



Policy Roundtable for Child Care and Development

Wednesday, November 9, 2013

10:00 a.m. – Noon

Conference Room 743

Kenneth Hahn Hall of Administration

500 W. Temple Street, Los Angeles



Proposed Meeting Agenda

Goals for Meeting:

- Conduct Roundtable business in a fair and transparent manner.
- Surface issues that are relevant to the group's mission, provide accurate information on those issues, and facilitate both dialogue and action.

10:00	I.	Welcome and Introductions	Dora Jacildo Chair
	A.	Comments from the Chair	
	B.	Review of October 9, 2013 Meeting Minutes	<i>Action Item</i>
10:15	II.	An Overview of the Local Control Funding Formula & Early Care and Education	Kim Pattillo-Brownson The Advancement Project
10:40	III.	Legislative Update	Adam Sonenshein Michele Sartell
		<ul style="list-style-type: none">• Federal Legislation	
10:55	IV	Child Care Planning Committee Report <i>Direction for 2013-14</i>	Richard Cohen Chair
11:25	V.	Status of Policy Framework Updates <i>Checking in – Getting Feed Back</i>	Jacquelyn McCroskey K. Malaske-Samu
11:50	VI.	Announcements and Public Comment	Members and Guests
12:00	VII.	Call to Adjourn	Dora Jacildo

Mission Statement

The Los Angeles County Policy Roundtable for Child Care builds and strengthens early care and education by providing recommendations to the Board of Supervisors on policy, systems, and infrastructure improvement.

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Policy Roundtable for Child Care and Development

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MEETING MINUTES

October 9, 2013

10:00 a.m. – 12:00 p.m.

Conference Room 743

Kenneth Hahn Hall of Administration

500 West Temple Street

Los Angeles, California

1. Call to Order and Announcements from the Chair

Chair Dora Jacildo called the meeting to order at 10:10 a.m. welcoming all guests and members. Following self-introductions, Ms. Jacildo announced that she had been contacted by the Executive Office of the Board of Supervisors on behalf of the Blue Ribbon Commission on Child Protection. Commission staff has reviewed the Policy Roundtable for Child Care and Development section of the Office of Child Care (OCC) website and was inquiring if there were other publications that may be of interest to the Commission.

Jacquelyn McCroskey commented that she has been following the Commission and it appears that they are looking broadly at how the Department of Children and Family Services (DCFS) and its partners can promote the safety and well-being of children in the child welfare system. Dr. McCroskey thought that the Roundtable's work related to enhancing access to subsidized child care and development for young children under DCFS jurisdiction would be of interest to the Commission.

OCC staff will be preparing a response to this request.

Ms. Jacildo advised members, that in order to accommodate members, agenda items 3 and 4 will be considered before the Legislative Update.

2. Approval of Minutes

Minutes of the September 11, 2013 meeting were approved with one abstention on a motion by Adam Sonenshein and a second by Terri Chew Nishimura. The question was raised as to why the percentage of members attending was included in the minutes. Kathy Malaske-Samu responded that during the most recent sunset review, we learned that the Sunset Review Committee expects to see member participation at over 60 percent throughout the year.

3. Approval of Amendments to Roundtable By-laws

Sharoni Little directed members to the hard copies of the proposed by-laws in their materials. She summarized the proposed changes that are needed to bring the Roundtable by-laws in sync with the recently updated ordinance, including:

- Adding “and Development” to the name of the Policy Roundtable for Child Care, to read “Policy Roundtable for Child Care and Development”,
- The addition of alternates for County department and community representatives, and
- Updated duties and responsibilities

The proposed by-laws were adopted on a motion by Robert Gilchick and a second by Stacy Miller.

4. Child Care Policy Framework Update

Dr. McCroskey reminded members that at the September Roundtable meeting, members were invited to participate on a Design Team. This Design Team was charged with preparing a proposal to submit to the County’s Productivity and Investment Fund (PIF) by January 10, 2014. The proposal will seek funding to develop an electronic system to track vacancies in subsidized child care and development programs. Ideally, this “user friendly” system will facilitate County department staff’s ability to access subsidized child care and development for their clients, while also facilitating full enrollment of subsidized child care and development programs.

The Design Team, including representatives from the Chief Executive Office, Departments of Children and Family Services and Public Social Services, Los Angeles Universal Preschool (LAUP), Los Angeles County Office of Education (LACOE) Head Start, the Child Care Alliance of Los Angeles and the Roundtable met on October 7, 2013. The Team discussed the following issues:

- The eligibility requirements for various funding streams,
- The number of agencies and sites related to each funding stream, and
- The variety of software used by both County departments and child care and development programs.

Jennifer Hottenroth shared that DCFS administers a California Department of Education (CDE) funded Alternative Payment Program. These funds are capped and not adequate to serve all the children in need of services. DCFS limits care to licensed programs and intends to transition children to other, stable funding within 12 to 18 months. So, the connection to community programs is critically important to families transitioning off the DCFS funded care due to time limits or the closure of the case, and to those families who cannot access that resource.

The existing partnerships between DCFS, LACOE Head Start, LAUP and Los Angeles Unified School District (LAUSD) have facilitated the enrollment of many children into child care and development programs. However the system could be refined and improved. The Foster Care Search Engine, which was developed by DCFS, could inform the proposed subsidized child care tracking system.

Following Dr. McCroskey's report, members raised the following points:

Q: Will license-exempt care be included?

A: The initial phase may be limited to subsidized child development and development centers.

Q: How will quality be assured?

A: While we will not be able to guarantee that every subsidized child development center is of high quality, we recognize that Head Start Performance Standards and Title V regulations do set higher standards than licensing regulations.

Q: What is the buy-in for programs to update their vacancy information?

A: The ability to maintain full enrollment and possibly access to assistance from Department of Mental if behavior issues arise could serve as an incentive to participate.

In closing this discussion, Dr. McCroskey announced that the next Design Team meeting is scheduled for October 28, 2013, from 1:00 to 3:00 p.m.

5. Election of Roundtable Representative to the First 5 LA Commission

Stacy Miller opened this item on behalf of the Nominating Committee and thanked the three candidates for their willingness to take on this added and significant responsibility. The Nominating Committee proposed that each candidate address the members briefly, describing their interest in representing the Roundtable on the First 5 LA Commission. Following these comments, the candidates will take a coffee break while members discuss and vote on the representative.

Karla Pleitez Howell is an attorney with Public Counsel, managing the Early Care and Education Unit. Public Counsel is a pro bono law firm serving low income persons in a variety of areas including immigration, family law and early care and education. As the supervising staff attorney of the Early Care and Education Unit, Ms. Howell has worked on municipal zoning and special education issues affecting child care and development programs. She has been a member of the Child Care Planning Committee for the past six years and served as Chair the past two years. Her interest in serving on the First 5 LA Commission is related to the following:

- First 5 LA could support policy issues and work related to increasing the supply of subsidized child care and development services.
- Ms. Howell has been involved in Best Start in the South East Cities. The Best Start planning effort has been challenging. She could share that experience with the Commission, provide a voice to the experiences of folks on the ground.
- Services for young children with special needs are difficult to locate and face conflicting regulations. Ms. Howell believes that the First 5 LA Commission could facilitate better connections between child development, Regional Centers, early Intervention programs, etc.

In closing, Ms. Howell noted that she and her sisters are the parents of young children. They are facing the choices of license verses license-exempt care and all the other challenges of

raising children in our County. Ms. Howell believes that she is well positioned to articulate the strengths and needs of young families to the Commission.

Jacquelyn McCroskey is a professor in the School of Social Work at the University of Southern California. When she started her doctoral program at UCLA, her daughter was one year old. That experience ignited a passion for understanding how families function/cope and her dissertation examined how child care fit into family life.

Dr. McCroskey previously served on the Commission as a representative of the Children's Planning Council. She is interested in returning to the Commission and representing the Roundtable. Dr. McCroskey stated that the Roundtable is "coming of age" and a strong partnership with the Commission could be mutually beneficial. She offered two examples:

- The Policy Framework would be stronger if the First 5 LA Commission also had a stake in its success.
- While the First 5 LA Commission has financial resources and a bully pulpit for policy issues, it could benefit from the child development expertise of the Roundtable.

In closing, Dr. McCroskey noted that the Commission is preparing to revise its strategic plan. This creates a unique opportunity to infuse information on child development and well-being into their agenda.

Nina Sorkin is a Social Worker and early in her career, worked with the Ocean Park Children's Center in Santa Monica. Since then, she has worked with Early Head, Head Start, and CDE-funded child development centers. Ms. Sorkin reported that she recently attended a National Association of Social Work conference in Northern California and ended her trip by visiting her grandchildren in Sonoma. During this trip, she learned that her daughter in-law is expecting twins, and also expecting Nina's help! As a result, Nina withdrew her name.

Ms. Miller thanked Ms. Howell and Dr. McCroskey for their comments and excused them. In the discussion that followed, it was noted that both candidates are extremely articulate and in possession of a wide range of skills. On a motion by Ms. Miller calling for vote, and a second by Ms. Malaske-Samu, a vote was taken to select the Roundtable's representative to the First 5 LA Commission. As a result of that vote, Ms. Howell will serve as the Roundtable's representative to the First 5 LA Commission.

When Ms. Howell and Dr. McCroskey returned, Ms. Miller once again thanked both of them for volunteering to represent the Roundtable on the Commission and congratulated Ms. Howell on her new role as representative to the Commission.

6. Legislative Update

Adam Sonenshien directed members to the bill tracking document noting that the following bills had been signed by the Governor:

- AB 10 (Alejo) – increases the minimum wage to \$9 per hour as of July 2014 and to \$10 per hour on January 1, 2016.
- AB 812 (Mitchell) – amends Education Code related to contracts between CDE and its contractors for child care and development services.

- SB 252 (Liu) – pending a federal waiver, pregnant women would be authorized to satisfy CalWORKs welfare to work requirements by participating in an approved home visitation program, the bill further clarifies exemptions from welfare to work activities due to pregnancy.
- SB 528 (Yee) – contains a number of provisions related to foster youth including those who are parenting.

Mr. Sonenshien reported that the new Local Control Funding Formula (LCFF) for K-12 education will require community input. This could create an opportunity to advocate for increased investment in child care and development. Maureen Diekmann reported that LAUSD has created a new ad hoc committee related to the LCFF. Kate Sachnoff reported that Long Beach Unified School has created its committee, drawing members from within the district.

While the federal government shutdown dominated the news, Mr. Sonenshien reported that the Laura and John Arnold Fund had donated \$10 million to keep Head Start programs open and operating during this stalemate.

Michele Sartell reported that the Chief Executive Office – Intergovernmental Relations and External Affairs (IGEA) raised a concern with respect to the Roundtable's recommendation to revise the wording in the item 8 from the child care and development section of the County's State Legislative Agenda for the Second Session of 2013-14; the recommended revision states "Support proposals designed to prevent, detect, investigate and, when appropriate, prosecute fraud in subsidized ~~child care~~ programs. IGEA suggested the change would alter the item to apply to a variety of government subsidy programs beyond child care, and therefore would need to be removed from the section. As such, the item will maintain "child care" in its language.

7. Motion to Expand Child Care Quality Rating and Improvement Systems (QRIS)

Kathleen Malaske-Samu reported that the response to Supervisor Antonovich's motion to establish a countywide child care rating system was in process. Dora Jacildo noted that Board appointees to the Roundtable have had two conversations regarding this motion and Stacy Miller had been in touch with Michele Vega of the Fifth District. Ms. Miller added that, as their conversation progress, Ms. Vega became interested in the role of Community Care Licensing in ensuring the health and safety of children in child care programs.

The following comments were made:

- Recent efforts to increase the frequency of on-site monitoring by Community Care Licensing have not been successful.
- It would be interesting to launch a pilot project in Los Angeles County to test the impact of increased funding directed specifically to increased CCL field staff.
- The proposed changes to the Child Development Block Grant call for significant changes to licensing.

Ms. Malaske-Samu committed to distributing the report when it was available.

8. Announcements and Public Comments

Stephanie Cohen, of Assembly Member Richard Bloom's staff, reported that the Assembly

Member was seeking input on legislation for the coming session.

Christina Nigrelli, with ZERO TO THREE, announced that the California Infant Toddler Advocacy Group would be meeting by phone on Friday, Nov 15, 2013. For more information, please contact Ms. Nigrelli or Carolyn Brennan by email at either: CBrennan@zerotthree.org or CNigrelli@zerotothree.org

Members Attending:

Sam Chan, Ph.D., Department of Mental Health
Duane Dennis, Child Care Alliance of Los Angeles
Maureen Diekmann, Los Angeles Unified School District
Robert Gilchick, M.D., Department of Public Health
Jennifer Hottenroth, Psy.D., Department of Children and Family Services
Karla Pleitez Howell, Child Care Planning Committee
Dora Jacildo, Fourth District
Sharoni Little, Second District
Kathleen Malaske-Samu, Chief Executive Office
Jacquelyn McCroskey, Third District
Stacy Miller, Fifth District
Terri Nishimura, Fourth District
Faith Parducho, Department of Parks and Recreation
Adam Sonenshien, LAUP
Nina Sorkin, Commission for Children and Families
John Whitaker, Ph.D.
Carol Heistand for Fran Chasen, Southern CA Association for the Education of Young Children
Nora Garcia-Rosales for Nurhan Pirim, Department of Public Social Services
(75% of members were in attendance)

Guests Attending:

Patricia Herrera, 211 LA County
Carolyn Brennarl, ZERO TO THREE
Christina Nigrelli, ZERO TO THREE
Stephanie Cohen, Assembly Member Richard Bloom
Patricia Carbajal, CEO Intergovernmental Relations and External Affairs
Terry Ogawa
Steven Sturm, Department of Children and Family Services
Angela Vasques, Advancement Project
Lisa Winters, Advancement Project
Randi Wolfe, Tikkun Consulting
Cristina Alvarado, Child Care Alliance of Los Angeles
Robert Beck, Department of Public Social Services
Nancy Lee Sayre, UCLA- Center for Improving Child Care Quality
T. Guerra, Crystal Stairs, Inc.
Kate Sachnoff, Long Beach Early Childhood Education Committee
John Harris, Strategic Consulting/ECE Works



Pre LCFF School Funding Landscape

- Longstanding critique of CA's funding system: under-funded, unfair and unclear
- Past 4 years of cuts were particularly devastating for districts, like LAUSD, with large numbers of ELLs & low income kids because of heavy reliance on state aid, including categoricals, which were slashed
- Precarious K-12 funding led too many school districts to reduce quantity or quality of early learning investments



LOCAL CONTROL FUNDING FORMULA

- \$2.1B in 2013-14, growing through 2020-21
- Increased base funding plus added funding for ELL, foster or poor kids
- Most categoricals replaced by local decision-making
 - Cal SAFE categorical eliminated but still permitted at local discretion
 - State Preschool maintained apart from LCFF
- Local budget decisions must tie to student outcomes



SUPPLEMENTAL & CONCENTRATION GRANTS

Supplemental Grants 20% of Base Grant

- English Learners (EL)
- Low Income- Free and Reduced Lunch (LI)
- Foster Youth (FY)

Concentration Grants 50% of Base Grant

- Each EL/LI/FY student above 55% of enrollment generates an additional 50% of base

Source: Chapter 47, Statutes of 2013 (AB97, Committee on Budget)

LAUSD Projected Funding Under LCFF

District Name	Average Daily Attendance	2012-13 English Learner, Low Income and Foster Youth Unduplicated Percentage	Pre LCFF 2012-13 Per Pupil Allocation	Post LCFF 2013-14	LCFF Projection 2020-21
Los Angeles Unified	544,228	86%	\$7,738	\$8,102	\$12,750

Source: June 2013 LCFF Estimates, June 2013, CA Department of Finance

LCFF Transparency and Accountability

Districts to adopt Local Control and Accountability Plans (LCAP) for spending & annual progress on goals

- Adopted every 3 years but updated annually, as of 7/1/14
- Eight areas of state priority to address
- LCAP must specify actions and goals for district and subgroups (racial, low income, ELL, foster, disabled)
- Input reqs from parents, students, employees
- District LCAPs can include goals in self-selected areas of priority
 - Opportunity for Early Education!!!

Areas of State Priority

- Student Achievement: Clear Nexus to ECE
- School Climate
- Student Engagement
- Parental Involvement: Clear Nexus to ECE
- Basic Services
- Other Student Outcomes
- Course Access
- Implementation of Common Core State Standards

Source: Chapter 47, Statutes of 2013 (AB97, Committee on Budget)

LAUSD

May: Supt Deasy names ECE as a top strategy to improve student performance

June: LAUSD Bd asks Supt. for plan for ECE restoration using LCFF and Prop 30 revenues, & P-3rd grade policy
- LAUSD educated almost 40K children before '08; less than 30K today

Aug: Bd Pres. creates LAUSD's first ECE policy committee!

October: 5 public hearings on LCFF, and ECE ranks #4-8 out of 22 in e-voting across District

Board Member asks for proposal for LCFF funding for ECE for Board consideration



LAUSD Supt Deasy: \$1.4B for Full Restoration

Estimated annual cost for the *Creating Equitable and Enriching Learning Environments for All LAUSD Students* resolution

Resolution	Amount (in millions)
Teachers – class size at 2007-08 norm (staff to student ratio)	207.2
Counselor - 2007-08 norm (staff to student ratio)	22.4
Librarians & Library Aides - 2007-08 levels	20.0
Classified basis restoration, assumes all clerical staff A basis	18.6
Clerical - 2007-08 norm (staff to student ratio)	28.6
Psychiatric Social Worker – 1 per K-12 site	68.8
Increase Adult Ed enrollment – 2011-12 levels, excludes ROC/P	63.0
Increase Early Ed enrollment, includes SRLDP	20.0
Increase funding for arts education and integrated arts instruction	15.0
Buildings and Grounds and M&O workers	30.0
Administrators - 2007-08 norm (staff to student ratio)	6.2
Raise for all employees range 1% - 6%	40.0 – 240.0
Extended School Year \$15.0 M per day, 15- 20 day expansion	225.0 – 300.0
Full Summer intervention and enrichment, 07-08 level	54.3
Total Cost to Implement Resolution & Close Current \$350.2 M Deficit	\$1.2 – \$1.4 Billion

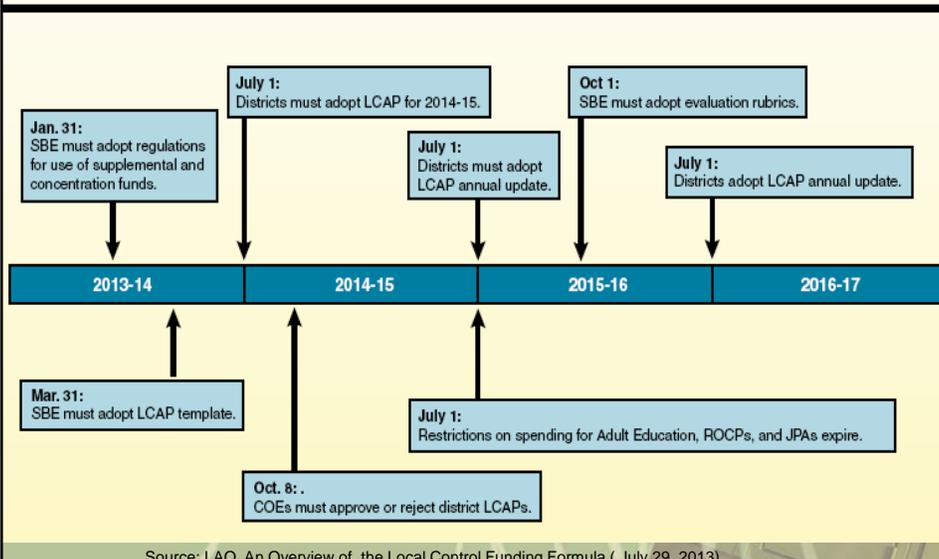
ECE

\$20 M ECE

Note: Numbers estimated using adopted budgets, assumes allocations to all E,M,S sites at 07-08 norm allocations unless otherwise noted.

LCFF Implementation Deadlines

Major Milestones for Implementation of LCFF and LCAPs



Source: LAO. An Overview of the Local Control Funding Formula (July 29, 2013)

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County of Los Angeles
Child Care Planning Committee and Policy Roundtable for Child Care and Development

Winners and Losers
A Report on the California State Budget and Legislation - First Session of 2013-14
Child Care and Development



California State Budget 2013-14

On June 27, 2013, Governor Jerry Brown signed the budget package for 2013-14, which reflects a multiyear balanced plan, continues to spend down budgetary debt and maintains a \$1.1 billion reserve. The budget is comprised of a \$96.3 billion state spending plan with an emphasis on restructuring K-12 education finance, reinvesting in state universities, and expanding Medi-Cal coverage under federal health care reform.

Child Care and Development Budget Items

Overall, the budget for 2013-14 reflects a modest effort at restoring funding for child care and development services. Specifically, the budget package for child care and development:

- Backfills an estimated \$15.8 million of federal sequestration reductions with a like amount of General Fund as follows: \$11.1 million for General Child Development programs, \$4.2 million for Alternative Payment (AP) programs and \$0.6 million for Migrant Day Care.
- Allows for shifting any unspent CalWORKs Stage 2 funds to CalWORKs Stage 3 if funding is insufficient to support the estimated caseload.
- Re-appropriates \$10 million in unspent child care program funds from 2012-13 to 2013-14 to establish additional slots in the following programs: \$7 million for General Child Development programs, \$2.6 million for AP programs and \$0.4 million for Migrant Day Care.
- Maintains family fees for part-day State Preschool programs.
- Requires the Superintendent of Public Instruction (SPI) to revise the fee schedule for families accessing preschool and child care and development services. Families are to be assessed a flat monthly fee based on income and certified on their need for full- or part-time services. The family fee schedule is to differentiate between fees for part- and full-time care.
- Requires the SPI to submit an annual report to the Department of Finance on the fees collected from families with children enrolled in the California State Preschool Program, distinguishing between fees collected for part-day from fees collected for wraparound child care services.
- Reflects a \$1.4 million decrease in funding for quality improvement activities.

The Governor exercised his line item veto authority by:

- Eliminating the appropriation that would have required the California Department of Education to develop a preschool plan based on a federal proposal for universal preschool.

California State Budget 2013-14

- Reducing the budget for State Preschool by \$5 million from \$511.9 million to \$506.9 million. The Governor's veto message stated "With this reduction, funding will be \$25 million higher in the budget year, providing for increased preschool slots consistent with the \$25 million augmentation I sustained for increased child care slots. While I am sustaining this augmentation for the preschool program, I am doing so on a one-time basis. Providing this increase on an ongoing basis would reduce future resources available for K-14 programs."

Budget Bills

AB 74 (Committee on Budget)	Human Services Trailer Bill	Chapter 21 Signed by Governor: June 27, 2013
AB 86 (Committee on Budget)	Education Finance: Education Omnibus Trailer Bill <i>(Contains amendments to child care and development items in Education Code)</i>	Chapter 48 Signed by Governor: July 1, 2013
AB 97 (Committee on Budget)	Local Control Funding Formula	Chapter 47 Signed by Governor: July 1, 2013
AB 101 (Committee on Budget)	Budget Act of 2013 <i>(Among other adjustments, reduces CalWORKs Stage 3 Child Care allocation)</i>	Chapter 354 Signed by Governor: September 26, 2013
AB 110 (Blumenfeld)	Budget Act of 2013 <i>(Contains child care and development line items)</i>	Chapter 20 Signed by Governor: June 27, 2013

California State Legislature – First Session of 2012-13¹

Introduction

Legislators introduced 33 bills of interest to the child care and development community during the First Session of the State Legislative Session for 2013-14. Eleven bills made it to the Governor's desk for his consideration and all were approved. Additionally, the Assembly and Senate adopted two resolutions urging future investments in early care and education. This section contains a brief summary of the bills that passed the legislature for the Governor's consideration and action. Approved bills take effect on January 1, 2014 unless otherwise noted.

Health and Safety

AB 290 (Alejo)	As of January 1, 2016, requires director or teacher of child development center or family child care home to receive at least one hour of childhood nutrition training as part of the preventive health practices course(s) necessary for licensing. Content to include age appropriate meal patterns and include a referral to the Child and Adult Care Food Program for information on eligibility and reimbursement rates.	Chapter 734 Signed by Governor: October 11, 2013
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¹ To obtain additional information about any legislation, go to www.leginfo.ca.gov/bilinfo.htm.

Streamlining Administrative Processes		
AB 274 (Bonilla)	Beginning July 1, 2014, requires child care providers receiving payment under the Alternative Payment (AP) program to submit a monthly attendance record or invoice for each enrolled child that, at minimum, documents dates and actual times care was provided each day, including time the child entered and time the child left care each day. Information to be documented on a daily basis and parent or guardian to attest to the child's attendance. Records may be maintained in electronic format only if the original documents were created in that format; records must be retained at least five years or where audit requested by a state agency until the date the audit is resolved. Payments to AP contractors may be made via direct deposit once the SPI determines that the Financial Information System for California has been implemented.	Chapter 733 Signed by Governor: October 11, 2013
AB 812 (Mitchell)	Amends existing sections of the Education Code relating to contracts between the California Department of Education (CDE) and its contractors for child care and development services. Amendments strengthen the regulations regarding termination and suspension and appeals. Would add to the Education Code, requiring the CDE to provide an appeal procedure to resolve a dispute between the CDE and a contracting agency. Would require the CDE to provide technical assistance to a contractor within 60 days of the written request.	Chapter 249 Signed by Governor: September 16, 2013
Increasing Capacity		
AB 308 (Hagman)	Requires school districts, county offices of education or charter schools to return to the State Allocation Board monies received from the state school facilities funding program for purchase, modernization or construction if selling their property unless it is leased or sold to a school district, county office of education or agency that will use the property exclusively for the delivery of child care and development services.	Chapter 496 Signed by Governor: October 2, 2013
School Age Children		
AB 547 (Salas)	Adds career exploration to list of possible activities that may satisfy the academic assistance element of the 21st Century Community High School After School and Enrichment for Teens program. Defines career exploration as activities that help pupils develop the knowledge/skills relevant to their career interests and reinforce academic content.	Chapter 703 Signed by Governor: October 10, 2013
AB 626 (Skinner & Lowenthal)	Requires After School Education and Safety (ASES) program meals as well as snacks served to students conform to federal nutrition standards. Would allow food service expenses to be charged directly to the cafeteria account funds. Would specify food and beverages that may be sold to pupils before and after school. Amends provisions relating to food and beverages sold as part of fundraising event.	Chapter 706 Signed by Governor: October 10, 2013

Miscellaneous		
AB 10 (Alejo)	Increases the minimum wage to \$9 per hour as of July 1, 2014 and to \$10 per hour as of January 1, 2016.	Chapter 351 Signed by Governor: September 25, 2013
AB 241 (Ammiano)	Enacts the Domestic Worker Bill to, until January 1, 2017, regulate the hours of work of certain domestic workers and provide an overtime compensation rate for those employees. Defines domestic work as services related to the care of persons in private households or maintenance of private households or their premises. Excludes from "Domestic Work Employee" persons exempt from licensing requirements if child care is subsidized per the Child Care and Development Act.	Chapter 374 Signed by Governor: September 26, 2013
AB 260 (Gordon)	Requires the City and County of San Francisco to terminate its individualized county child care subsidy plan on July 1, 2016 and phase it out by July 1, 2018. Requires the County of San Mateo to end its individualized child care subsidy plan as a pilot on July 1, 2014, allowing it to continue to July 1, 2018.	Chapter 821 Signed by Governor: September 30, 2012
SB 252 (Liu)	Authorizes a pregnant woman to satisfy welfare to work provisions of CalWORKs by participating in a voluntary maternal, infant and early childhood home visitation program or another home visiting program for low-income Californians approved by the U.S. DHHS, subject to receipt of a federal waiver. Further clarifies exemption from welfare to work activities due to pregnancy. Would state that an applicant or recipient of CalWORKs is entitled to breastfeed her baby in any public area where they are authorized to be present inclusive of a county welfare or any other county office.	Chapter 560 Signed by Governor: October 4, 2013
SB 528 (Yee)	Provisions relating to foster youth 1) authorizes a dependent minor's social worker, if the child is 12 years or older, to inform the minor of their rights to consent to and receive certain health services, including information on reproductive health care, and 2) allow child welfare agencies to provide minor and non-minor dependent parents with access to social workers or resource specialists trained in their needs and the available resources and that case plans are developed and updated through a team decision making process. In addition, describes legislative intent to ensure that complete and accurate data on parenting minors and non-minor dependents is collected and that DSS is to insure the information is available to the public on a quarterly basis by county.	Chapter 328 Signed by Governor: September 3, 2013

Resolutions		
ACR 45 (Weber)	Urges the State Legislature and Governor to restore budget funding to early care and education programs and to support efforts to fund and implement a Quality Rating and Improvement System and other programs that support early care and education. In addition, urges the legislature to commit to improving public understanding of the role that early care and education plays in securing an educated and stable workforce.	Resolution Chapter 75 Adopted by Assembly: May 20, 2013 Adopted by Senate: July 8, 2013 Chaptered: August 15, 2013
AJR 16 (Bonilla)	Urges Congress to enact President Obama's budget proposal to increase funding for preschool and early learning. In addition, urges the SPI to prepare a plan for making California competitive for future increases in federal funding to preschool and early learning programs.	Resolution Chapter 153 Adopted by Assembly: May 1, 2013 Adopted by Senate: August 15, 2013 Chaptered: September 27, 2013

Questions or comments relating to this document may be referred to Michele Sartell, Los Angeles County Office of Child Care within the Service Integration Branch of the Chief Executive Office, by e-mail at msartell@ceo.lacounty.gov or by telephone at (213) 974-5187.

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CHILD CARE PLANNING COMMITTEE

Strategic Plan for Child Care and Development in Los Angeles County – 2013-18



Overview

Introduction

The Strategic Plan for Child Care and Development in Los Angeles County – 2013-18 (Strategic Plan) was developed over an 18 month period and involved the participation of the entire Child Care Planning Committee (Planning Committee) and other community stakeholders. Planning resulted in four overarching goal areas: quality, access, workforce and planning council role. The Strategic Plan emphasizes strategy over fixed objectives in order to provide a fluid approach given the changing policy and fiscal climates.

Implementation of the Strategic Plan will require the efforts of the Planning Committee along with the actions, support and initiatives of other local and statewide stakeholders. The strategies presented in the Strategic Plan assume effective coordination between the Planning Committee, the Policy Roundtable for Child Care and Development, and specific programs such as the Quality Rating and Improvement Systems (Steps to Excellence Project and Race to the Top-Early Learning Challenge), as well as with local stakeholder organizations and County departments.

Quality

Desired Impact: High quality early care and education is available throughout Los Angeles County.

Outcome: There is a common definition of quality as articulated by an agreed upon quality rating and improvement system (QRIS) for both centers and family child care homes that addresses the comprehensive needs of children.

Goal: QRIS implemented in Los Angeles County is accessible and understandable to parents, providers and the public.

Strategies include: 1) Promoting alignment of QRIS standards, 2) supporting development of a QRIS operational structure that is effective, efficient and informative, 3) supporting development of educational/informative materials for providers and parents that explain the QRIS and the ratings, and 4) facilitating support for and information to programs and providers to assist with incorporating health, mental health, family support and other relevant community services.

Access

Desired Impact: There is a sufficient distribution and effective use of resources to meet the early care and education needs of children, families and communities.

Outcome: Access to quality early care and education is increased through the effective use of all public and private investments from federal, state and local entities.

Goal: Increase the supply of and access to appropriate early care and education options by maximizing the use of existing state and federal funds and ensuring connections between early care and education providers and other support services to address all children's needs and abilities.

Strategies include: 1) Facilitating intentional connections between County departments serving children and families and early care and education services, 2) enhancing the capacity of early care and education providers to utilize other services and supports and to make appropriate referrals to meet children's needs, 3) engaging with community partners to facilitate technical assistance in fiscal and program management for

early care and education programs and providers, and 4) sharing broadly the results of an annual needs assessment and priorities for future funding with community partners and policymakers.

Workforce

Desired Impact: Los Angeles County children have high quality early care and education experiences that prepare them as lifelong learners and productive citizens of the world.

Outcome: Early care and education educators have the competencies necessary to provide high quality experiences for children inclusive of all abilities.

Goal: Early care and education educators implement best practices effectively in serving children and families of diverse backgrounds and abilities.

Strategies include: 1) Advocating for enhanced licensing standards regarding teacher preparation and education, 2) promoting early care and education professional development efforts and opportunities across the County, 3) establishing new, continuing partnerships with other organizations to disseminate information on best practices using various distribution methods including social media, and 4) promoting the development of leadership in the field of early care and education.

Planning Council Role

Desired Impact: There is a more unified voice in early care and education for Los Angeles County.

Outcome: The Planning Committee is a forum where early care and education issues and ideas are presented and discussed to build consensus that supports the efforts of many groups to improve the early care and education infrastructure in the County.

Goal: Participation in the Planning Committee is expanded to include more stakeholders.

Strategies include: 1) Outreaching to other groups with early care and education policy agendas, 2) using the Joint Committee on Legislation to engage stakeholders, 3) planning for facilitated discussion sessions at Planning Committee meetings, 4) developing a tiered process that incorporates big issues, local policies and administrative issues in discussions and in making policy recommendations, and 5) exploring the use of social media for Planning Committee purposes and to act on policy recommendations.

More Information

The entire Strategic Plan is available for download from the Office of Child Care website at www.childcare.lacounty.gov – click on “About Us” and then “Child Care Planning Committee” to access the link or contact Michele Sartell by e-mail at msartell@ceo.lacounty.gov or by telephone at (213) 974-5187.

CHILD CARE PLANNING COMMITTEE MISSION STATEMENT

The mission of the Child Care Planning Committee is to engage parents, child care providers, allied organizations, community, and public agencies in collaborative planning efforts to improve the overall child care infrastructure of Los Angeles County, including the quality and continuity, affordability, and accessibility of child care and development services for all families.



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[Home](#) > [Blogs](#) > [thenotebook's blog](#) > House and Senate preschool bills: A guide to the latest proposal

House and Senate preschool bills: A guide to the latest proposal

by on Nov 14 2013

by Alyson Klein for *Education Week*

President Obama's vision -- outlined in his [State of the Union address](#) -- to help states expand prekindergarten to a broad swath of low- and moderate-income 4-year-olds would be realized under bipartisan legislation slated to be released today on Capitol Hill.

EDUCATION WEEK

The measure has bipartisan backing -- it's being put forth by the top Democrats in both chambers on education issues, along with one Republican, Rep. Richard Hanna, R-N.Y. But it would cost more than \$30 billion over its first five years and faces some major hurdles in a Congress consumed with trimming spending.

Still, the legislation, written by Sen. Tom Harkin, D-Iowa, the chairman of the Senate education committee, and Rep. George Miller, the top Democrat on the House education committee, along with Hanna, is still worth a close look. If the political landscape ever changes, the bill could help inform a major remaking of the federal role in prekindergarten. Plus, this is the first significant, bipartisan, bicameral bill on prekindergarten in over a decade -- a pretty big deal all in itself.

And the bill could help gin-up further congressional action on early childhood education: Rep. John Kline, R-Minn., the chairman of the House education committee, issued a statement balking at the high pricetag of the bill, but said he'd like to hold a hearing on early childhood education soon.

And during an event officially unveiling the legislation, Hanna expressed optimism. "I may be the first Republican" to endorse this legislation, "but I won't be the last," he said. Hanna and Miller also urged budget negotiators to consider preschool as they work out a long-term spending agreement. Hanna called it a "priority."

Former Rep. Mike Castle, a Republican from Delaware who now does some work with preschool advocates, said that early childhood might have a better shot than any other education issue at getting bipartisan support. But Castle, who was known for his ability to reach across party lines, guessed that any final bill might not look exactly like the Harkin-Miller-Hanna proposal.

What does the bill do? Under the legislation, states that want to offer prekindergarten to low- and moderate-income 4-year-olds would get a major assist from the federal government, at least initially. They would be eligible to apply for formula funds that would be distributed to states based on their proportion of such children, whose families make roughly \$47,000 a year or less.

- The feds wouldn't pick up the whole tab, though. States would have to pony up 10 percent of their own money to match the federal funds for two years. That would gradually increase to a 100 percent match by the eighth year. States could give the grants out to school districts (including charter districts), high-quality early-education providers, or consortia of providers. More money would be made available to states that provide preschool to half -- or more -- of eligible 4-year-olds.
- States that want to go further could also extend the program to children ages birth through 3 who come from low- and moderate-income families. And states could reserve up to 15 percent of their funding to help serve children birth through 3 whose families meet the income requirements.
- Prekindergarten programs funded under the bill would have to meet certain quality standards. For instance, they'd have to be full-day, and teachers would have to have a bachelor's degree and demonstrated knowledge of early-childhood education. That might be easier said than done, per [this story](#).

How much will all this cost, and how are we going to pay for it? The House version of the measure authorizes \$27 billion over the first five years, just for the state grant portion of the bill. Plus there's \$750 million for grants to help states boost preschool quality and to provide extra money for Head Start. That's a pretty high price tag, even by federal standards, and the bill doesn't pinpoint a way to cover the cost. The Obama administration had suggested paying for the program through a tax on tobacco products—an idea that met with some pretty strong resistance from the tobacco lobby.

House and Senate aides who worked on the bill said they essentially wanted to get the policy out, and would work with folks on the budget and appropriations committees (which control the congressional purse strings) to find a way to pay for it. That's not going to be easy, given the broken budget process.

What are the big differences between this and the Obama plan?

There are several:

- The Obama administration's [proposal](#) would allow states to expand the program to cover the cost of full-day kindergarten. The House and Senate bills instead open the door to pumping more money to younger children from disadvantaged backgrounds. (infants to age 3).

But the change opens a potential area of concern, said Laura Bornfreund, a senior policy analyst at the New America Foundation's early-childhood initiative, who overall found much to like in the proposal. Because not all districts offer full-day kindergarten, it's possible under the bill that young children could move from a full-day, high-quality preschool program to a half-day kindergarten program, she explained.

Helen Blank, the director of child care and early learning at the National Women's Law Center, liked the direction of the bill. "It stretches the president's proposal in positive ways," she said.

- The Obama proposal relies on mandatory funding—meaning the funding would be outside of the regular, completely contentious appropriations process on Capitol Hill. But, under the congressional proposal, the money would be discretionary, meaning lawmakers would have to cough up the funds every year. That's a tough proposition in a tight-fisted Congress, and it could make the financing less predictable for states that might want to join the program.
- Congress would make the program somewhat cheaper for states in the long run than the administration would, by requiring states to kick in less of their own money during the ninth and 10th years in the program. This might entice more states to support the preschool expansion, which has yet to get a full-throated endorsement from a Republican governor. But it's also costlier for the feds overall.

Are there any differences between the House and Senate bills? Just one major one. The House education bill authorizes \$1.4 billion for an increase to Early Head Start. (That's the same amount that's in the president's budget request.) The Senate bill (which, it's worth noting, doesn't have a GOP sponsor) goes farther, authorizing \$4 billion for Early Head Start. But authorizations are just recommendations. They're not binding.

Can every state get the money? No. States would have to have early-learning standards, be able to link preschool data to K-12, and provide state-funded kindergarten, among other requirements. Plus, states don't have to sign on. They opt-in.

How many states meet these requirements? House and Senate aides couldn't provide a total -- and neither could U.S. Secretary of Education Arne Duncan when he was asked the same question months ago about the administration's similar proposal. The idea, however, was to set a relatively low bar so that lots of states would be able to participate, House and Senate aides said.

What if states are interested, but their early-childhood education programs aren't up to snuff just yet? The bill would authorize a \$750 million pot of money for states to improve their programs. States would have to kick in a 20 percent match to get the funds.

What else do Republicans have to say? Sen. Lamar Alexander, the top Republican on the Senate education committee, said that "almost everyone supports preschool education" but that the bill doesn't make effective use of the billions the feds already spend on early childhood education.

"This is Washington at its worst: a noble goal, a press conference taking credit, not much federal money, and too many federal mandates, sending the long-term bill to state and local taxpayers," he said.

And Harkin tried to find a GOP sponsor, presenting the bill to lawmakers, both off and on the education committee. No takers, but some Republican lawmakers are apparently cooking up their own preschool proposal.

For their part, GOP governors and chiefs haven't exactly been knocking themselves over to endorse the president's plan, in part because of the high match requirements in later

years of the program. More in [this story](#). But preschool is a [popular policy](#) this year, in both red and blue states.

What does the advocacy community think? Overall, advocates for early-childhood education, who have been pushing for universal prekindergarten since pretty much the dawn of time, acknowledge the obvious political hurdles, but are really psyched that the bill exists at all.

"I think it's an important bill," said Blank, who has been lobbying on early childhood for decades. "It would ensure that 4-year-olds who need a strong start would come to kindergarten ready to take on their early elementary years."

What's the sponsors' plan for moving the bill forward? The Senate education committee is going to hold a hearing on the bill early next year. And after that, there will be a markup (committee consideration). No word yet on floor action. The House education committee is controlled by Republicans, most of whom threw cold water on the president's proposal as soon as it was released, so don't hold your breath for quick action over there.

This is a reprint of an article that [originally appeared](#) at Education Week.

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The New York Times

November 9, 2013

Oklahoma! Where the Kids Learn Early

By **NICHOLAS D. KRISTOF**

TULSA, Okla. — LIBERALS don't expect Oklahoma to serve as a model of social policy. But, astonishingly, we can see in this reddest of red states a terrific example of what the United States can achieve in early education.

Every 4-year-old in Oklahoma gets free access to a year of high-quality prekindergarten. Even younger children from disadvantaged homes often get access to full-day, year-round nursery school, and some families get home visits to coach parents on reading and talking more to their children.

The aim is to break the cycle of poverty, which is about so much more than a lack of money. Take two girls, ages 3 and 4, I met here in one Tulsa school. Their great-grandmother had her first child at 13. The grandmother had her first at 15. The mom had her first by 13, born with drugs in his system, and she now has four children by three fathers.

But these two girls, thriving in a preschool, may break that cycle. Their stepgreat-grandmother, Patricia Ann Gaines, is raising them and getting coaching from the school on how to read to them frequently, and she is determined to see them reach the middle class.

"I want them to go to college, be trouble-free, have no problem with incarceration," she said.

Research suggests that high-poverty parents, some of them stressed-out kids themselves, don't always "attach" to their children or read or speak to them frequently. One well-known study found that a child of professionals hears 30 million more words by the age of 4 than a child on welfare.

So the idea is that even the poorest child in Oklahoma should have access to the kind of nurturing that is routine in middle-class homes. That way, impoverished children don't begin elementary school far behind the starting line — and then give up.

President Obama called in his State of the Union address this year for a nationwide early education program like this, for mountains of research suggests that early childhood initiatives are the best way to chip away at inequality and reduce the toll of crime, drugs and educational failure. Repeated studies suggest that these programs pay for themselves: build preschools now, or prisons later.

Because Obama proposed this initiative, Republicans in Washington are leery. They don't want some fuzzy new social program, nor are they inclined to build a legacy for Obama. Yet national polling suggests that a majority of Republicans favor early-education initiatives, so I'd suggest that Obama call for nationwide adoption of "The Oklahoma Project" and that Republicans seize ownership of this issue as well.

It's promising that here in Oklahoma, early education isn't seen as a Republican or Democratic initiative. It is simply considered an experiment that works. After all, why should we squander human capacity and perpetuate social problems as happens when we don't reach these kids in time?

"This isn't a liberal issue," said Skip Steele, a Republican who is a [Tulsa City Council member](#) and strong supporter of early education. "This is investing in our kids, in our future. It's a no-brainer."

Teachers, administrators and outside evaluators agree that students who go through the preschool program end up about half a year ahead of where they would be otherwise.

"We've seen a huge change in terms of not only academically the preparation they have walking into kindergarten, but also socially," said [Kirt Hartzler](#), the superintendent of Union Public Schools in Tulsa. "It's a huge jump-start for kids."

Oklahoma began a pilot prekindergarten program in 1980, and, in 1998, it passed a law providing for free access to prekindergarten for all 4-year-olds. Families don't have to send their children, but three-quarters of them attend.

In addition, Oklahoma provides more limited support for needy children 3 and under. Oklahoma has more preschools known as [Educare schools](#), which focus on poor children beginning in their first year, than any other state.

Oklahoma also supports home visits so that social workers can coach stressed-out single moms (or occasionally dads) on the importance of reading to children and chatting with them constantly. The social workers also drop off books; otherwise, there may not be a single children's book in the house.

The Oklahoma initiative is partly a reflection of the influence of George B. Kaiser, a Tulsa billionaire who searched for charitable causes with the same rigor as if he were looking at financial investments. He decided on early education as having the highest return, partly because neuroscience shows the impact of early interventions on the developing brain and partly because careful studies have documented enormous gains from early education.

So Kaiser began investing in early interventions in Oklahoma and advocating for them, and, because of his prominence and business credentials, people listened to the evidence he cited. He also argues, as a moral issue, that all children should gain fairer access to the starting line.

“Maybe the reason that rich, smart parents had rich, smart children wasn’t genetics,” Kaiser told me, “but that those rich, smart parents also held their kids, read to them, spent a lot of time with them.”

I tagged along as a social worker from Educare visited Whitney Pingleton, 27, a single mom raising three small children. They read to the youngest and talked about how to integrate literacy into daily life. When you see a stop sign, the social worker suggested, point to the letters, sound them out and show how they spell “stop.”

Some of the most careful analysis of the Oklahoma results comes from a team at Georgetown University led by [William T. Gormley Jr.](#) and [published in peer-reviewed journals](#). The researchers find sharp gains in prereading, prewriting and prearithmetic skills, as well as improvements in social skills. Some experts think that gains in the ability to self-regulate and work with others are even more important than the educational gains — and certainly make for less disruptive classes. Gormley estimates that the benefits of Oklahoma’s program will outweigh the costs by at least a ratio of 3 to 1.

So how about it, America?

Can we embrace “The Oklahoma Project” — not because it’s liberal or conservative, but because it’s what is best for our kids and our country?

I invite you to comment on this column on my blog, [On the Ground](#). Please also join me on [Facebook](#) and [Google+](#), watch my [YouTube videos](#) and follow me on [Twitter](#).

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Childhood Maltreatment Can Leave Scars In The Brain

by **JON HAMILTON**

November 04, 2013 5:10 PM

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All Things Considered

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Allen Johnson/iStockphoto.com

Maltreatment during childhood can lead to long-term changes in brain circuits that process fear, researchers say. This could help explain why children who suffer abuse are much more likely than others to develop problems like anxiety and depression later on.

Brain scans of teenagers revealed weaker connections between the prefrontal cortex and the hippocampus in both boys and girls who had been maltreated as children, a team from the University of Wisconsin reports in the *Proceedings of the National Academy of Sciences*. Girls who had been maltreated also had relatively weak connections between the prefrontal cortex the amygdala.

Those weaker connections "actually mediated or led to the development of anxiety and depressive symptoms by late

adolescence," says Ryan Herringa, a psychiatrist at the University of Wisconsin and one of the study's authors.

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Maltreatment can be physical or emotional, and it ranges from mild to severe. So the researchers asked a group of 64 fairly typical 18-year-olds to answer a questionnaire designed to assess childhood trauma. The teens are part of a larger study that has been tracking children's social and emotional development in more than 500 families since 1994.



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The participants were asked how strongly they agreed or disagreed with statements like, "When I was growing up I didn't have enough to eat," or "My parents were too drunk or high to take care of the family," or "Somebody in my family hit me so hard that it left me with bruises or marks."

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There were also statements about emotional and sexual abuse. The responses indicated that some had been maltreated in childhood while others hadn't.

All of the participants had their brains scanned using a special type of MRI to measure the strength of connections among three areas of the brain involved in processing fear.

One area is the prefrontal cortex, which orchestrates our thoughts and actions, Herringa says. Another is the amygdala, which is "the brain's emotion and fear center," he says, and triggers the "fight or flight" response when we encounter something scary.

Herringa says messages from the amygdala to the prefrontal cortex are often balanced by input from a third area, the hippocampus, which helps decide whether something is truly dangerous. "So, for example, if you're at home watching a scary movie at night, the hippocampus can tell the prefrontal cortex that you're at home, this is just a movie, that's no reason to go into a full fight or flight response or freak out," Herringa says.



Author Interviews

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At least that's what usually happens when there's a strong connection between the hippocampus and prefrontal cortex, and the fear circuitry is working correctly.

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But Herringa says brain scans showed that in adolescents who had been maltreated as children, the connection with the hippocampus was relatively weak. He says in girls who had been maltreated, the connection with the amygdala was weak, too.

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That suggests the fear circuitry wasn't working the way it should, Herringa says. The result seems to explain something he sees in many young patients with anxiety and depression and a history of maltreatment. "These kids seem to be afraid everywhere," he says. "It's like they've lost the ability to put a contextual limit on when they're going to be afraid and when they're not."

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The finding that girls have weaker connections to two areas of the brain, not just one, could help explain why they seem to be more sensitive than boys to maltreatment, Herringa says.

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The results of the new study are important because they suggest better ways to diagnose and treat mental problems related to maltreatment, says Greg Siegle, a psychologist at the University of Pittsburgh.

"Maltreatment is a disorder where often people are not even aware of the extent of their symptoms," Siegle says. So having an objective test would be "a significant advance," he says.

The study also shows that brain researchers are making some progress in their quest to make mental health care more like physical health care, where objective tests confirm a diagnosis and measure the effectiveness of treatment, Siegle says.

"In psychiatry, in psychology, we very rarely have those tests because we just don't know the biological and brain mechanisms," he says. "This study is starting to get at what mechanisms we should be looking at."

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The New York Times
Opinionator

OCTOBER 30, 2013, 11:55 AM

Protecting Children From Toxic Stress

By [DAVID BORNSTEIN](#)

Editors' Note Appended

Imagine if scientists discovered a toxic substance that increased the risks of cancer, diabetes and heart, lung and liver disease for millions of people. Something that also increased one's risks for smoking, drug abuse, suicide, teen pregnancy, sexually transmitted disease, domestic violence and depression — and simultaneously reduced the chances of succeeding in school, performing well on a job and maintaining stable relationships? It would be comparable to hazards like lead paint, tobacco smoke and mercury. We would do everything in our power to contain it and keep it far away from children. Right?

Well, there is such a thing, but it's not a substance. It's been called “[toxic stress](#).” For more than a decade, researchers have understood that frequent or continual stress on young children who lack adequate protection and support from adults, is strongly associated with increases in the risks of lifelong health and social problems, including all those listed above.

In the late 1990s, Vincent Felitti and Robert Anda conducted a landmark [study](#) that examined the effects of adverse childhood experiences (ACEs) — including abuse, neglect, domestic violence and family dysfunction — on 17,000 mainly white, predominately well-educated, middle class people in San Diego. They found a powerful connection between the level of adversity faced and the incidence of many health and social problems. They also discovered that ACEs were more common than they had expected. (About 40 percent of respondents reported two or more ACEs, and 25 percent reported three or more.) Since then, [similar surveys](#) have been conducted in several states, with consistent findings.

In the years since, advances in biology, neuroscience, epigenetics and other fields have shed light on the [mechanisms](#) behind this phenomenon. “What the science is telling us now is how experience [gets into the brain](#) as it's developing its basic architecture and how it gets into the cardiovascular system and the immune system,” explains Jack P. Shonkoff, director of the Center on the Developing Child at Harvard University, where the term toxic stress was coined. “These insights provide an opportunity to think about new ways we might try to reduce the academic achievement gap and health disparities — and not just do the same old things.”

First, it's important to note that toxic stress is not a determinant, but a risk factor. And while prevention is best, it's never too late to mitigate its effects. It's also critical to distinguish between "toxic stress" and normal stress. In the context of a reasonably safe environment where children have protective relationships with adults, Shonkoff explains, childhood stress is not a problem. In fact, it promotes healthy growth, coping skills and resilience. It becomes harmful when it is prolonged and when adults do not interact in ways that make children feel safe and emotionally connected.

This distinction is critical, because it opens the way to **new opportunities** to prevent a cascade of health problems. It is exceedingly difficult to alter the environments that produce major stress for families, particularly poverty. However, children can be shielded from the most damaging effects of stress if their parents are taught how to respond appropriately. "One thing that is **highly protective** is the quality of the relationship between the parent and the child," explains Darcy Lowell, an associate clinical professor at Yale University School of Medicine and the founder of Child First, a program based in Shelton, Conn., that has marshaled strong evidence demonstrating the ability to intervene early, at relatively low cost, to reduce the harm caused by childhood stress in extremely high-need families. "Early relationships, where adults are responsive and attentive, are able to buffer the damaging effects on the brain and body," she says.

Child First, initially developed at Bridgeport Hospital in Connecticut, now works in partnership with community-based agencies in 15 locations across the state, where staff members deliver its program of home-based parent guidance and child-parent psychotherapy. In a **well-controlled study**, children served by Child First were compared with those receiving usual social services and were found to be significantly less likely to have language problems and aggressive and defiant behaviors. Their mothers had markedly less depression and mental health problems, and the families were less likely to be involved with child protective services even three years later.

Consider Ana Sophia, who is 5 years old. Her mother, Ana Patricia, emigrated to the United States from Guatemala to escape domestic violence. (Their surnames have been omitted.)

When Ana Sophia was 2, she was sexually abused by the husband of her child care provider. Before, she had been a "pleasant and affectionate child," her mother said. After, she began having frequent outbursts of rage. "She would explode into tantrums, throwing chairs, throwing her cot, screaming, crying," recalled Ana Patricia, who works as a housekeeper. She didn't know what to do. She felt hurt and guilty; her instinct was to allow the tantrums and hug Ana Sophia. But the tantrums also triggered her own feelings of helplessness and fear and she would often react angrily.

This is the kind of pattern that, if uninterrupted, would have only gotten worse. And although problems like this are common, clinical services targeting young children remain few and far between. Indeed, Ana Sophia's experience needs to be considered in

the context of the epidemic of preschool expulsions in the United States today, which studies have found to be **three** to **13** times as commonplace as K-12 expulsions.

And they can be prevented. At [the Village for Families and Children](#), a social service agency in Hartford, 25 percent of the 100 families with a preschooler being served by Child First had a child who had been expelled from a preschool or was at imminent risk of being expelled, observed Kimberly Martini-Carvell, senior director at the agency. “Since Child First began working with those families, we’ve seen a dramatic reduction in expulsions,” she added, with only two children being expelled.

“Ana Patricia was allowing her daughter to do what she wanted to do,” explained Loretto Lacayo, a mental health and developmental clinician who delivers the Child First program. “That doesn’t feel safe to a child, especially after the loss of control of being abused.” Lacayo and her team partner, Sarah Rendon, helped Ana Patricia learn how to interact with her daughter in a sensitive but protective manner.

Through her work with Child First, Ana Patricia said she has learned how to recognize how Ana Sophia is feeling, and listen to her better, and this has helped her daughter control her strong emotions and express her feelings without hurting people. “I was taught that it was embarrassing to talk about feelings,” she said. “This is very different from what my mother did.”

By developing the ability to read a child’s cues, and by being emotionally available on a daily basis, parents can provide buffers that reduce the harmful physiological effects of high stress. “I feel like I enjoy my daughter more now,” Ana Patricia said. “And she enjoys me as a mother.”

Child First, whose funders include the Robert Wood Johnson Foundation, the Connecticut Department of Children and Families and the United States Department of Health and Human Services’ home visitation program, attributes its success to a number of factors. It is preventive, focusing on children under the age of 6. It works through teams, bringing a mental health professional into the home alongside a care coordinator who helps the family gain access to basic services.

Both pieces are necessary. Lowell recalled an ‘aha moment’ years before she started Child First in 2001 when she was consulting with an agency about a child who had a language delay. “The family didn’t come to a speech therapy appointment,” she recalled. “When we investigated, we found out Mom didn’t bring her out in the winter because she had no shoes for the child. It made me realize that we have to look at problems in the context of the whole family and their challenges.”

Child First teams visit families once a week for six to 12 months, or longer, with the goal of stabilizing the family. They begin by establishing trust, listening and understanding the family’s priorities. If the first thing a mother says is, “I want beds for my children,” then

that's step one. The engagement is guided by an **evidence-based** methodology called Child-Parent Psychotherapy, which is grounded in collaborative problem solving.

In this process, "the therapist does not present herself as the expert, but as a partner in seeking solutions together," explains Alicia Lieberman, director of the Child Trauma Research Program at the University of California, San Francisco, who led the development of this practice. It's essential that the therapist responds in a caring and nonjudgmental manner. "Many parents worry that something is basically wrong with them," says Lieberman. "It brings tremendous relief to hear that they are not 'bad.' And when they see the therapist believing in them and joining in their efforts to overcome problems, a different attitude gets established about themselves and their child."

Almost all of the parents that Child First works with (mostly single mothers, but sometimes fathers or grandparents) have experienced trauma themselves. They've grown up with limited models for understanding their children's behavior. "What often gets missed," observes Judy Adel, one of Child First's clinical directors, "is that every mother says, 'I want something better for my children.' They just don't know what it looks like."

A big goal is to help parents develop "reflective capacity" so they can respond with greater awareness about – and bring more wonder to – the meaning of their children's behavior every day. Another is to help parents become more effective problem solvers – exercising their "executive functioning" capabilities, which can be impaired by traumatic childhood experiences.

Teams do this by asking respectful questions that guide parents to their own insights, rather than imposing solutions. They also use video to capture the power of everyday moments. One time, for instance, a team was with a mother and her child in a mall with a play space. The baby started crawling through a tunnel and the mother said, "I bet I can get through that."

"Later, the video showed how the baby squealed with excitement at the interaction," recalled Judy Adel. "It was like her brain went on fire." For a mother with a history of loss, trauma or neglect, seeing how much she matters to her baby can be an "aha moment," explains Lowell. "Many mothers don't feel that what they do has any impact on their child's development or that their child even loves them. So seeing a child's delight when they look up at their mother's face is a very powerful communication. It can begin to change the trajectory of the relationship."

"There are millions of times that children are doing things that parents are missing or misreading," she adds, "and there's no joy or delight in their parenting. We want delight! Delight is protective. When a child feels loved and valued by a parent, it buffers the circumstances. We can't fix poverty but we can buffer the stresses."

Child First has struck a chord. It has received invitations to bring its model to 24 states. Among high-risk families, the need is dramatic. But the science around toxic stress has

much bigger implications. With the growing knowledge about the effects of ACEs, there are **implications** for **pediatricians**, day care policies, public schools, the justice system – just about **anyone who engages with children**, youths or adults with behavior problems. One big take-away is to change the question from: What’s wrong with the person? To: What happened to the person? And: What’s the best response? (Hint: punishment is usually not.)

“This new knowledge calls for a population-based public health response — like what was done for smoking, seatbelts and drunk driving,” notes Kristin B. Schubert, a former health policy analyst who directs the Vulnerable Populations program at the Robert Wood Johnson Foundation.

The stakes? “To my mind,” comments Robert Anda, “it’s the most important opportunity for the prevention of health and social problems and disease and disability that has ever been seen.”

In my next column, I’ll look at how the research on ACEs and toxic stress is being used around the country to improve the way different systems work.

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David Bornstein is the author of “How to Change the World,” which has been published in 20 languages, and “The Price of a Dream: The Story of the Grameen Bank,” and is co-author of “Social Entrepreneurship: What Everyone Needs to Know.” He is a co-founder of the Solutions Journalism Network, which supports rigorous reporting about responses to social problems.

Editors' Note: October 31, 2013

An earlier version of this article included the surname of a child victim of sexual abuse. Although the journalist obtained the family's permission to use the surname, The Times has decided to omit it.

This post has been revised to reflect the following correction:

Correction: October 31, 2013

An earlier version of this article misstated the location of the Child First headquarters. It is in Shelton, Conn., not Bridgeport.

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Original Investigation

The Effects of Poverty on Childhood Brain Development

The Mediating Effect of Caregiving and Stressful Life Events

Joan Luby, MD; Andy Belden, PhD; Kelly Botteron, MD; Natasha Marrus, MD, PhD; Michael P. Harms, PhD; Casey Babb, BA; Tomoyuki Nishino, MS; Deanna Barch, PhD

IMPORTANCE The study provides novel data to inform the mechanisms by which poverty negatively impacts childhood brain development.

OBJECTIVE To investigate whether the income-to-needs ratio experienced in early childhood impacts brain development at school age and to explore the mediators of this effect.

DESIGN, SETTING, AND PARTICIPANTS This study was conducted at an academic research unit at the Washington University School of Medicine in St Louis. Data from a prospective longitudinal study of emotion development in preschool children who participated in neuroimaging at school age were used to investigate the effects of poverty on brain development. Children were assessed annually for 3 to 6 years prior to the time of a magnetic resonance imaging scan, during which they were evaluated on psychosocial, behavioral, and other developmental dimensions. Preschoolers included in the study were 3 to 6 years of age and were recruited from primary care and day care sites in the St Louis metropolitan area; they were annually assessed behaviorally for 5 to 10 years. Healthy preschoolers and those with clinical symptoms of depression participated in neuroimaging at school age/early adolescence.

EXPOSURE Household poverty as measured by the income-to-needs ratio.

MAIN OUTCOMES AND MEASURES Brain volumes of children's white matter and cortical gray matter, as well as hippocampus and amygdala volumes, obtained using magnetic resonance imaging. Mediators of interest were caregiver support/hostility measured observationally during the preschool period and stressful life events measured prospectively.

RESULTS Poverty was associated with smaller white and cortical gray matter and hippocampal and amygdala volumes. The effects of poverty on hippocampal volume were mediated by caregiving support/hostility on the left and right, as well as stressful life events on the left.

CONCLUSIONS AND RELEVANCE The finding that exposure to poverty in early childhood materially impacts brain development at school age further underscores the importance of attention to the well-established deleterious effects of poverty on child development. Findings that these effects on the hippocampus are mediated by caregiving and stressful life events suggest that attempts to enhance early caregiving should be a focused public health target for prevention and early intervention. Findings substantiate the behavioral literature on the negative effects of poverty on child development and provide new data confirming that effects extend to brain development. Mechanisms for these effects on the hippocampus are suggested to inform intervention.

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← Editorial

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The deleterious effects of poverty on child development have been well established in psychosocial research, with poverty identified as being among the most powerful risk factors for poor developmental outcomes.^{1,2} Children exposed to poverty have poorer cognitive outcomes and school performance, and they are at higher risk for antisocial behaviors and mental disorders.³ Notably, developmental deficits associated with poverty have been detected as early as infancy.^{4,5} Despite these established and alarming poor developmental outcomes, to date, there have been little neurobiological data in humans to inform the mechanism(s) of these relationships. This represents a critical gap in the literature and an urgent national and global public health problem based on statistics that more than 1 in 5 children are now living below the poverty line in the United States alone.⁶

The tangible effect of early environmental exposures on brain development has been well established in laboratory animals. Animals exposed to enriched environments high in stimulation have been shown to display increased hippocampal cell proliferation and neurogenesis compared with those reared in relative deprivation.⁷ Poverty represents a form of human deprivation that may parallel this animal model, raising the question of whether low levels of stimulation and relative psychosocial neglect associated with poverty have a similar negative effect on human brain development. A few studies have directly investigated the relationship between poverty and childhood brain development. Consistent with animal data, Noble and colleagues⁸ detected a smaller hippocampus and amygdala in 5- to 17-year-old children living in poverty. In a large community sample, Hanson et al⁹ reported smaller hippocampal gray matter volumes among children from lower-income backgrounds. Lower socioeconomic status was associated with smaller hippocampal gray matter volumes bilaterally in a small sample of healthy 10-year-old children.¹⁰

These findings suggest that exposure to poverty has deleterious effects on human amygdala and hippocampal development. These brain regions, involved in stress regulation and emotion processing, are known to be sensitive to environmental stimuli. However, what remains unclear, and critical to addressing this public health problem, are the specific factors that mediate this association in humans. Poverty is strongly associated with a number of risk factors implicated in poor developmental outcomes in behavioral studies, such as unsupportive parenting, poor nutrition and education, lack of caregiver education, and high levels of traumatic and stressful life events, making the income-to-needs ratio a good proxy for cumulative developmental stress.¹¹ These and other associated factors could serve as mechanisms mediating the negative impact of poverty on brain development. It is unclear whether such mediators of risk are also operative at the neurobiological level in humans.

Experimental studies of the neurobiological impact of poverty cannot be conducted in humans for obvious ethical reasons. However, the negative effect of early unsupportive parenting in the form of maternal deprivation and stress on hippocampal and amygdala development has been well established in rodents. Stress paradigms in rodent models have been associated with elevated anxiety and contrasting altera-

tions in neuronal morphology in the hippocampus and amygdala, with dendritic atrophy observed in the hippocampus and increased dendritic arborization in the amygdala.^{12,13} Developing rodents deprived of maternal nurturance show decreased hippocampal volume and altered stress reactivity.¹⁴ An epigenetic mechanism for this effect has been elaborated.¹⁵ Importantly, controlled trials that have randomized institutionalized toddlers to early therapeutic foster care vs institutionalization have documented the deleterious effects of early relative deprivation on cognitive outcomes.¹⁶

A few studies have investigated the effects of early caregiving on amygdala and hippocampal volumes in children. Consistent with animal data, Tottenham et al¹⁷ showed an association between early institutional rearing and larger amygdala volumes. While animal data would suggest that institutional rearing would lead to reduced hippocampal volume, some investigators have suggested that such effects may not become evident in humans until later in life.¹⁸ Consistent with this, decreased hippocampal volumes have been found in numerous studies of adults who experienced high levels of childhood stress/trauma.^{19,20} In spite of this hypothesized delayed hippocampal effect, a positive impact of early supportive parenting on hippocampal development has been detected as early as school age.²¹

To investigate the effects of poverty on childhood brain development and to begin to inform the mediating mechanisms of these negative effects, we investigated associations between poverty and total white and total cortical gray matter volume, as well as hippocampus and amygdala volumes, in a sample of children ages 6 to 12 years followed up longitudinally since the preschool period. Based on the behavioral data in humans and the neurobiological data in animals, we hypothesized that an effect of poverty on these brain volume outcomes would be found. We also hypothesized that key variables associated with poverty and known to negatively impact child development outcomes, including caregiving support, caregiver education, and stressful life events, would mediate the association between poverty and brain volumes.

Methods

Participants

A total of 145 right-handed children were recruited from a larger sample enrolled in the 10-year longitudinal Preschool Depression Study (N = 305 at baseline). The larger sample was recruited from metropolitan St Louis day cares and preschools using a screening checklist to include healthy children and to oversample preschoolers with depressive symptoms. Subjects and their caregivers participated in 3 to 6 comprehensive annual diagnostic and developmental assessments prior to the first neuroimaging session (see article by Luby et al²² for full description). Subjects were screened for standard imaging contraindications. There were no significant differences on demographic variables between the imaging subsample and the original sample. **Table 1** shows the characteristics of the study sample. All study procedures were reviewed and approved by the institutional review board at the Washington University School of

Table 1. Demographics for Current Sample

Characteristic	No. (%)
Average parent education, y	
<High school diploma	10 (7)
High school diploma	11 (8)
Some college	57 (38)
College degree	27 (19)
Some graduate school or graduate/professional degree	40 (28)
Income-to-needs ratio, mean (SD) [range] ^a	2.14 (1.27) [0.00 to 4.74]
Family size, mean (SD) [range]	4.27 (1.21) [2 to 8]
Race/ethnicity	
African American	47 (56)
White	81 (32)
Other	17 (12)
Supportive-to-nonsupportive caregiving ratio, mean (SD) [range]	0.67 (0.45) [-0.44 to 1.75]
Children's age, mean (SD) [range], y	9.78 (1.29) [6 to 12]
Female children	73 (51)

^a Total family income divided by the federal poverty level for a family of that size closest to the year data were collected.

Medicine in St Louis. Written informed consent was obtained from parents, and assent was obtained from children.

Measures

The income-to-needs ratio was operationalized as the total family income divided by the federal poverty level based on family size in the year most proximal to data collection.²³ The value was calculated through baseline Preschool Depression Study data of caregiver-reported total family income and total number of people living in the household.

Psychiatric Diagnostic Status, Stressful Life Events, and Caregivers' Education

Subjects were assessed annually using the Preschool Age Psychiatric Assessment (parent interview, age 3-8 years) and Child and Adolescent Psychiatric Assessment (parent/child interview, age ≥9 years).²⁴ Both measures also reliably capture experiences of stressful and traumatic life events.^{25,26} Life events between baseline and time of scan were used for the current analysis.

Tanner Staging Questionnaire

The Tanner staging questionnaire was used to measure children's pubertal status at the time of the scan.^{27,28}

Parental Supportive/Hostile Caregiving

At the second assessment wave (ages 4-7 years), parent-child dyads were observed interacting during the waiting task, a structured task designed to elicit mild dyadic stress.²⁹ This laboratory task requires the child to wait for 8 minutes before opening a brightly wrapped gift within arm's reach. Children are told that they can open the gift once their caregiver completes questionnaires. Blind raters, trained to reliability, coded the interaction for caregivers' use of both supportive (eg, praising the child for waiting) and hostile (eg, threats about negative consequences) strategies. This task has acceptable psychometric properties and is a well-validated and widely used parenting measure.²⁹⁻³² Hostility scores were subtracted from support scores to provide a difference score.

Magnetic Resonance Image Acquisition

Two 3-dimensional T1-weighted magnetization-prepared rapid gradient echo scans were acquired on a Siemens 3.0-T Tim Trio scanner without sedation (sagittal acquisition; repetition time = 2300 milliseconds; echo time = 3.16 milliseconds; inversion time = 1200 milliseconds; flip angle = 8°; 160 slices; 256 × 256 matrix; field of view = 256 mm; 1.0-mm³ voxels; total time = 12:36 min).

Image Analyses

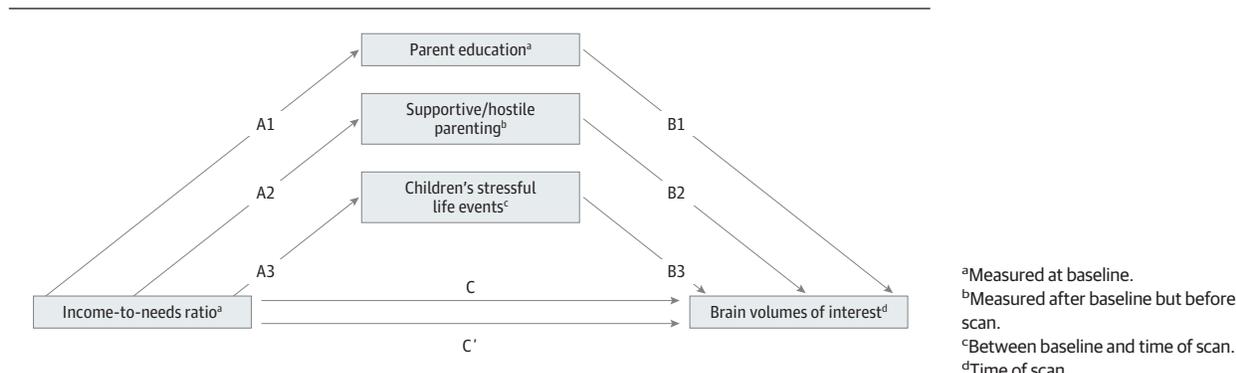
Whole Brain

Total gray and white matter volumes were obtained using FreeSurfer version 5.1. The white and pial FreeSurfer surfaces were visually inspected and were regenerated with manual intervention when necessary. Cortical gray matter volume was defined as the volume between the pial and white matter surfaces. White matter volume was calculated by subtracting the subcortical and ventricular volumes from the volume bounded by the white matter surface.

Amygdala and Hippocampus

The hippocampus was segmented by an automated high-dimensional template-based transformation. The manual template, delineated on 1 subject with typical anatomy, was reviewed by neuroanatomical gold standard experts following boundary definitions.^{33,34} The gold template surface, generated from the manual template, included gray and white matter. Subject images, landmarked by an experienced rater blind to subject characteristics, were aligned to the template through an affine transformation followed by a nonlinear large deformation transformation to increase alignment precision. After matching subject-template voxel intensities, a high-dimensional subject-template transformation was generated through large deformation diffeomorphic metric mapping.³⁵ Results were blindly reviewed (C.B.) for surface quality. The reliability of this process is well established.³⁴ The amygdala segmentation paralleled the methodology of the hippocampus.

Figure 1. Conceptual Model Testing Multiple Mediators of the Hypothesized Association Between Income-to-Needs Ratio and Variation in Brain Volume



Statistical Analyses

Potential Covariates

Pearson correlations and *t* tests were conducted to explore variation in brain volumes related to children's sex, age, pubertal status, history of psychiatric disorders (yes/no), and children's history of psychotropic medication use (yes/no). Covariates were included in the final analyses if significant for that particular region.

Associations Between Income-to-Needs Ratio and Brain Volume

Hierarchical multiple linear regression analyses were conducted to test whether the income-to-needs ratio predicted brain volumes. For all models, covariates were entered at step 1 and the income-to-needs ratio was entered at step 2.

Mediators of the Hypothesized Associations

Between Income-to-Needs Ratios and Brain Volumes

Three variables were tested as possible mediators of the relations between baseline income-to-needs ratios and children's brain volumes (Figure 1). Mediators were tested by calculating bias-corrected 95% CIs using bootstrapping with 10 000 resamples via the Process procedure for SPSS.^{36,37} Given that our data could not establish temporal precedence between caregivers' income-to-needs ratio and highest level of education, we chose to use baseline data for both variables.

Results

eTable 1 in Supplement shows the results of analyses testing potential covariates. Based on these results, sex was included as a covariate in all analyses except those examining right hippocampal volume. For analyses of white matter volume, children's age and pubertal status were also included as covariates. None of the brain volumes differed significantly in relation to children's history of *DSM-IV* Axis I disorder or psychotropic medication exposure. For all analyses examining hippocampus or amygdala volumes, children's total cortical brain volume (total white + total cortical gray) was included as a covariate to assess specificity.

Income-to-Needs Ratio Predicting Total White and Cortical Gray Matter Volumes

White Matter Volume

Children's age, sex, and pubertal status were entered at step 1. The income-to-needs ratio was entered at step 2 and was a positive predictor of white matter volume, accounting for a significant increase in variance (change $F_{1,137} = 8.12, P = .005$). The $R^2_{adjusted}$ for each step of the model, as well as the unstandardized regression coefficients (*B*), standard error (SE), and standardized regression coefficients (β), are reported in Table 2.

Cortical Gray Matter

Sex was included at step 1 of the model. The income-to-needs ratio was entered at step 2 and was a positive predictor of gray matter volume, accounting for a significant increase in variance (change $F_{1,142} = 21.79, P < .001$) (Table 2).

Income-to-Needs Ratio Predicting Left and Right Hippocampus and Amygdala Volumes

Covariates, including whole-brain volume, were entered in step 1. As seen in Table 3, for children's left hippocampus volume, including the income-to-needs ratio at step 2 resulted in a significant increase in the amount of variance accounted for (change $F_{1,115} = 5.76, P = .02$). The income-to-needs ratio was a positive predictor of children's left hippocampus volumes. For the right hippocampus, the increase in variance accounted for after including the income-to-needs ratio at step 2 only approached significance (change $F_{1,119} = 2.94, P = .09$). For children's left amygdala volume, including the income-to-needs ratio at step 2 resulted in a significant increase in the amount of variance accounted for (change $F_{1,120} = 6.28, P = .01$). The income-to-needs ratio was a positive predictor of children's left amygdala volumes. For right amygdala volumes, the increase in variance accounted for after including the income-to-needs ratio at step 2 only approached significance (change $F_{1,127} = 2.79, P = .09$).

Caregivers' Education, Parenting, and Stressful Life Events as Mediators of the Associations

Between Income-to-Needs Ratio and Brain Volumes

The analyses just described established a relationship between the income-to-needs ratio and later brain volumes. We

Table 2. Income-to-Needs Ratio Predicting Total White Matter and Cortical Gray Matter Volumes

Regression Step	<i>R</i> ² _{adjusted}	<i>B</i>	SE	β
Total white matter volume				
Step 1	.18 ^a			
Sex		35 825.52	8289.96	.33 ^a
Age		527.91	380.08	.16
Pubertal status		16 157.45	11 320.94	.15
Step 2	.22 ^a			
Sex		33 101.50	8140.35	.31 ^a
Age		705.30	373.53	.19 ^b
Pubertal status		11 585.00	11 155.72	.11
Income-to-needs ratio		9349.11	3280.85	.22 ^c
Total cortical gray matter volume				
Step 1	.11 ^a			
Sex		36 014.24	8353.40	.34 ^a
Step 2	.22 ^a			
Sex		32 716.59	7836.99	.31 ^a
Income-to-needs ratio		14 828.42	3176.82	.35 ^a

^a *P* < .001.

^b *P* < .05.

^c *P* < .01.

Table 3. Hierarchical Regression: Income-to-Needs Ratio Variable Predicting Hippocampus and Amygdala Volumes

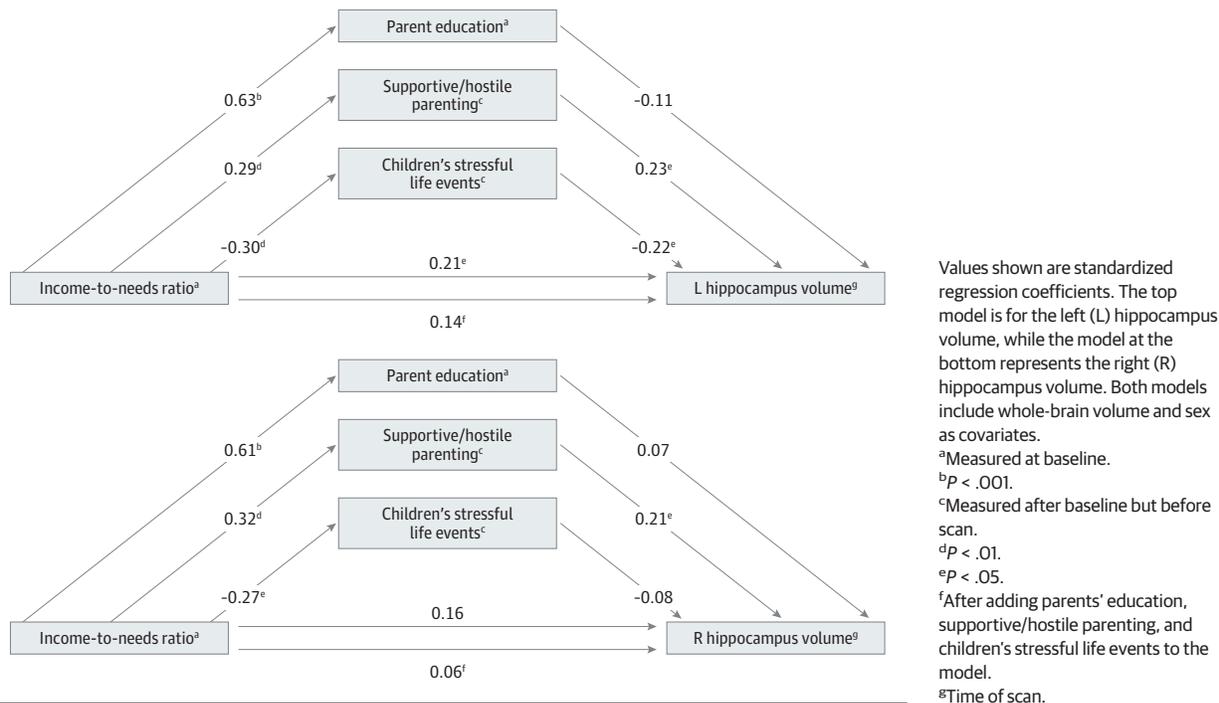
Regression Step	<i>R</i> ² _{adjusted}	<i>B</i>	SE	β
Left hippocampus				
Step 1	.15 ^a			
Sex		7.40	31.83	.02
Cortical brain volume		.001	.000	.41 ^a
Step 2	.19 ^a			
Sex		7.19	31.20	.02
Cortical brain volume		.001	.000	.34 ^a
Income-to-needs ratio		30.30	12.62	.21 ^b
Right hippocampus				
Step 1	.27 ^c			
Cortical brain volume		.001	.000	.52 ^a
Step 2	.28 ^c			
Cortical brain volume		.001	.000	.49 ^a
Income-to-needs ratio		20.56	12.41	.14
Left amygdala				
Step 1	.25 ^a			
Sex		53.65	26.49	.17 ^b
Cortical brain volume		.001	.000	.42 ^a
Step 2	.28 ^a			
Sex		58.20	25.99	.18 ^b
Cortical brain volume		.001	.000	.36 ^a
Income-to-needs ratio		25.63	10.23	.20 ^c
Right amygdala				
Step 1	.32 ^a			
Sex		58.64	26.17	.18 ^b
Cortical brain volume		.001	.000	.49 ^a
Step 2	.33 ^a			
Sex		1.11	26.03	.18 ^c
Cortical brain volume		.001	.000	.44 ^a
Income-to-needs ratio		17.38	10.41	.13

^a *P* < .001.

^b *P* < .05.

^c *P* < .01.

Figure 2. Caregivers' Education, Supportive/Hostile Parenting, and Children's Experiences of Stressful Life Events as Mediators of the Relation Between Income-to-Needs Ratio and Hippocampus Volumes



hypothesized that there would also be indirect (ie, mediated) effects through caregivers' education, observed use of supportive/hostile parenting, and children's experience of stressful life events. Figure 1 provides a conceptual diagram of the mediational analyses conducted. MacKinnon and colleagues³⁸ suggested that mediation analyses be conducted when there is a relation between a predictor and mediator (paths A1, A2, and A3 in Figure 1), as well as a relation between a mediator and outcome (paths B1, B2, and B3 in Figure 1). To be considered a mediator, the strength of the direct relation between predictor and outcome (path C in Figure 1) will be diminished when the mediator is entered into the analysis (path C' in Figure 1). Covariates included in the mediational analyses were parallel with prior analyses and were only applied to outcome variables. Here we first established the relationship between the predictor (income-to-needs ratio) and the potential mediators (caregiver education, parenting, and life events), and then examined the relationships of the mediators to the outcome (brain volume) and, when significant, whether they reduced the direct effect of income-to-needs ratio on brain volumes.

Income-to-Needs Ratio Predicting Potential Mediators

Regression analyses confirmed that the income-to-needs ratio was significantly associated with caregivers' education (path A1; ranges across all regions: $P < .001$ in all models), predicted caregiving support/hostility assessed 1 year after baseline controlling for caregivers' education (path A2, $P < .001$), and predicted children's experience of stressful life events between baseline and time of scan when covarying for caregivers' education and supportive/hostile parenting (path A3, $P < .001$ in all models).

Mediators of Total White Matter and Cortical Gray Matter Volumes
 Paths B1, B2, and B3 from the mediators to white matter and cortical gray matter volume were all nonsignificant (all $P > .05$). Thus, neither caregiving behaviors, education, nor life stress mediated the relationship between the income-to-needs ratio and cortical gray or white matter volume.

Mediators of Hippocampal Volumes

Figure 2 illustrates that 2 of the mediating variables, stressful life events (path B1) and caregiving behaviors (path B3), positively predicted children's left hippocampus volumes. For right hippocampus volume, caregiving behavior (path B3) was the only significant mediator. When mediators were included in the model, the direct paths (ie, path C') from the income-to-needs ratio to the left hippocampus ($P > .51$) and right hippocampus ($P > .55$) volumes were no longer significant, indicating full mediation (Figure 2). In Supplement, eTable 2 shows the mediated effects of the income-to-needs ratio on left and right hippocampus volumes.

Mediators of Amygdala Volumes

Paths B1, B2, and B3 from the mediators to left and right amygdala volumes were all nonsignificant ($P > .14$).

Discussion

These study findings demonstrated that exposure to poverty during early childhood is associated with smaller white matter, cortical gray matter, and hippocampal and amygdala volumes measured at school age/early adolescence. These find-

ings extend the substantial body of behavioral data demonstrating the deleterious effects of poverty on child developmental outcomes into the neurodevelopmental domain and are consistent with prior results.^{8,9} Furthermore, these study findings extend the available structural neuroimaging data in children exposed to poverty by informing the mechanism of the effects of poverty on hippocampal volumes. Findings indicated that the effects of poverty on hippocampal volumes were mediated by caregiving support/hostility on both the left and right hippocampus. On the left, stressful life events also emerged as significant mediators. Caregiver education was not a significant mediator. As exposure to poverty is well known to be strongly associated with a variety of negative life experiences, the role that these risk factors appeared to play in the relationship between poverty and alterations in brain development elucidates more specific targets for prevention.

Notably, alterations in brain volume associated with poverty were detected more globally in cortical gray and white matter volume, although mediation in these regions was not identified. The finding that mediation associated with parenting and life stress was selective to the hippocampus suggests regional specificity to these mechanistic relationships. The key role of caregiver nurturance in hippocampal development and its relationship to adaptive stress responses has been well established in animal studies. Consistent findings have been provided from an earlier subgroup of this study sample suggesting that supportive parenting also plays a key role in child hippocampal development independent of income.²¹ Thus, the current findings add to and extend the literature underscoring the critical role of nurturance for childhood well-being.³⁹ The finding that experiences of stressful life events also mediated the relationship between poverty and left hippocampal volume is consistent with the extensive body of animal data that have elucidated the negative effects of early stress on hypothalamic-pituitary-adrenal function and hippocampal

volume.⁴⁰ Understanding these mechanisms is key to the design of more targeted interventions, providing a feasible alternative to changing psychosocial status itself, a much more challenging goal that vulnerable rapidly developing young children do not have time to await.

Limitations of the current data were that the original study sample was oversampled for preschoolers with symptoms of depression, limiting generalizability. Furthermore, the relationships in the mediation model may be bidirectional. A sample with multiple waves of imaging data starting earlier in development would be necessary to adequately test directionality. Future studies with such designs and more detailed assessments of the correlates of poverty, such as nutrition, parental psychopathology, and genetic factors, are needed to further elucidate the mechanisms of risk.

We believe these findings may be useful to inform preventive interventions for this high-risk population facing a multitude of psychosocial stressors and suggest that caregiving should be a specific target. The importance of early interventions that target caregiving is underscored by studies demonstrating high cost-effectiveness through greatly enhanced long-term outcomes.⁴¹ Furthermore, children who receive more nurturing caregiving may also be protected from exposure to stressful life events, suggesting this central target may have positive ramifications on brain development.⁴² Considering these issues, study findings are relevant to the public policy debate on the importance of early preschool programs for young children living in poverty. The finding that the effects of poverty on hippocampal development are mediated through caregiving and stressful life events further underscores the importance of high-quality early childhood caregiving, a task that can be achieved through parenting education and support, as well as through preschool programs that provide high-quality supplementary caregiving and safe haven to vulnerable young children.

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Study concept and design: Luby, Botteron, Barch.
Acquisition of data: Luby, Botteron, Babb, Nishino, Barch.

Analysis and interpretation of data: Luby, Belden, Botteron, Marrus, Harms, Barch.

Drafting of the manuscript: Luby, Belden, Barch.

Critical revision of the manuscript for important intellectual content: All authors.

Statistical analysis: Belden, Harms, Barch.

Obtained funding: Luby, Botteron, Barch.

Administrative, technical, or material support: Luby, Botteron, Marrus, Harms, Babb, Nishino.

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Understanding and Meeting the Needs of Birth Parents



Highlights from *Changing the Course for Infants and Toddlers: A Survey of State Child Welfare Policies and Initiatives*

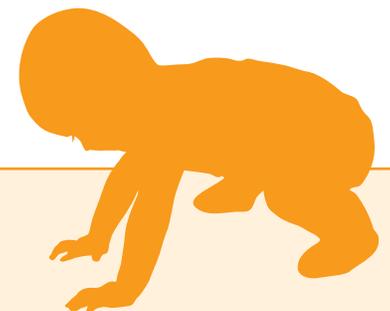
Why is meeting the needs of birth parents important for maltreated infants and toddlers?

Babies need close, continuous, nurturing relationships with adults, ideally their parents, to develop and thrive. In families where there has been abuse or neglect, parents have been unable to create the safe predictable home their babies need.



Many parents who are found to have maltreated their young children have problems, including trauma in their backgrounds, which must be addressed before they can properly nurture their children.¹ Parents who abuse or neglect their children were often victims of maltreatment themselves.² They also experience high rates of domestic violence, substance abuse, and mental health problems.^{3,4}

When an infant or toddler has been placed in foster care, reunification with his or her parents is the best option if it can be achieved safely. Reunification maintains the stable connection to family, supports strong attachments to parents (or another close caregiver), and reduces the trauma of placement changes.⁵ Better identifying and addressing the underlying needs that inhibit birth parents' capacity to care for their children will allow more infants and toddlers to remain with their birth parents and/or reunify with their birth families.



Children under three months old who are placed in foster care linger there longer than older children and are less likely to reunify with their birth parents.⁶

Almost 1/3 of infants who achieve reunification with their birth families reenter the child welfare system.⁷

Where do states stand?

Child welfare agency representatives from 46 states participated in the *Survey of State Child Welfare Agency Initiatives for Maltreated Infants and Toddlers*, completed in March 2013. The survey showed that states have a long way to go in understanding and meeting birth parents' needs.



Fewer than half of states have policies requiring that birth parents be offered services and supports to overcome their own trauma, mental health, substance abuse, and domestic violence issues: Only 18 states routinely provide information about secondary trauma and strategies for coping with this history. Only two states require parents be given a neuropsychological assessment to obtain a comprehensive picture of their abilities and capacities.

States lack training for parents on when to seek Part C Early Intervention services for young children: State child welfare leaders in 36 states collaborate with the state Part C agency to implement the requirements of federal/state/local laws, and 20 states require child welfare workers to receive training on the services available through Part C. However, no states require training for birth parents on how and when to seek services for young children under Part C.

States lack clear policies related to services to improve the interaction between birth parents and their children who are in foster care: In 33 states, foster parents receive guidance to help children make the transition before and after visits with birth parents, but in only 13 states do birth parents routinely have access to visit coaches or other relationship-supporting approaches during visits. Birth parents need consistent supports in caring for, playing with, and promoting the healthy development of their young children. Although 34 states promote involvement of birth parents in the physical health care of infants and toddlers in foster care, just 15 states offer Child-Parent Psychotherapy, the only evidence-based mental health intervention for children younger than 3.

Examples of state initiatives



Hawaii's Attachment and Biobehavioral Catch-up Intervention is a 10-session, home-based program for children and families who have experienced high stress or adversity or who may be referred from the child welfare system. It teaches parents how to provide nurturing care through gentle, in-the-moment suggestions that focus on what the parent is doing right.



In Illinois, the Early Childhood Project for children under the supervision of the child welfare agency offers an initial developmental and mental health screening in every case the child welfare agency opens for children ages birth to three. These screenings include an interview with birth parents about their child's physical health and development, social-emotional development, and stressors in the parent-child relationship. The Project recommends services, such as child-parent psychotherapy, to address identified needs.



New Jersey recently adjusted its policies to make it easier for teen moms in foster care to keep their infants with them in their placements, including a new board rate for foster parents of teen moms.

What can my state do?

- ▶ Require physical and mental health exams, including trauma screening and assessment, for parents involved in substantiated cases of abuse or neglect. Physical problems can cause mental health symptoms.
- ▶ Provide training to all levels of child welfare agency staff about the kinds of traumatic history that can undermine a parent's ability to safely care for his/her child (e.g., Fetal Alcohol Spectrum Disorders, childhood sexual abuse). This training should give social workers the skills to approach parents respectfully and learn from them about their lives. Knowledge of birth parents' childhood trauma and use of alcohol and/or drugs can lead to more targeted and effective case planning.
- ▶ Work across disciplines to identify opportunities for children in foster care to spend time with their parents frequently each week. Identify community settings and normal family events (e.g., doctor's visits, bedtime at the foster home) to increase opportunities for time together. Pair birth parents with trained coaches who can help them conduct visits with their children in foster care and learn how to better support their children's healthy development through everyday experiences.
- ▶ Build your state's capacity to offer Child-Parent Psychotherapy. Research suggests that this type of therapy is useful in helping the parent better understand their child's needs and communication style while addressing the issues that maltreated infants and toddlers face, including poor relationships with their closest caregivers, difficulty expressing emotion, and poor eating and sleeping patterns.
- ▶ Provide post-permanency supports to birth parents who are reunified with their children. Services may include mental health services; financial services such as income support, job training, health care, or housing assistance; and support networks such as peer support groups and linkages with community-based services.

Tools to help

Read more about the range of supports for birth parents across the nation in *Changing the Course for Infants and Toddlers: A Survey of State Child Welfare Policies and Initiatives*, by Child Trends and ZERO TO THREE. Then take a look at the policies and services for birth parents in your state and locality to assess areas of strength and places for improvement. Working through [*A Developmental Approach to Child Welfare Services for Infants, Toddlers, and Their Families: A Self-Assessment Tool for States and Counties Administering Child Welfare Services*](#) is a great way to evaluate how your state is doing and begin the conversation on next steps.



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