



# MAKING CHANGE

A FOUR-PART WEBINAR SERIES

[www.HelpMeGrowNational.org](http://www.HelpMeGrowNational.org)

# *Help Me Grow* National Center

## Making Change Webinar Series

### System Advocacy: Shared Policy Priorities of *HMG*



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# MAKING CHANGE

## ADVOCATE

Shared Policy  
Priorities



## MESSAGE

System Change for  
Collective Impact



## MEASURE

Measuring for Results  
(Parts I and II)

Review of local and  
network strategies for  
shared measurement

Reporting requirements

Fidelity data to inform local  
context

# From the National Center

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**Kimberly Martini-Carvell**



**Sarah Zucker**

# From California

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**Moira Kenney**



**Margot Grant  
Gould**



**Kendra Rogers**

# Objectives

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- *Help Me Grow* collective advocacy framework
- First 5/*HMG* CA shared policy goals and efforts
  - Current policy and legislative priorities
  - *Starting Now: A Policy Vision for Supporting the Healthy Growth and Development of Every California Baby*
  - Advancing early childhood advocacy objectives for First 5 and *HMG* CA
- How we are making change together – The collaborative partnership of National Center and Affiliate Network

# Help Me Grow Collective Advocacy Framework

#1 Early childhood systems must promote the healthy development of each and every child.



# Help Me Grow Collective Advocacy Framework

#2 Integration of cross-sector services and supports is necessary to ensure families have timely access to appropriate services that meet their needs.





# Help Me Grow Collective Advocacy Framework

#3 To function optimally, early childhood systems must maximize resources, leverage opportunities, and advance a coalition working collaboratively toward a shared agenda.



# Help Me Grow Collective Advocacy Framework

#4 Demonstrating collective impact requires a shared vision and common approach to measurement.





## ADVOCATING FOR CHILDREN: First 5 and HMG CA



**FIRST 5**  
ASSOCIATION  
OF CALIFORNIA

# First 5: California's 0-5 System Building Effort

- In 1998, California voters passed Proposition 10 - 50 cent-tax on cigarettes – to fund early childhood systems in each of CA's 58 counties
- First 5 statute calls for Commissions to focus on integrated systems for children 0-5 across health, early learning, and family strengthening, as well as:
  - Regular needs assessments
  - Results-based accountability
- Roughly 1 in 4 CA children receives some service, but more light-touch than intensive

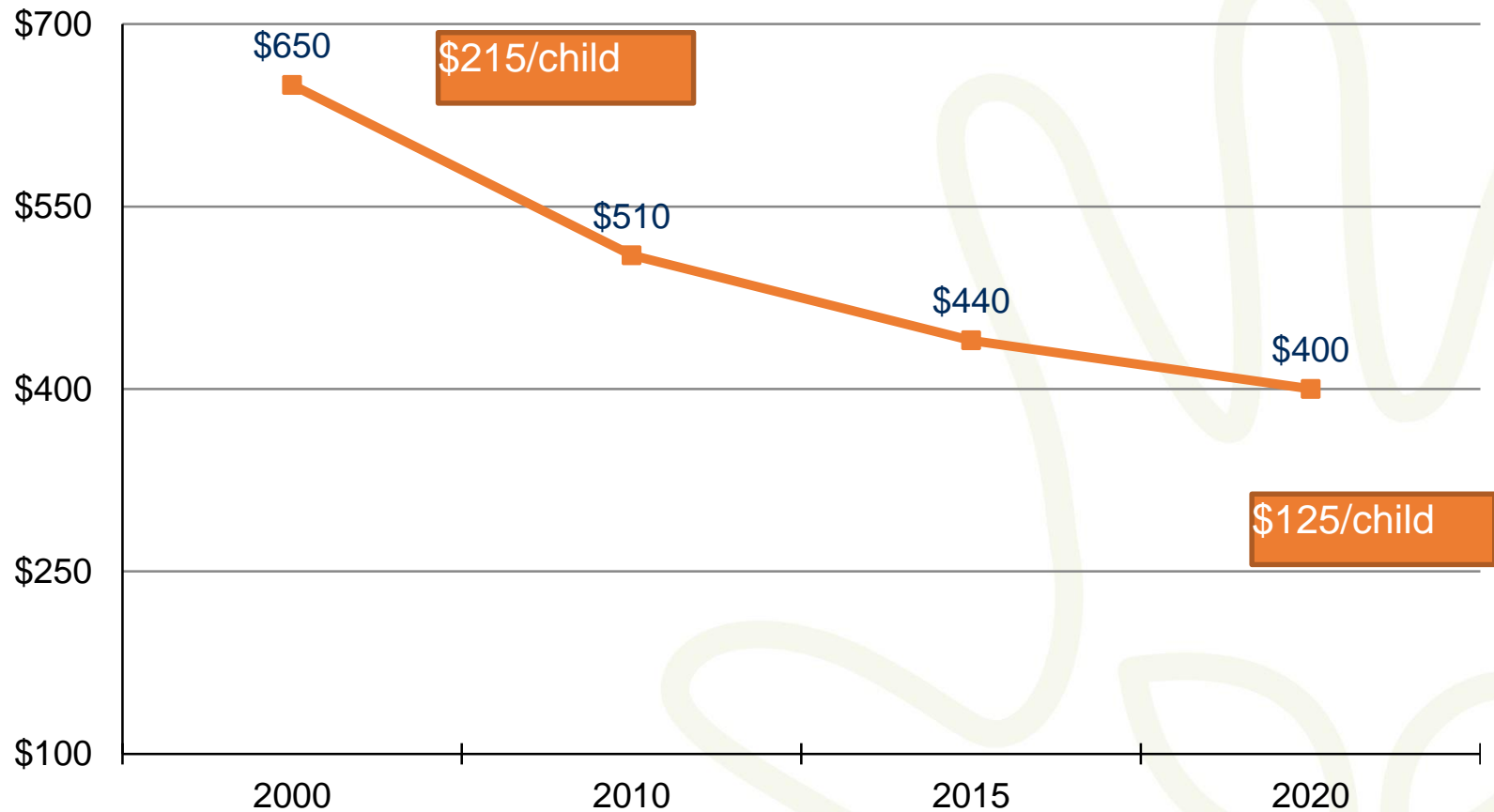
# First 5 and Help Me Grow

- 14 counties are currently HMG CA affiliates
- 17 additional counties in process
- By the end of 2017, 80% of CA's kids will live in a HMG county.
- First 5 provides more than 90% of the funding for HMG across CA and serves as the lead agency in 9 of the 14 counties
- First 5 Association serves as the HMG affiliate, providing TA and collaboration support

# Our Goals for HMG CA

- Help Me Grow provides the opportunity to reshape CA's broken and insufficient early intervention system
- County HMG efforts are creating the model upon which state solutions will be built
- By building on the promise of universal developmental screening, HMG CA becomes the foundation for reaching ALL families with child development information
- Our vision: A HMG system is an essential component of the First 5 infrastructure in every county

# The Funding Challenge: Tobacco Tax Decline





# Advocacy: Essential for Systems Building

- “Systems change is working with organizations, communities, and public agencies in new ways to change how services and supports are organized and delivered.”
- Barriers to systems integration lie within the funding and regulatory structures of the existing systems.
- Organizations cannot always change from within, or because of good will.
- Advocating for realignment requires (often) legislative or administrative action



# Advocacy Approach

- Tell powerful stories: One story of success has greater impact than years of data about program implementation
- Use data that matters: Publically-available data sources (MediCal, Special Education enrollment, child welfare)
- Speak with one voice: Focus on the points of overlap, not the minor distinctions
- Nurture powerful alliances: AAP, health plans, school superintendents
- Connect the dots to **current legislative and administrative priorities**: Poverty, childhood trauma

# First 5 / HMG CA Policy Agenda

- Educate and support health care providers to identify and refer children at risk for delays.
- Inform families about the importance of screening and early treatment, and develop a centralized intake and referral process across counties.
- Collect and analyze data on children screened, assessed, and served in order to effectively track statewide progress towards addressing developmental delays.
- Expand the Help Me Grow system to more counties and regions throughout California.



## FIRST 5'S COMMITMENT TO CHILDREN AND FAMILIES



The greatest opportunities to improve the trajectory of a child's life happen during pregnancy and the first five years of life.

First 5 leads statewide efforts to champion the complex needs of young children and their families through strong, effective and proven systems of care. Established by California voters through the passage of Proposition 10, First 5 commissions in all 58 counties now have nearly 20 years of on-the-ground experience and work to make kids healthy, safe, and ready to learn.

### IN 2016, FIRST 5 COUNTY COMMISSIONS SPENT:

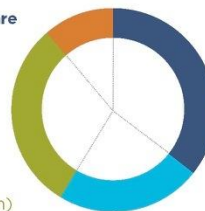
**\$503M\*** reaching over 800,000 kids

**\$179M** **Preschool and Quality Child Care**  
(Preschool, QRIS, Infant and Toddler Care)

**\$116M** **Family Strengthening**  
(Parent Education, Homeless Services)

**\$151M** **Child Health** (Home Visiting, Early Intervention, Oral Health)

**\$57M** **Systems Building** (Coordinating services between agencies, leveraging resources, advocating for unmet needs)



\*includes leveraged funding

### CHILDREN AND FAMILIES FACE REAL CHALLENGES



**50%** Medi-Cal births

**24%** living in poverty

**14%** reported for abuse or neglect at least once

**67%** are not screened for development delays

**91%** of eligible infant toddlers are NOT placed in subsidized child care

### FIRST 5 FUNDING GOES TO:



**42%** **Community-Based Organizations**  
(non-profits, including child care providers)

**58%** **Public Agencies** (Department of Public Health, School Districts, County Offices of Education, Health & Human Services Agencies)

### CHILDREN SERVED BY COUNTY COMMISSIONS:



**65%** Latino

**15%** White

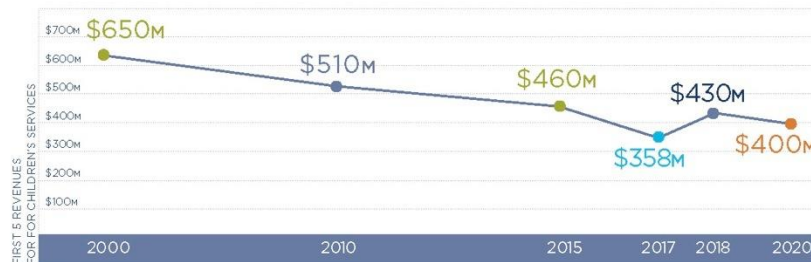
**10%** Multi-Racial / Other

**6%** Asian Pacific Islander

**4%** African-American

## BE A CHAMPION FOR CHILDREN

FIRST 5 REVENUES WILL DECLINE BY NEARLY 40 PERCENT BY 2020.



### VOLATILE & INADEQUATE FUNDING:

First 5 is solely funded through statewide Tobacco Taxes (Proposition 10, 1998). Fortunately, fewer Californians are smoking. However, California has tied essential services to unstable tobacco taxes.

The cumulative effects of increasing taxes on tobacco products (Prop 56) and increasing the smoking age to 21 (SBx2 5) have further reduced First 5 funding.

The expected declines in tobacco tax revenues will affect programs and services funded by First 5 in your county. The State must fulfill its responsibilities for the health, education, and care of our youngest children.

**EVEN AT ITS PEAK, FIRST 5 FUNDING WAS NEVER ENOUGH TO ADDRESS THE NEEDS OF CHILDREN:**

**\$200 spent per child by First 5 in 2000**  
**\$125 spent per child by First 5 by 2020**

**BY COMPARISON:**  
\$9,500 spent per child enrolled in Head Start programs and services in CA.

THE TIME TO INVEST IS NOW. BE A CHAMPION FOR...



Kindergarten readiness and quality early learning



Developmental screening and early intervention



Preventative health services and oral health care



Supporting resilient families and safe homes

...CALIFORNIA'S YOUNGEST CHILDREN



**FIRST 5**  
ASSOCIATION  
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[www.first5association.org](http://www.first5association.org)

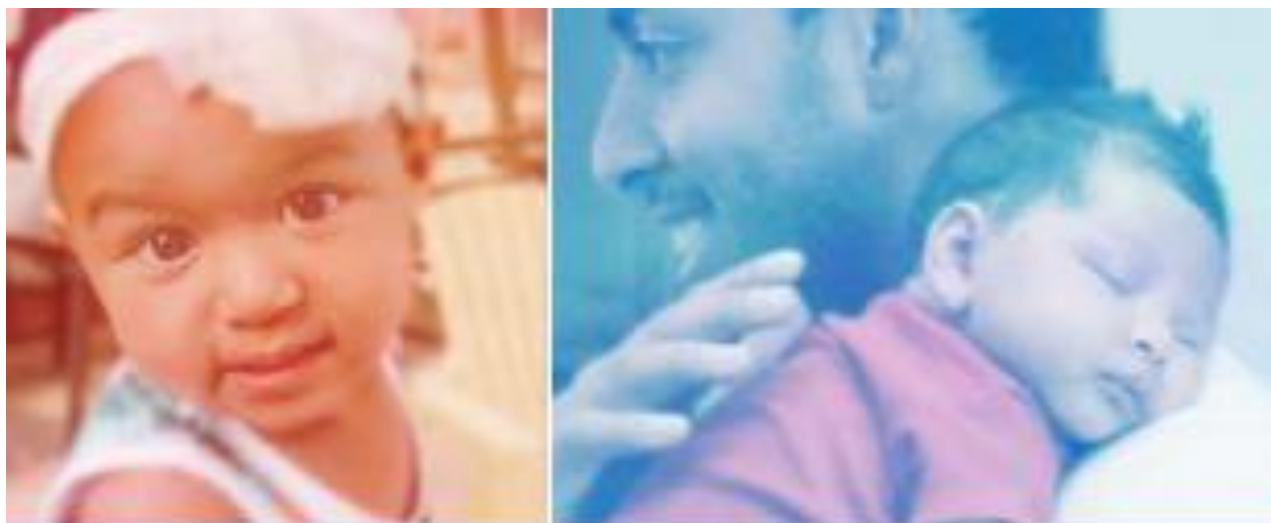
# Early Intervention Facts in CA

- 13% of children have a developmental or behavioral disability.
- Fewer than 1 in 3 young children in CA receive timely developmental screenings.
- 70% of delays are not identified until kindergarten
- CA ranks 30<sup>th</sup> in the country for its infant/toddler screening rate
- Latino children are diagnosed with autism an average of 2.5 years later than white children.
- 25% of 2 year olds deemed ineligible for Early Start demonstrate inadequate school readiness, including poor cognitive and behavioral outcomes
- Developmental screenings are part of the ACA-mandated preventative care service package



# 2017 Legislative Priorities

- First 5
  - Reinvesting in early care and education – restoring recession-era cuts and addressing current eligibility limits to expand access
  - Increasing access to MediCal's dental services for children 0-5 through increased reimbursement rates
  - Promoting understanding of voluntary home visiting as a key intervention for the most at-risk families
- Legislative Leadership
  - Comprehensive look at CA's fragmented early childhood education programs
  - Addressing child poverty
  - Preparing for potential changes to MediCal
  - Supporting immigrant families



# STARTING NOW

A Policy Vision for Supporting the  
Healthy Growth and Development  
of Every California Baby

# Research is On Our Side

The evidence is clear: Investing in high quality, comprehensive for children and their families starting before birth makes sense!



Brain  
Science



Economists



Achievement  
Gap



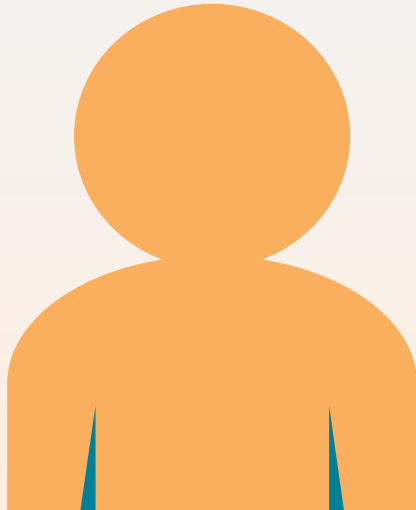
Demographers



# Demography

01

Birth rate is decreasing



Migration is stagnant

02



03

Every child must succeed



# Data Snapshots

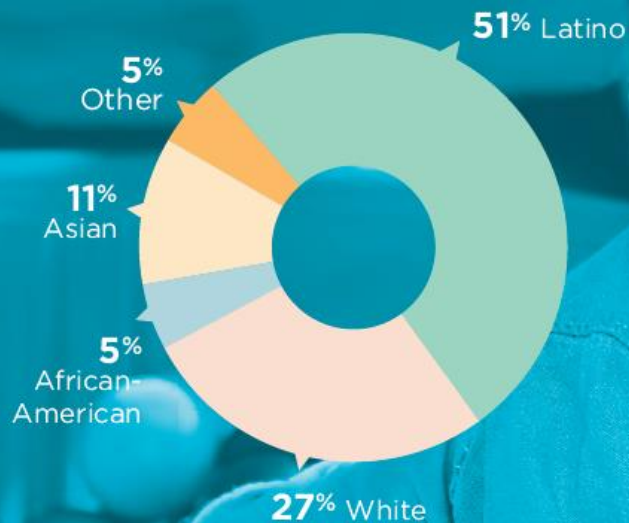
California has nearly

2million

babies and toddlers<sup>6</sup>



Race/Ethnicity<sup>7</sup>



# Child Care

For infants and toddlers in California, child care with licensed, quality providers is largely unavailable and often prohibitively expensive.

**25%**

availability of child care for potential demand<sup>8</sup>



Availability of child care by type of facility:<sup>9</sup>

**2%**

child care center

**39%**

family child care



Average annual cost of child care:<sup>10</sup>

**\$13,327**

child care center

**\$8,462**

family child care home (2014)

This is more than **70%** of the salary of a single, minimum wage earner (\$18,720) or more than **20%** of state median income for a two-parent family (\$64,828) in California.<sup>11</sup>

# Households

Infants and toddlers in California are vulnerable to neglect, trauma and health or developmental delays due to familial economic hardship, housing insecurity and immigration status.

62%

of babies are born into low-income households<sup>12</sup>  
(200% of federal poverty level or below)



13%

of infants and toddlers live in families with parents who are unemployed<sup>13</sup>



## Insecure housing:

Children under age three who experience residential mobility<sup>14</sup>

Homeless or did not have a place to sleep (during pregnancy)<sup>15</sup>

24%

2.9%

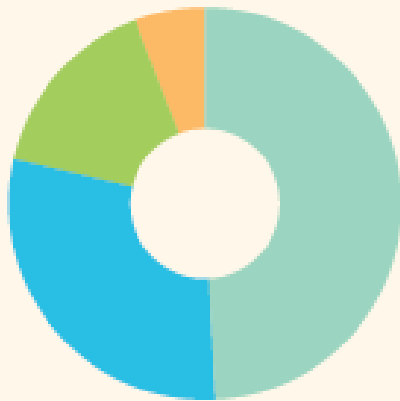


49.5%

of children live in immigrant families (one or more parent was born outside the U.S.)<sup>16</sup>

# Maternal Demographics

In order to understand the challenges facing California's infants and toddlers, it is important to understand the challenges faced by their mothers. Research shows a clear connection between maternal education, income and access to support, and their children's healthy development and learning in infancy and beyond.



## Race/Ethnicity

- 49.2% Latino
- 29.3% White
- 15.3% Asian/Pacific Islander
- 5.7% African-American

37.9%

of moms were born outside the U.S.



57%

of women with infants are in the labor force



1 in every 6

babies are born to a mom who did not complete high school



38.9%

of new moms live in high-poverty neighborhoods



# Health & Welfare

Many of California's babies are vulnerable to poor health outcomes, neglect and abuse from a very young age.

**8.6%**

of infants are born preterm<sup>18</sup>

(all live births less than 37 weeks of gestation)



**6.8%**

of infants are born at low birthweight<sup>19</sup>

(less than 5 lbs, 8 oz.)



**32%**

of kids entering foster care are age 0-3<sup>20</sup>



## Infant Mortality by Race/Ethnicity<sup>21</sup> per 1000 live births

2.9

Asian/Pacific Islander

4.0

White

4.9

Latino

5.7

American Indian/  
Alaska Native

10.2 Multi-racial

10.2 African-American

**50%**

of children who die from abuse or neglect are under age one and 75% are 0-3<sup>22</sup>

**25,000**

approximate number of babies under age one reported as maltreated each year<sup>23</sup>

# Comprehensive Focus

Promote Healthy Children



Foster Strong Families

Enrich Early Learning



Strengthen Communities



# Policy Goals

## Foster Strong Families

### Babies need supported parents

Children succeed when parents and caregivers feel competent and confident in their roles, and empowered to foster and sustain their child's health and learning. Regardless of whether a child lives with one or both parents, a relative caregiver or a foster family, it is critical that his or her basic needs for food, housing and income are met. It is also critical that caregivers have access to resources and support to foster healthy child development and bonding.

**38%** of families receiving CalWORKS have at least one child under age three.<sup>31</sup>

**54.1%** of mothers participated in WIC during pregnancy.<sup>32</sup>

**24.9%** of mothers received CalFresh during pregnancy.<sup>33</sup>

**65%** of California children from birth to age three live in poverty or other circumstances with potential to jeopardize their learning, health and well-being.<sup>34</sup>

**1 in 7** women experience postpartum depression, the most common complication from child birth. Postpartum depression can negatively affect the health and safe development of the infant.<sup>35</sup>

**46.7%** of California's parents and caregivers experienced trauma as children. Adverse Childhood Experiences (ACEs)—including abuse, neglect and experiencing or witnessing violence—can have lifelong influence on a parent or caregiver's health, behavior and well-being, including how they negotiate the demands of caring for a young child.<sup>36</sup>

**Goal:** Parents and caregivers forge healthy bonds with their newborns through the first three years.

#### Policy Opportunities:

- Ensure that maternal and early childhood home visiting programs, including evidence-based programs for the highest-need parents and children, are available to all families who wish to participate.
- Ensure that all families have access to paid family leave, including leave policies for maternity and paternity leave, and foster and adoptive families.

**Goal:** Families with infants and toddlers experiencing risk factors or circumstances that may jeopardize their health or well-being are identified early and provided with the resources they need.

#### Policy Opportunities:

- Ensure widespread screening for depression, perinatal mood/anxiety disorders and/or domestic violence, and ensure that every parent and caregiver has easy access to a place in their community that can guide and support them in finding the help they need.
- From the moment a case is opened, ensure that young foster children are placed with safe, nurturing and supportive caregivers, and experience minimal placement disruptions.



# Building Effective Quality Systems: *5 Core Elements*

**1** Family-Centered, Evidence-Driven, Comprehensive and Culturally Competent Programs and Services

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**2** Funding and Financing

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**3** Data

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**4** Governance and Administration

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**5** Accountability

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# Acknowledging the Challenges

As public agencies, First 5s aren't necessarily ready to take on the policy challenge

- Conservative commissions wary about “crossing the line” into advocacy
- Other commissions aren't yet facing the same fiscal cliff
- Lots of pressure to continue funding services from grantees and partners

## First 5 / HMG Role

- Link HMG and First 5 as shared advocacy partners
- Coach all First 5 and HMG partners to make advocacy part of their everyday work
- Provide concrete resources (communications, policy agendas) that facilitate engagement

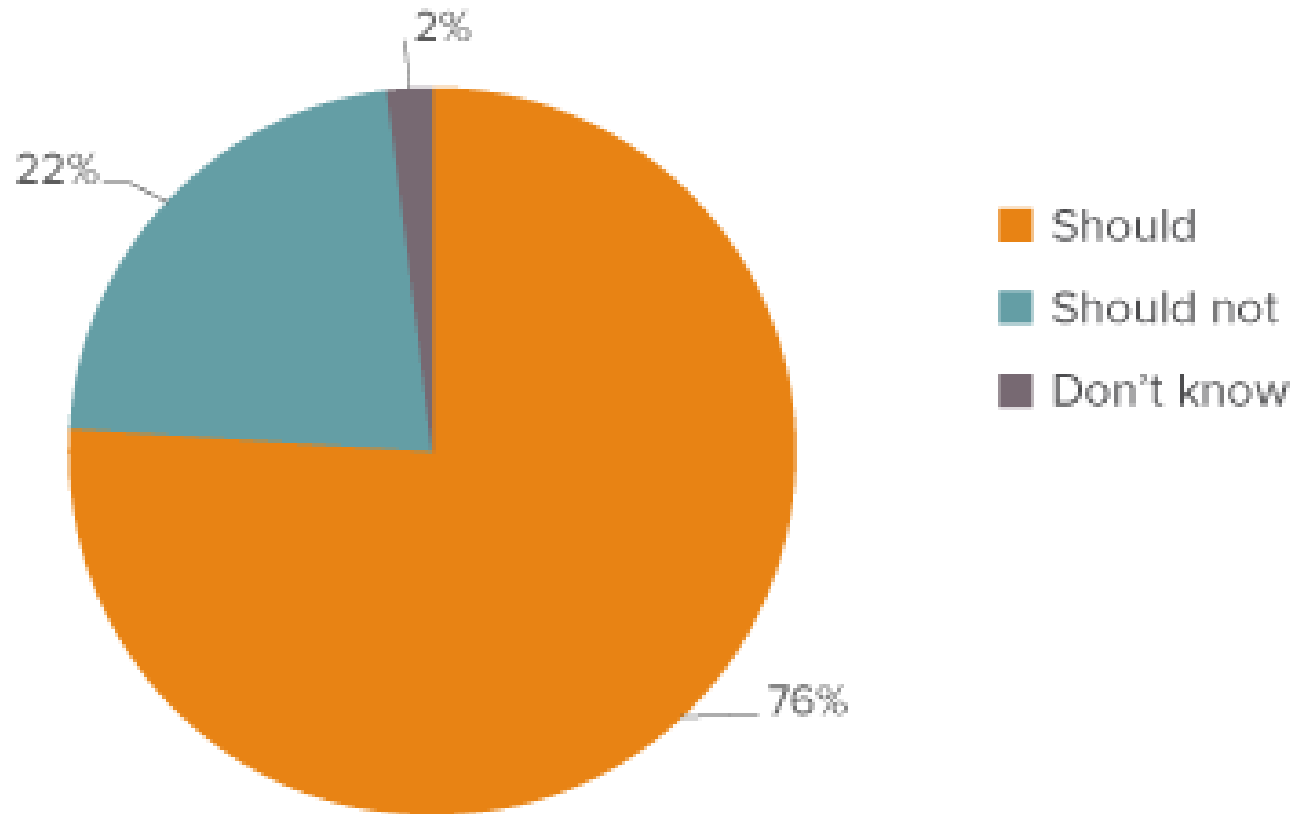
# Bringing Programmatic Experience to the Advocacy Work

- Highlight that programmatic barriers (access, funding, awareness) are actually policy issues
- Emphasize that all policy ideas / solutions come from the day-to-day experience of programs and families.
- Focus on the commonalities across communities and counties, rather than the specificities of place
- Remember that legislators WANT to hear from program staff and families – not lobbyists

# HMG CA Advocacy Successes

- HMG CA included in California's Title V Maternal and Child Health Block Grant plan
- HMG CA / First 5 materials being repurposed (with our logos) for statewide use
- 30 counties considering HMG as a systems change strategy
- Legislative engagement
  - Letter from CA legislative leadership to the CA Secretary of Health and Human Services requesting action and calling out Help Me Grow

# Make the Ask



Do you think that the state government should or should not fund voluntary preschool programs for all four-year-olds in California?

**Moir Kenney, [moira@first5association.org](mailto:moira@first5association.org)**

**Margot Grant Gould, [margot@first5association.org](mailto:margot@first5association.org)**

**First 5 Association of California  
[www.first5association.org](http://www.first5association.org)**

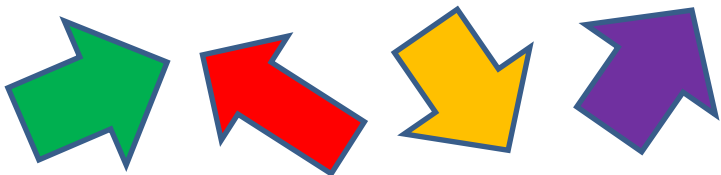
# Questions



# Moving from Isolated Impact to Collective Impact

## Isolated Impact

- HMG systems are looked at as **individual or distinctly unique**
- HMG affiliates frequently **work separately or in isolation**, rather than as a network
- Evaluation and impact measurement only at the individual HMG system level and in **isolation**
- Philanthropy, state and federal government sectors are often investing in **isolated** pieces of an individual HMG system
- Large scale change is assumed to depend on spreading of an **individual** HMG system's reach



## Collective Impact

- Common understanding that social problems – and their solutions – arise from **multiple interacting factors**
- HMG systems **actively coordinate their actions** and repeatedly share lessons learned with network
- All working toward the **same goal** and measuring the same things
- **Affiliate alignment** with government, nonprofit, philanthropic and corporate sectors as partners in system change work
- Social change depends on paradigm shift from isolated impact to collective impact





# HMG Collective Advocacy Framework



ADVOCACY EFFORTS

**Common Advocacy Agenda**

**Mutually Reinforcing Advocacy Activities**

**Continuous Communication**

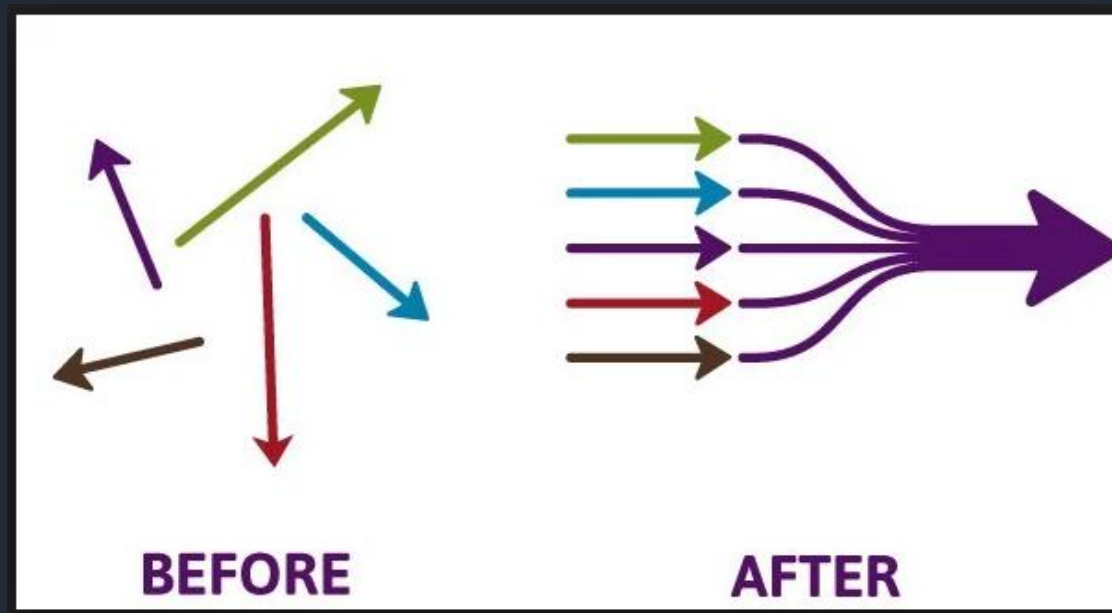
**Shared Approach to Measurement**

**Backbone Organization**

# Common Advocacy Agenda

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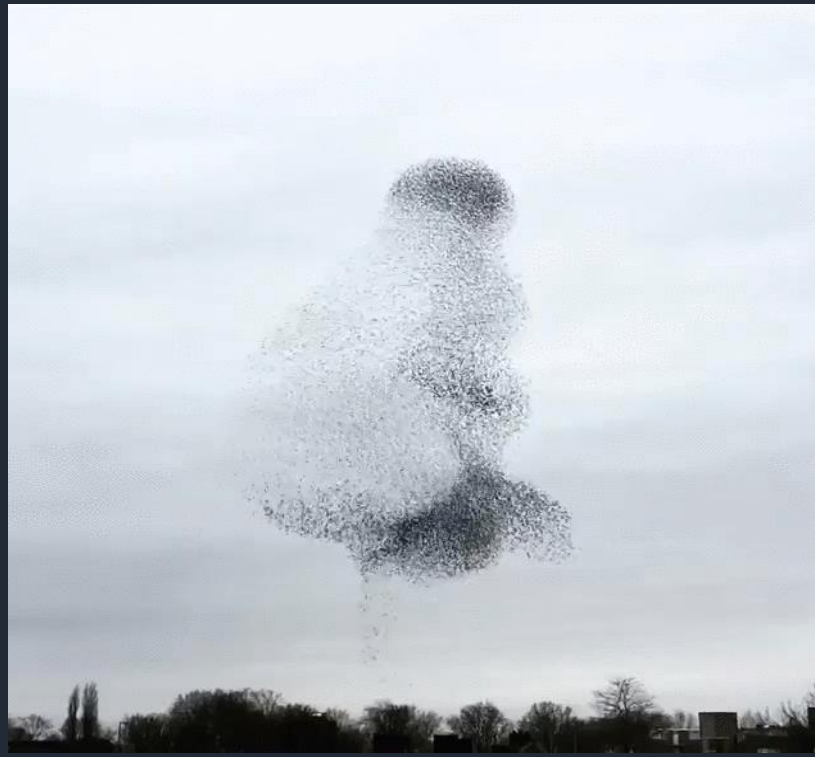
**Comprehensive early childhood systems must advance promotion, early identification, referral and linkage in order to achieve impact.**



# Mutually Reinforcing Advocacy Efforts

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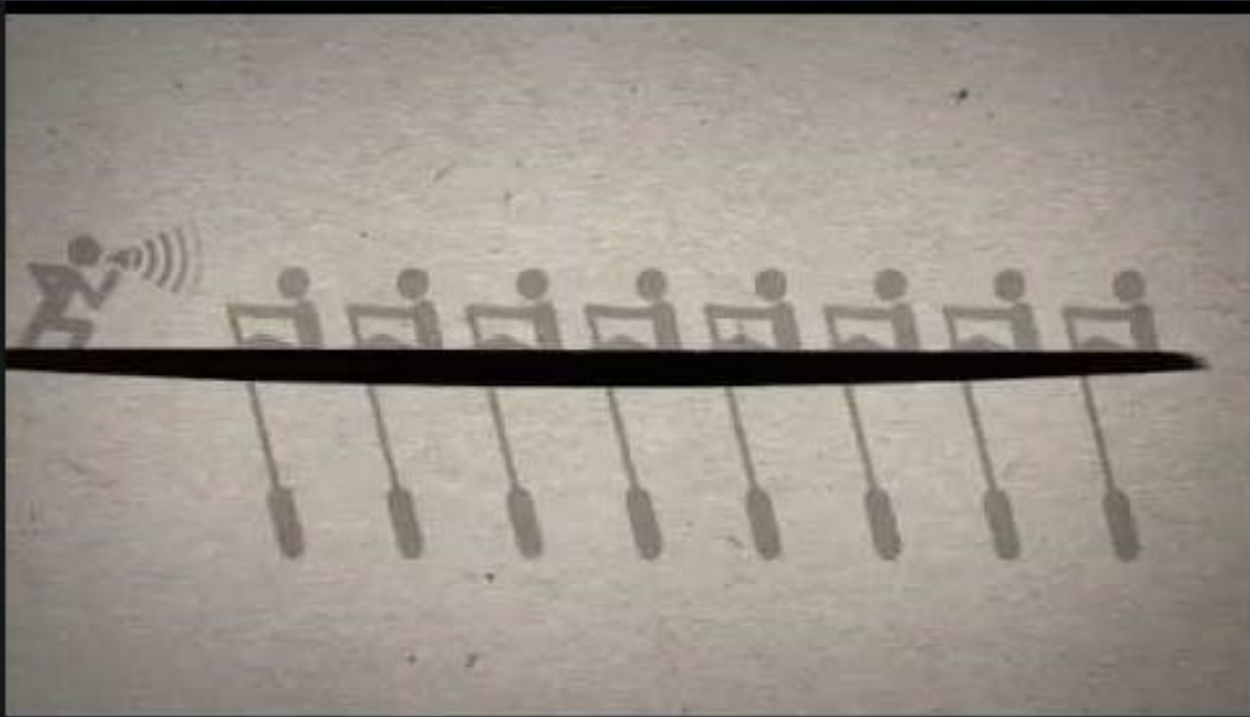
**Affiliate HMG system activities are differentiated while still being coordinated and aligned with the model's core components and structural requirements**



# Continuous Communication of Message

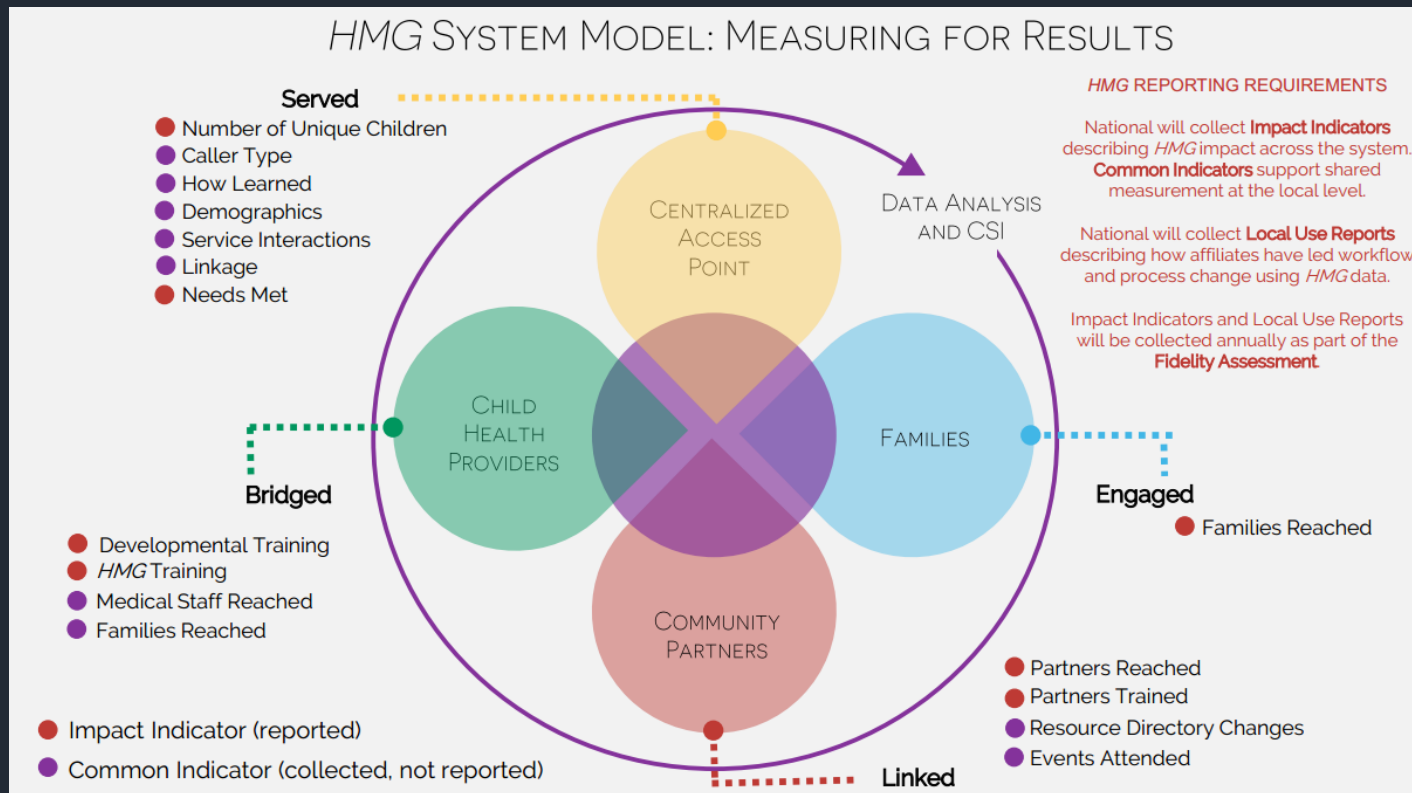
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Using a shared language for communication, enables others to better appreciate the ways in which they are connected in often non-obvious ways



# Shared Measurement of Impact

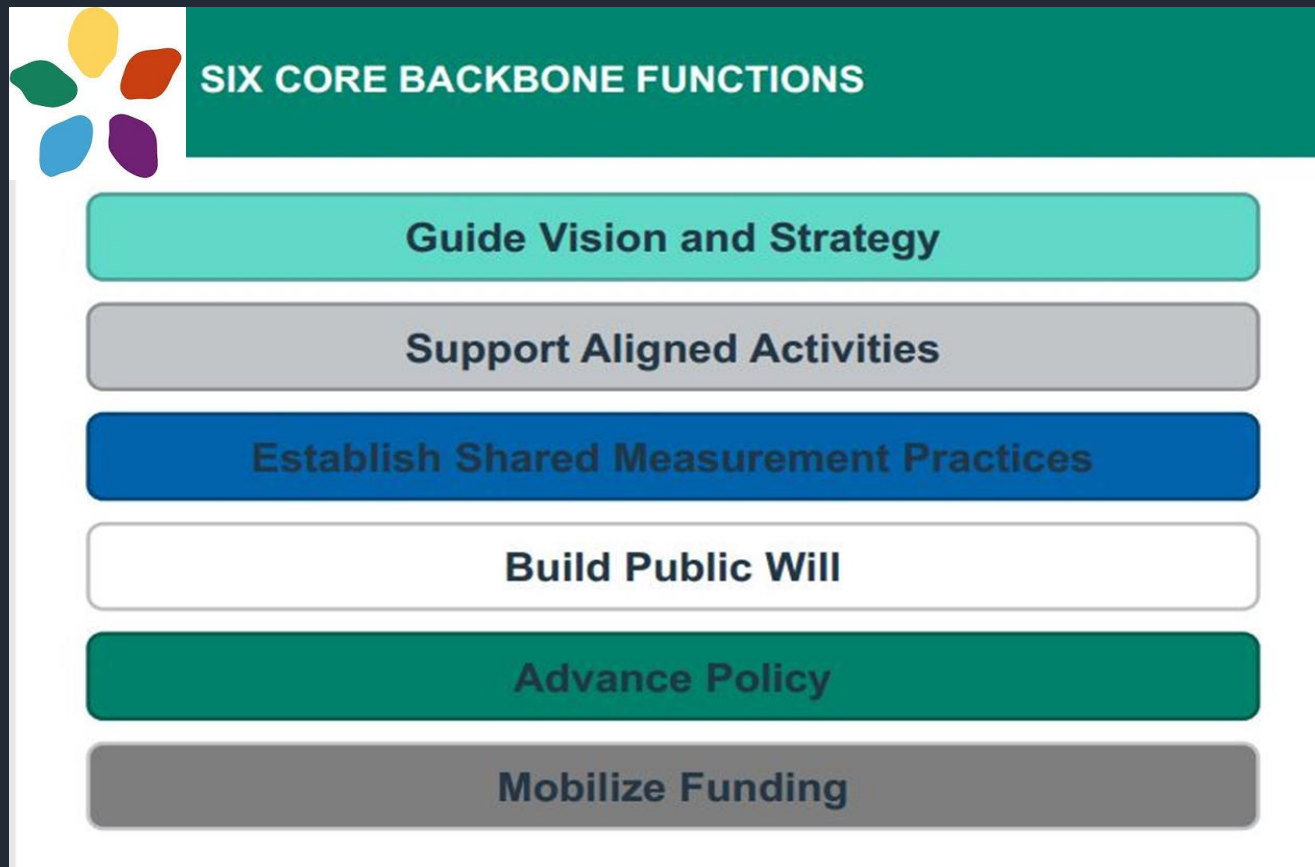
By identifying key measures that capture critical outcomes for all *HMG* systems, we can ensure efforts remain aligned and affiliates can hold each other accountable, bringing validity to our Theory of Change.



# Aligned Advocacy Efforts “Backbone”

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Providing structures necessary to focus the work of HMG’s common agenda of advancing promotion, early detection, referral and linkage



- #1 Early childhood systems must promote the healthy development of each and every child.



- #2 Integration of cross-sector services and supports is necessary to ensure families have timely access to appropriate services that meet their needs.
- #3 To function optimally, early childhood systems must maximize resources, leverage opportunities, and advance a coalition working collaboratively toward a shared agenda.
- #4 Demonstrating collective impact requires a shared vision and common approach to measurement.



# Tell Us What You Think

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## Feedback Survey

Follow the link in your chat box

System Advocacy: Shared Policy Priorities of *Help Me Grow*

# Questions



# Thank You!



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