

# Watch Me Grow: Systems Barriers and Gaps



First 5 San Mateo County Special Needs Initiative  
for Young Children with Special Needs and their Families

# One Child's Story



***“Watch Me Grow does so much for kids and their families. You give us the tools to enhance our children’s abilities and their lives. We truly cannot thank you enough!” ~ Rebecca Tanaka***

## One Child's Story

Hello Shirley. Everything is going well. Today was Joshua's first therapy session. They went to his daycare this morning. Tomorrow they go to my Mom's house and he will have 2 back to back sessions. Thank you again for all your help in setting this up! 😊 ❤️

# Watch Me Grow Organizational Chart

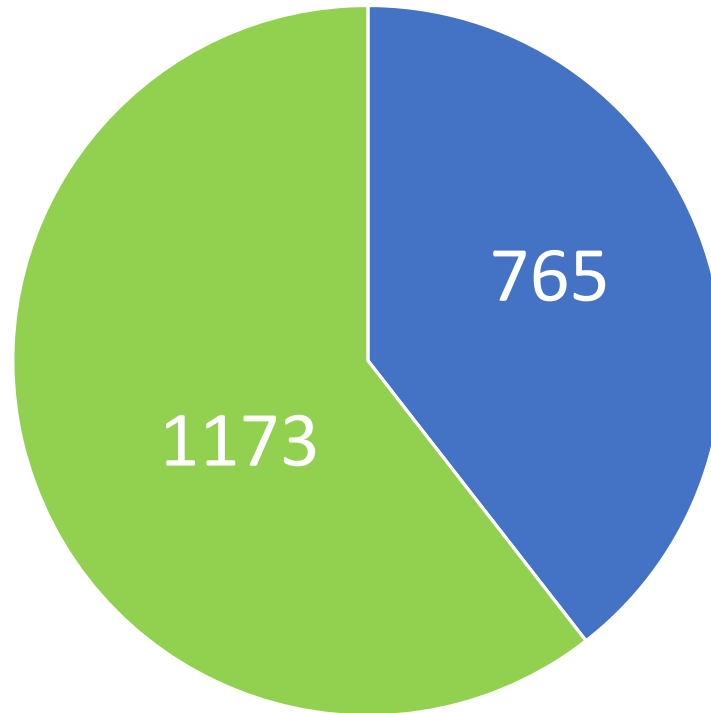


# Watch Me Grow Activities

- **Developmental Screening**
- **Care Coordination**
- **Community Outreach**
- **Parent Services**
- **Training**
- **Collaboration**
- **Systems Change**

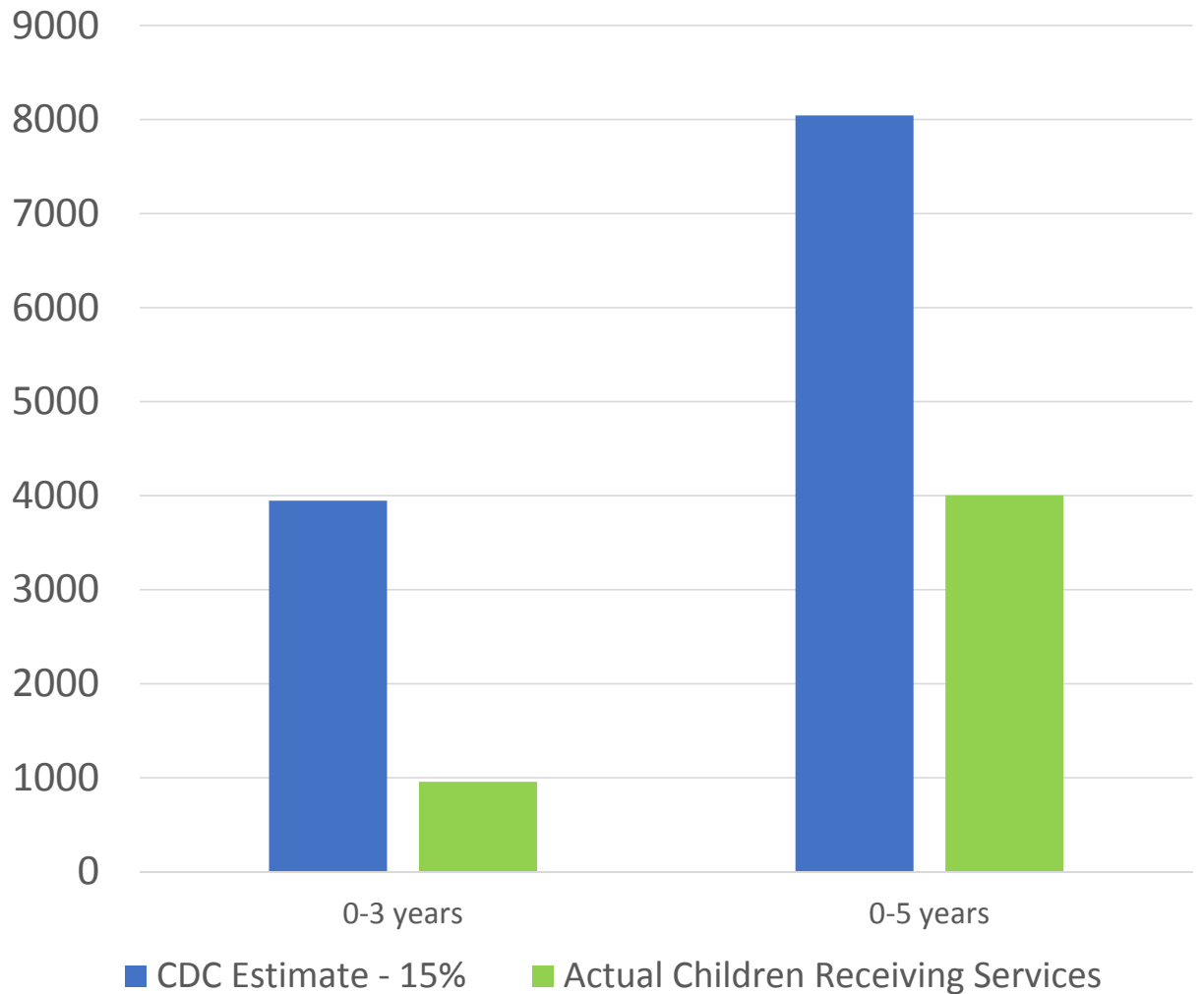


# Screening in San Mateo County

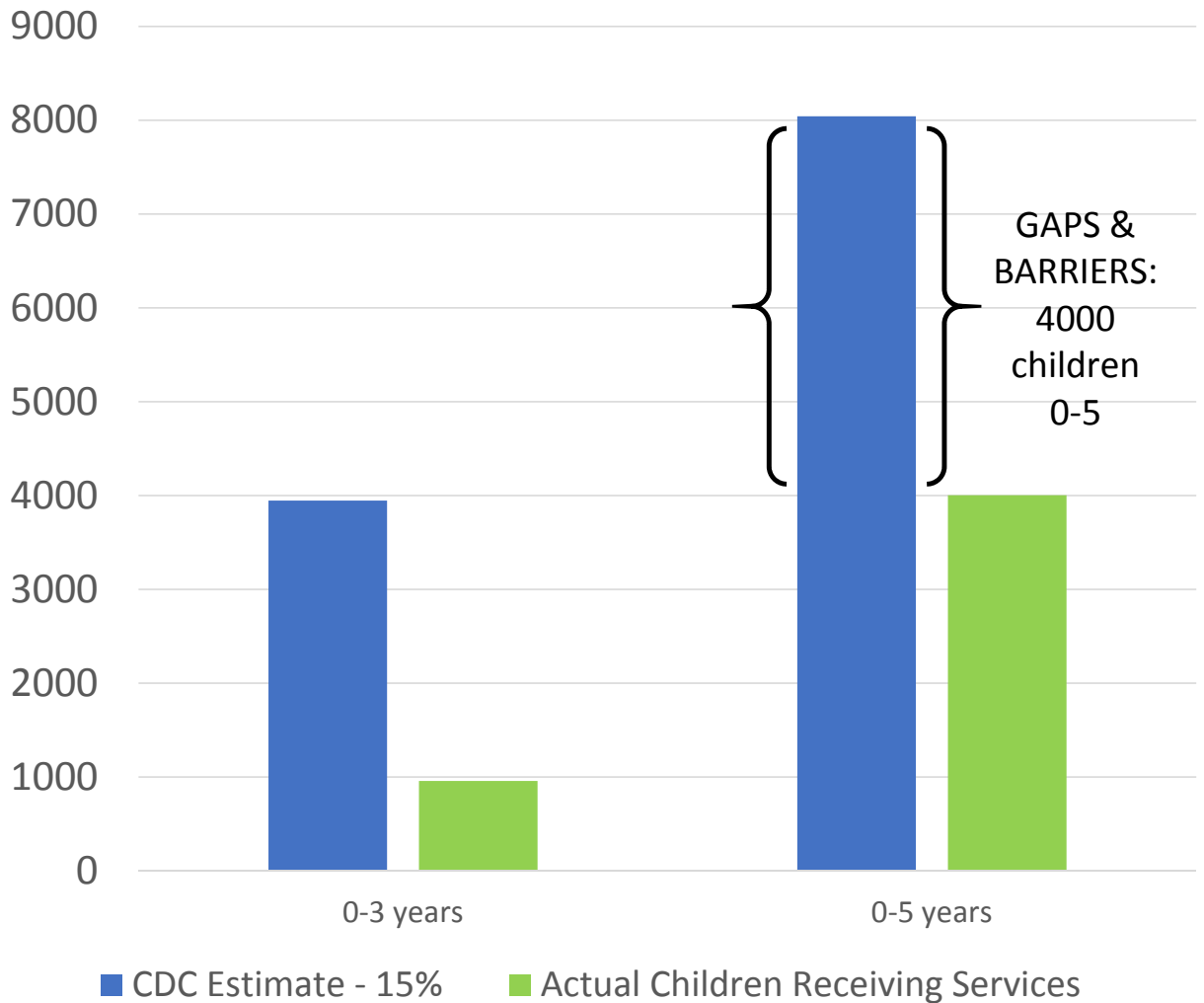


■ Watch Me Grow    ■ Other First 5 Funded Programs

# Serving Children With Special Needs in San Mateo County 2016-17

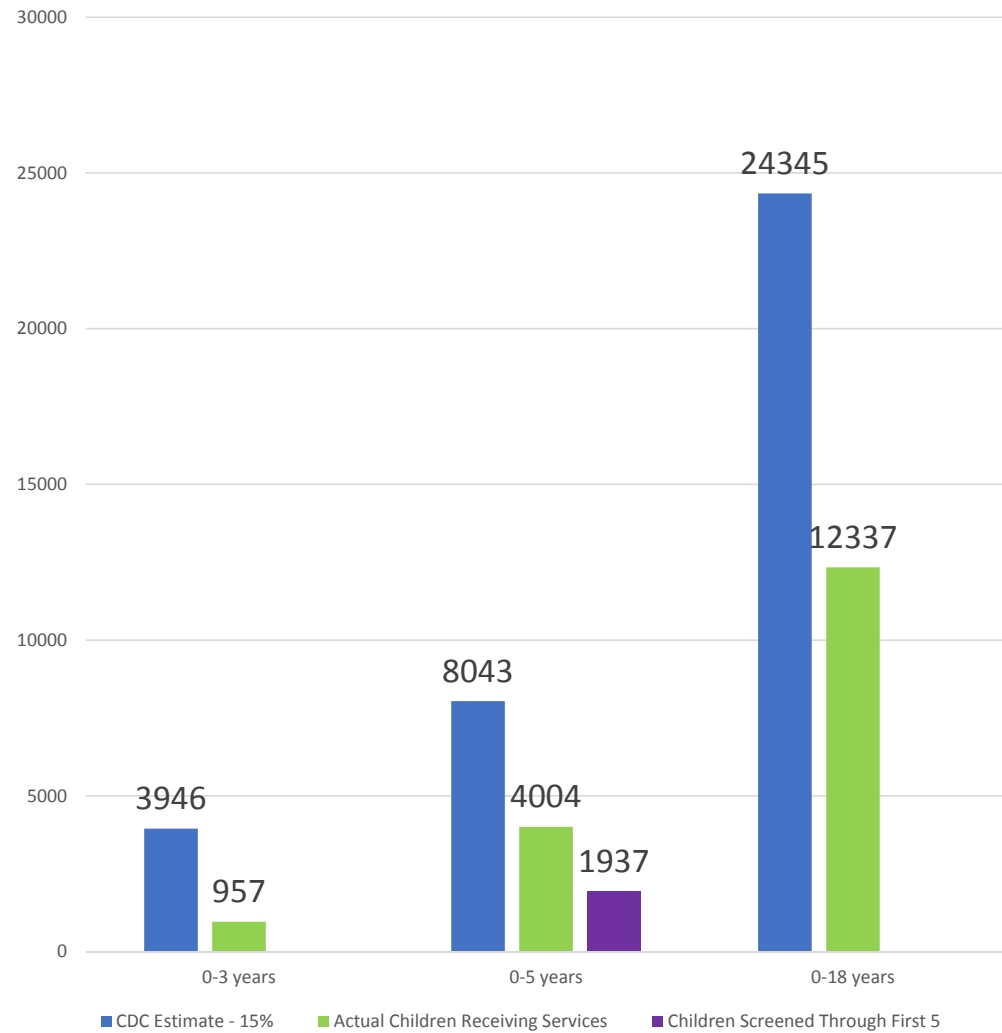


# Serving Children With Special Needs in San Mateo County 2016-17





# Serving Children With Special Needs in San Mateo County 2016-17



# Identifying Systems Barriers and Gaps

## **WMG Child Study Team**

- Multidisciplinary case review
- Children with developmental or social-emotional concerns identified through screening
- Recommendations for further assessment and services
- Convened by Gatepath, Watch Me Grow

## **WMG Collaborative Roundtable**

- Medical-community case consultation
- Children with complex medical or social barriers to health
- Coordinated care planning
- Convened by Stanford Children's Health, Developmental Behavioral Pediatrics

# Barriers: Developmental Services

- Continuity of services
- Transportation to services
- Access to services (language and times available)
- Navigating insurance coverage for therapy
- Lack of early intervention providers in East Palo Alto & Coastside
- Limited services for sensory and behavioral challenges

# Barriers: Physical Health Services

- Family issues: communication, missed appointments
- Lack of school nurses
- Lack of in-home nursing for children with chronic conditions
- Lack of health insurance (undocumented parents)
- Timely hearing and vision reports
- Lack of Denti-Cal providers for children with special needs

# Barriers: Social-Emotional and Behavioral Services

- Communication amongst mental health and therapy professionals re: HIPAA privacy laws, CPS involvement
- Access to Applied Behavior Analysis (ABA) therapy
- Children with severe behavioral dysregulation and dual diagnoses
- Long waiting lists
- Preschool expulsions
- Language capacity of providers
- Stigma

# Barriers: Social and Economic (Family)

- Families overwhelmed by their own needs
  - Housing and financial stress
  - Employment and work schedules
  - Basic needs: food, transportation, child care
  - Parent mental health: Isolation, domestic violence, grandparents raising children
  - Immigration status and fears
- Communication between families and providers
  - Lack of phone access
  - Literacy, language and cultural perspectives
- Children in foster care
- Family understanding of the value of assessment and services

# Watch Me Grow and Help Me Grow

## Watch Me Grow...

*... is an initiative that includes discrete services, activities, and collaborative structures that help to address specific needs, gaps, or barriers within the system of care for families of children with or at risk of special needs*

## Help Me Grow...

*... is a universal access system for all parents of young children and their providers that serves as the 'glue', connecting them to information and resources to support optimal early development*

# 2018 California Children's Report Card

**Ted Lempert, President**  
Children Now

First 5 San Mateo County Commission Meeting  
April 23, 2018



**CHILDREN NOW**



# 2018 CALIFORNIA CHILDREN'S REPORT CARD

A review of kids' well-being & roadmap for the future.

## Education

Infant & Toddler Care (D+)

Preschool & Transitional Kindergarten (B)

Early Learning Workforce Compensation & Training (C-)

Education for Dual Language & English Learners (D+)

TK-12 Funding (C-)

Academic Outcomes (D)

STEM Education (C)

Teacher Pipeline, Preparation, & Placement (D+)

School Climate & Discipline (B-)

Chronic Absence (B-)

Afterschool & Summer Learning Programs (B-)

Access to Higher Education (C)

## Health

Developmental Screenings (C-)

Home Visiting (D+)

Health Insurance (A)

Health Care Access & Coordination (C-)

Mental Health & Building Resilience (D+)

Oral Health Care (C-)

School-Based Health Services (D+)

Food Security (C-)

## Child Welfare

Child Abuse & Neglect Prevention (D)

Placement Stability & Permanent Connections (C)

Health Care for Kids in Foster Care (C-)

Education Support for Students in Foster Care (D+)

Youth Justice (D)

**CHILDREN NOW**

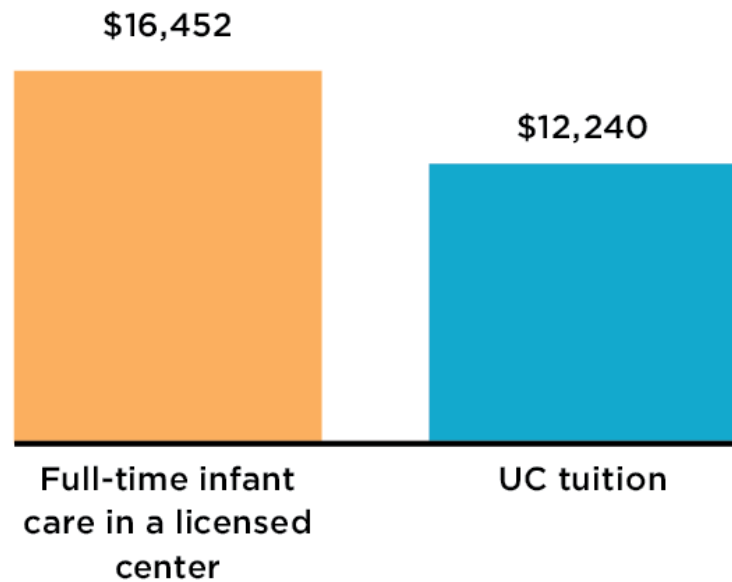
# Infant & Toddler Care

Grade: D+

The cost of child care is out of reach for many families.



Annual Average Cost



**Preschool & Transitional  
Kindergarten  
Grade: B**

**Too few California  
3- and 4-year-olds  
have access to  
preschool.**



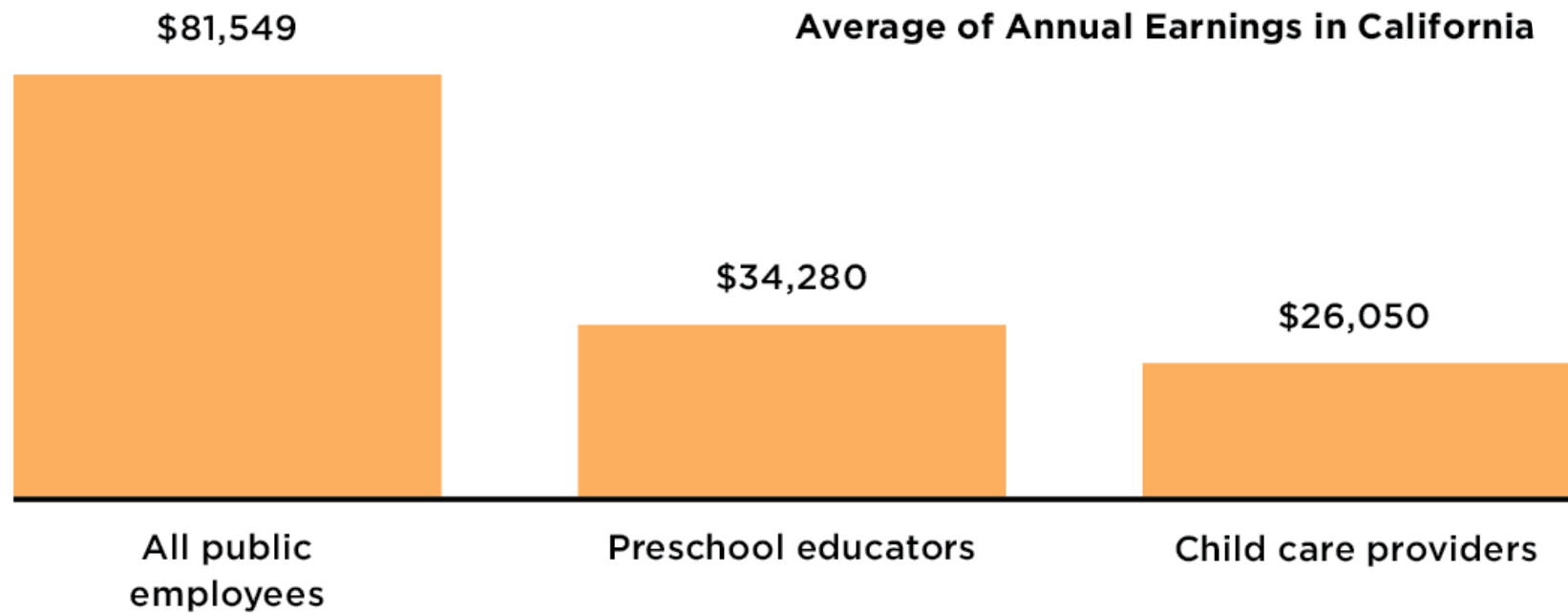
**Only 49%**

**of all 3- and 4-year-olds in  
California attend preschool.**

**CHILDREN NOW**

## Early Learning Workforce Compensation & Training Grade: C-

**Early child care providers are responsible for kids during the period of their lives with the most rapid brain development, yet they are poorly compensated.**



# TK-12 Funding

Grade: C-

The ratio of teachers and other trained adults to students is a prominent factor in education quality.

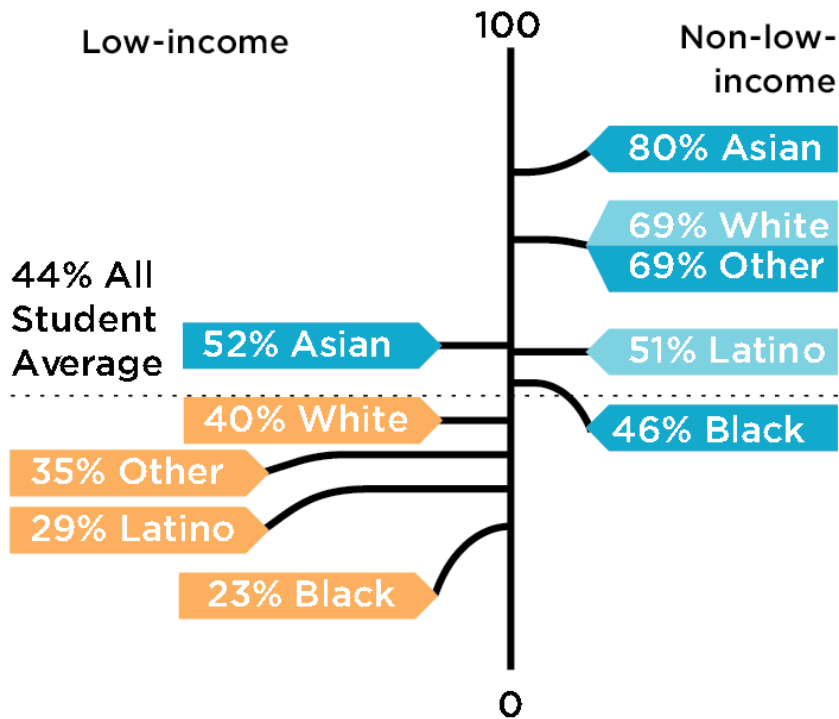
CA's Staff to Student Ratios			
	National average	CA	CA rank
Total staff	1:8	1:11	48
Teacher	1:16	1:24	50
Librarian	1:1,128	1:7,783	50
Guidance counselor	1:482	1:760	49
Administrator	1:207	1:300	47

# Academic Outcomes

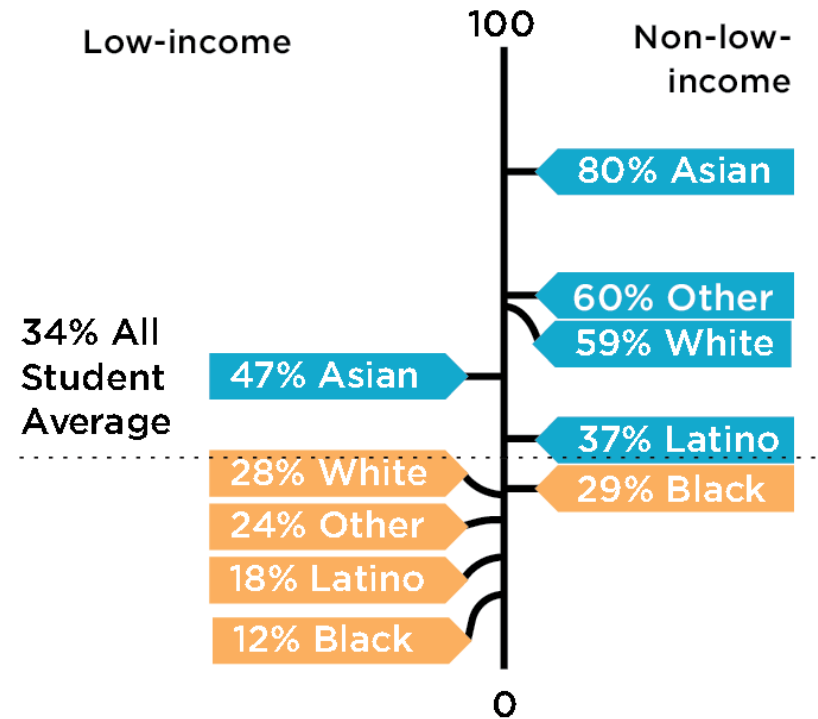
Grade: D

## California has large disparities in academic achievement.

Percent of CA 3rd Graders at Grade Level in English Language Arts



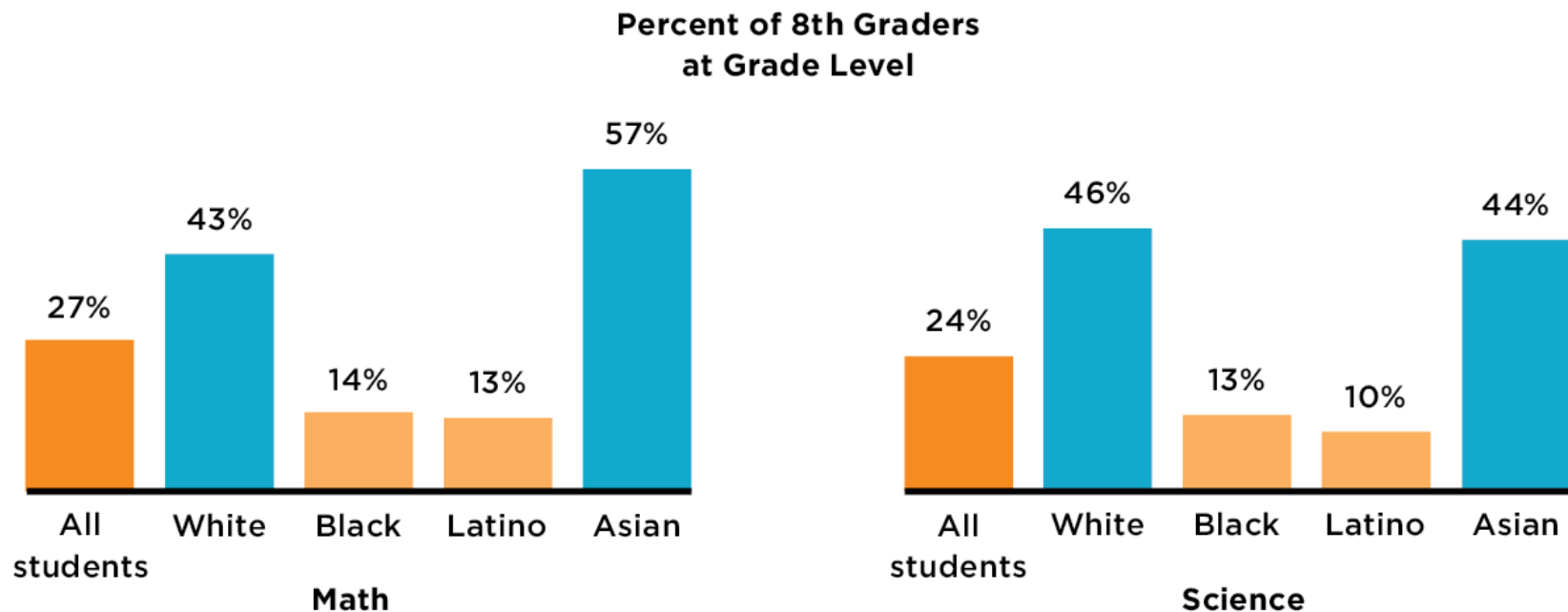
Percent of CA 5th Graders at Grade Level in Math



## STEM Education

Grade: C

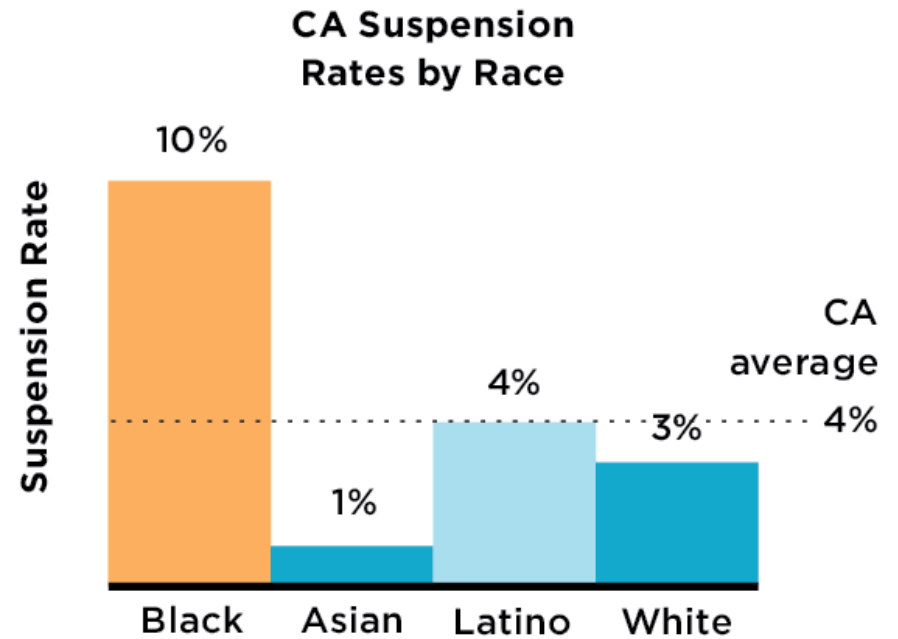
**California students are not meeting grade-level expectations in math and science, and the performance gap is most pronounced for students who are Black and Latino.**



# School Climate & Discipline

Grade: B-

## Suspensions disproportionately affect kids of color.

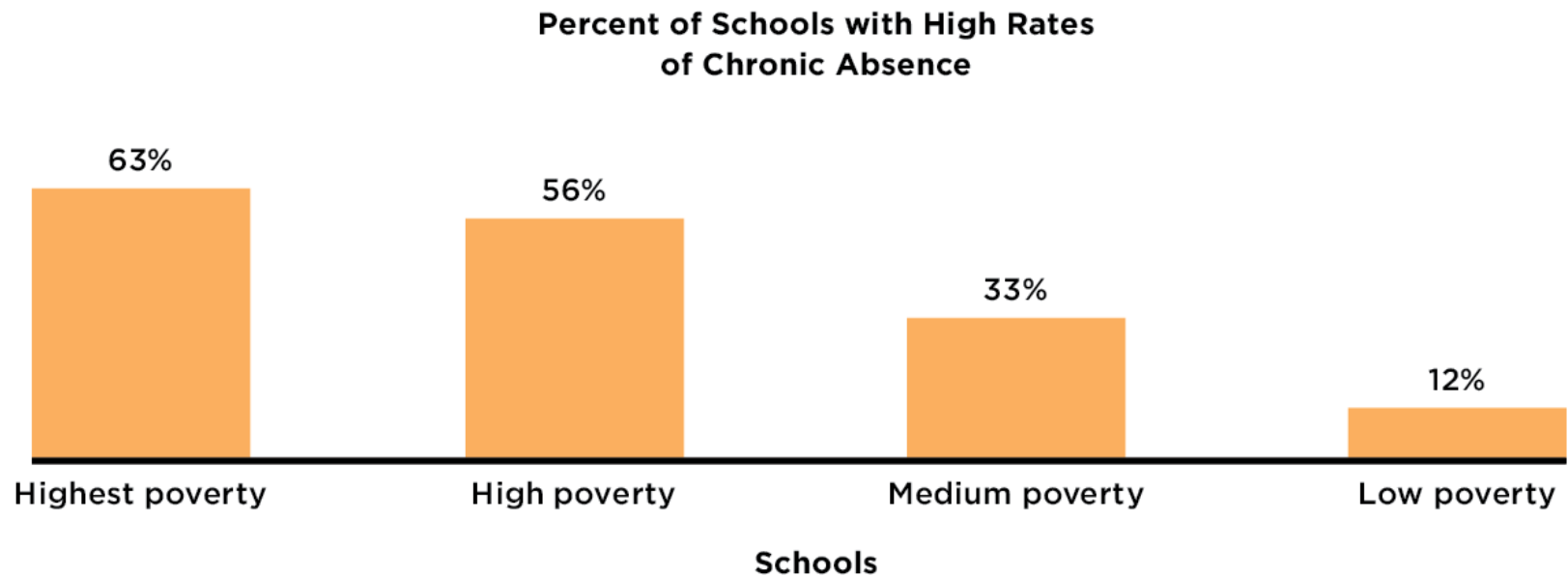




# Chronic Absence

Grade: B-

## Low-income schools have higher rates of chronic absence.



# Access to Higher Education

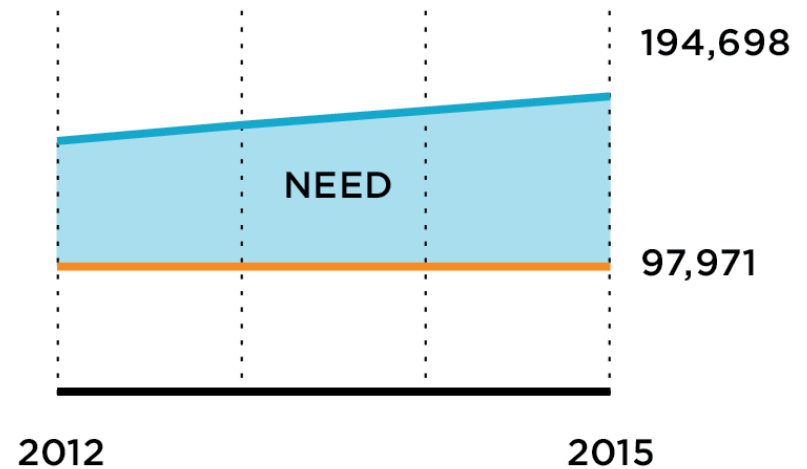
Grade: C

## California needs to expand college access for high school graduates.



### Number of Eligible High School Graduates

- UC/CSU eligible
- Combined UC/CSU enrollees



# Developmental Screenings

Grade: C-

Too few California kids are receiving the health screenings they need.



CA's rank has dropped 13 places for the rate of young children who received screenings:

Ranking in 2012

**#30**



Ranking in 2016

**#43**



CHILDREN NOW

Home Visiting  
Grade: D+



Home Visiting  
programs reach  
fewer than 3% of  
California families.

Home visiting programs:



support health  
of mom & baby



help parents  
understand child  
development



promote positive  
parenting



help families set  
future goals

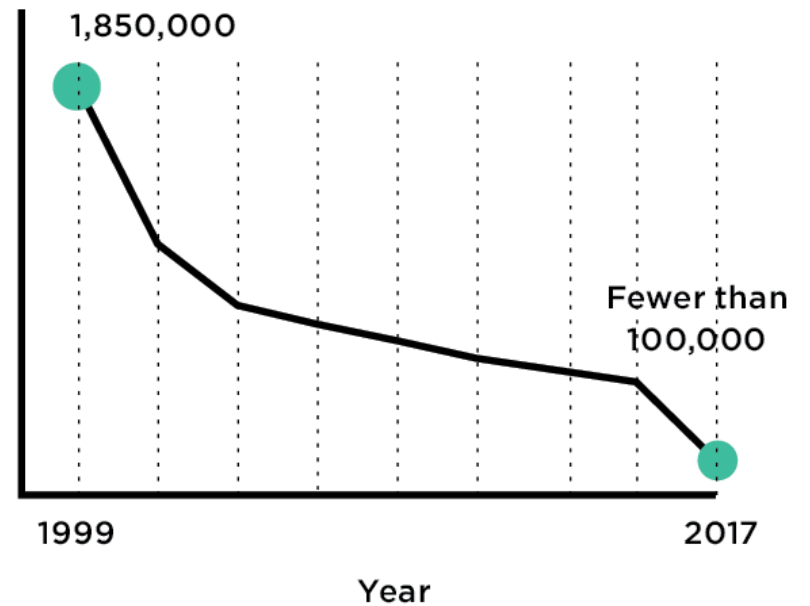
CHILDREN NOW

# Health Insurance Grade: A

California is making steady progress towards ensuring all kids have health insurance.



Number of Uninsured Children in California



CHILDREN NOW

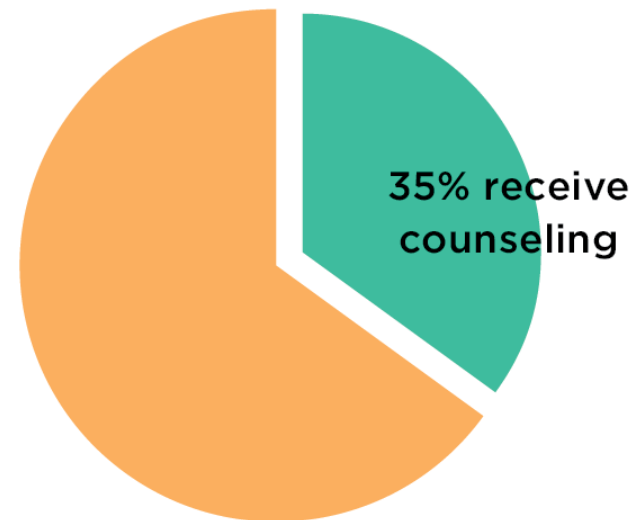
# Mental Health & Building Resilience

Grade: D+

California kids aren't getting the mental health services they need.



All Children Who Report Needing Mental Health Care

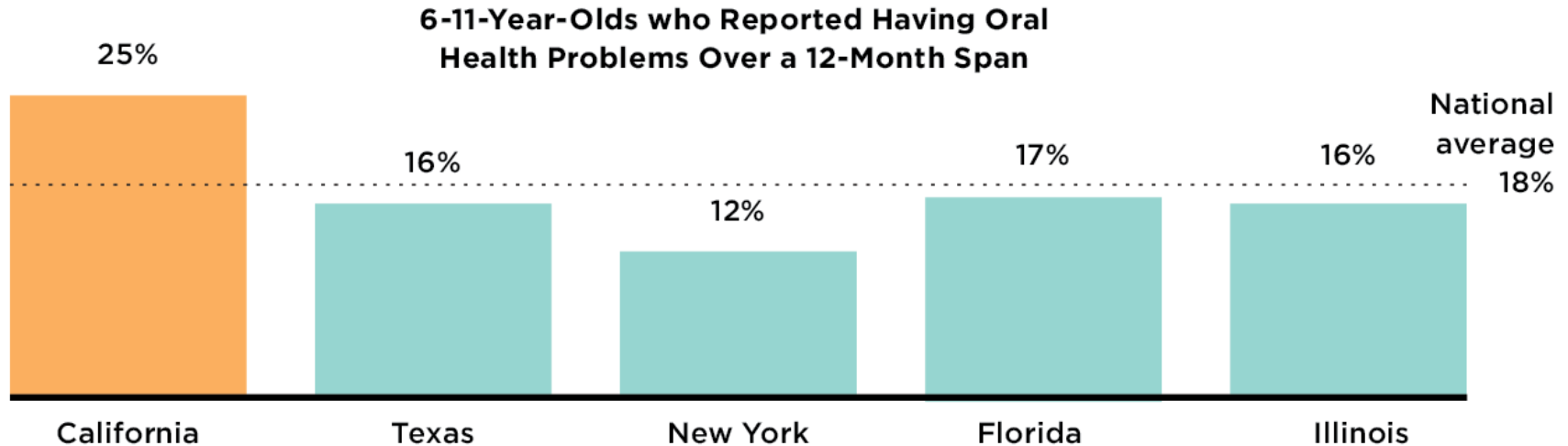


CHILDREN NOW

## Oral Health

Grade: C-

**While cavities, tooth decay, and associated tooth pain are nearly 100% preventable, poor oral health is one of the leading causes of school absences.**



**School-Based  
Health Services**  
Grade: D+



The American Academy of Pediatrics recommends 1 nurse per school, but CA is far from that goal.

**CA Needs More Nurses  
for its Students**

**6,228,235**

TK-12 students

**10,477**

schools

**2,630**

nurses

**CHILDREN NOW**



**Placement Stability  
& Permanent Connections**  
Grade: C

**Too many kids in foster care experience frequent placement changes, adding to their trauma.**



**3+**

**Nearly 28% of children in foster care for 12 months or longer experience 3 or more placement moves.**



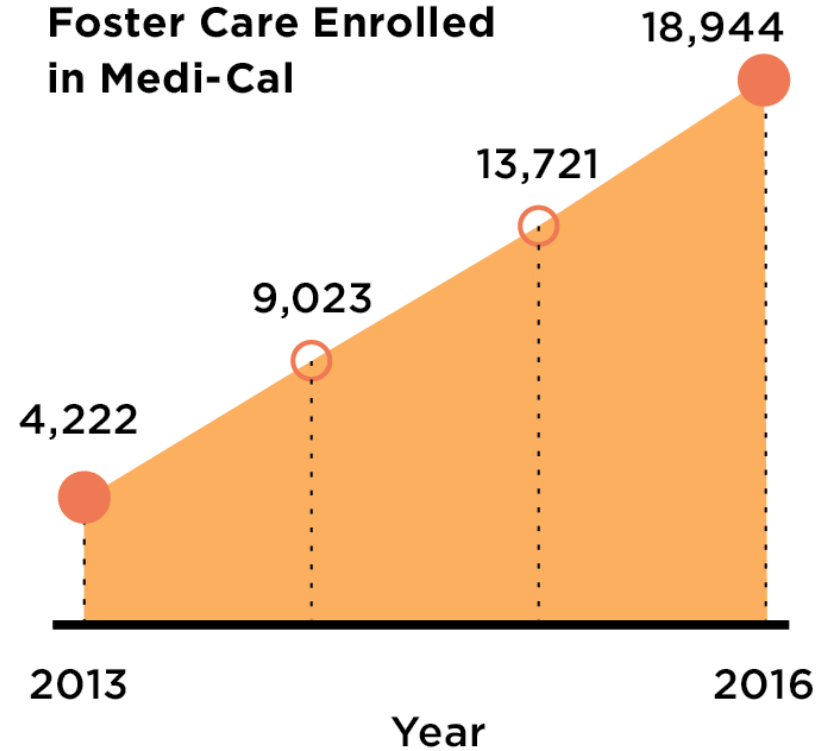
# Health Care for Kids in Foster Care

Grade: C-



Health coverage helps ensure critical supports for kids aging out of care.

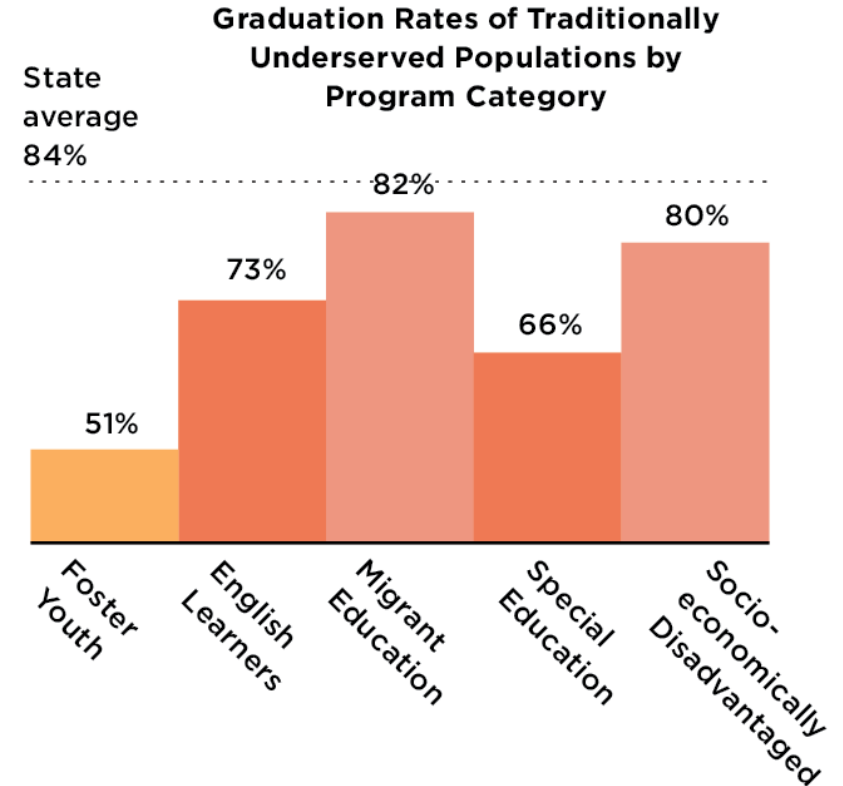
Children Formerly in Foster Care Enrolled in Medi-Cal



CHILDREN NOW

## Education Support for Students in Foster Care Grade: D+

School transitions and trauma cause students in foster care to struggle to stay on track in school and graduate on time.



CHILDREN NOW

**Why are kids  
losing out?**

Because they  
lack power.

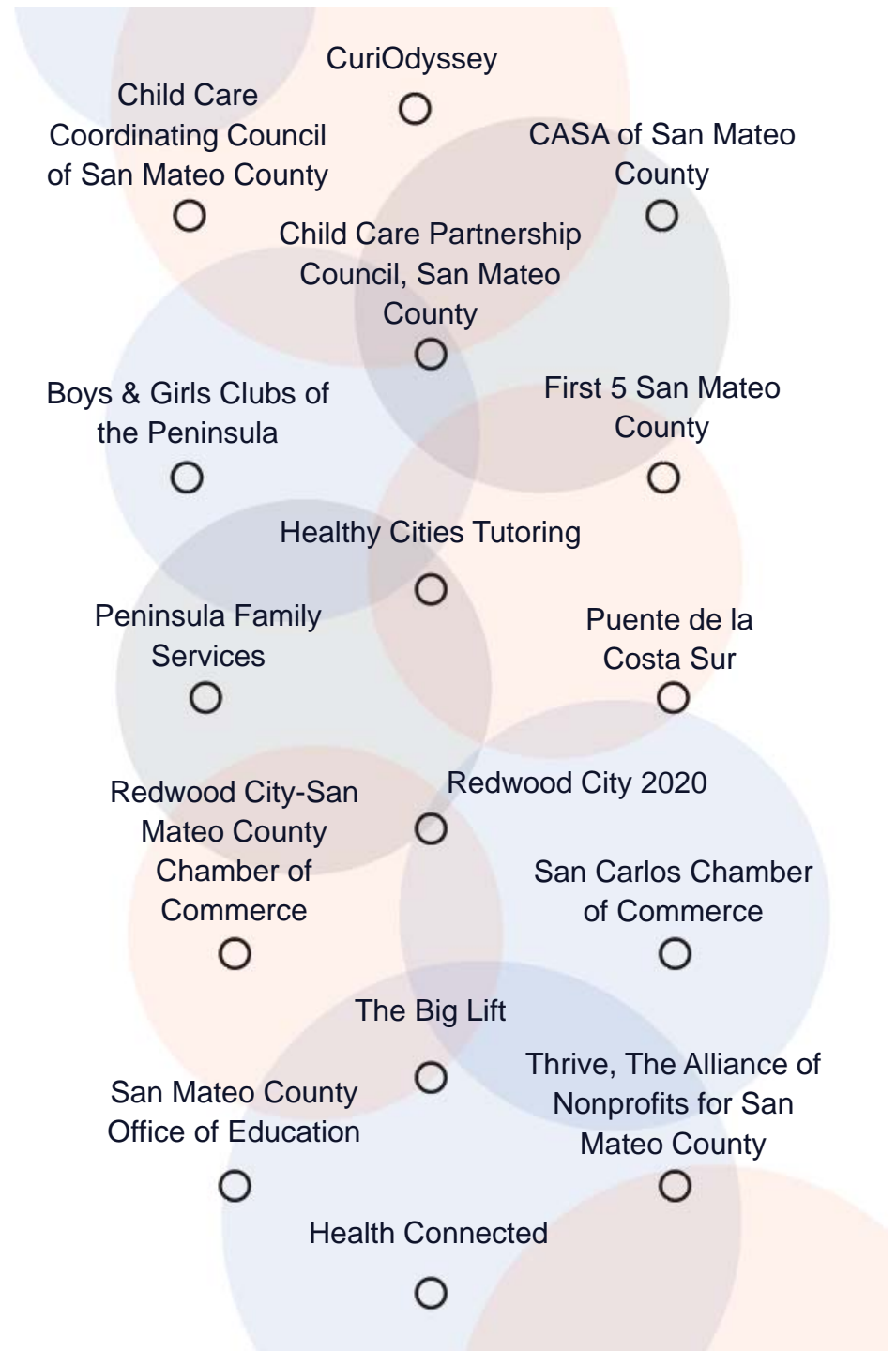
## **The Pro-Kid Advocacy Model to Give Kids Power**

All 4 of the following components are essential for successful kids' advocacy at any level (national, state, and local).

- 1 Cover the Full Range of Issues Affecting Children**
- 2 Two-Word Messaging**
- 3 “Inside” Research & Policy Expertise**
- 4 “Outside” Grassroots Pressure**

## Advocacy: Outside Grassroots Pressure

More than 2,400 organizations  
have joined the Movement already,  
including 106 in San Mateo County:



# Pro-Kid Model in Action:

Passing Historic School  
Equity Reform



..... A remarkably diverse group of business, education, .....  
civil rights, parent, faith-based, and community  
organizations and leaders are all supporting  
**the Local Control Funding Formula**  
because it's the right thing to do for California's kids.

California's current school funding system is outdated, irrational, and inequitable. Our students can't wait any longer. Over 70 percent of the public is in favor of the Local Control Funding Formula approach. We cannot delay fixing the way the state funds schools.

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>ACLU of California</li> <li>Alliance College-Ready Public Schools</li> <li>Alliance for a Better Community</li> <li>Alliance for Boys and Men of Color</li> <li>Alliance San Diego</li> <li>Asian Business Association</li> <li>Aspire Public Schools</li> <li>Associated Administrators of Los Angeles</li> <li>AYPAL</li> </ul> | <ul style="list-style-type: none"> <li>First 5 Fresno County</li> <li>Fresno Unified School District</li> <li>Full Circle Education Fund</li> <li>Gay-Straight Alliance Network of California</li> <li>Half Moon Bay Coastside Chamber of Commerce</li> <li>Hispanic Foundation of Silicon Valley</li> <li>InnerCity Struggle</li> <li>Kids in Common</li> </ul> | <ul style="list-style-type: none"> <li>Silicon Valley Leadership Group</li> <li>Silver Giving Foundation</li> <li>Superintendent Arturo Delgado, Los Angeles County Schools</li> <li>Superintendent Christine Frazier, Kern County Schools</li> <li>Superintendent Christopher Steinhauer, Long Beach Unified School District</li> <li>Superintendent Garry Eagles, Humboldt County Schools</li> <li>Superintendent Gary Rutherford,</li> </ul> |
|--|--|---|





# Pro-Kid Model in Action:

## Protecting Former Foster Youth Health Care (2017 & ongoing)

March 10, 2017



**Majesty Leader Kevin McCarthy**  
**Minority Leader Nancy Pelosi**  
**Senator Duncan Frazier**  
**Senator Kamela Harris**  
Members of California Congressional Delegation

**RE: Protect health care for former foster youth**

Dear Majesty Leader Kevin McCarthy, Minority Leader Pelosi, Senator Frazier, Senator Harris, and all Members of California's Congressional Delegation:

As California stakeholders who are deeply concerned about the health and well-being of current and former foster youth, we urge you to ensure former foster youth have continued access to Medicaid coverage until age 26 (Medi-Cal in California).

While there is overwhelming support for ensuring health coverage for young adults up to age 26 through a parent's health insurance, a law well known but vital provision of the Affordable Care Act provides youth who age out of foster care with Medicaid coverage until age 26. Children and youth enter foster care due to abuse or neglect and are protected by the state. Because the state is the legal parent of those youth, they do not have the same opportunity as other young adults to rely on a parent's private insurance plan until age 26. Providing former foster youth with Medicaid coverage until age 26 ensures parity between them and their peers.

Each year in California, up to 5,000 youth age out of foster care. These vulnerable youth too often lack adequate support to manage the transition to adulthood successfully. For example, unlike their peers, many former foster youth do not have the emotional support of a caring adult or financial support of a family member. Ensuring continued health coverage allows former foster youth to access regular and preventive care and help them to achieve self-sufficiency. Consistent access to health care is particularly important because foster youth have high rates of acute and chronic medical, mental health, and developmental issues as a consequence of the abuse, neglect, and trauma they experienced during childhood.

More than 18,000 former foster youth in California currently benefit from Medi-Cal coverage until age 26. Without this coverage, many of these youth would be uninsured, resulting in an increase in emergency room visits and higher costs to youth and their communities.

We urge you to protect Medicaid coverage until age 26 for former foster youth. It is equitable, cost effective, and the right thing to do.

Sincerely,

The California Governors of California | 1001 Franklin Street, 3rd Fl., Oakland, California 94612 | T: (415) 333-2464 | F: (916) 333-6119

- Strands Global Foundation, Inc.
- Adriahill
- All Saints Church Foster Care Project
- Alman Bank Counseling Center
- Anti-Appeals Advocating Institute
- Los Angeles
- Apriant
- BANANAS
- Bill Wilson Center
- BRIDGES, Inc.
- California Alliance of Churches
- California Alliance of Child and Family Services
- California Alliance of Churches
- California Center for Rural Policy
- California Coverage & Health Initiatives
- California LGBT Health & Human Services Network
- California Day Ethnic Health Network
- California Partnership
- California School Age Consortium
- California School Aged Health Alliance
- California Youth Connection
- CaliforniaHealth - Advocates
- Case Pacific Centers for Children & Families
- Central California Airthma Collaborative
- Central Valley Children's Services
- Child Abuse Prevention Council of Contra Costa County
- Children Now
- Children's Advocacy Institute
- Children's Defense Fund-California
- Children's Law Center of California
- Child's place
- Child's Place Vista
- Community Clinic Association of Los Angeles County
- Community Health Councils
- Community Social Model Advocates (CSMA)
- County of San Mateo
- Court Appointed Special Advocate of Mendocino County
- Court Appointed Special Advocate of San Mateo County
- Court Appointed Special Advocate of Solano County
- Disability Rights California
- East Bay Children's Law Offices
- Ensuring Opportunity Campaign to End Poverty for Contra Costa County
- Equality California
- Family Now
- Family & Children Services of Silicon Valley
- Family Care Network, Inc.
- Family Paths
- Family Services of Silicon County
- Fire For a Smile
- Fire For a Smile Youth Center
- Fire For a Smile
- Food Bank for Growing Company
- Harbor Consulting
- Health Access
- Health Connection
- Hillside
- Home
- Inches and Associates
- Jared Kothe Arts
- John Norton Advocates for Youth
- Journey Home
- Juan Lopez of Monterey County
- Kiosk Cooper & Associates
- Linnards
- Los Angeles Area Chapter of Compton
- Los Angeles LGBT Center
- Los Angeles County Metropolitan Urban Foundation
- Los Angeles Child Health Hospital
- Stanford Children's Health
- Madara Coalition for Community Justice
- Making Change For Children
- Martin County School Volunteers
- Medical County Office of Education
- Human Service Agency
- Mt. Bonita Vista
- Missouri/Indiana Community Organizing Project
- Mother's Club Family Learning Center
- Mountain Valley Child and Family Services
- NACAP Phoenix Valley
- NAMI North Bay
- National Association of Social Workers-California
- National Center for Youth Law
- National Foster Youth Institute
- National Health Law Program
- National Immigration Law Center
- NKOS Chronic Health Coalition
- Outspoken Foundation
- Phonological Foundation
- Plumas Court Appointed Special Advocate
- Plumas Dispatch Community Response
- Phys ACE
- Project Educational Health
- Prevalence Sate's John Child & Family Development Center
- Project Counsel
- Project Counsel
- Project Counsel
- Project Counsel
- San Mateo County Human Services Agency
- SEIU - California
- SEIU United Healthcare Workers
- Silicon Valley Children's Fund
- Silicon Valley Leadership Group
- Smile In Style, Solano County Support
- Sonoma
- Sonoma Children's Home
- Sok Return Project
- Sumali Foundation
- San Francisco AIDS Foundation
- San Mateo County Human Services Agency
- SEIU - California
- SEIU United Healthcare Workers
- Silicon Valley Children's Fund
- Silicon Valley Leadership Group
- Smile In Style, Solano County Support
- Sonoma
- Sonoma Children's Home
- Sok Return Project
- Sumali Foundation
- San Francisco AIDS Foundation
- San Mateo County Human Services Agency
- SEIU - California
- SEIU United Healthcare Workers
- Silicon Valley Children's Fund
- Silicon Valley Leadership Group
- Smile In Style, Solano County Support
- Sonoma
- Sonoma Children's Home
- Sok Return Project
- Sumali Foundation
- San Francisco AIDS Foundation
- San Mateo County Human Services Agency
- SEIU - California
- SEIU United Healthcare Workers
- Silicon Valley Children's Fund
- Silicon Valley Leadership Group
- Smile In Style, Solano County Support
- Sonoma
- Sonoma Children's Home
- Sok Return Project
- Sumali Foundation
- San Francisco AIDS Foundation
- San Mateo County Human Services Agency
- SEIU - California
- SEIU United Healthcare Workers
- Silicon Valley Children's Fund
- Silicon Valley Leadership Group
- Smile In Style, Solano County Support
- Sonoma
- Sonoma Children's Home
- Sok Return Project
- Sumali Foundation

The California Governors of California | 1001 Franklin Street, 3rd Fl., Oakland, California 94612 | T: (415) 333-2464 | F: (916) 333-6119



# Pro-Kid Model in Action:

Protecting CHIP and achieving near-universal health care coverage for kids (2015 & ongoing)





# **Thank You!**

**Children Now**

**Los Angeles • Oakland • Sacramento**

**[www.childrennow.org](http://www.childrennow.org)**

**Join the Movement**

**[www.childrennow.org/themovement](http://www.childrennow.org/themovement)**

**CHILDREN NOW**

# San Mateo County

COUNTY COMPARISON RATING

COUNTY QUICK FACTS

Education

**162,483** children live in San Mateo county.

Ethnicity is **33%** Latino, **34%** White, **2%** African-American,

Health

**24%** Asian, **7%** Other

**\$115,812** is the average family income for this county.

Child Welfare & Economic Well-Being

**58%** of families can afford basic living expenses.

**10%** of children live in poverty.

	DATA ACROSS COUNTIES				DATA OVER TIME			DATA BY RACE / ETHNICITY				
	2016 Rank	Low	CA Avg	High	2016	Change	2014	Latino	White	African American	Asian	Other
<b>EDUCATION</b>												
1. Young children, ages 0-5, who are read to everyday	27	36%	62% CA ▲	86%	67%	▲	61%	56%*	82%*	NA	79%	100%*
2. 3 and 4 year olds who attend preschool	3	32%	47% CA ▲	68%	62%	▲	58%	48%*	72%*	97%	65%*	74%*
3. 3rd graders who read at grade level	5	24%	42% CA ▲	62%	55%	NA	NA	29%	74%	30%	69%	74%

4.	8th graders who meet or exceed state standards in math	6	17%	36% CA	59%	50%	NA	NA	26%	68%	24%	67%	60%
5.	Students who are low income and have access to a state-funded afterschool program	22	0%	12% CA	75%	13%	↓	15%	NA	NA	NA	NA	NA
6.	High school science classes that are taught by a highly qualified teacher	13	54%	91% CA	100%	97%	↑	96%	NA	NA	NA	NA	NA
7.	Students who feel connected to their school	10	34%	47% CA	62%	55%	NA	NA	49%	64%	45%	57%	54%
8.	Suspensions that are limited to serious offenses, not willful defiance	25	29%	69% CA	93%	70%	↑	67%	68%	72%	68%	76%	76%
9.	Students who are ready or conditionally ready for college-level math courses	8	14%	32% CA	51%	44%	NA	NA	23%	61%	5%	59%	59%
10.	12th graders who graduate on time	19	4%	82% CA	94%	88%	-	88%	80%	92%	77%	95%	94%

## HEALTH

	DATA ACROSS COUNTIES				DATA OVER TIME			DATA BY RACE / ETHNICITY					
	2016 Rank	Low	CA Avg	High	2016	Change	2014	Latino	White	African American	Asian	Other	
1.	Women who receive early prenatal care	2	28%	82% CA	91%	89%	↓	91%	88%	93%	81%	88%	89%
2.	Newborns who are exclusively breastfed while in the hospital	12	34%	69% CA	93%	83%	↑	82%	79%	89%	80%	80%	84%
3.	Children who have health insurance for the entire year	2	83%	93% CA	100%	99%*	↑	97%	99%*	99%*	100%*	100%*	100%*
4.	Children who have a usual source of health care	5	83%	93% CA	98%	96%*	↑	95%	94%*	96%*	100%*	99%*	89%*

5. Young children, ages 0-3, who are low income and have visited a dentist in the last year	22	10%	32% CA	66%	35%	↓	36%	NA	NA	NA	NA	NA
6. Asthmatic children who have been given a written asthma management plan	NA	5%	24% CA	48%	NA	NA	NA	NA	NA	NA	NA	NA
7. Children who are a healthy weight	11	48%	62% CA	76%	68%	↑	64%	56%	81%	68%	75%	62%
8. Students who are low income and eat free or reduced priced breakfast during the school year	28	17%	38% CA	75%	36%	-	36%	NA	NA	NA	NA	NA
9. Students who are low income and eat free or reduced price meals during the summer	52	54%	85% CA	100%	78%	NA	NA	NA	NA	NA	NA	NA
10. Schools that have a health center	19	0%	2% CA	14%	1%	-	1%	NA	NA	NA	NA	NA
11. Adolescents who are not at risk for depression	4	64%	70% CA	79%	73%	NA	NA	69%	78%	71%	74%	73%

### CHILD WELFARE & ECONOMIC WELL-BEING

	DATA ACROSS COUNTIES				DATA OVER TIME			DATA BY RACE / ETHNICITY				
	2016 Rank	Low	CA Avg	High	2016	Change	2014	Latino	White	African American	Asian	Other
1. Young children, ages 0-3, who do not experience recurring abuse or neglect	48	50%	94% CA	100%	88%	↓	98%	88%	88%*	100%*	67%*	100%*
2. Children in the child welfare system who have stability in their placement	31	55%	86% CA	100%	85%	↓	87%	82%	88%	79%	92%	100%*
3. Adolescents in the child welfare system who are placed in family-like settings	43	40%	76% CA	100%	69%	↑	59%	65%	83%	55%	82%	50%*
4. Children in the child welfare system who have had a medical exam in the last year	47	18%	84% CA	100%	75%	↓	79%	70%	86%	76%	75%	0%*
5. Children in the child welfare system who exit to permanency within three years	29	64%	84% CA	100%	86%	↓	88%	85%	91%	91%	64%	100%*

6. Children who are not living in communities of concentrated poverty	1	53%	83% CA ▲	100%	100%	-	100%	100%	100%	100%	100%	100%
7. Youth who attend school or are employed	1	84%	92% CA ▲	96%	96%	▲	94%	95%	97%	99%	98%	99%

**NOTES+**





## **Prop 64 & Early Childhood**

**Presentation on Prop 64 & Early Childhood  
October 17, 2017**



**FIRST 5**  
ASSOCIATION  
OF CALIFORNIA

---

## Marijuana Legalization in CA

- The legalization of recreational marijuana in California, with the passing of Proposition 64, is anticipated to increase and normalize marijuana usage across most demographic groups.
- The changing landscape requires careful attention to the regulatory, public health, and education landscape to ensure we protect young children.

# Public Health Impacts of Marijuana

A faint, light blue line-art illustration of a marijuana plant is visible in the background on the right side of the slide. It shows the characteristic serrated leaves and a flowering stalk.

## Public Health Areas of Concern for Children Ages 0-5:

1. Marijuana Exposure in the Home
2. Exposure During Pregnancy and Breastfeeding
3. Teen Usage During Pregnancy

---

## Children's Exposure in the Home

- Marijuana-related injuries treated at the Children's Hospital of Colorado nearly doubled in the first two years after legalization
- Symptoms of marijuana intoxication in kids include being unbalanced, sleepiness, poor respiratory effort, and less commonly, induced coma
- More research needed on effects of second- and third-hand smoke exposure

---

## Fetal Exposure During Pregnancy

- THC crosses through the placenta
- CDC and CDPH guidance: “no known safe amount of marijuana for your baby”
- Scientifically Confirmed Impacts
  - Fetal growth restriction in mid and late pregnancy and lower infant birth weight
  - Maternal marijuana use results in child’s decreased IQ and cognitive function, particularly attention in school-age children

---

## Infant Exposure During Breastfeeding

- THC identified in breast milk of mothers who use marijuana. Infants absorb and metabolize THC in breastmilk
- Ob-Gyn Association recommends that marijuana use should be discouraged
- CDPH cautions that “Pumping and Dumping” doesn’t work - THC is stored in fat cells and continues to release over several weeks into breast milk

---

## Teen Births and Pregnancy

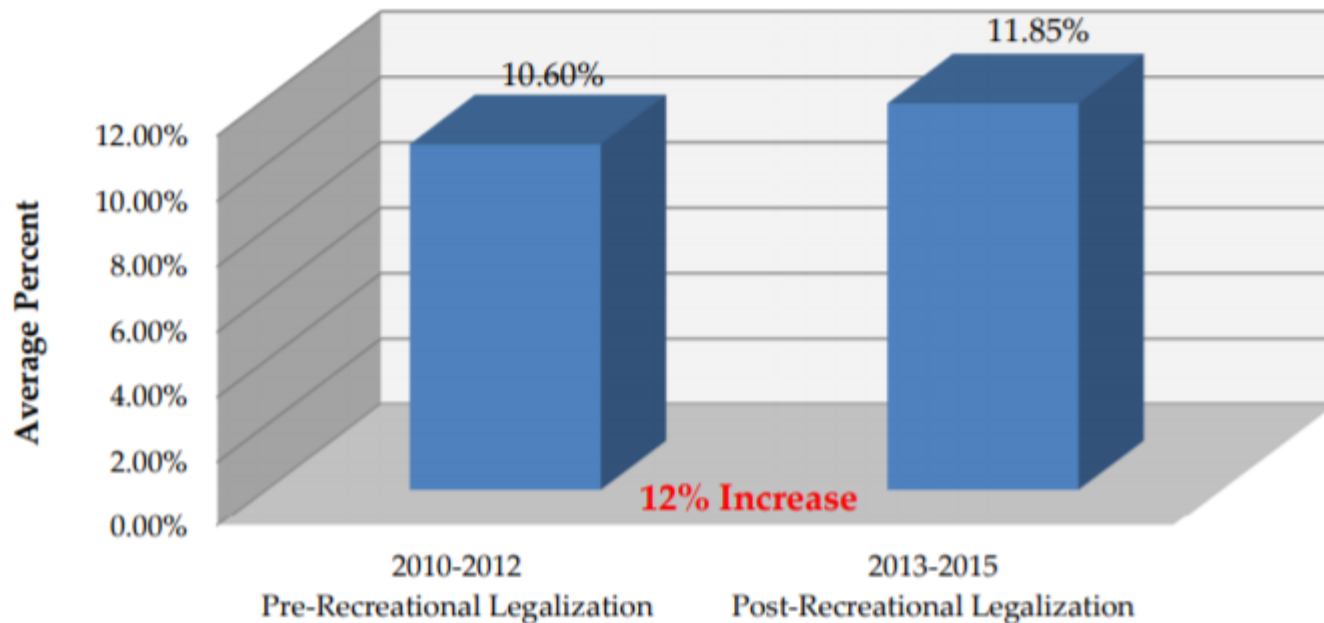
- Teen mothers in Colorado use marijuana prenatally more than any other maternal age group
- 14% of pregnant teens reported marijuana use during pregnancy, compared to 4.3% of age 25-34 women
- Teen pregnancy rate in CA high in certain counties: 45 teen births per 1,000 young women (national average is 20.3)
- WA study found that among 8<sup>th</sup> and 10<sup>th</sup> graders, marijuana use significantly increased AND perception of harmfulness decreased after legalization.



## Teen Births and Pregnancy

- New research from CO found a 12% increase of MJ use among youth ages 12 to 17

### Average Past Month Use of Marijuana Youth Ages 12 to 17 Years Old



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2014 and 2015

# Proposition 64 Overview

A faint, light blue graphic in the background depicts a hand with fingers slightly curled, holding a plant with two leaves. The graphic is semi-transparent and serves as a decorative element on the slide.

---

## Prop 64 and Prevention – Broad Goals

- Prop 64 “will legalize marijuana for those over 21 years old, protect children, and establish laws to regulate marijuana cultivation, distribution, sale and use, and will protect Californians and the environment from potential dangers.”
- “The programs shall emphasize accurate education, effective prevention, early intervention, school retention, and timely treatment services for youth, their families and caregivers.”

---

## State Taxes Under Prop 64

- LAO predicts Prop 64 could generate low billions of dollars
- State Excise Taxes
  - Per ounce cultivation tax for growing marijuana
  - 15% sales tax on the retail price of marijuana
- Revenues
  - First directed towards marijuana regulatory costs not covered by license fees: Community Grants, Evaluation of Prop 64 impacts, Driving while intoxicated study

---

## State Funding Under Prop 64

- Remaining Revenues
  - **20% – Law enforcement training** to recognize driving under the influence of drugs, and community-based organization education grants (mostly CA Highway Patrol)
  - **20% – Environmental restoration** to address impacts of marijuana cultivation (Departments of Fish and Wildlife and Department of Parks and Recreation)
  - **60% – Youth education, prevention, intervention and treatment** surrounding drug use
- Youth account is governed by a tri-agency agreement between the DHCS, CDPH and CDE
- No state discussions yet about how to allocate 60%

---

## Local Revenues

- **Business Taxes:** Counties and cities that allow marijuana commerce will receive a portion of the sales tax revenues, property taxes, and local business taxes will remain within that local municipality.
- **Additional Taxes:** Prop 64 allows local municipalities to tax marijuana locally at a higher rate than the 15% baseline established by the state
  - E.g.: Sales/ Excise taxes, Cultivation/ Manufacturing/ Processing/ Distribution Taxes, Development Fees & Agreements, etc.
- **Existing Medical MJ Taxes:** Many existing medical MJ taxes will be applied to recreational MJ on January 1, 2018.

# First 5 Engagement

A faint, light blue graphic in the background depicts a hand with fingers spread, holding a small plant with two leaves. The graphic is semi-transparent and positioned on the right side of the slide.

---

## Association's Work

- Education on Health Impacts and State Efforts:
  1. Public health impacts: Urgency to Act White Paper on marijuana impacts on young children
  2. Prop 64 background & case studies: Understanding Prop 64 regulation and revenue & case studies on local commissions leading this work
- Early discussions in Prop 64 Stakeholder Workgroup around 60% of state funding



---

## Case Studies: Early Childhood Set-Asides

### Santa Cruz

- Extension of existing Cannabis Business Tax to manufacturing and cultivation
- First 5 presented a “Thrive by Three” agenda to support funding for home visiting, parent education and other programs
- \$350,000 in first year funding approved

### Humboldt

- Measure S: \$1-\$3 sf cultivation tax – passed overwhelmingly
- Advisory measure identified early childhood mental health as key priority
- \$400K in first year funding

---

## Case Studies: Conversations in Progress

### Mendocino

- Cannabis Sales Tax to manufacturing and cultivation
- First 5 and Youth Org proposed a “Future Generations Fund” for children and youth
- Still under discussion

### Sonoma

- General Tax (\$10-\$38 sf cultivation) & 10% gross receipts
- First 5 Sonoma participating in conversations with other agencies and community members
- In progress

---

## Case Studies: Los Angeles

### City of LA

- Social Equity set-aside for youth organizations
- First 5 letter urging expansion to include early childhood
- Still under discussion

### County

- Proposal to mirror city's "social equity" set-aside

# Thrive By Five Approach

A faint, light blue illustration of a hand holding a plant with two leaves is visible in the background on the right side of the slide.

---

## Thrive by Five Preview

- Placing prevention and child-safety regulation at the top of any drug prevention and intervention strategy, starting prenatally and with newborn children
- Promoting evidence-based family supports within the Prop 64 mandate for services funded at the state and local level
- Toxic stress research illuminates the power of very early intervention with culturally responsive, holistic, and research-based investments

# Local Regulations

A faint, light blue graphic in the background depicts a hand with fingers slightly curled, holding a small plant with two leaves. The graphic is semi-transparent and positioned on the right side of the slide.

---

## County of San Mateo

- December 2017: SMC Board of Supervisors approved ordinance allowing mixed-light greenhouse cannabis cultivation in unincorporated areas and prohibiting until 2019 all other commercial cannabis-related activities. Only permitted in areas designated “agriculture” by County General Plan

---

## County of San Mateo

- No business has applied for a cultivation business in the County as of April 4, 2018
- Regarding deliveries from another city/county:  
**Sales tax goes to point of origin.**  
SMC gets no money from deliveries outside of County



---

## County of San Mateo

- No information yet on who is delivering in County
- Cities are exploring own tax, as is County
- Medical cannabis is exempt from sales tax
- If retail stores exist, SMC get ½ cent Measure K tax

---

## Redwood City:

### April 2018: City Council voted:

- Allow cannabis delivery operations without walk-in retail
- Allow nurseries that grow and sell starter plants in industrial zones
- Businesses must undergo extensive application process

---

## Redwood City:

- Cost recovery fees to RWC General Fund estimated to be \$175,000 annually
- Proposed cannabis businesses contribute annually to drug education and prevention programs
- Fees would be passed through City to Redwood City 2020 for disbursement

---

## Redwood City:

- First 5 submitted letter to RWC City Manager and Councilmembers Shelly Masur and Diane Howard to advocate directing revenue to support young children 0 – 5, as this age group demonstrates highest return on investments.

---

## Other Cities:

- Belmont, Colma, San Mateo, Foster City, Burlingame, East Palo Alto, Half Moon Bay, Woodside:

**Interim bans on commercial activity**

---

## Other Cities:

- **San Carlos:** allowing some commercial cultivation, manufacturing, testing subject to regulation and zoning but not allowing retail store-fronts
- **Pacifica:** voters approved local tax on cannabis in November 2017 to help fund municipal services, including police and fire protection services, emergency medical services, park, recreation, and street maintenance services, with no sunset date and estimated to generate \$360,000 annually in tax revenue