a dental visit in the previous year. For children ages 0 to 3, that figure was only 24 percent.<sup>3</sup> With more than half of all children in California enrolled in Medi-Cal, this lack of access puts millions of children enrolled in the program at a higher risk for dental disease. A 2013 study commissioned by First 5 Los Angeles showed that 72 percent of children under age 5 in underserved communities in Los Angeles County had untreated cavities.<sup>4</sup>

First 5 and The Children's Partnership have found that many providers are not willing to provide dental care to young children enrolled in Medi-Cal.<sup>5</sup> Our surveys showed that even providers open to serving children often denied some or all services for three-year old children. For example, less than 1 percent of active general and pediatric dentists on the Orange County Denti-Cal roster offered sedation services for young children.<sup>6</sup>

Further, anecdotal evidence suggests that even when younger children get care, they are not getting appropriate care for their age. Pediatric dentistry encompasses disciplines, techniques, and skills required to meet the unique needs of young children, including behavior guidance and sedation.<sup>7</sup> The American Academy of Pediatrics recommends that dentists who treat children be skilled to meet the unique needs of children, based on their developmental level.<sup>8</sup>

### First 5 Investments

For nearly 15 years, First 5 has played a critical role in making sure young children get the dental care they need. Last year, First 5 invested \$23 million to improve young children's oral health and served nearly 214,000 children.<sup>9</sup> First 5 investments have piloted innovative, scalable solutions focused on prevention, education, and cost-effective care. However, as tobacco tax revenues decline, First 5 cannot continue to fill these critical service gaps.

## Recommendations

Ensuring full access to oral health care for California's youngest children will require creative and sustainable models of care delivery and payment, as well as policies and systems that build on existing investments in community-based services. Such policies and systems must account for the important differences and challenges with regard to the treatment of young children. Measures of provider adequacy should reflect and account for the number of provider who have unique skills and expertise required for providing services for children under age 5, including behavior management, sedation, and pain management.<sup>10</sup> The Legislature and Administration ought to implement the following recommendations:

- Ensure Medi-Cal and other state public systems pay for services that children enrolled in Medi-Cal are eligible for and need—including preventive and restorative treatment services—as well as outreach, education, and other support services necessary to ensure children and families get the care they need.
- Ensure the Department of Health Care Services implements the recommendations to increase utilization of dental services—especially for younger children—included in the recent State audit of Medi-Cal's dental program. Particular attention should be given to developing an accurate measure of dental provider network adequacy in Denti-Cal so that we know exactly who is not getting care so that we can target solutions. Such a measure should include indicators that specifically measure the availability of providers with the skills and competencies required to treat the youngest children.
- Invest in community-based programs, such as the Virtual Dental Home (VDH), that bring preventive dental services to young children where they are (e.g., Head Start, Early Head Start, schools, and clinics) through the innovative use of workforce solutions and technology. The Legislature should pass and the Governor should sign AB 648, which would require the State to invest in the start-up costs of the VDH—such as training, community-based learning collaboratives, technical assistance, and equipment—necessary for the VDH to be integrated into California's dental care delivery system.
- Provide financial incentives to ensure access to essential dental services for the youngest children enrolled in Medi-Cal. According to the State audit report, California's reimbursement rates for the 10 dental procedures most frequently authorized for payment within the program in 2012 averaged only 35 percent of the national average for these same procedures in 2011. This places our state among the lowest in the nation and creates a disincentive for providers to treat children Medi-Cal-enrolled children, especially young children, whose treatment presents unique challenges.

As the State audit report clearly points out, we have a crisis when millions of children are not getting needed dental care. Now is the time to close the dental care gap kids face and reduce the number of children who miss school or are distracted by pain resulting from the number one chronic health problem among children—dental disease.

## Endnotes

<sup>1</sup> U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, *Oral Health in America: A Report of the Surgeon General* (Rockville, MD: U.S. Department of Health and Human Services, 2000) 63; Dental Health Foundation, *Mommy, It Hurts to Chew: The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children* (Oakland, CA: Dental Health Foundation, 2006) 12.

<sup>2</sup> Nadereh Pourat and Gina Nicholson, *Unaffordable Dental Care Is Linked to Frequent School Absences* (Los Angeles, CA: UCLA Center for Health Policy Research, 2009).

<sup>3</sup> California State Auditor, *California Department of Health Care Services Weaknesses in Its Medi-Cal Dental Program Limit Children's Access to Dental Care Report 2013-125* (Sacramento, CA: California State Auditor, 2014).

<sup>4</sup> Roseann Mulligan and Hazem Seirawan, *Oral Health Baseline Needs Assessment of Disadvantaged Children* (Los Angeles, CA: The Children's Dental Health Project of Los Angeles County, 2010) 18.

<sup>5</sup> The Children's Partnership, *Finding Dental Care in California: A Snapshot of Using the State's Website To Find a Medi-Cal Dentist for Children*, accessed April 13, 2015, [http://childrenspartnership.org/storage/documents/Publications/Finding\\_Dental\\_Care\\_July\\_22-1.pdf](http://childrenspartnership.org/storage/documents/Publications/Finding_Dental_Care_July_22-1.pdf).

<sup>6</sup> Children & Families Commission of Orange County, *Children's Oral Health Policy Brief*, accessed April 13, 2015, <http://occhildrenandfamilies.com/wp-content/uploads/2014/10/Childrens-Oral-Health-Policy-Brief-.pdf>.

<sup>7</sup> American Academy of Pediatric Dentistry, *Reference Manual* 36, no. 6 (2015): 2-3.

<sup>8</sup> American Academy of Pediatric Dentistry, "Guideline on Behavior Guidance for the Pediatric Dental Patient" in *Reference Manual* 36, no. 6 (2015): 179-191.

<sup>9</sup> "Key Impact Areas," First 5 Association of California, accessed April 13, 2015, <http://first5association.org/county-commissions/key-impact-areas/#oralHealth>.

<sup>10</sup> American Academy of Pediatric Dentistry, "Guideline on Behavior Guidance for the Pediatric Dental Patient" in *Reference Manual* 36, no. 6 (2015): 179-191.