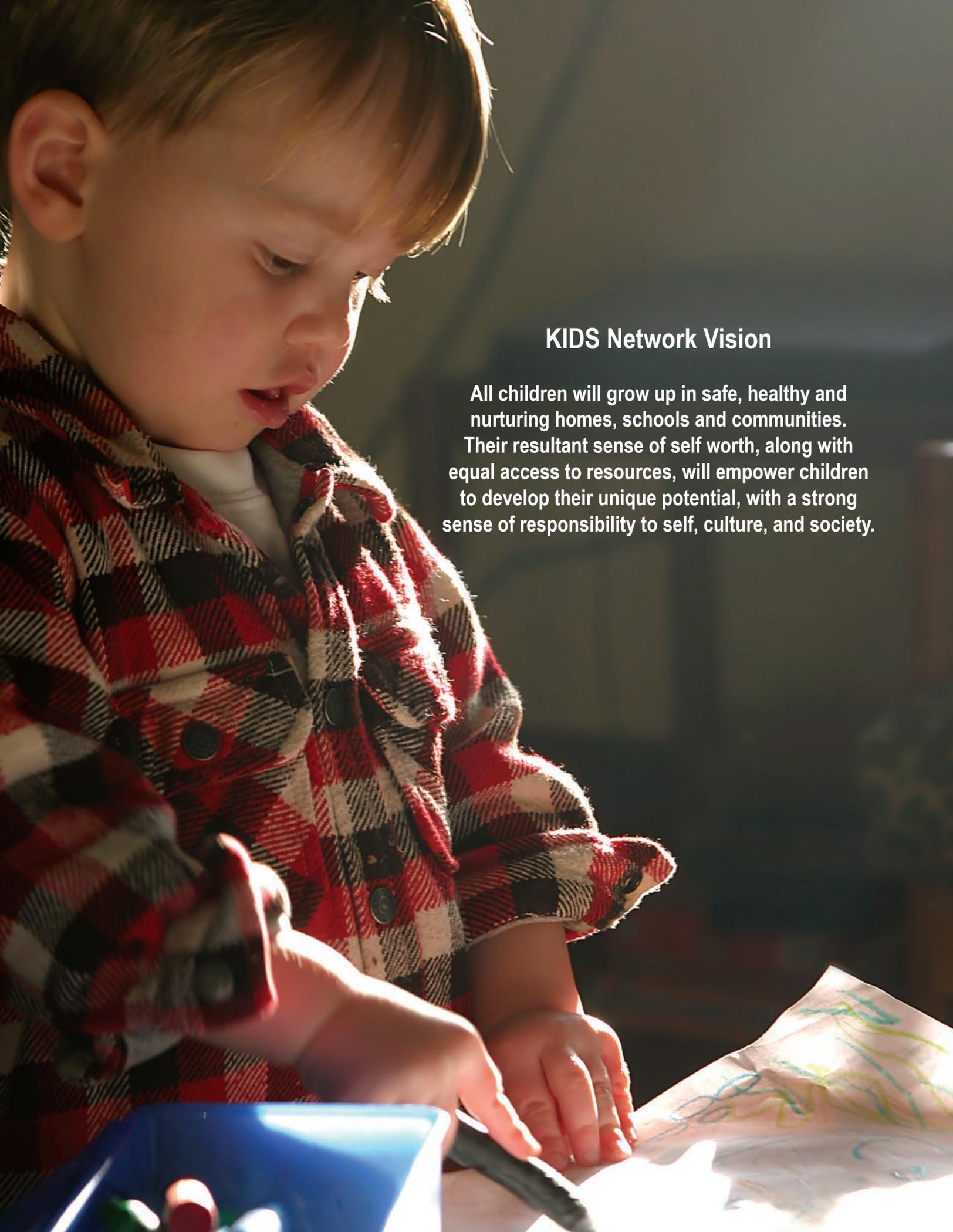


# Santa Barbara County Children's Scorecard



# 2005

A partnership of the  
Santa Barbara County KIDS Network  
First 5 Commission of Santa Barbara County  
University of California Santa Barbara, Gevirtz Graduate School of Education  
and public agencies and community-based organizations



## **KIDS Network Vision**

**All children will grow up in safe, healthy and nurturing homes, schools and communities. Their resultant sense of self worth, along with equal access to resources, will empower children to develop their unique potential, with a strong sense of responsibility to self, culture, and society.**

# Santa Barbara County Children's Scorecard 2005



*KIDS Network of Santa Barbara County* is a planning and program development body created by the Santa Barbara County Board of Supervisors in 1991 to advise them on children, youth and family issues. The network was formed to coordinate existing services and strategically determine priority needs and concerns in the areas of human services, health, education and juvenile justice for children and families. KIDS Network includes members from public agencies, the courts, law enforcement, the health care community, education, community-based organizations, and parent groups. With the generous support of our partner agencies, the KIDS Network has been producing the Santa Barbara Children's Scorecard annually since 1994.



*The Center for School-Based Youth Development* is part of the Counseling, Clinical, & School Psychology Program in the UCSB Gevirtz Graduate School of Education. Its mission is to enhance school and community engagement for all youth through strength-based assessment and targeted interventions designed to promote social and cognitive competence. This mission is facilitated through research and development and by training caring professionals who are knowledgeable about and support a comprehensive approach to coordinated support services for youth in schools and the community.



*First 5 Santa Barbara County Children and Families Commission* was established in February 1999 to plan and oversee the estimated \$5.5 million in Proposition 10 funds that come into the County each year. The 13-member Commission (9 commissioners and 4 alternates) works closely with an Advisory Board, families, local community based organizations, public agencies, and the community-at-large to set local priorities that support the optimal development of Santa Barbara County's young children. The Commission serves as a grant-maker responsible for allocating Proposition 10 resources in Santa Barbara County. The Commission is locally focused on the children and families of Santa Barbara County and an active partner with the State and other County Commissions on issues and areas of common concern.

*Special recognition is given to these organizations for their assistance in collecting the information used in this report and for each day making our communities a better place for children and their families.*



Santa Barbara County Alcohol, Drug & Mental Health Services

Santa Barbara County Child Care Planning Council

Santa Barbara County Department of Child Support Services

Santa Barbara County Department of Social Services

Santa Barbara County District Attorney's Office

Santa Barbara County Education Office

Santa Barbara County Office of Early Care and Education

Santa Barbara County Probation Department

Santa Barbara County Public Health Department

First Five of Santa Barbara County Commission

Channel Islands YMCA / Noah's Anchorage

Children's Resource and Referral Program

Community Action Commission/Head Start

Community Care Licensing

Domestic Violence Solutions for Santa Barbara County

Center for School-Based Youth Development (UCSB)

Santa Barbara Family Care Center

Counseling, Clinical, & School Psychology (UCSB)

Special Education Local Plan Area (SELPA)

Storyteller Children's Center

Tri-Counties Regional Center

Workforce Investment Board Youth Council

*What is the Purpose of the Annual Children's Scorecard?*

The Children's Scorecard compiles information about the status of Santa Barbara County's children and youth in terms of their physical, emotional, educational, and social well-being. Data are collected over time to help guide public policy that supports our community's children, youth, and families. The Children's Scorecard database is updated periodically and a report is issued annually. The information gathered provides one element of broader endeavors by public and private agencies and individuals in Santa Barbara County to ensure that our children are healthy, actively engaged in positive developmentally-appropriate learning activities, and involved in supportive relationships in family and peer groups.

*How is the Information Gathered?*

The Children's Scorecard is a collaboration between the KIDS Network, the First 5 Commission, the Gevirtz Graduate School of Education at the University of California, Santa Barbara, and agencies representing law enforcement, mental and physical health, child care, education, and social services.

Meetings with various agencies were held to decide upon the core Scorecard indicators. These core indicators are reviewed annually, with additions made as new sources of information become available. One of the unique contributions to this year's Scorecard is the availability of information from the fall 2004 administration of the California Healthy Kids survey to County youth in Grades 7, 9, and 11. The Scorecard is a grass-roots, community-wide effort, produced at a minimum of public expense. It contains information about the following areas relevant to the well-being of children:

- Scorecard Indicator Categories*
- Population and Income*
- Child Care and Preschools*
- Education*
- Physical Health*
- Mental Health*
- Youth Risk Behaviors*
- Welfare and Safety*
- Juvenile Justice and Law Enforcement*
- Resilience and Positive Youth Development*



This report presents information available through October 1, 2005. Comparisons are made using information collected from 1993 through 2004, and other years when available.

*Contents*

|  |           |
|--|-----------|
| <b><i>First 5 Santa Barbara County</i></b> .....                                     | <b>6</b>  |
| • First 5 program initiatives outcomes.....  | 8         |
| • Preschool for All .....□   | 9         |
| <b><i>Population/Income</i></b> .....  | <b>10</b> |
| • Children and youth in Santa Barbara County .....                                   | 12        |
| • Families receiving CalWORKs cash assistance .....                                  | 14        |
| • Children in CalWORKs families by location and age group.....                       | 15        |
| • Families receiving CalWORKs cash assistance by ethnicity .....                     | 16        |
| • Children previously on public assistance now receiving child support payments..... | 18        |
| • School children using free/reduced cost lunch programs .....                       | 20        |
| • Services to homeless children.....   | 22        |
| <b><i>Child Care/Preschools</i></b> .....  | <b>24</b> |
| • Need and supply for child care .....   | 26        |
| • Quality of child care programs .....   | 28        |
| • Cost of child care (affordability) .....   | 30        |
| <b><i>Education</i></b> .....  | <b>32</b> |
| • Public school attendance.....  | 34        |
| • Truancy interventions and results .....  | 36        |
| • Children receiving special education services .....                                | 38        |
| • Basic academic skills of County students .....                                     | 40        |
| • High school graduation and dropout rates .....                                     | 44        |
| <b><i>Physical Health</i></b> .....  | <b>46</b> |
| • Prenatal care of expectant mothers .....   | 48        |
| • Infant mortality rate ....□  | 49        |
| • Low and very low birthweights .....  | 50        |
| • Births to teen mothers .□  | 52        |
| • Immunization of children.....  | 54        |
| • Infectious diseases .....□   | 56        |
| • Children’s need for and access to dental care .....                                | 58        |
| • Overweight and fitness □   | 60        |

*Mental Health* ..... 62

- Children referred for County Mental Health Services ..... 64

*Youth Risk Behaviors* ..... 66

- Youth in alcohol/other drug outpatient treatment programs ..... 68
- Tobacco use and associated risk behaviors ..... 70

*Welfare/Safety* ..... 72

- Referrals to Child Welfare Services ..... 74
- Dependent children in foster care and availability of out-of-home placements ..... 76
- Children and women using Domestic Violence Solutions shelter services ..... 78

*Juvenile Justice* ..... 80

- Youth referred to Probation Department ..... 82
- Juvenile Probation day treatment, detention, and residential placements ..... 84
- Special Highlight: Positive juvenile justice outcomes ..... 85

*Positive Youth Development* ..... 86

- Youth in the workforce □ ..... 88
- Resilience: Personal assets and external resources ..... 90
- Resilience: Internal assets, external resources, and health behaviors ..... 92



# *First 5 Santa Barbara County*

## *Introduction*

### *First 5 Santa Barbara County Children & Families Commission*

The First 5 Santa Barbara County Children and Families Commission was established in 1999 and is led by a Commission appointed by the County Board of Supervisors. An Advisory Board with community representatives is actively involved in First 5 programs and projects including strategic planning, the funding process and evaluation.

### *Why is it particularly important to support the development of children from their birth through entry in kindergarten?*

A child's brain develops more during the first five years of life than at any other time of their lives. What parents and caregivers do during these first years of a child's life can make a profound difference on their brain development and can impact the rest of their life. Based on this research, California voters passed Proposition 10, the California Children and Families Act, in 1998. Proposition 10 added a 50-cent tax on all tobacco products to fund early childhood development, health care, parent education and programs that improve services for children five and under and their families.

### *First 5 Commission's New Strategic Plan 2006-2011*

In 2005, the First 5 Commission began a strategic planning process to create a plan for 2006-2011. The planning process began with the formation of a Strategic Planning Committee with representation from the Commission, its Advisory Board and staff. Strategic planning sessions were held over a five-month period. Through this process, four priority foci were identified along with goals, outcomes, program strategies, and outcome indicators. These indicators are included in the new strategic plan. Some of these indicators that are similar to those already included in the Children's Scorecard are listed below by Focus Area (note some Scorecard indicators are for children older than ages 0-5).

**Health Goal**—Improve children's health by increasing access to and utilization of comprehensive, preventative, and primary health care.

- Children 0-5 who receive health services (oral, mental developmental, and other health concerns)

- Children 0-5 who received dental services in the past year (screenings, referrals, and treatment)

- Age of referrals for health and other special needs

**Early Care & Education Goal**—Support each child's innate ability to grow and develop cognitively, emotionally, socially, and physically by increasing and enhancing early learning opportunities.

- Children enrolled in licensed early care and education programs

- Licensed child care spaces (family child care and center-based) per 100 children

- Early care and education settings that are accredited

**Family Strengthening Goal**—Increase support for families so that they are able to provide safe, stable, and nurturing environments for their children.

- Children grow up in homes free of family violence

**Systems Improvement Goal**—Improve the systems of programs and services for children and families so that they are easily accessible for all families.

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### *First 5 Santa Barbara County Initiatives*

**School Readiness Initiative**—Santa Barbara County has 14 elementary schools that qualify for participation in the School Readiness Initiative. First 5 is working closely with these schools in coordination with local school districts and community-based organizations in Guadalupe, Santa Maria, Lompoc, Goleta, and Santa Barbara to promote school readiness. These elements support and align with the National Education Goal Panel's components of school readiness. Although each School Readiness project approaches the elements somewhat differently, each includes the following: (a) early care and education services with kindergarten transition programs; (b) parenting/family support services; (c) health and social services; and (d) program infrastructure, administration and evaluation.

**Newborn Home Visiting Initiative**—The Welcome Every Baby Home Visitation (WEB) Initiative was launched in January 2002 after an extensive community planning process initiated and funded by First 5. WEB is administered by Sojourn Services, in collaboration with the Public Health Department, Cottage Hospital Systems, Lompoc District Hospital, Marian Home and Health Care, Marian Hospital, and CALM. WEB provides free services to the families of all new babies born in hospitals in Santa Barbara County. These services are introduced using baby kits provided through local doctor's offices to all mothers when they are seven months pregnant. Representatives first visits the new mother and family in the hospital after the baby is born to explain and offer WEB services. These services include a visit by a Registered Nurse and three visits by a WEB Child Development Home Visitor over nine months with three follow-up phone calls to provide information, support, and referrals.

**Early Childhood Oral Health Initiative**—Oral Health targets (a) children in need of treatment but without dental coverage or sufficient coverage to cover the cost of care; (b) children in state preschool programs; (c) children in subsidized child care; (d) children in school readiness programs; (e) pregnant women; and (f) children enrolled in licensed child care centers and family child care programs. It is administered by the Santa Barbara-Ventura Dental Foundation and Santa Maria Healthy Start in partnership with Direct Relief International, the Health Linkages Program, Healthy Start Programs, Carrillo Clinic, American Indian Health & Services, Marian Medical Center, and Cornelia Moore Dental Foundation.

**Early Mental Health and Other Special Needs Initiative**—This is a collaborative of over a dozen agencies focused on early intervention, assessment, treatment, case coordination, education, and outreach for young children and families. The vision of the initiative is to create ...”a comprehensive, integrated system of care working with the birth-to-five population and their families in areas of mental health and other special needs. Thi

**Early Care and Education Infrastructure Initiative**—The Office of Early Care and Education, First 5 was established in February 2001, by the Santa Barbara County Child Care Planning Council (SBCCCPC), the County of Santa Barbara, the Santa Barbara County Education Office, and the Santa Barbara Program Improvement Consortium. The Office of Early Care and Education, First 5 works with the community to increase the availability of high-quality early care and education programs countywide. The Office provides support to the early care community through program accreditation, program improvement, and staff retention and training programs. It also serves as a clearinghouse of information, expertise, a

**Family Support Initiative**—This initiative involves 11 agencies that seek to enhance family access to needed resources and services. This network of school-linked and community-based family support programs are working to support family efforts to create safe and nurturing homes for their children and to increase the frequency of family behaviors that support their children's learning (such as access to basic food and housing resources, increasing family literacy behaviors, and improving access to health care for family members). This initiative is based on a vision that recognizes that healthy families are an integral part of a broader caring community and that communities are enhanced when they implement progr



## First 5: A Focus on Outcomes

### *School Readiness Initiative (SR)*

SRI targets communities with low-performing schools. Among the outcomes noted during FY 2004-2005, case management was provided to 833 families, 1,656 parent education home visits were made, and 5,381 kindergarten preparatory education class contacts were made. Families reported being better able to access community resources (posttest 21% higher than pretest) and children were better prepared to succeed in kindergarten (only 12% of students in the HIPPPY program were reported to have development concerns at posttest compared with 67% at pretest).

### *Newborn Home Visiting Initiative (NHV)*

Drawing on the expertise of a registered nurse and a child development specialist, since 2002 newborn home visits have been provided to 9,110 babies and 13,001 parents. Outcomes related to these efforts have been important. For example, when contacted 6 months after birth, 72% of County mothers report breastfeeding, which compares to a 2002 national rate of just 33%. This outreach strategy helped doubled the number of babies under age 1 who are eligible for Early Start services.

### *Early Childhood Oral Health Initiative (ECOH)*

ECOH enhances early child care and education by providing education about oral health behaviors and screening for children whose oral health needs are going unmet. Among the notable outcomes for FY 2004-2005, 1,098 children received screenings, with 40% needing further treatment (139 had no insurance coverage and received treatment).



Another notable outcome was that 47 preschool classes in the County have adopted daily dry brushing and free dental kits were provided to all families receiving home visits.

### *Early Childhood Mental Health & Other Special Needs Initiative (ECMH)*

ECMH provides services including developmental assessments, family assessments, case management, family

support services, family counseling, parenting education, and coordination/training. During 2000-2004, the number of children ages 0-5 identified for services increased by 42%. Since 2002, the UCSB First Step program has also been able to reduce the average age of first identification of children with Autism from 34 to 28 months. The Great Beginnings Program was able to show significant reductions in parental behaviors and attitudes known to otherwise increase abuse risk. Also, the CATCH Program, which trains Head Start teachers to implement the Second Step social-emotional competence program, was delivered to 13 targeted children and their classrooms.

### *Early Care and Education Infrastructure Initiative (ECE)*



ECE is working to enhance early child care throughout the County. Its efforts have focused on increasing the number of high-quality placements available to children and their families. During FY 2004-2005, these efforts increased accredited programs from 13 to 28 and 184 providers obtained a license, which created 1,498 potential new child care spaces. Program quality was also enhanced as shown by training being given to 577 providers in the use of environmental rating scales, which is an important part of evaluating and planning strategies to improve program quality. In addition, stipends were provided to 154 local providers to continue their professional education.

### *Family Support Initiative (FS)*

The foundation of early child development efforts are based on resilient and healthy families. FS implements strategies to support families' efforts to provide safe, nurturing homes. During FY 2004-2005, FS provided services to 5,480 family members. Among the notable outcomes, at posttest 76% of families reported they had access to basic needs/resources compared to just 48% at pretest. Importantly, parents also reported increases of family behaviors that support their children's learning.

## *First 5 of Santa Barbara County Results Fair: September 2005*

*The First Commission, staff, collaborators, and community representatives gathered to examine the outcomes and progress made over the past six years. as part of this "Data Fair." Each funded initiative presented an overview of their programs, the strategies being using, desired results and outcomes accomplished, and the key messages learned through FY 2004-2005. Outcome posters presented at the Results Fair are available from the First 5 webpage at: <http://www.first5santabarbaracounty.org/eval.asp>*



## Preschool for All Initiative

### *Santa Barbara County Preschool for All Taskforce Report*

As part of its efforts to support program to prepare California's children for successful kindergarten entry, the State First 5 Commission provided planning grants to 12 counties to examine their preschool education context and develop a plan to implement efforts to enhance their preschool programs. Santa Barbara County was one of the counties to develop a plan that will serve as a testing site with the objective of eventually implementing Preschool for All throughout California. The taskforce was a partnership involving First 5 Santa Barbara County, the Santa Barbara County Education Office, the Santa Barbara County Child Care Planning Council, and the Community Action Commission of Santa Barbara County. The detailed and inclusive planning process resulted in the report: *Santa Barbara County Preschool for All Implementation Plan*.

### *Preschool for All Taskforce Recommendations*

Using information gathered from primary sources, community surveys, focus groups, parent surveys, family child care provider surveys, and other public meetings, the Preschool for All plan was crafted to address county-wide and local community needs and interests. This process guided the preschool for All Taskforce to make recommendations related to setting high standards and expectations for the Santa Barbara County Preschool for All effort:

- Establish Teacher Qualifications at a level to exceed Child Development Matrix requirement.
- Compensate preschool teachers at an appropriate level (aiming towards parity with K-12 salaries).
- Staff/Child ratios should be aligned with national accreditation standards.
- Publicly fund 3.5 hours per day operations for 175 days.
- Program settings will be diverse (e.g., centers and child-

care homes) and all will participate via a formal agreement with the Preschool for All administration.

- Curriculum content will meet established standards for emotional, social, cognitive, linguistic, physical, and creative domains.
- Child assessment for child and program enhancement will be carefully implemented.
- All programs will work towards national accreditation.
- Programs will be coordinated with other child and family serving agencies and will include family involvement.
- All programs will be able and willing to accept children with disabilities.
- Programs will respect and be responsive to the diverse language and cultures with Santa Barbara County, to include dual language learning.

### ***Preschool for California's Children: Promising Benefits, Unequal Access***

This report, funded by the Packard Foundation, examines key questions related to the potential benefits of universal preschool enrollment, such as "Does exposure to center-based programs help to explain developmental gains in school-readiness skills displayed by children?" Key findings include that parent and family behaviors interact with preschool experiences to enhance children's development and that Latino children are the least likely to attend preschool. The benefits of center-based education were also very notable. On a 100-point scale, Latino children score about 17 points lower than White children at kindergarten entry. However, this gap is narrowed by 8-12 points when less-advantaged children enter center-based programs early and have regular attendance.

Source: PACE Child Development Projects and University of California Linguistic Minority Research Institute. Authors: Margaret Bridges, Bruce Fuller, Russell Rumberger, & Loan Tran. [http://pace.berkeley.edu/pace\\_publications.html#](http://pace.berkeley.edu/pace_publications.html#)

### *Santa Barbara County Preschool for All Definition*

*All children in Santa Barbara County, prior to entering kindergarten, will have access to developmentally and culturally appropriate school readiness experiences that will result in their becoming personally, socially and physically competent, effective learners, ready to transition into kindergarten. Preschool for All will be delivered through a variety of settings, adequately funded, with highly qualified staff, extended day options, and family support services.*

# Population and Income

## Introduction

### *How do decreasing poverty rates relate to positive outcomes for our community?*

Children from low-income or poor families are less likely to have access to adequate food, shelter, high-quality education, health care, and child care. They are also less likely to live in safe neighborhoods or have access to community resources for families, such as after-school programs or neighborhood parks.

### *What are the indicators we are using to measure population and poverty rates?*

1. Children living in poverty
2. Families receiving Cal WORKs cash assistance
3. Support for children from non-custodial parent
4. School children using free/reduced cost lunch programs
5. Services to homeless children

### *Why are these indicators important?*

1. *Children in poverty*—Insufficient family income has measurable effects on children's health and achievement outcomes.

2. *Families receiving Cal WORKs cash assistance*—The California Work Opportunity and Responsibility to Kids (CalWORKs) program is California's version of the federal Temporary Assistance for Needy Families (TANF) program and replaced the Aid to Families with Dependent Children program on January 1, 1998. This program is designed to provide temporary assistance to meet basic needs (shelter, food, and clothing) in times of crisis. Although providing time-limited assistance, the program also promotes self-sufficiency by establishing work requirements and encouraging personal accountability. Providing services to meet individual needs and move CalWORKs recipients from public aid to employment is the core of the CalWORKs program.

3. *Support for children from non-custodial parent*—Children previously relying on public funding sources need to be able to rely on their parents for support. In the face of welfare reform and time-limited welfare benefits, low-income, single-parent families are often in desperate need of child support payments in order to remain self-sufficient.

4. *School children using free or reduced cost lunch program*—A child's family income must fall below 185% of the federal poverty level to qualify for reduced cost meals, or below 130% of the federal poverty level (see chart on page 21) to qualify for free meals. Not all eligible children enroll, particularly in higher grades, so the indicator does not capture all school-age children who live in or near poverty.

5. *Services to homeless children*—Although it is difficult to collect accurate numbers on homeless children, this indicator nonetheless is an important measure of outcomes for children in extreme poverty.

### *How are we doing in Santa Barbara County?*

In FY 2004-05 our CalWORKs caseload increased by 6.3%, as compared to the 1.9% increase experienced statewide. For the last three years 2.4% of Santa Barbara County's population has been in receipt of CalWORKs. Projected increases over the next five years are in the 3.5% to 3.8% range, considering population growth and program factors.

In January 2005, the Enhanced Work Requirements Reforms included in the 2004 Budget Act was implemented. These program changes are intended to strengthen the work focus of the CalWORKs program. In Santa Barbara County we are leveraging these changes by engaging applicants to immediately begin job searches and mandatory participation in a four-week job club or a four-week activity if they are not working. These efforts will promote earlier employment, and reduce reliance on public assistance. In the fiscal year ending June 2005, 8% more Welfare to Work participants were placed in jobs as compared to the prior year.

We are experiencing higher numbers of difficult to serve participants, particularly with substance/methamphetamine dependencies. Many of this population “disengages,” choosing sanctions and cash aid only for the children, rather than participate in treatment or welfare-to-work activities. The parents are discontinued and no longer receive services; however cash continues to be paid for the children.

More than ever, the money we collect on behalf of children actually goes to children. In fiscal year 2005, 87% of the record collections we obtained for current monthly support—and 80% of all collections—was disbursed to families.

Since 2000, there has been an increase of 15.6% in the number of FRL eligible students in the North County compared to a 1.5% increase in the South County. For the first time since 1994, the South County actually had a decrease in the number of eligible students, declining from 9,830 in 2003 to 9,092 in 2004.

In June of 2005, a family of 3 with earnings could earn no more than \$666 to have received a grant of \$531.50. Current law does not count the first \$225 in earned income and 50% of each additional dollar earned when determining family’s grant amount. If the same family had unearned income, the maximum amount of monthly income they would have received in addition to the grant would have been \$220.50.

In June 2005, the average age of children receiving CalWORKs in Santa Barbara County was 7 years. The most recent data published statewide covers the period October 2003 thru September 2004, with children in receipt of CalWORKs averaging 8.2 years.

### *What can we do to make a difference?*

Recognizing that our families are touched by many agencies and programs, we can help strengthen our families by working more collaboratively with other agencies that are serving the same families to create case plans that are compatible and compliment one another to ensure services to families are coordinated and delivered using a strength-based approach. Since drug use is a key factor leading to poverty, another way to combat poverty is to give anti-drug messages.



*Children and Youth in Santa Barbara County*

The County population continues to grow and the youth population along with it. Using the 2000 Census, there were 99,502 children and youth ages 0 to 17 in the County. This figure is expected to increase by 1.5% annually during this decade.

*How many people live in Santa Barbara County?*

The population of Santa Barbara County was 369,608 in 1990 and increased to 399,347 according to the 2000 census. This is an 8% increase over 10 years. The 2005 population is estimated to be 419,260.

*How many children live in Santa Barbara County?*

Approximately 25% of Santa Barbara County's population is under age 18. There were 26,008 children under age 5 (6.5% of the population) and 73,494 children ages 5-17 (18.4% of the population) in Santa Barbara County in 2000. Assuming that 25% of the Santa Barbara County population continues to be under age 18, then there are approximately 104,815 youth residing in the County (53.4% Latino, 37.5% White, 3.3% multi-racial, 3.0% Asian, 1.7% African American, 0.9% Native American, and 0.2% Pacific Islander).



*What are the family living situations of children in Santa Barbara County?*

There were an average of 2.80 (2.72 in 1990) persons per family in Santa Barbara County. This compares to 2.87 (2.79 in 1990) persons per household in California.

*How many children in Santa Barbara County live in poverty?*

Nearly one in five children (17%) ages 0-17 in Santa Barbara County live in poverty, compared to 19% of children in California. Of those children who live in poverty, 81% of them are of Hispanic backgrounds (note that about 1 in 4 Hispanic youth live in poverty, see table on facing page), which compares to 66% across California. Throughout California, only Imperial County (91%) has a greater proportion of its children in poverty who are of Hispanic heritage.

*2005 County Population Estimates by City*

| Community            | Population | % Change Since 2004 |
|----------------------|------------|---------------------|
| Santa Barbara County | 419,260    | 1.0                 |
| Buellton             | 4,552      | 2.0                 |
| Carpinteria          | 14,340     | -0.3                |
| Goleta               | 29,191     | 0.3                 |
| Guadalupe            | 6,296      | -0.3                |
| Lompoc               | 43,320     | 0.1                 |
| Santa Barbara        | 90,518     | -0.1                |
| Santa Maria          | 88,793     | 4.0                 |

Source: UCSB Economic Forecast Project

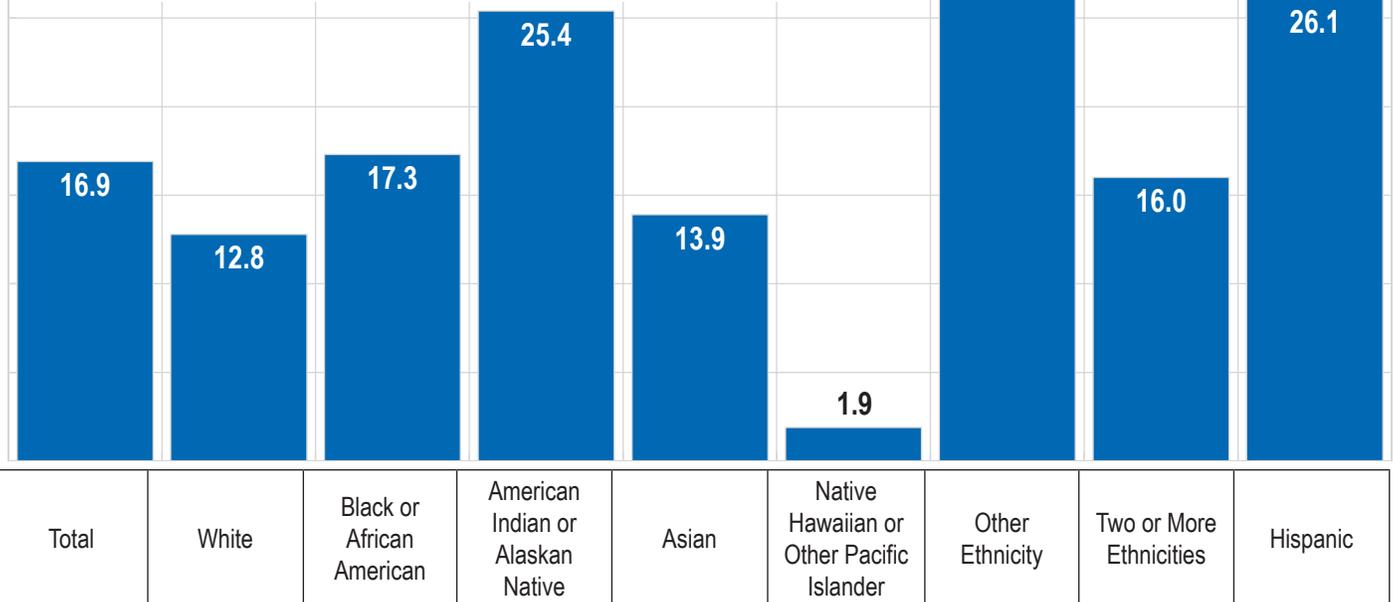
Percentage of Population Living Under the Poverty Level

| City          | All Ages | Under Age 18 | 65 and Older | Families |
|---------------|----------|--------------|--------------|----------|
| Carpinteria   | 10.4     | 12.5         | 7.7          | 7.1      |
| Guadalupe     | 25.0     | 28.9         | 15.7         | 23.4     |
| Lompoc        | 15.4     | 20.8         | 6.7          | 12.6     |
| Santa Barbara | 13.4     | 16.8         | 7.4          | 7.7      |
| Santa Maria   | 19.7     | 26.5         | 7.7          | 15.5     |
| Santa Ynez    | 5.5      | 7.1          | 2.4          | 3.0      |

Source: 2000 U.S. Census

Percent of children living in poverty

Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000



The Effects of Poverty on Children

The effects are particularly pronounced for children who live below the poverty line for multiple years and for children who live in extreme poverty (that is, 50% or less of the poverty threshold). These income effects are probably not due to some unmeasured characteristics of low-income families: family income, in and of itself, does appear to matter.”

See: The Effects of Poverty on Children by Jeanne Brooks-Gunn and Greg J. Duncan  
[http://www.futureofchildren.org/information2826/information\\_show.htm?doc\\_id=72165](http://www.futureofchildren.org/information2826/information_show.htm?doc_id=72165)



## CalWORKS

### Indicator

Families receiving CalWORKs cash assistance by location in the County and age of children in families.

### Definition

Number of families with children receiving welfare payments, broken down by location of County welfare office handling case and age of child.

### Findings

The California Work Opportunity and Responsibility to Kids (CalWORKs) program is California's version of the federal Temporary Assistance for Needy Families (TANF) program and replaced the Aid to Families with Dependent Children program on January 1, 1998. This program is designed to provide temporary assistance to meet basic needs (shelter, food, and clothing) in times of crisis. While providing time-limited assistance, the program also promotes self-sufficiency by establishing work requirements and encouraging personal accountability. Providing services to meet individual needs and move CalWORKs recipients from public aid to employment is the core of the CalWORKs program.

For the 2005 (as of June) CalWORKs caseload, 22% were from Santa Barbara, 57% were from Santa Maria, and 21% were from Lompoc. This is virtually unchanged compared to 2004.

### Trend

Since 2001, there has been a sustained and steady increase in eligible families. The average monthly number of eligible families has increased from 3,653 in FY 2001-2002 to 4,205 in the fiscal year ending June 2005, an increase of 15%. For the fiscal year ending June 2005, families receiving CalWORKs increased 6.26% over the prior fiscal year, as compared to the 1.9% increase experienced statewide.

The increase in recent years is occurring due to changes in the program, higher numbers of difficult to serve participants, particularly with substance/methamphetamine dependencies and as the County's population is increasing. For the last three years, 2.4% of Santa Barbara County's population has been in receipt of CalWORKs.

### Summary and Implications

North County communities continue to have a higher share of families on CalWORKs cash assistance when compared to their proportion of the County's population. Unemployment rates have been much higher in North than in South County communities. In the North County, the purchasing power of low-income families is greater because of a lower cost-of-living, especially for housing costs. There are greater seasonal opportunities for agricultural jobs in the North County.

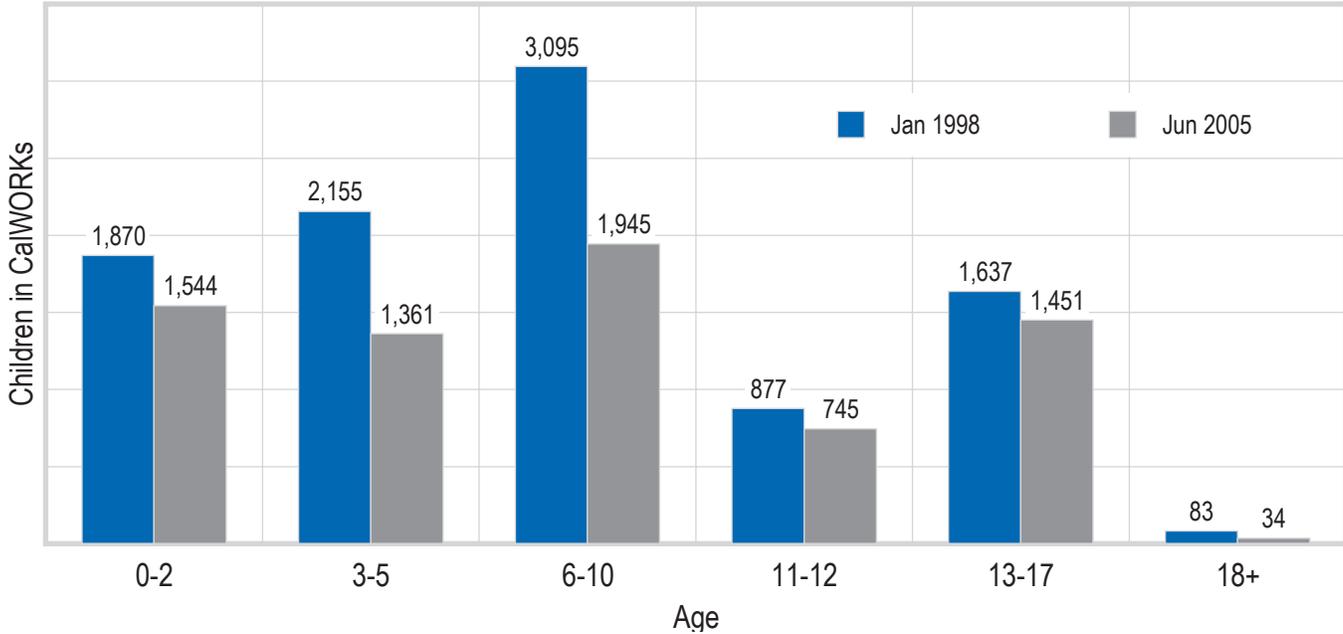
A major challenge will be to continue to move families from welfare to work, especially with rising program costs and since California has been reducing support for key service components starting in FY 2003-04. Much progress has been made in helping families move from receiving public assistance into work placements. A recent trend has been an increase in families reapplying for services after job loss due to a parent failing drug testing. In addition, many adults with substance dependencies are disengaging from their individual plans; choosing sanctions and cash aid only for the children, rather than participate in treatment or welfare-to-work activities. In June 2005, 38% of families receiving cash aid received assistance only for the children in the family.

Another challenge will be to move families from welfare to work if the educational level and employee skills of such families make them less competitive for job opportunities that exist in the County, coupled with a weak economy.

It should be anticipated that the number of families in the CalWORKs program will increase 3% each year considering program factors and County population growth.



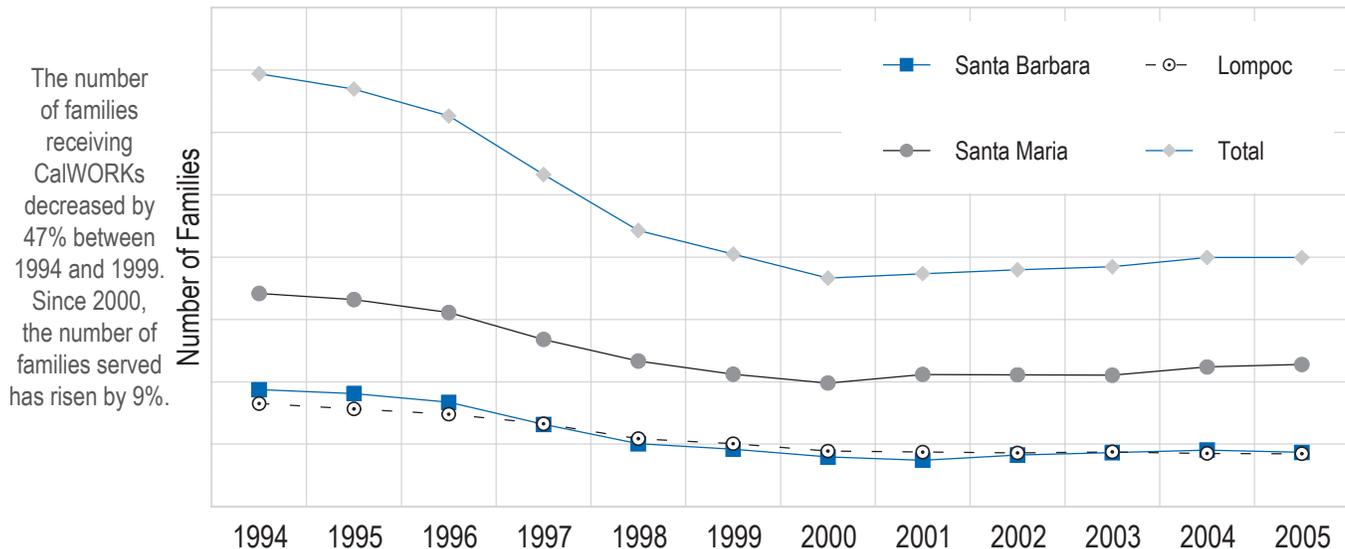
The majority of children in CalWORKs are under the age of 10



In most areas of the United States, it takes roughly double the Federal poverty level to provide a family with the basic necessities such as food and housing.

Source: National Center for Children in Poverty; www.nccp.org

**Number of Families Receiving CalWORKs**  
 Figures are as of quarter ending June of each year



|               |              |              |              |              |              |              |              |              |              |              |              |              |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Santa Barbara | 1,873        | 1,812        | 1,671        | 1,316        | 1,005        | 920          | 793          | 743          | 826          | 865          | 905          | 867          |
| Santa Maria   | 3,416        | 3,318        | 3,111        | 2,680        | 2,333        | 2,121        | 1,980        | 2,118        | 2,111        | 2,105        | 2,237        | 2,277        |
| Lompoc        | 1,651        | 1,565        | 1,480        | 1,327        | 1,088        | 1,007        | 889          | 872          | 859          | 876          | 852          | 847          |
| <b>Total</b>  | <b>6,940</b> | <b>6,695</b> | <b>6,262</b> | <b>5,323</b> | <b>4,426</b> | <b>4,048</b> | <b>3,662</b> | <b>3,733</b> | <b>3,796</b> | <b>3,846</b> | <b>3,994</b> | <b>3,991</b> |

## CalWORKs Cash Assistance

### Indicator

Families receiving CalWORKs cash assistance by ethnicity.

### Definition

Number of families with children receiving welfare payments, as broken down by ethnicity reported on welfare application forms.

### Findings

For the fiscal year ending June 2005, the average number of families receiving CalWORKs was 4,205. Of these, 68% (compared to 67% and 64% past two years, respectively) were of Hispanic/Latino origin, 24% (compared to 25% and 27% past two years, respectively) were non-Hispanic White, 6% (unchanged) were Black, and 2% (unchanged) were of other racial/ethnic backgrounds.

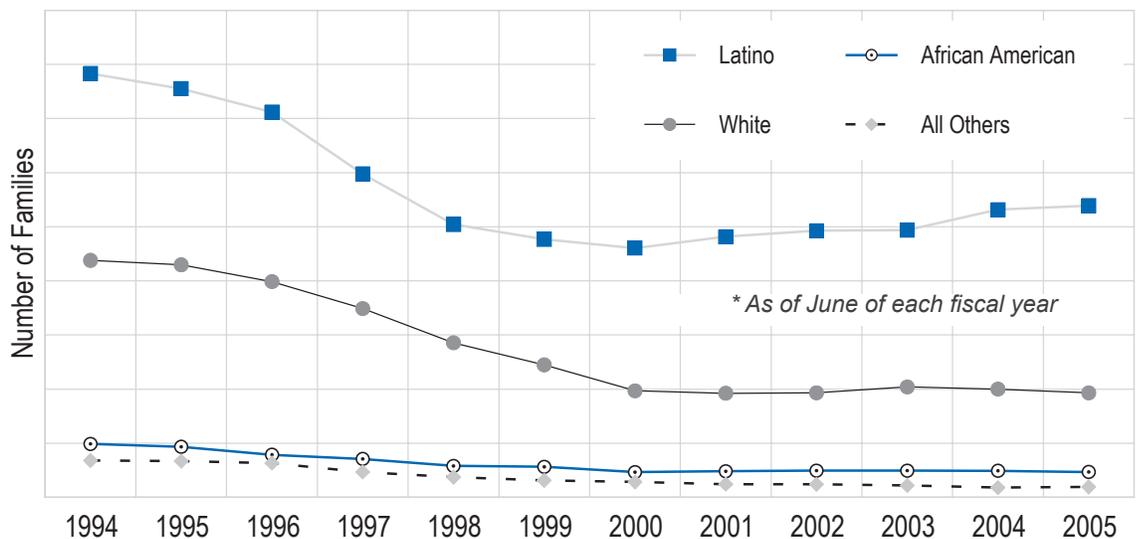
### Trends

Both the overall number of CalWORKs recipients and the proportions of participants by racial/ethnic groups in the County has been stable since 2000.

### Summary

After a decline in the CalWORKs caseload in the late 1990s, the total number of families in the County receiving cash assistance has increased slightly along with local population increases. Nonwhite populations in our County continue to be overrepresented on public social support roles when compared to their corresponding numbers in the general population.

**Families Receiving CalWORKs Cash Assistance\***



|                  |       |       |       |       |       |       |       |       |       |       |       |       |
|------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Latino           | 3,916 | 3,776 | 3,558 | 2,989 | 2,521 | 2,385 | 2,303 | 2,408 | 2,463 | 2,470 | 2,658 | 2,694 |
| White            | 2,189 | 2,148 | 1,993 | 1,744 | 1,428 | 1,224 | 984   | 962   | 966   | 1,020 | 1,000 | 965   |
| African American | 494   | 467   | 394   | 355   | 290   | 282   | 233   | 241   | 247   | 247   | 246   | 235   |
| All Others       | 341   | 334   | 317   | 235   | 187   | 157   | 142   | 122   | 120   | 109   | 90    | 97    |

*South Santa Barbara County housing costs are much higher than North County*

*Median Home Price Comparisons for Santa Barbara and Neighboring Counties*

| County              | July 2001 | August 2002 | August 2003 | August 2004 | August 2005 |
|---------------------|-----------|-------------|-------------|-------------|-------------|
| San Luis Obispo     | \$292,350 | \$349,260   | \$390,150   | \$454,720   | \$566,510   |
| Santa Barbara–North | \$221,790 | \$269,870   | \$318,460   | \$411,700   | \$462,880   |
| Santa Barbara–South | \$634,090 | \$835,000   | \$950,000   | \$997,300   | \$1,301,000 |
| Ventura             | \$338,550 | \$388,690   | \$480,410   | \$626,730   | \$685,680   |

Source: California Association of Realtors, <http://www.car.org>

The majority of families receiving CalWORKs Cash Assistance are of Hispanic/Latino heritage (68%)



California homes prices have more than doubled since late 2001. Home buyers, needed a minimum household income of \$133,800 to buy a home at the August median price of \$568,890.  
 Source: California Association of Realtors; [http://money.cnn.com/2005/10/06/real\\_estate/property\\_california.reut/](http://money.cnn.com/2005/10/06/real_estate/property_california.reut/)

The median home price in the South County is 282% higher than in the North County



## Child Support—Safety Net for Non-Aided Families

### Indicator

Children previously relying on public funding who are presently receiving child support payments, but are at-risk of having to return to public funding.

### Definition

Number of single parent families who leave CalWORKS or never have to go on public assistance but receive child support services.

### Findings

Child support is based on the concept that parents are obligated to pay for the support of their children, even when the children are not living with both biological parents. It is the ongoing obligation for a non-custodial parent to a custodial parent, caregiver or guardian, for the care and support of children of a relationship, encounter or marriage which is no longer intact.

More than ever, the money we collect on behalf of children actually goes to children. In fiscal year 2005, 87% of the record collections we obtained for current monthly support—and 80% of all collections—was disbursed to families. We were able to collect support in 64% of the cases where families were currently receiving assistance. The number of people the Department serves who are currently relying on CalWORKS continues to decrease, while the number of families formerly receiving CalWORKS and now receiving support from the non-custodial parent, has increased. Our goal is to continue with this focus as it is an indicator that with the help of the Department of Child Support families have the definite potential of becoming self-sufficient.

### Trends

The number of families previously receiving assistance from CalWORKS and now receiving child support payments has increased every year since 1995.

### Summary and Implications

Low-income, single-parent families are often in desperate need of child support payments in order to remain self-sufficient. In the face of welfare reform and time-limited welfare benefits, families become far more dependent on other sources of income—and one of those sources is reliable monthly child support payments. Of the \$28 million we distributed last year, over \$17 million represented ongoing monthly support. In fact 45% of the total monthly ongoing support collected last year went to families that were previously reliant on CalWORKS, and 35% went to families who had never actually received CalWORKS.

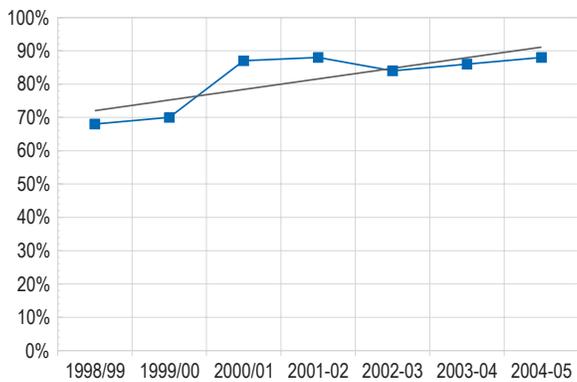
The number of families formally reliant on public assistance but now searching for different income streams continues to grow and we need to continue our focus on establishing and obtaining court orders so we can continue to collect this support for these families that are at risk and find they are increasingly reliant on child support as a source of income in order to survive.

Child Support is a family-first program, intended to ensure families' self-sufficiency by making child support a more reliable source of income. Children do not know the first thing about negative economic indicators or budgetary impacts and they often do not even fully understand the realities of divorce or underemployment—but they are often the first to feel their impact. The Department has, as its principal customers, children in need of support. However, in addition to recognizing the importance of ensuring children have access to necessary financial support, they also need to be supported emotionally. We encourage all parents to take an active role in their children's lives and we encourage the community to assist parents in this effort. Involved, caring parents who support their children can have a positive effect on a child's life.



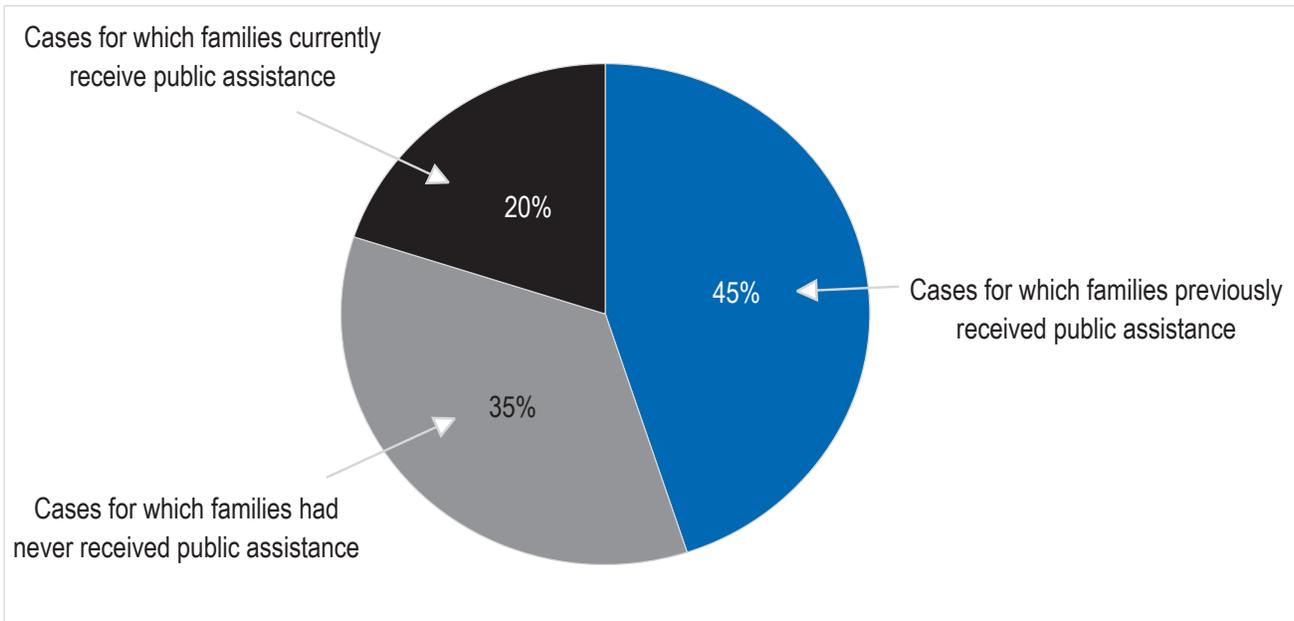


Percent of Collections that Went to Non-Aided Families



“Child support makes a real difference!”

Cases Receiving Payment Towards Current Support



## Free/Reduced Cost Lunch (FRL) Programs

### Indicator

School children in low-income families utilizing free or reduced cost lunch programs.

### Definition

Number of children in public schools receiving free and reduced cost lunch (based on family income below federal poverty level).

### Findings

During 2004-05, there were 30,513, or 45% of public school children (based on the October 2004 student CBED count) enrolled in the free or reduced-price lunch program. Children enrolled as a percentage of total enrollment for each area of the County varied by school district. Those with the highest proportion of students participating in the lunch program were: County Education Office schools (Community and Juvenile Court-100%), Guadalupe Union (100%), Cuyama Joint Unified (84%), Santa Maria-Bonita (81%), Casmalia (80%), Blochman Union (71%), Los Alamos (59%), and Vista del Mar Elementary (51%).

### School Nutrition Programs

Through the National School Lunch and School Breakfast Programs, schools provide students of all ages with nutritious meals they need in order to learn.

### Trends

The number of youth participating in the lunch program has increased each year since 1991. Many of these youth reside in the agricultural areas of the County, but there continues to be a sizeable number from the more urban areas of Santa Barbara City.

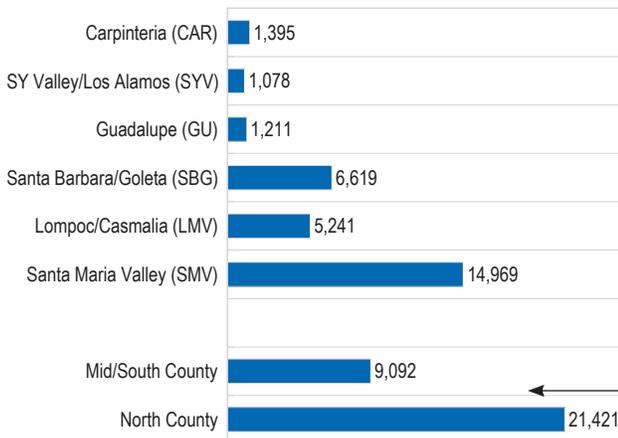
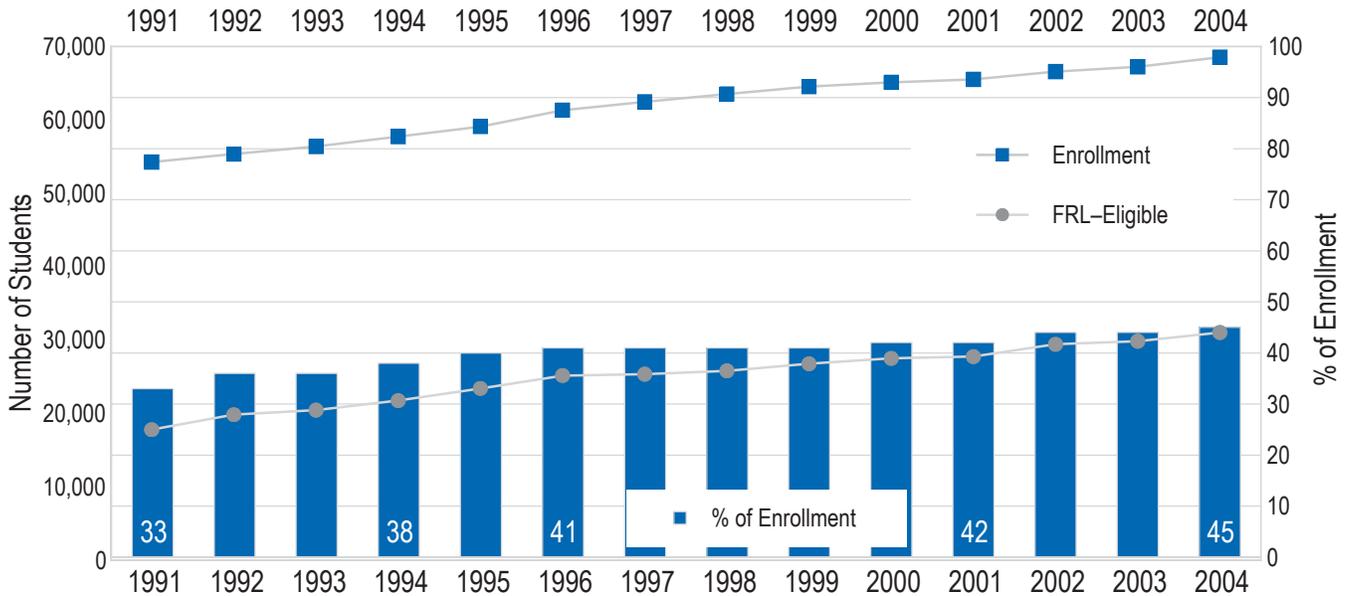
### Summary and Implications

These data for 2004 show that there are about seven times as many children receiving free and reduced cost lunches as there are children living in families receiving CalWORKs cash assistance. The regional breakdown shows high rates of families living below the poverty level in North County, especially in Guadalupe and Santa Maria. Children of these families are eligible for the FRL Program. The 2004 figures show that 21,421 North County students were registered in the FRL program, which is 70% of the County total. In fact, since 2000, there has been an increase of 15.6% in the number of eligible students in the North County compared to a 1.5% increase in the South County. For the first time since 1994, the South County actually had a decrease in the number of eligible students, declining from 9,830 in 2003 to 9,092 in 2004, an emerging development that may be related to increasing mortgages and rents and the associated enrollment declines.

The number of children receiving free and reduced cost lunches grew at a steady rate between 1991 and 1995, leveled off in the past few years, but more recently continues to increase. It is possible that school enrollment increases in the future will disproportionately involve families that are eligible to participate in the school lunch program. In the County, about nearly 1 out of every 2 students was eligible for free or reduced cost lunches in 2004.



School Enrollment, Number (and Percentage) of Student Eligible for Free/Reduced Cost Lunch Program



Since 1996, the percentage of students participating in the school lunch program in Santa Barbara County has ranged between 41-45%

Number of students eligible for Free/Reduced Cost School Lunch Program in 2004 by Region in Santa Barbara County

Federal Income Eligibility Guidelines for Free and Reduced Cost Meals  
July 1, 2004 to June 30, 2005

| Household Size                         | Yearly Income | Monthly Income | Weekly Income |
|--|---------------|----------------|---------------|
| 1                                      | \$17,705      | \$1,476        | \$341         |
| 2                                      | 23,736        | 1,978          | 457           |
| 3                                      | 29,767        | 2,481          | 573           |
| 4                                      | 35,798        | 2,984          | 689           |
| 5                                      | 41,829        | 3,486          | 805           |
| 6                                      | 47,860        | 3,989          | 921           |
| 7                                      | 53,891        | 4,491          | 1,037         |
| 8                                      | 59,922        | 4,994          | 1,153         |
| For each additional family member add: |               |                |               |
| 9                                      | \$6,031       | \$503          | \$116         |

A household of one (1) means a pupil who is his or her sole support. Household means a group of related, or unrelated, individuals who are living as one economic unit and sharing living expenses. Living expenses include rent, clothes, food, doctor bills, and utilities.

## Homeless Children and Youth

### Indicator

Services to homeless children and youth ages 0-18 and their families.

### Definition

The following data are collected for this indicator:

- number of families served by Homeless Education/Liaison Project (HE/LP)
- number of children tutored by HE/LP
- number of children/youth receiving HE/LP services

### Findings

The Homeless Education/Liaison Project (HE/LP) is administered by the Santa Barbara County Education Office in partnership with the Santa Barbara County Community Action Commission. HE/LP continues to be the one service locally that focuses solely on homeless children and their success in education. In 2004, HE/LP served approximately the same number of children/youth as in 2003. HE/LP has three outreach community-school liaisons and recognizes that there are gaps in services as these liaisons cannot cover the entire County. Homeless children, particularly those living in double/triple-up situations, are definitely undercounted. More services are required than funding allows specifically in the communities of Isla Vista, Santa Ynez Valley, and Guadalupe.

The No Child Left Behind (NCLB) Act clearly defines children in double/triple-up living situations as being “homeless.” Nationally, this segment of the homeless population has historically been undercounted and this is also true in Santa Barbara County. Identifying and serving this important population would require at least three more community-school liaisons. Children living in motels, hotels, shelters, parks, and vehicles are more accurately counted because they are not as much as an “invisible” population. Also, children entering the system through the Domestic Violence Solutions program are undercounted because the confidentiality practices of those shelters makes tracking more difficult. However, it is a well documented fact that domestic violence is a major contributor to women and children losing their homes.

### Foster Youth Services, Santa Barbara County Education Office

Foster Youth Services (FYS) programs provide support services to foster children who suffer the traumatic effects of displacement from family and schools and multiple placements in foster care. FYS programs have the ability and authority to ensure that health and school records are obtained to establish appropriate placements and coordinate instruction, counseling, tutoring, mentoring, vocational training, emancipation services, training for independent living, and other related services.

Source: California Dept. of Education (<http://www.cde.ca.gov/ls/pf/fy/index.asp>)

### Trends

Children in homeless situations often live with a single parent or grandparent. This includes fathers as the guardians, which was noted last year. HE/LP information depends on accurate reporting by the parents interviewed and from this information it appears that a large percentage of homeless children ages birth through 4 years do NOT

attend educational child care programs, preschool, or Head Start. The sporadic attendance at school and changes of schools several times a year contribute to homeless children falling behind in their academic work. As a result, they are overall less able to achieve proficiency in state mandated assessments.



Another trend is that families who are homeless have remained homeless and now the homeless status of one generation is being passed on to second and third generations, in spite of all available interventions. The children in these families are for the most part bright, articulate, and able to learn and succeed. However, their parents cannot fully support their participation in school nor generate momentum to move out of “homelessness” and poverty.

### *Summary and Implications*

Santa Barbara County is known nationally as one of the most expensive places to live. Parents on the verge of homelessness who are the most motivated will work two, perhaps three jobs to keep the family afloat. However, this often does not mean that they can find and keep housing. Our “rich” communities are full of families and children who are living on the very edge of poverty and homelessness.

Children living in homeless situations are less likely to go to preschool or other programs designed to help them prepare for school. Children and youth who are homeless and move frequently usually do not meet the state standards for scholastic proficiency in the core subjects unless there are serious and ongoing resources provided. When HE/LP is able to intervene and the children and youth are regularly engaged with HE/LP liaisons and/or tutors, their educational growth is remarkable. Finally, it must be recognized that homeless children are capable of leading healthy, productive lives and, with support, can escape the cycle of homelessness. However, achieving this goal requires continual and direct services that augment standard educational programs in our public schools and these services must be provided at an early stage in the life of a homeless child.

HE/LP served between 1,037 to 1,137 in 2004-2005. Of those served, 259 received tutoring services and 31 preschool children were served.

Noah's Anchorage YMCA Youth Crisis Shelter in 2004

Number of Residential Stays = 307

Number of Youth Utilizing Services = 3,105

### *Storyteller Children's Center...*

a non-profit charitable corporation, is Santa Barbara's unique answer to childcare for homeless and transitional children. Established in 1988, Storyteller's program has enabled many displaced families to recover from homelessness and recreate productive lives.

Profile of South County families served in current year:

- 91 families served
- 43 families currently enrolled
- All earn less than \$31,200 annually
- 87% earn less than \$18,000 annually
- 93% of families are from Santa Barbara City
- 70% stay for less than one year
- 63% are one-parent families
- 95% are of Hispanic heritage

Since 1994-1995, there has been a significant increase in the proportion of Latino children served by Storyteller.

Source: <http://www.storytellercenter.org/>



# *Child Care and Preschool*

## *Introduction*

### *How does the early care and education of children relate to positive outcomes for our community?*

High quality, affordable early care and education is an essential ingredient of an economically and socially healthy community. Research has shown that the first three years of life are critical for brain development and that participation in high quality early care and education programs lead to children's success in school and beyond. High-quality programs provide children with opportunities to participate in developmentally appropriate activities that promote children's language development, cognitive skills and creativity in socially and emotionally supportive group settings. From such programs children enter kindergarten with improved social and cognitive skills, and are less likely to need special education, drop out of high school or become involved in juvenile crime in the future.

First 5, the State and local foundation funding have contributed to countywide changes. Individual agencies and programs have supported program quality improvements, including workforce training, and program coordination to better fulfill the needs of families. The Office of Early Care and Education, First 5, and the Child Care Initiative Project of the Santa Barbara Family Care Center Children's Resource and Referral have been instrumental in supporting workforce training and retention.

### *What are the indicators we are using to assess the early care and education of youth?*

1. Unmet need for child care
2. Quality of child care programs
3. The cost of child care (affordability) in Santa Barbara County

### *Why are these indicators important?*

A good supply of child care in every region of Santa Barbara County ensures a strong system of early care and education. Increasing the quality of the early care and education system supports the development of children. Affordability of early care and education programs offers equal access to all families in Santa Barbara County

### *How are we doing in Santa Barbara County?*

- There has been a 7% increase in licensed spaces compared with 1999, but there are still an estimated 3 children needing care for every licensed space available.
- Twenty-seven programs are currently nationally accredited, but this number reflects a very small percentage of the total number of licensed programs countywide.
- The cost of care continues to rise and is well beyond the means of many families.

### *What can we do to make a difference?*

Work with all sectors of the community, including local government, employers, the K-12 education system and the public-at-large, to increase awareness of the critical importance of high-quality early care and education.



*Santa Barbara County Early Care and Education Needs Assessment  
A detailed report of the status of child care in Santa Barbara County*

<http://www.sbceo.k12.ca.us/ccpc/needs.html>



Child Care Need and Supply

Indicator

Need and supply for child care.

Definition

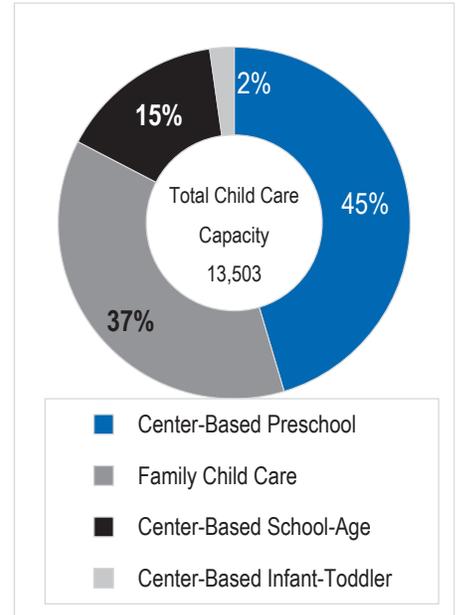
Estimated need for and availability of licensed child care spaces.

Findings

Previous versions of the Scorecard reported on the number of requests received by the Child Care and Resource & Referral Program. This year, this indicator has been redefined to examine the need for child care and how that need compares to the capacity to meet the need. Using information from the 2000 U.S. Census, it is estimated that 43,610 children birth to 12 years need child care, but there is a known capacity in licensed programs to care for only 13,503, or 31% of all children needing care.

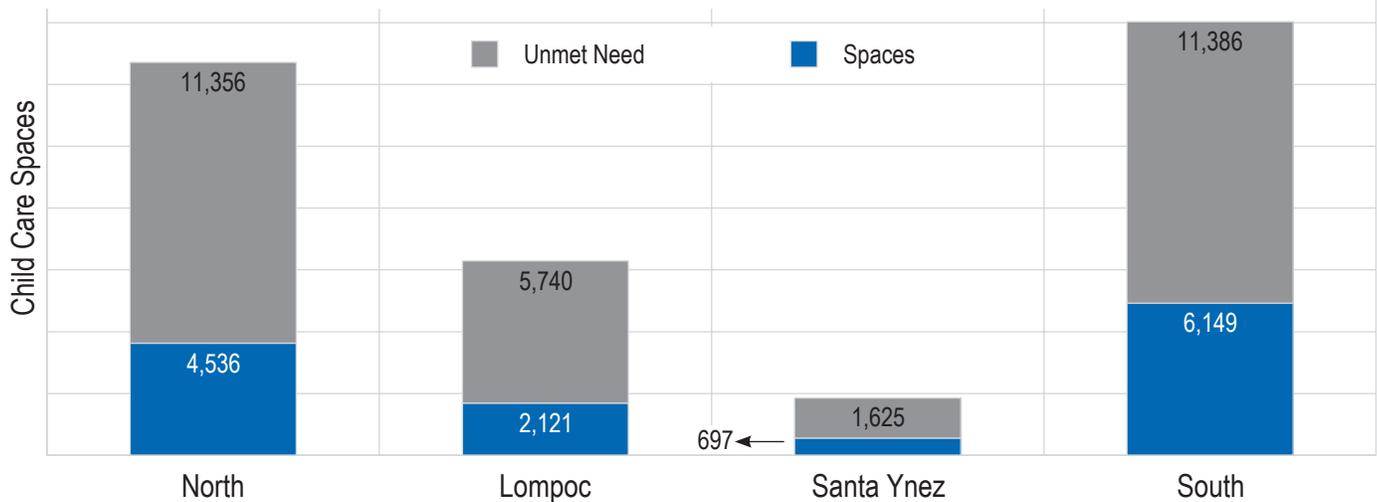
It is estimated that 54% of children ages 0-6 need access to child care and 65% of school-age children need care outside of school hours (defined as including children living in families with all parents working outside of the home). The estimated proportions of children and youth requiring child care is similar across communities (52% to 57% among children ages 0-5 and 64% to 67% among school-age children).

With respect to child care spaces by County region, the South County region has the most (45.5%), followed by the North County region (33.6%), Lompoc (15.7%), and Santa Ynez Valley (5.1%). The availability of spaces by type of licensed facility, however, is not evenly distributed. The South County accounts for 81% of all Infant/Toddler spaces, 55.3% of center-based preschool spaces, and 52.3% of the center-based school-age spaces. In comparison, the North County at 46.2% accounts for the most family child care spaces.



**Number of children needing care per available licensed child care space in Santa Barbara County — 3.2 children for every 1 space available.**

Estimated Child Care Need and Supply of Licensed Care for Children Ages 0-12 by County Region



Source: U.S. Census (2000), Community Care Licensing October 2004

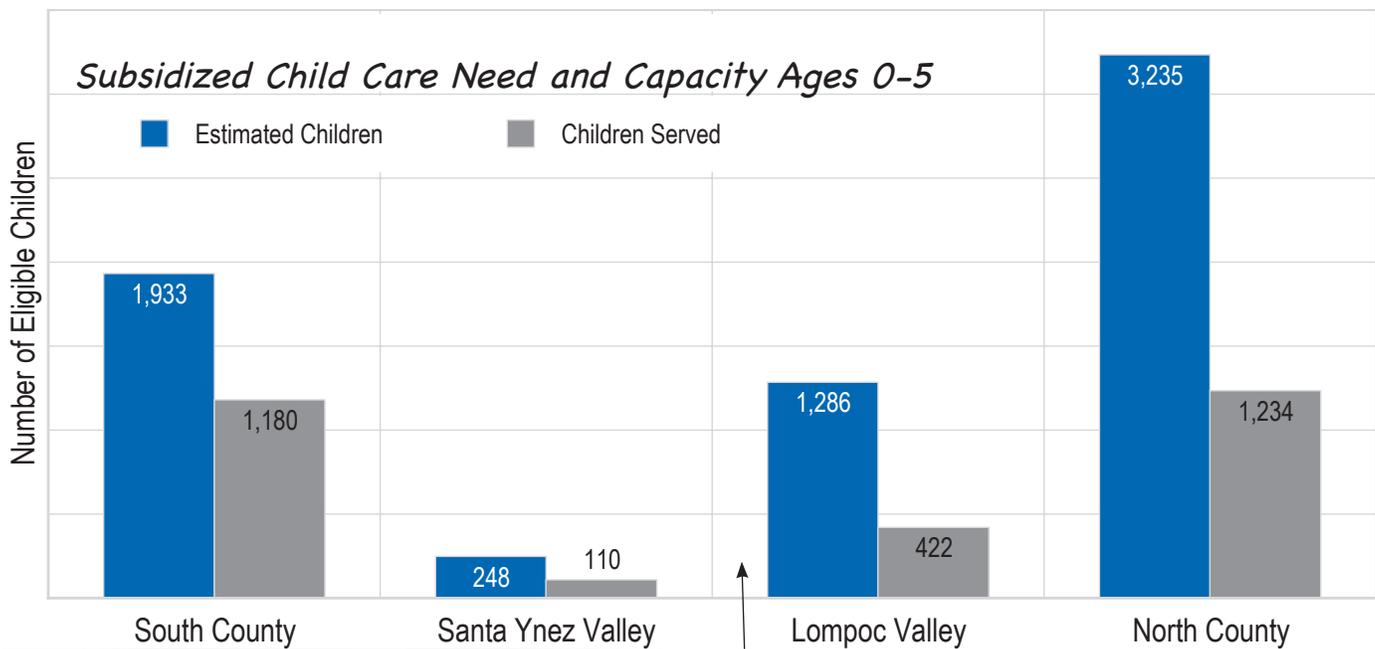
*Trends*

No trend data are available at this time.

*Summary and Implications*

The supply of licensed child care continues to meet only a small portion of the demand. There is a serious shortage of licensed care, for all age groups, but the greatest needs are for infant care, before- and after-school care, and care for children with special needs.

Access to affordable, quality child care is essential for all working families, regardless of income. Yet, the high cost of child care throughout the County forces families to leave their children with license-exempt providers or make informal child care arrangements for their children, leaving them in environments that are not monitored or regulated. Other exacerbating factors are: low compensation for child care workers, high attrition rates, and rising real estate costs, which decrease the availability of suitable child care facilities. Subsidized programs provide care for some children of low-income families.



Countywide in 2004, 5,835 children ages 0-12 were eligible for child care support through CalWORKS. Of these children, 32.7% received subsidized child care.

Note. Estimates need based on estimated number of eligible children. Eligible children are defined as residing in families (a) earning less than 75% of state median income (\$40,000 annually) and (b) in which all parents are employed outside of the home. Both criteria must be present. An additional 887 children were served countywide through CALWORKS. Sources: U.S. Census (2000), Subsidized Child Care Program Survey (2004; General Child Care, State Preschool, Alternative Payment Program, Head Start, Latchkey, CalSAFE, CalWORKS).

**Head Start by the Numbers**

In 2004-2005 Head Start served 1,635 children in the County, which includes 260 Early Head Start children. Head Start enrollment increased 7% in 2004-2005.

In Santa Barbara County, 85% of Head Start enrollees are Hispanic/Latino.

Quality of Child Care Programs

**Indicator**

Quality of child care programs.

**Definition**

The critical aspects of high-quality early care and education include consistent, well-educated child care providers; nurturing, developmentally appropriate environments; stimulating cognitive activities; and positive social interactions.

**Indicators of Quality Programs**

**1. Number of accredited programs**—Accreditation represents the achievement of the highest quality standards by early childhood programs. The accreditation process includes the examination of individual child care programs in the areas of health and safety, staffing, staff qualifications, physical environment, and program administration. This review emphasizes the overall quality of the child's experience. Accreditation is a one- or two-year, voluntary process, involving:

- extensive self-study by the program,
- a validation site visit to verify the self-study results,
- review by a national commission of experts in child care and early childhood education,
- a judgment that the program is in substantial compliance with the national criteria, and
- the granting of accreditation.

Child care centers are accredited by NAEYC (National Association for the Education of Young Children), and family child care programs are accredited by NAFCC (National Association for Family Child Care).

In Santa Barbara County in June 2004, 12 programs (5 centers and 7 family child care) were accredited, unchanged from the previous year. Another 26 programs (15 centers and 11 family child care) had submitted their program descriptions and were waiting for validation/observation visits by the national accrediting body.

As of October 2005, a total of 27 programs (20 centers and 7 family child care) were accredited. This is a great increase over the 8 accredited in 2000, but still only a small percentage of the more than 700 licensed programs in the County. By way of comparison, in the State of California, there are a total of 572 accredited centers and 312 accredited family child care homes, which is an overall increase of 23% from last year. Nonetheless, this represents only a small fraction of all child care programs in the State.

**2. Number of teachers with State of California Child Development Permits**—Research shows a direct link between the education level of an early childhood provider and the quality of that provider's care. Possession of a Child Development Permit represents an early care and education provider's education level. The minimum requirement to obtain a permit

*Programs Accredited or In Process of Accreditation (June 2004)*



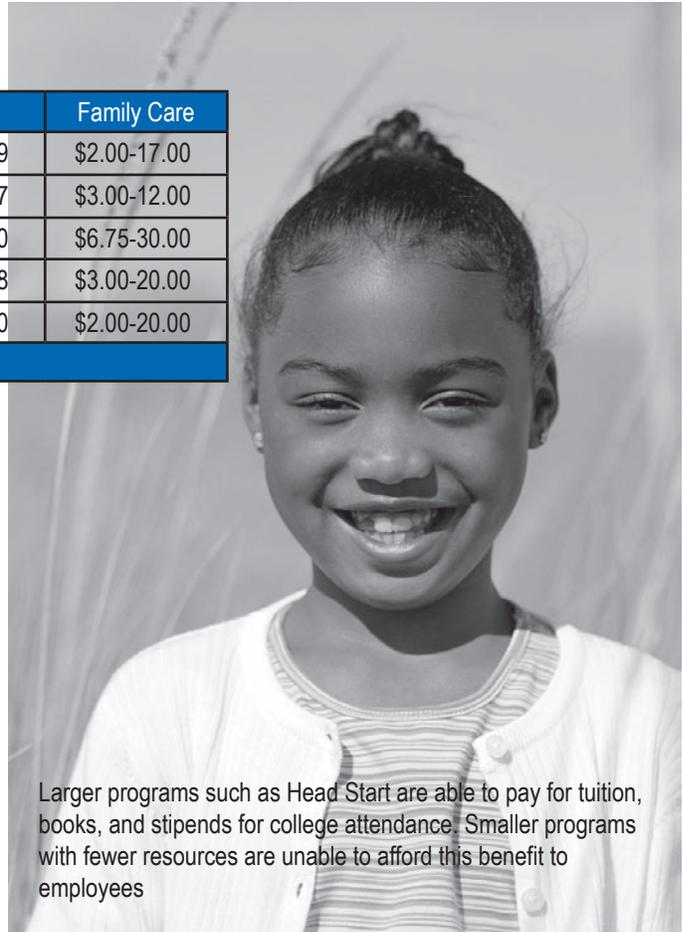
| Region       | # Accredited Child Care Centers | # Seeking Accreditation Child Care Centers | # Accredited Family Child Care Homes | # Seeking Accreditation Family Child Care Homes |
|--------------|---------------------------------|--|--------------------------------------|---|
| North County | 1                               | 3  | 2                                    | 8   |
| Lompoc       | 1                               | 4  | 2                                    | 1   |
| Santa Ynez   | 0                               | 3  | 0                                    | 0   |
| South County | 3                               | 5  | 3                                    | 2   |
| County Total | 5                               | 15   | 7                                    | 11  |

Source. Office of Early Care and Education, First 5, Program Quality Improvement

Child Care Worker Hourly Salary Ranges by Region

| Region       | Director      | Teacher      | Assistant    | Family Care  |
|--------------|---------------|--------------|--------------|--------------|
| North County | \$15.00-38.96 | \$7.00-15.79 | \$7.00-15.79 | \$2.00-17.00 |
| Lompoc       | \$12.00-38.96 | \$8.00-15.76 | \$9.73-12.17 | \$3.00-12.00 |
| Santa Ynez   | \$13.54-41.00 | \$8.50-16.00 | \$7.75-16.00 | \$6.75-30.00 |
| South County | \$12.00-45.83 | \$9.00-24.00 | \$8.00-14.88 | \$3.00-20.00 |
| County Total | \$12.00-45.83 | \$7.00-24.00 | \$7.00-16.00 | \$2.00-20.00 |

Source. Survey of Licensed Child Care Centers and Homes (April 2004).



Larger programs such as Head Start are able to pay for tuition, books, and stipends for college attendance. Smaller programs with fewer resources are unable to afford this benefit to employees

Mean Annual Wages:  
 Preschool teachers in California: \$24,540  
 Tree Trimmers (national): \$27,040  
 Bellhops (national): \$22,360  
 Kindergarten teachers in California: \$50,370

is 6 units of early childhood education training, which qualifies an individual as an Assistant. The highest level, Program Director, is earned with 24 units of Early Childhood Education, a bachelor’s degree, 6 units in administration and 2 units of adult supervision. Providers can apply for increasingly higher levels of permits as they continue their education. There were 117 child development permits issued to early care and education professionals in Santa Barbara County in 2003-2004, up 18% from the previous year. The permits were issued at the following levels: 42 Assistant or Associate Teacher, 51 Teacher or Master Teacher, and 24 Site Supervisor or Program Director.

**3. Salary level for early care and education professionals—**

One of the greatest causes of child care provider turnover (and thus, inconsistent caregiving for children) is the historically low rate of pay in the field. This factor is aggravated in areas such as Santa Barbara County where the cost of living is high. The average full-time salary of the 329 center-based providers who applied to the Program Quality Improvement Project for stipends in 2001–2002 was \$24,009 (\$11.54 per hour). These providers have been in the early childhood field for an average of 9 years, nearly 33% for over 10 years. Based on the April 2004 survey of licensed care facilities in Santa Barbara County, child care teachers had an average annual full-time salary that ranged from \$13,440 to \$30,720 (\$46,080 in the South County region).

Child care centers are accredited by NAEYC (National Association for the Education of Young Children)  
 Family child care programs are accredited by NAFCC (National Association for Family Child Care)

Cost of Child Care

Indicator

The cost of child care (affordability) in Santa Barbara County.

Definition

The average annual cost of licensed child care as reported to Children's Resource and Referral Program.

Findings

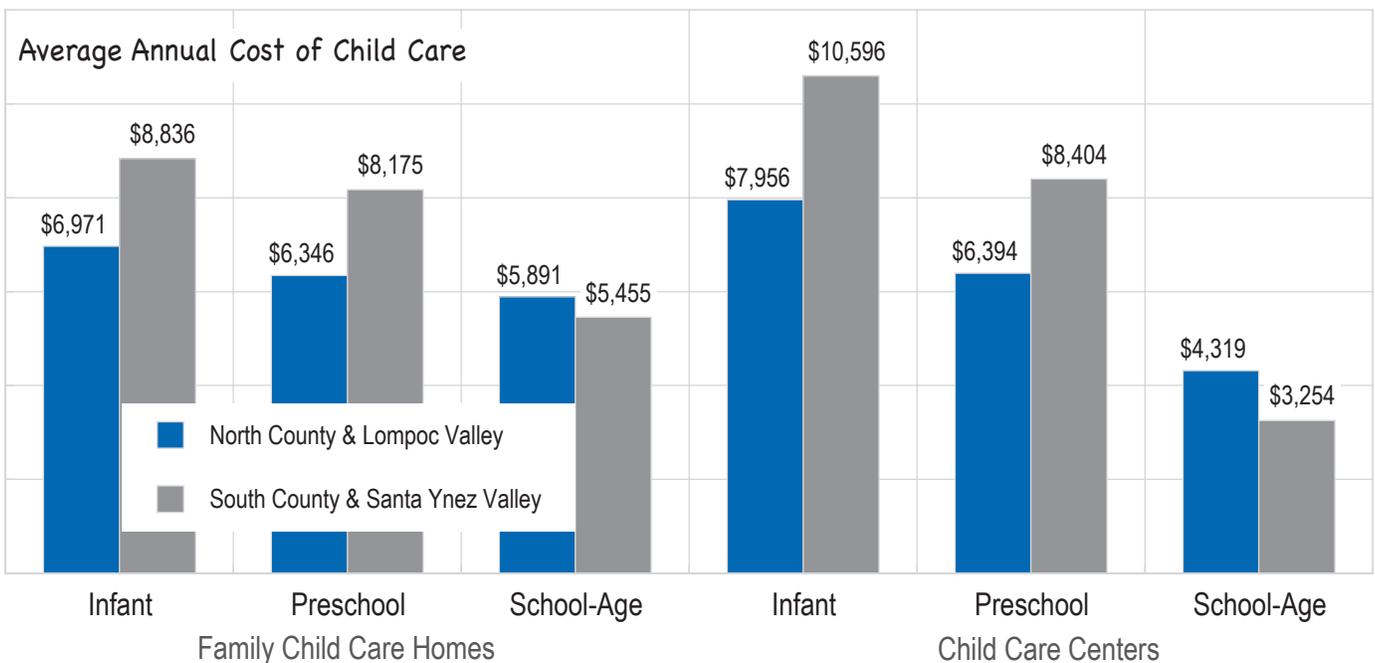
This is the first year that the cost of child care is expressed as annual average cost. As shown in the figure (page 31), the cost of child care for just one child accounts for a sizeable proportion of family income. Using a median household income of \$48,176, and depending on County region, 14% to 22% of income was needed for infant care; 13%-17% was required for preschool care, and 7%-12% was needed for the care of a school-age child.

Infant care was the most costly, ranging from \$6,971 to \$10,596 per year. South County & Santa Ynez Valley had much higher infant care cost in both infant and preschool placements. Infant care in the South County was 26.8% higher in family care homes and 33.2% higher in child care centers. Similarly, South County costs were 28.8% higher for preschoolers in family care homes and 31.4% higher in child care centers. The North County and Lompoc, however, had higher costs for the care of school-aged children, 8.0% higher in family child care homes and 32.7% higher in child care centers.

Trends

On the whole, the cost of child care continues to rise in Santa Barbara County. Child care in the South County communities of Carpinteria, Santa Barbara, and Goleta remains the most expensive for care in family child care homes and centers. In recent years the cost in North County for school-aged care was the highest. There is also a sizable cost difference between family child care for school-age children compared to child care center school-age placements.

*The average annual cost of infant and preschool care is higher in South County with school-age care higher in North County.*



**Summary and Implications**

Regardless of where a young family lives, child care is clearly not affordable for most families in Santa Barbara County. With the median annual household income of about \$48,000, the cost of care for an infant/toddler consumes 20% of a typical family’s living expenses, and care for two children consumes 32%. The level of self sufficiency income for a family of four with two working parents with one infant and one child of 2-5 years in care is \$52,042. For a single parent earning minimum wage, annual care for an infant costs 72% of the total income.

Young families living in South County communities are faced with very high housing costs, where the median home price has topped \$1,250,000 and the rental market reflects this high cost of housing with an average cost of \$1,800 to \$2,000 for a two-bedroom apartment. Security deposits alone are one and one half times the rent in most cases.

Santa Barbara County has approximately 23% of its children ages 0-5 living at the poverty level, hence there is a great demand for subsidized child care. All subsidized programs continue to have long waiting lists. This can result in a family waiting 2 to 3 years for a space, while others never receive any assistance.

The current supply of licensed care meets only 31% of the estimated need for all ages. For all families to remain self-sufficient, the quantity and quality of care must increase.

The overall supply of child care is not meeting the needs of our working families. There is great cause for concern when parents face difficulty in finding and affording quality child care. Parents must have access to reliable care to remain employed and self-sufficient. The quality, reliability, and cost of child care directly affects the mental, social, and economic health of our families and the infrastructure of our communities.

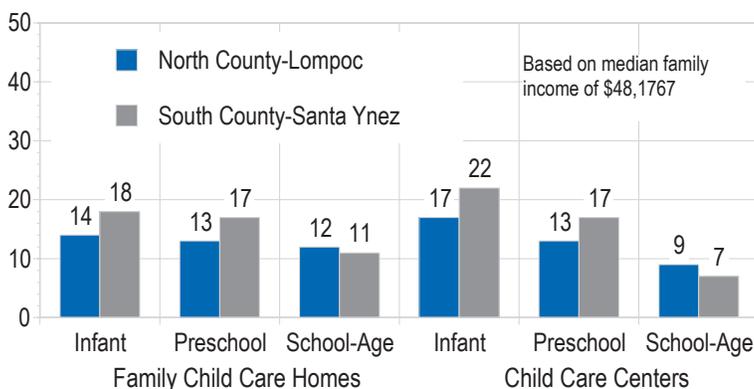
It is evident that the State cannot adequately subsidize child care programs within our communities and that more creative solutions are needed. One strategy involves interagency partnerships to meet the obstacles that face families. Furthermore, non-subsidized programs cannot provide the capacity to serve all children who require child care. Santa Barbara County must develop a plan to invest in quality early care and education to ensure that families have access to affordable care that meets their specific needs. It is incumbent upon agencies to collaborate on behalf of children to offer child care services that are accessible and affordable to all families needs.

**“Public Safety Can’t Wait”**

Santa Barbara City police Chief Cam Chavez oversaw a report about the benefits of preschool programs, including long-term crime reduction. Despite the documented benefits of preschool to prevent development problems, it remains out of reach for many children. Seventy-six percent of publicly-funded preschool programs have waiting lists. Children from families earning over \$60,000 per year in California are more than 50% more likely to be enrolled in preschool than children from families earning under \$30,000. The major state- and federally-funded preschool programs only reach up to 43% of all preschool-age children eligible for such assistance.

Source Public Safety Can’t Wait: California’s Preschool Shortage, A Missed Opportunity for Crime Prevention; <http://www.fightcrime.org/ca/waitlist/capreschool.pdf>

Child Care Cost Expressed as Percentage of Annual Income



# *Education*

## *Introduction*

### *How do education outcomes relate to positive outcomes for our community?*

School is a critical opportunity for support of positive development in youth. Academically successful youth grow up to be healthy functioning adults, contributing positively to their community. In addition, academically successful students are less likely to engage in unhealthy behaviors, such as drug or tobacco use.

### *What are the indicators we are using to measure education outcomes?*

1. Average Daily Attendance (ADA)
2. Truancy
3. Special Education
4. STAR Program Results (Grades 2-11)
5. CAT/6 Results (Grades 3 and 7 only)
6. Graduation and Dropout rates

### *Why are these indicators important?*

- 1. ADA & Truancy**—Children who regularly attend school are more likely to graduate successfully from high school.
- 2. Special Education**—This measures whether children with special needs are receiving the services they need to be successful.
- 3. STAR & CAT/6**—Results on these tests measure basic academic skills. Students who achieve proficiency on the STAR and average to above average scores on the CAT/6 are more likely to be successful in school and to graduate.
- 4. Graduation and Dropout Rates**—Students who fail to graduate high school are significantly more likely to have adverse outcomes later in life that require them to rely upon public assistance or enter the criminal justice system. Beginning with the class of 2006, students will have to pass the California High School Exit Exam (CAHSEE) to earn a high school diploma.

### *How are we doing in Santa Barbara County?*

School districts in the County have maintained a consistent, aggressive program to keep children in school. During the 2004-2005 school year, the District Attorney's Office continued the Truancy Intervention and Parent Accountability program in all areas of the County.

Of the over 10,000 families that were first notified of their student's unexcused absences, less than 1% of them were required to face Step 5: Prosecution.



## School Attendance

### Indicator

Public school attendance.

### Definition

Two sets of figures are provided. The first is school enrollment, which is a one-time count or census of the students enrolled in school during the fall term of each school year. The second is Average Daily Attendance (ADA). ADA is

Average Daily Attendance was previously calculated by combining the number of students who attended school on a given day and those who provided valid excuses for absences

Since the 1998-99 school year, ADA has been calculated and reimbursed only for actual, in-seat attendance. ADA is used to determine district funding.

the number of students present each school day throughout the year, divided by the total number of school days in the school year. ADA is the basis for each district's apportionment of revenue. School enrollment data are part of the California Basic Education Data System (CBEDS; <http://www.cde.ca.gov/ds/sd/cb/>).

### Findings

The school enrollment count for the 2004-2005 school year was 67,551 students (this includes students in County

Education Office programs). This represents an increase of just 34 students from 2003-2004. The 10-year trend is a 18.5% increase in school enrollment. Countywide, Hispanic or Latino students (55.9%) were the largest student group, followed by White (not Hispanic; 35.8%), African American and Asian (both 2.5%), Filipino (1.6%), and American Indian or Alaskan natives (1.0%).

### Trends

Although the overall County enrollment continues to increase, attendance rates in individual districts are variable, with some districts gaining or losing more than 300 students in the past year.

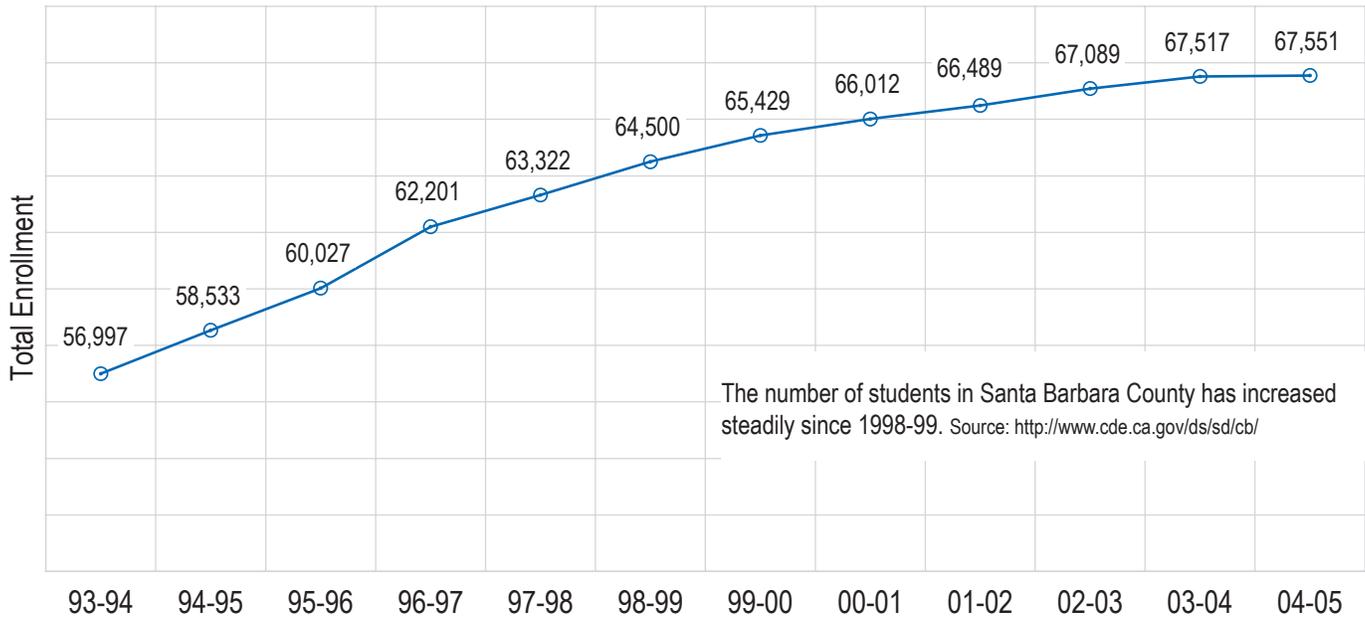
### Summary and Implications

The increases in the number of students in Santa Barbara County during the 1990s continued during the 2004-2005 school year in most, but not all, districts. In addition, Latino students now comprise the majority of County students.

School districts in the County have maintained a consistent, aggressive program to keep children in school. During the 2004-2005 school year, the District Attorney's Office continued the Truancy Intervention and Parent Accountability program in all areas of the County.



Total School Enrollment (count of enrolled students as of October 2004)



In 2004-2005, there were 2,847 migrant students in Santa Barbara County who were reported as being limited English speakers.

Average Daily Attendance by School District

| District                     | 1996-97 | 1997-98 | 1998-99 | 1999-00 | 2000-01 | 2001-02 | 2002-03 | 2003-04 | 2004-05 | Change* |
|------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Santa Maria-Bonita           | 9,929   | 9,968   | 10,071  | 10,547  | 10,806  | 11,157  | 11,450  | 11,811  | 12,236  | 1079    |
| Santa Barbara High           | 8,546   | 8,807   | 8,786   | 8,779   | 9,309   | 9,357   | 9,696   | 9,842   | 9,841   | 484     |
| Santa Maria Jt. Union High   | 5,190   | 5,518   | 5,513   | 5,703   | 5,642   | 5,817   | 6,054   | 6,133   | 6,616   | 799     |
| Hope Elementary              | 1,121   | 1,173   | 1,210   | 1,269   | 1,254   | 1,315   | 1,331   | 1,373   | 1,370   | 55      |
| Guadalupe Union              | 1,097   | 1,105   | 1,031   | 1,058   | 1,063   | 1,116   | 1,124   | 1,157   | 1,142   | 26      |
| Santa Ynez Valley Union High | 1,033   | 1,008   | 984     | 1,003   | 1,009   | 1,034   | 1,027   | 1,044   | 1,096   | 62      |
| Orcutt Union                 | 4,666   | 4,736   | 4,686   | 4,657   | 4,800   | 4,810   | 4,812   | 4,771   | 4,528   | -282    |
| Santa Barbara Elementary     | 6,188   | 6,240   | 6,092   | 5,170   | 5,084   | 5,001   | 4,871   | 4,765   | 4,545   | -456    |
| Carpinteria Unified          | 2,997   | 3,070   | 3,036   | 2,984   | 2,969   | 2,928   | 2,901   | 2,790   | 2,704   | -224    |
| Lompoc Unified               | 11,116  | 11,159  | 10,818  | 10,901  | 11,044  | 11,082  | 11,116  | 11,003  | 10,981  | -101    |
| Goleta Union                 | 4,346   | 4,449   | 4,336   | 4,301   | 4,244   | 4,157   | 3,947   | 3,799   | 3,630   | -527    |

Source: Santa Barbara County Education Office ; [www.sbceo.org](http://www.sbceo.org); \* Change is the increase or decrease of ADA 2001-02 to 2004-05.

## School Truancy

### Indicator

Truancy, interventions, and results.

### Definition

Number of truant youth receiving services under the District Attorney's Truancy Intervention and Parent Accountability program in Step 1 (Letter to Parents) through Step 5 (Prosecution) and the impact of the program on the school sites' overall attendance rate. Truancy is defined as three days, or the equivalent in class periods, of unexcused absence.

### Findings

By the end of the 2004-05 school year, the program had sent a total of 10,383 Step 1 letters to parents of youth who were truant. Over 80% of the students initially identified into the Truancy Program improved their attendance as a result of a first notification letter of truancy and did not move on to the next step. Countywide, 2,070 students that had subsequent truanancies after their first notification were invited to attend Step 2, the After School Meeting. Of students attending the After School Meeting, 70% improved their attendance and did not require further intervention. Of the 620 students required to attend the Step 3 Truancy Mediation Team (TMT) meeting, 62% percent of them improved their attendance. There were 234 students who were referred to Step 4, the School Attendance Review Board (SARB) and 67 cases, countywide, that made it to Step 5, requiring a petition be filed with the Court. Of the over 10,000 families that were first notified of their student's unexcused absences, less than 1% of them were required to face Step 5: Prosecution.

### Trends

Data show that the majority of youth who become truant and receive intervention from the District Attorney's Office at Step 1 resume regular attendance at school with no additional intervention (Steps 2-5) necessary. The program has been successful in providing disincentives to continued truancy and working with parents in helping them overcome barriers to their students' regular attendance at school. The District Attorney's Truancy Intervention and Parent Accountability program makes use of Truancy Social Workers, Truancy Case Managers, and Truancy Counselors to work with students and families. Their early interventions consist of determining whether County resources would be beneficial to the student and family to assist in reducing truant behavior; referring and following-up with those partnering resources; and having continued contact with truant students and their families to monitor attendance and encouraging positive school attendance.

### Summary and Implications

Although the program has not been implemented at all schools in the County, new schools and districts are added to the program each year as school personnel and parents witness the positive impact of the program on children, youth, and the community. Both Santa Maria Joint Union High School District and Lompoc Unified School District continued in their efforts to resolve attendance reporting obstacles due to their implementation of relatively new student management systems.

*Truancy Intervention and Parent Accountability Program  
Number of Students Involved at each Step by County Location (2003-2005)*

| Truancy Response Steps   | North County |         | Mid County |         | South County |         |
|--|--------------|---------|------------|---------|--------------|---------|
|  | 2003-04      | 2004-05 | 2003-04    | 2004-05 | 2003-04      | 2004-05 |
| 1. Letter from school  | 4,075        | 5,020   | 1,555      | 1,924   | 3,478        | 3,439   |
| 2. After School Meeting  | 891          | 789     | 493        | 389     | 915          | 892     |
| 3. Truancy Mediation Team Meeting  | 150          | 172     | 147        | 155     | 373          | 293     |
| 4. School Attendance Review Board  | 107          | 62      | 80         | 61      | 119          | 111     |
| 5. 601(B) Petition Filed with Court  | 33           | 31      | 3          | 7       | 10           | 29      |
| North County: Santa Maria, Orcutt and Guadalupe; Mid County: Lompoc and Santa Ynez Valley; South County: Santa Barbara, Goleta and Carpinteria |              |         |            |         |              |         |

Santa Barbara County District Attorney's  
Truancy Intervention & Parent Accountability Program

*Step 1: 3 days, or equivalent in class periods, of unexcused absences*

- Letter from school to parent/guardian
- The letter informs the caregiver of the number of unexcused absences and the legal consequences of truancy

*Step 2: Student accrues additional unexcused absences since Step #1*

- After School Meeting (ASM)
- Parents and their truant child are asked to attend an after-school meeting that outlines negative legal and educational outcomes associated with truancy and recommends community resources to help the family

*Step 3: Student accrues additional unexcused absences since Step #2*

- Truancy Mediation Team (TMT) meeting with individual students and their parents
- Explore truant behavior and develop intervention plan
- Youth referred to appropriate services
- Written agreement

*Step 4: Student accrues additional unexcused absences since Step #3*

- School Attendance Review Board (SARB)
- Written agreement
- Informal probation (W&I 654) for youth, if eligible, which could include a six-month period of supervision by a probation officer who will monitor students' attendance and compliance with the terms and conditions of their probation

*Step 5: Student accrues additional unexcused absences since Step #4*

- Prosecution
- Filing truancy petition
- Court hearing
- Youth is declared a ward of the court
- Formal probation
- Court imposed conditions: Fines, Public Service Work, withdrawal or withholding of California Driver's License

**Family, school, economic, and student factors contribute to truancy**

For more information, see "Truancy Reduction: Keeping Students in School," an Office of Juvenile Justice and Delinquency Prevention Report (#NCJ 188947; 800-638-8736)

*Average Percent of Students Attending School Each Day for School Years 2003-2004 and 2004-2005*

| North County   | 2003-2004 | 2004-2005 | Mid County   | 2003-2004 | 2004-2005 | South County       | 2003-2004 | 2004-2005 |
|--|-----------|-----------|--|-----------|-----------|--------------------|-----------|-----------|
| Santa Maria High   | NA        | 94.6%     | Lompoc High  | 95.2%     | 95.0%     | Carpinteria High   | 96.4%     | 95.7%     |
| Righetti High  | NA        | 95.8%     | Cabrillo High  | 95.2%     | 94.7%     | Dos Pueblos High   | 94.9%     | 95.0%     |
| Pioneer High   | NA        | 96.0%     | Maple Continuation   | 79.7%     | 83.4%     | Santa Barbara High | 94.6%     | 94.8%     |
| Delta Continuation   | NA        | 78.1%     | Lompoc Valley Middle   | 95.0%     | 94.9%     | San Marcos High    | 95.0%     | 94.2%     |
| Fitzgerald Community   | 78.7%     | 75.4%     | El Camino Middle   | 95.4%     | 95.5%     | Carpinteria Middle | 95.6%     | 95.6%     |
| El Camino JHS  | 96.0%     | 96.5%     | Vandenberg Middle  | 95.9%     | 95.6%     | Goleta Valley JHS  | 95.5%     | 95.8%     |
| Fesler JHS   | 94.8%     | 96.2%     |  |           |           | La Colina JHS      | 95.8%     | 96.0%     |
| Arellanas JHS  | NA        | 95.3%     | Grades 9-10 in 2004-2005   |           |           | La Cumbre JHS      | 95.0%     | 94.3%     |
| Kunst JHS  | NA        | 95.9%     |  |           |           | Santa Barbara JHS  | NA        | NA        |
| McKenzie JHS   | 95.0%     | 95.0%     | NA = Not Available   |           |           |                    |           |           |
| Orcutt JHS   | 94.7%     | 94.7%     | Achieving "school success through attendance, attachment, and achievement." See the National Center for School Engagement; <a href="http://www.schoolengagement.org/index.cfm/NCSE%20Approach">http://www.schoolengagement.org/index.cfm/NCSE%20Approach</a> |           |           |                    |           |           |
| Lakeview JHS   | 94.7%     | 95.2%     |  |           |           |                    |           |           |
| North County: Santa Maria, Orcutt and Guadalupe; Mid County: Lompoc and Santa Ynez Valley; South County: Santa Barbara, Goleta and Carpinteria |           |           |  |           |           |                    |           |           |

## Special Education

### Indicator

Children receiving special education services.

### Definition

Number of children who receive special education services related to Individuals with Disabilities Education Act.

### Findings

As of December 2004, there were 7,312 children and youth (birth to 22 years) receiving special education services.

### Trends

The five-year trend (2000 through 2004) in special education placements shows a 11.0% increase. Enrollment in special education increased in the late 1990s along with an overall increase in the number of pupils attending schools in Santa Barbara County. This past year, 10.8% of all pupils were eligible for special education programs.

### Summary

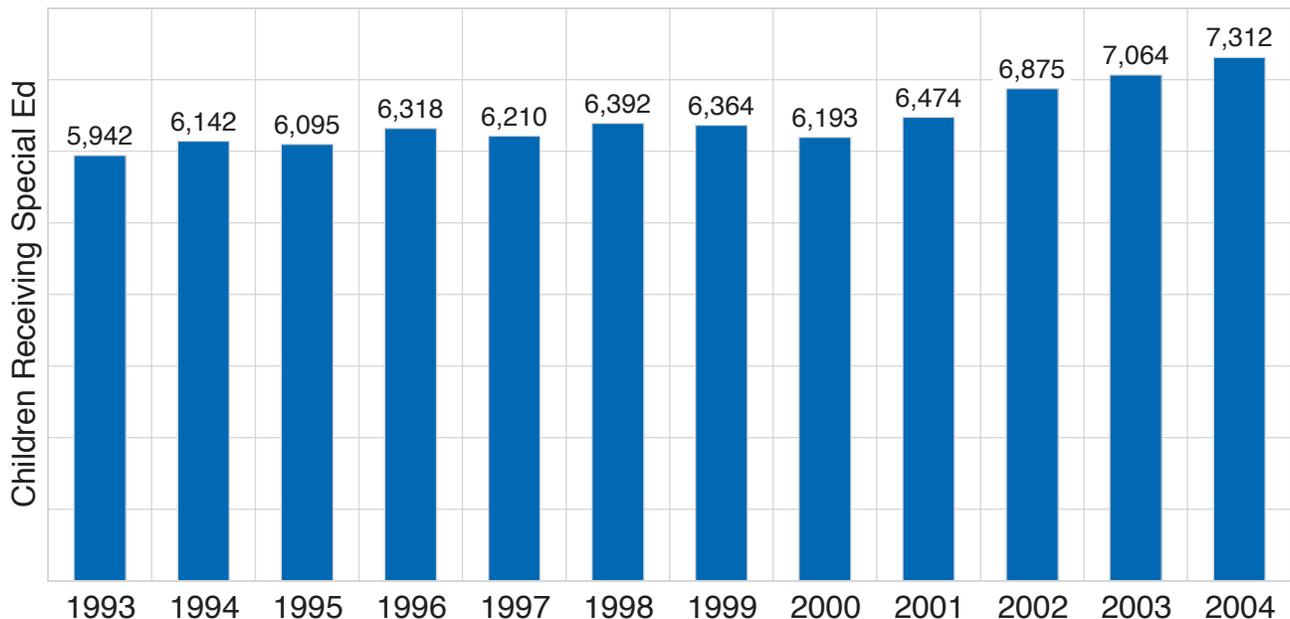
Santa Barbara County's school districts serve 10.8% of the school population with special education services. Services are provided mainly on the home school campus and often within the general education classroom.

The state provides special education funds for 10% of school enrollment.

77% of all eligible students receive special education services because of either:

- Specific Learning Disabilities (45% of all special education eligible students)
- or
- Speech–Language Impairments (32% of all special education eligible students)

Number of Children Receiving Special Education



Number of Children by Special Education Eligibility Category

| Eligibility Category         | Number | per 1000* | Eligibility Category   | Number | per 1000*    |
|------------------------------|--------|-----------|------------------------|--------|--------------|
| Specific Learning Disability | 3,270  | 48.4      | Hard Of Hearing        | 118    | 1.7          |
| Speech/Language              | 2,345  | 34.7      | Visual Impairment      | 59     | 0.9          |
| Mental Retardation           | 367    | 5.4       | Deaf                   | 35     | 0.5          |
| Other Health Impaired        | 327    | 4.7       | MD                     | 32     | 0.5          |
| Autism                       | 279    | 4.1       | Traumatic Brain Injury | 22     | 0.3          |
| Emotional Disturbance        | 256    | 3.8       | Deaf-Blind             | 2      | 3 in 100,000 |
| Orthopedic Impairment        | 200    | 3.0       | Total                  | 7,312  | 108.2        |

Source: Santa Barbara County Education SELPA Office; \* Rate per 1,000 students using fall 2004 CEBDS count.

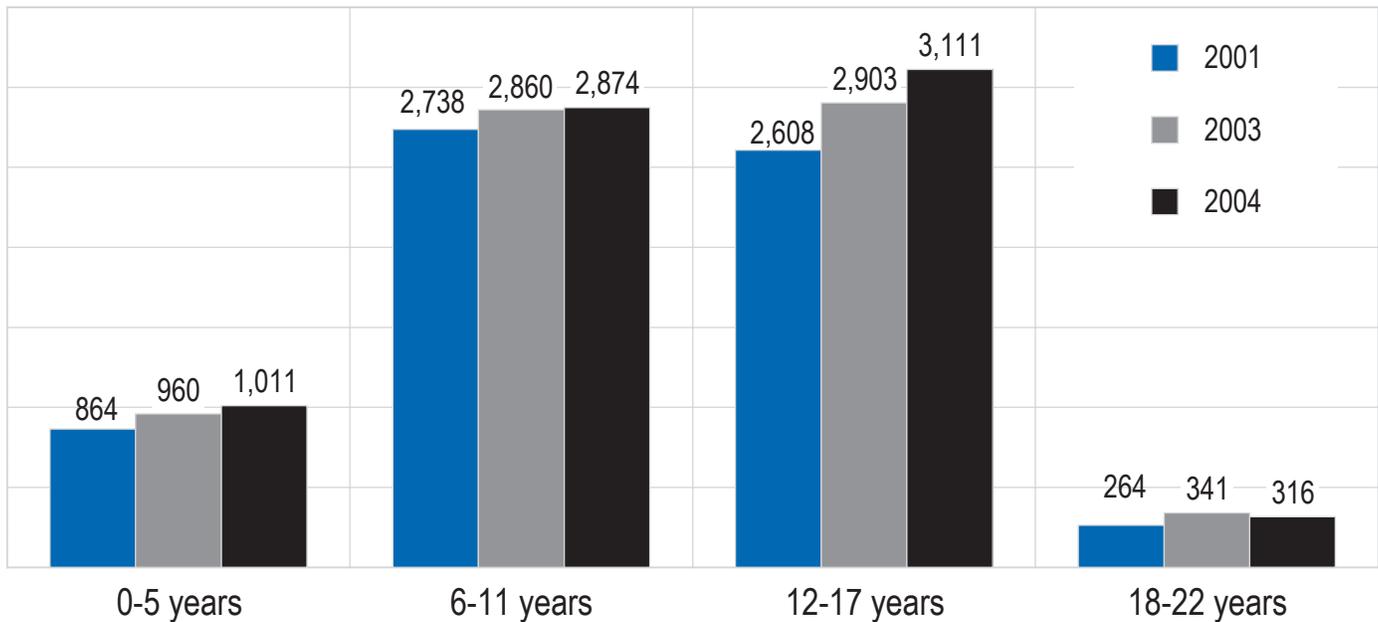


California Department of Education  
 Special Education Link  
<http://www.cde.ca.gov/pg2special.html>

Federal IDEA 2004 Link  
<http://www.ed.gov/policy/speced/guid/idea/idea2004.html>

Since 2001, the number of students in special education, ages 0-5, increased 17%, while the number of students, ages 18-22 increased 20%.

Number of Children in Special Education by Age



## STAR Program Results

### Indicator

Basic academic skills of County students.

### Definition

Student performance on the California Achievement Test, Sixth Edition Survey (CAT/6) in Reading, Language, Mathematics, which is part of the statewide Standardized Testing and Reporting (STAR) Program.

### Findings

For the third consecutive year, the CAT/6 was the core assessment tool used in the STAR program. The CAT/6 is a nationally norm-referenced test used to compare the achievement of students in California to that of same-grade students nationwide. Due to a change in tests from the Stanford-9 to the CAT/6 in 2003, this year's Reading, Language, and Mathematics scores can only be compared with the 2003 and 2004 scores. Also, starting in 2005, only Grades 3 and 7 take CAT/6 items as part of the STAR test.

**Reading**—In Reading, the percentage of students scoring at or above the 50th percentile compared to the national norm sample varied by grade level, with 39% of students in Grade 3 and 49% of the student sin Grade 7 having a score at or above the 50th Percentile.

**Language**—Students' scores on the Language portion of the CAT/6 exam were comparable for both grade levels. Nearly one-half of the students in Grade 7 (49%) and Grade 3 (46%) reached at least the 50th percentile.

**Mathematics**—Finally, Mathematics scores were higher than Reading or Language scores at both grade levels. More than one-half of the students in both Grades 3 (57%) and 7 (54%) scored at or above the 50th percentile.

**Relationships with Parent Education and Ethnicity**—A chart on the following pages shows the association between students' academic performance and their parents' highest level of education. Fewer pupils obtained scores at or above the 50th percentile when their parents had less than a high school education (15% in Reading at the elementary-school level, compared to 66% for students whose parents had a college degree). Pupil performance increased with their parents' educational level. This pattern remains strong across elementary, middle, and high school grades.

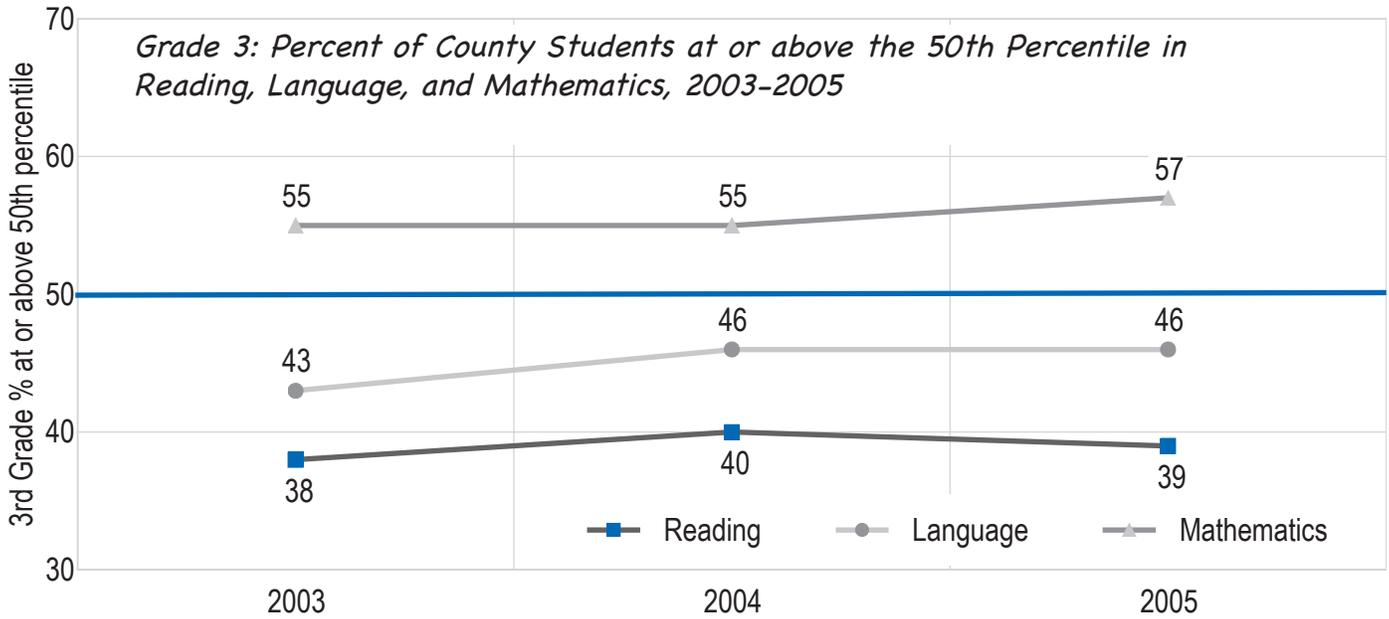
Another chart (top page 42) shows that economically disadvantaged students were less likely to obtain average level

scores on the CAT/6 than non-economically disadvantaged students. Students from economically disadvantaged families had the lowest scores in both Grades 3 and 7. The largest "achievement gaps" were in Reading and Language with 22% of students from economically disadvantaged families scoring at or above the 50th percentile, compared to 66% of students from more affluent families. The achievement gap was smallest for math and spelling. Finally, similar patterns were found when achievement was examined for White and Latino students (chart top of page 43) and by family economic level (chart bottom of page 43).

### Trends

Scores on the CAT/6 remained relatively consistent for Reading with modest increases in the students Language, and Mathematics scores from 2004 to 2005.

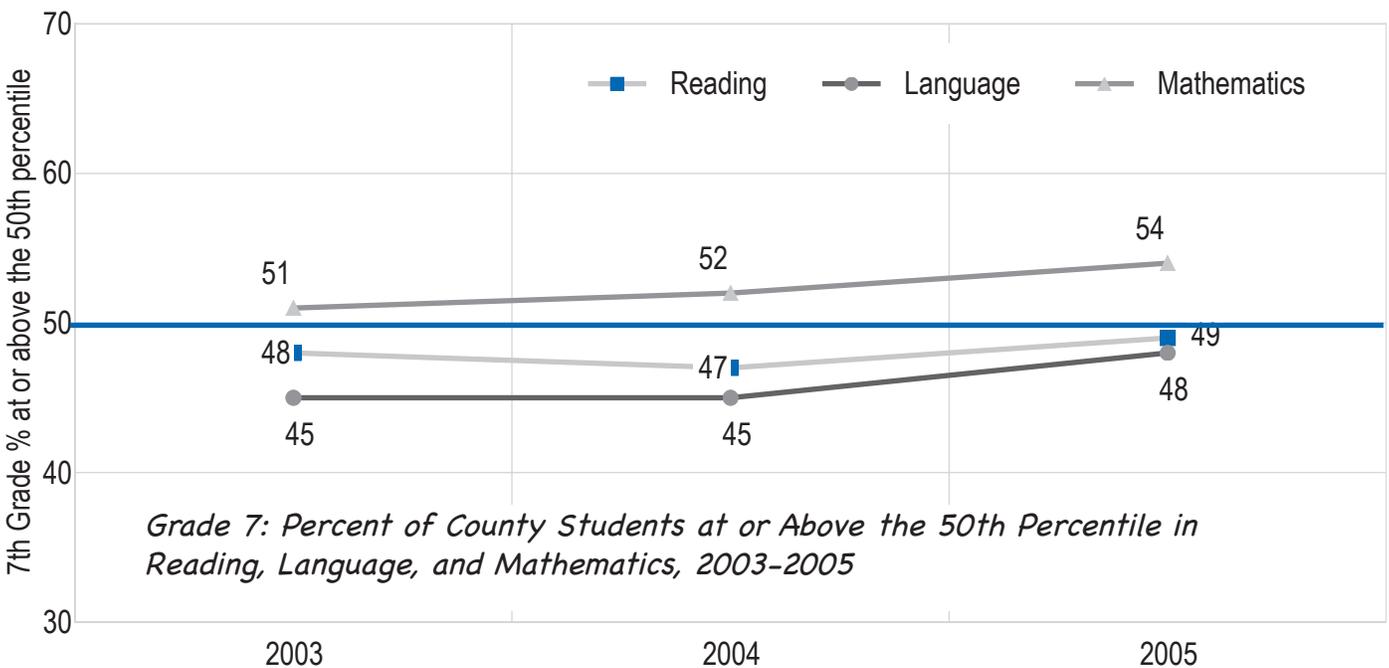




**California Statewide Student Identifier System to Enhance Monitoring of Student Progress**

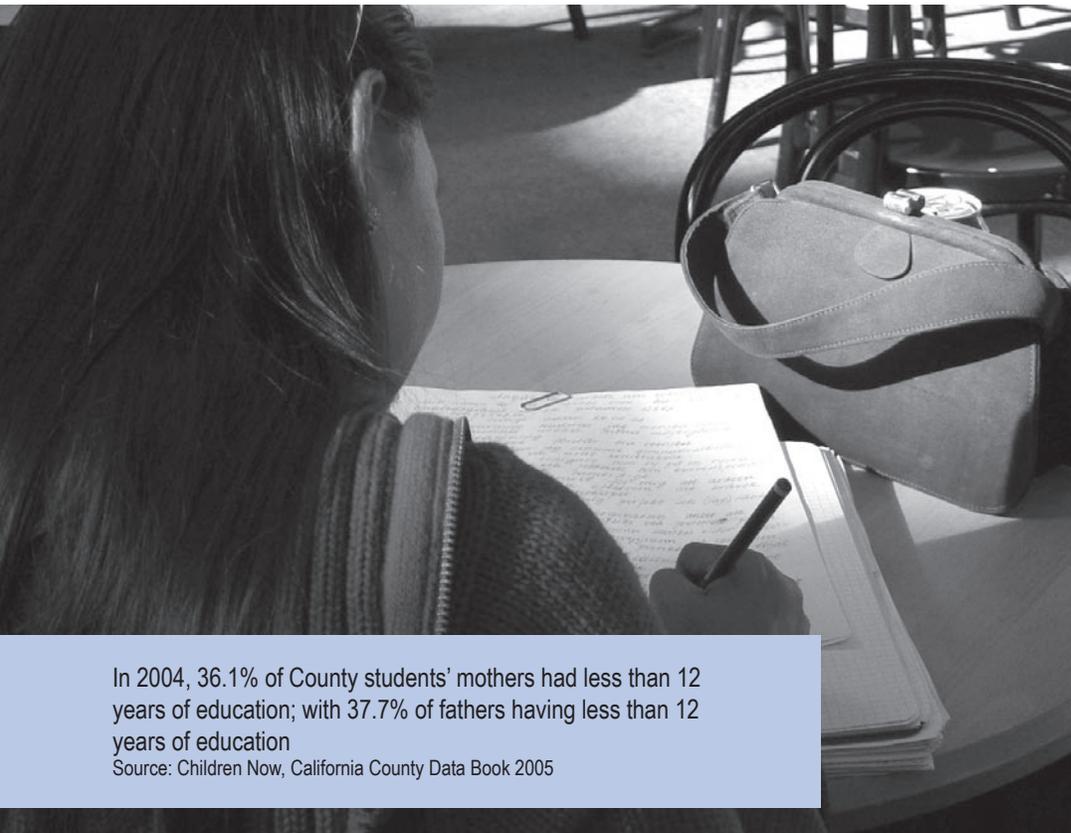
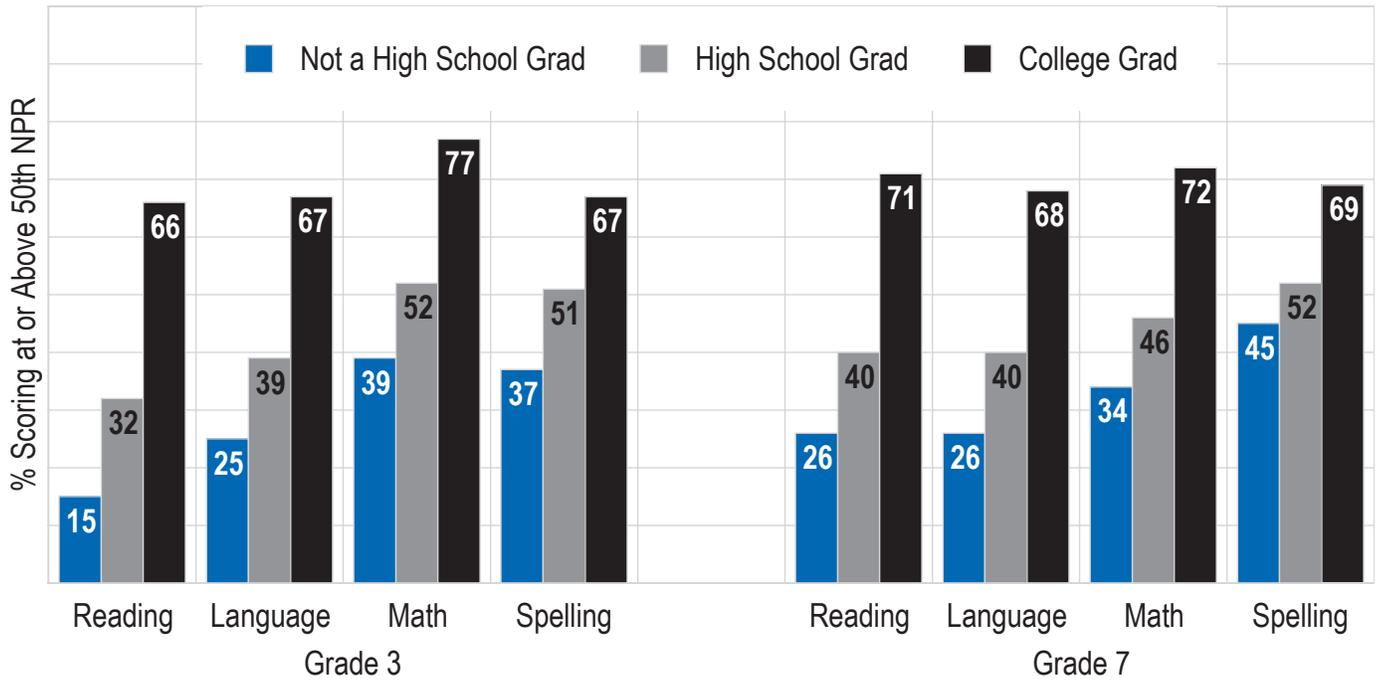
One limitation of STAR is the information it provides (such as the charts on this page) show results for groups of students. They do not look at the actual academic achievement of specific students across the grades.

In order to fully implement longitudinal data analysis for specific students, California is developing a means to track an individual student's enrollment history and achievement data over his or her academic career. To accomplish this, California will assign each K-12 student an individual, yet non-personally identifiable, student identifier that will be used to track achievement, program participation, graduation, and dropout data. SB1453 requires local education agencies (LEAs) and charter schools to assign and maintain the individual student identifier. This identifier will be required on all individual student data submissions to the state beginning with the STAR test data in 2005-2006. The identifier will be used in the California Longitudinal Pupil Achievement Data System (CALPADS). Source: <http://www.csis.k12.ca.us/>



# Santa Barbara County Children's Scorecard

Percent of County Students at or Above the 50th Percentile by Parent Education Level

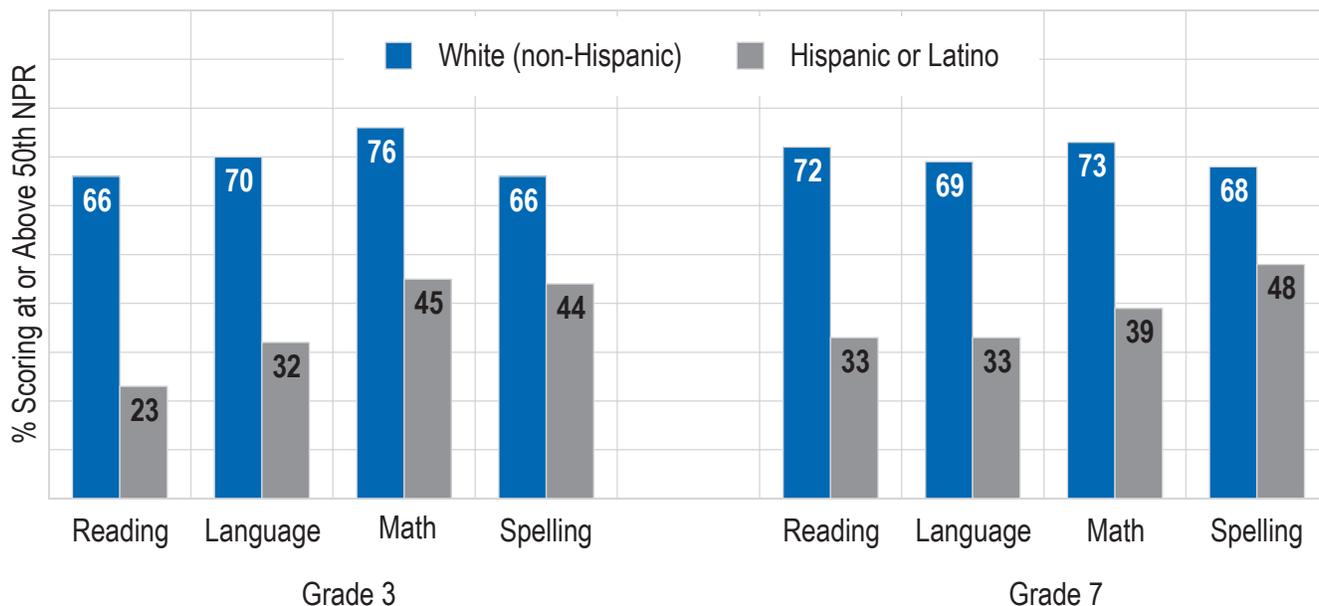


When considering STAR testing results, it is very important to recognize that the scores are for groups of students and do not measure changes in the standardized achievement test scores of specific students.

In 2004, 36.1% of County students' mothers had less than 12 years of education; with 37.7% of fathers having less than 12 years of education

Source: Children Now, California County Data Book 2005

Percent of County at or Above the 50th Percentile for White and Latino Students

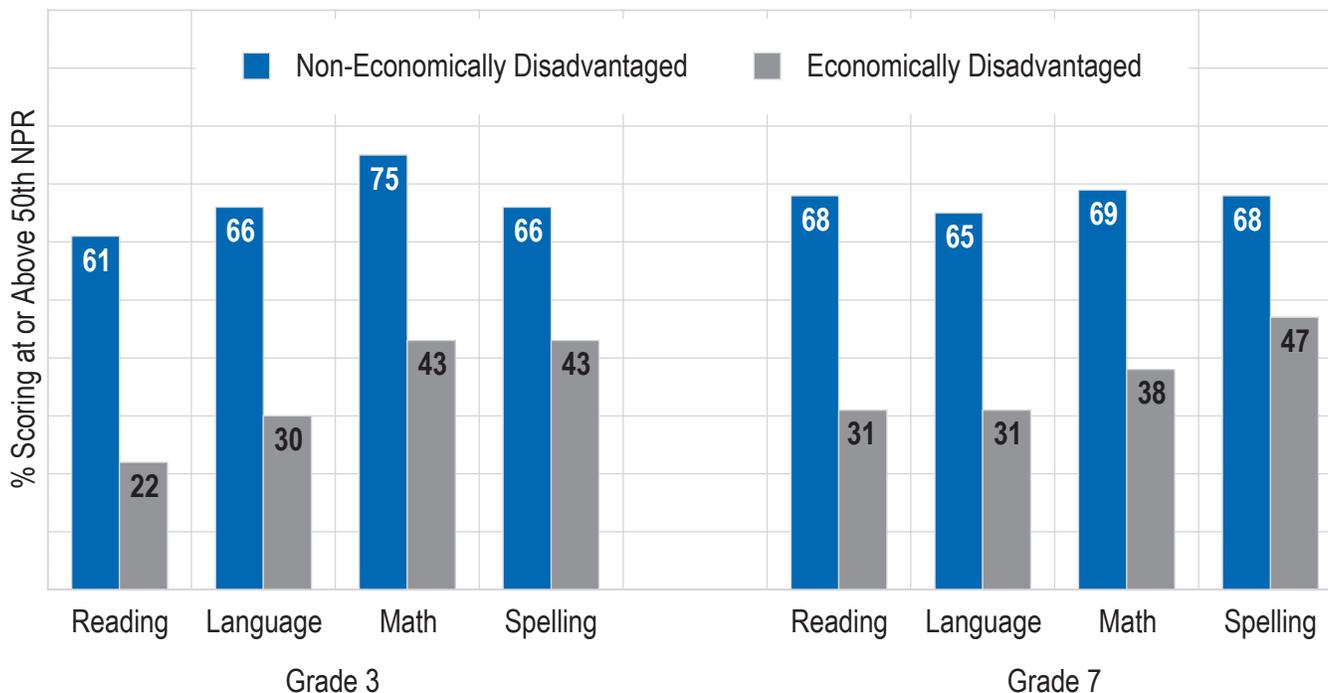


In 2004, 28.1% of the County's students were English learners  
 Source: Children Now, California County Data Book 2005

## 2005 CAT-6 Achievement Test Results

Parents educational attainment and economic status are strongly associated with their children's achievement test scores

Percent of County Students at or Above the 50th Percentile by Family Economic Status



## Graduation and Dropout Rates

### Indicator

High School graduation and dropout rates.

### Definition

Percentage of children in County public schools who graduate from high schools compared with the percent of those who leave high school before receiving a diploma (see sidebars for working definitions of this complex indicator).

### Findings

The 2003-2004 countywide graduation rate was 91.1% and the statewide graduation rate was 85.3%.

### Graduation Rates 2003-2004

During the 2003-2004 school year, there were 4,505 enrolled 12th graders and 3,840 (85.2%) received high school diplomas. Of these students, 37.6% graduated with enough credits in academic courses to be eligible to apply to the California State University system or the University of California system, which was down from 39.4% and 44.5% the previous two years, respectively. Among White Non-Hispanic students 50.9% met UC/CSU entrance requirements. This compares with 33.6% of African Americans, 21.5% of Hispanics, and 67.6% of Asians.

### Dropout Rates 2003-2004 (one-year rates)

In terms of location, Santa Barbara High School District reported the lowest one-year dropout rate (0.5% down from 0.8% the previous year). The rates for other districts were as follows: Santa Ynez Valley Union High School District (0.8%, down from 1.4% the previous year), Santa Maria Joint Union High School District (2.7%, down from 3.1% the previous year), and Lompoc Unified School District (1.5%, down from 2.0% the previous year).

### Trends

Santa Barbara County reported a 91.1% graduation rate during 2003-2004 as compared with the statewide rate of 85.3%. Santa Barbara County's a one-year dropout rate is 42% below the California rate. The long-term dropout rate is decreasing (flat in the past six years) and remains lower than the statewide average. The graduation rate also remains higher than the statewide average.



### Guidelines and Data Sources

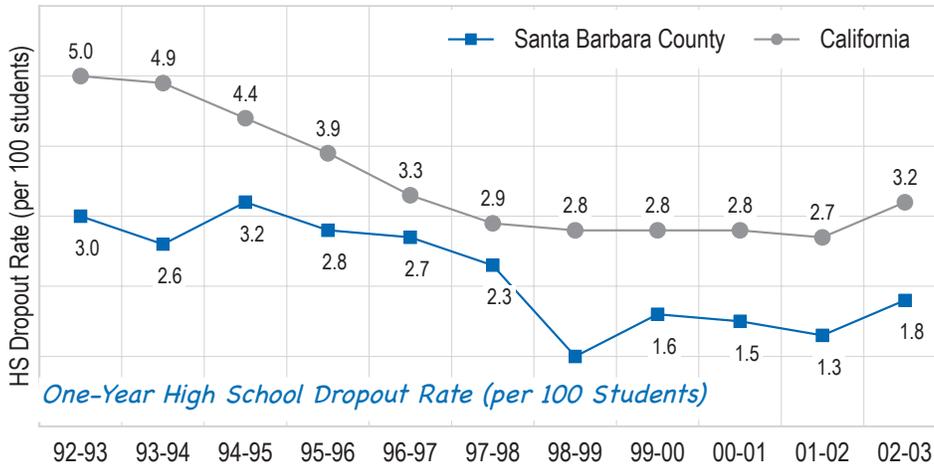
The formula for the one-year dropout rate is:  $(\text{Grades 9-12 Dropouts} / \text{Grades 9-12 Enrollment}) \times 100$ .

State certification/release dates for dropout data occur too late for inclusion of 2003-04 data with other data from that year. Therefore, 2002-03 data are utilized for SARC's prepared during 2004-05.

Data provided by CDE

The No Child Left Behind graduation rate approved for California is a high school four-year completion rate. The rate incorporates four years' worth of data and thus, is an estimated cohort rate. Put simply, this rate asks, "of those students who have left school, what proportion have done so as graduates?" If a hypothetical graduating class began as 9th-graders in Year 1, this four-year "graduation" rate would look like:

$(\text{High school graduates Year 4}) \div \{ \text{dropouts (Grade 9 Year 1 + Grade 10 Year 2 + Grade 11 Year 3 + Grade 12 Year 4)} + \text{high school graduates Year 4} \}$



For years prior to 2002-03 the California Department of Education defined a high school dropout as a person who met the following criteria: was formerly enrolled in grades 7, 8, 9, 10, 11, or 12; has left school for 45 consecutive school days and has not enrolled in another public or private educational institution or school program; has not re-enrolled in the school; has not received a high school diploma or its equivalent; was under 21 years of age; was formerly enrolled in a school or program leading to a high school diploma or its equivalent. This includes students who have moved out of the district, out of state, or out of the United States and are not known to be in an educational program leading toward a high school diploma or its equivalent.

### What criteria are used to define "dropping out of school?"

In October, 2003, the California Department of Education, following new guidelines, the CDE now defines a dropout as a person who:

1. Was enrolled in Grades 7, 8, 9, 10, 11 or 12 at some time during the previous school year AND left school prior to completing the school year AND has not returned to school as of Information Day.

OR

2. Did not begin attending the next grade (7, 8, 9, 10, 11 or 12) in the school to which they were assigned or in which they had pre-registered or were expected to attend by Information Day.

#### Exclusionary Conditions

For each student identified in the criteria above, the student is not a dropout if:

1. The student has re-enrolled and is attending school.
2. The student has died.
3. The student has transferred to another public or private educational institution or school program leading to a high school diploma or its equivalent. (Does not include adult education.)
4. The student has transferred to and is attending a college offering a baccalaureate or associate's program.
5. The student has moved out of the United States.
6. The student has a temporary school recognized absence due to suspension or illness.
7. The school has verified that the student is planning to enroll late (e.g., extended family vacation, seasonal work.)
8. The student has died.

### 4-Year Dropout Rates Santa Barbara and Comparison

| REGION          | 1999  | 2000  | 2001  | 2002  | 2003  |
|-----------------|-------|-------|-------|-------|-------|
| California      | 11.1% | 11.1% | 11.0% | 10.8% | 12.7% |
| San Luis Obispo | 6.2%  | 5.5%  | 5.5%  | 3.8%  | 9.8%  |
| Santa Barbara   | 7.7%  | 6.8%  | 5.9%  | 5.2%  | 7.3%  |
| Ventura         | 7.4%  | 7.3%  | 5.6%  | 6.8%  | 4.2%  |

Currently, graduation rates are rough estimates because the state does not have individual student identifiers. The California Student Identifier System (CSIS) will enable more detailed information about dropout rates and graduation. See page 41 for more information about CSIS.

The percentage of public school students in Grades 9-12 who drop out at any point during the four years of high school. It is a four-year derived rate measuring the cumulative impact of the annual dropout rate. Source: California Department of Education, and CLIKS, Community-Level Information on Kids; The Annie E. Casey Foundation, Children NOW; children@childrennow.org; <http://www.childrennow.org>

# Physical Health

## Introduction

### *How do physical health outcomes relate to positive outcomes for our community?*

Positive health outcomes for children are an important sign of societal well-being and point to widespread access to high-quality health care. In addition, many health behaviors, such as physical activity and diet seem to continue from youth into adulthood. Therefore positive health behaviors in children, supported by regular preventative care, can have positive effects on future disease risks.

### *What are the indicators we are using to measure physical and mental health outcomes?*

1. Prenatal care, infant mortality and low and very-low birth weight babies
2. Births to teen mothers
3. Immunizations of children
4. Infectious diseases
5. Oral health
6. Overweight and fitness

### *Why are these indicators important?*

**1. Prenatal care, infant mortality and low and very low birth weight babies**—Healthy childbirth outcomes reflect key areas such as early prenatal care, preventative interventions, identification of risk factors, and early referrals for adverse behavioral impacts such as perinatal substance abuse or tobacco use. A child born premature or without prenatal care may impact that child's health and functioning over his or her lifetime comprising the entire family unit.

**2. Births to teen mothers**—Teen parents have a higher incidence of unplanned pregnancies, while at greatest risk for late entry into prenatal care and delivering low birth weight newborns.

**3. Immunizations of children**—High community immunization rates reflect low disease rates and thus healthier communities.

**4. Infectious diseases**—Surveillance is a critical component of public health practice and is essential to the identification and implementation of disease control interventions in Santa Barbara County. Only through a comprehensive surveillance system is it possible to effectively monitor communicable disease infection rates and to evaluate the impact of interventions.

**5. Oral health**—Dental disorders can have a profound effect on children. These include effects on growth, speech development, school attendance, self-esteem, and medical complications of untreated oral disease.

**6. Overweight and fitness**—Overweight youth have higher risk of low self-esteem, depression, sleep and breathing problems, high cholesterol, and high blood pressure. Fifty percent or more of overweight teens become obese adults with associated higher risks of health disorders such as heart disease, stroke, cancer, and diabetes.

### *How are we doing in Santa Barbara County?*

- Early entry into prenatal care has improved since the 1990s, however, Santa Barbara County continues to fall below the federal standard of Healthy People 2010 Goal of 90%. There are still “hot spots” in the County experiencing late or no entry into prenatal care.
- Santa Barbara County rate for infant mortality is lower than the State and Healthy People 2010.
- Low and very low child birthweight increased and exceed the Healthy People 2010 benchmark.
- There were 234 births to mothers under age 18, which represents 3.8% of all County births. The slight increase over past years, reflect an increase in the overall births to the County.

### *What can we do to make a difference?*

The Public Health Department uses indicators to describe or assess the health status and impact of services, programs, systems and policy changes that directs the health and well being of pregnant women, infants, children and youth. Additionally, this essential information establishes benchmarks, identifies areas of progress or deficiencies, monitors specific interventions aimed at particular indicators, and informs the community as well as the policy makers. The lack of healthy outcomes plays a constructive role in laying the foundation for a more comprehensive range of services for the populations at greatest risk.

Babies born too small or too early account for two-thirds of all prenatal deaths. Improving early entry into prenatal care, removing barriers to prenatal care, identification of maternal behaviors such as smoking, illicit drug use, alcohol use along with providing family-centered, culturally-diverse therapeutic and social interventions should improve our outcomes. Teen parents have a higher incidence of unplanned pregnancies, while at greatest risk for late entry into prenatal care and delivering low birth weight newborns. Strategies that (a) encourage early prenatal care, (b) develop healthy parenting skills for teens, (c) sustain their ability to continue school, and (d) delay subsequent pregnancies, will help transition the parenting teen into adulthood.



## Prenatal Care

### Indicator

Prenatal care of expectant mothers.

### Definition

Care beginning in the first trimester of pregnancy.

### Findings

In 2004, 81.6% (5,060) of delivering mothers received prenatal care in the first three months of pregnancy (first trimester). The Healthy People 2010 target is for 90% of mothers of live births to begin care in the first trimester of pregnancy. In 2002, nationally, 83.7% of mothers received first trimester prenatal care. In California, in that year, 84.8% began care in the first trimester.

In 2004, in the North County, 77.3% of mothers obtained first trimester care (down from 78.0% the previous year). In the Central County, 83.7% (up from 82.6%) had first-trimester care. In South County, 85.9% of mothers received first trimester care (down from 88.9%).

### Trends

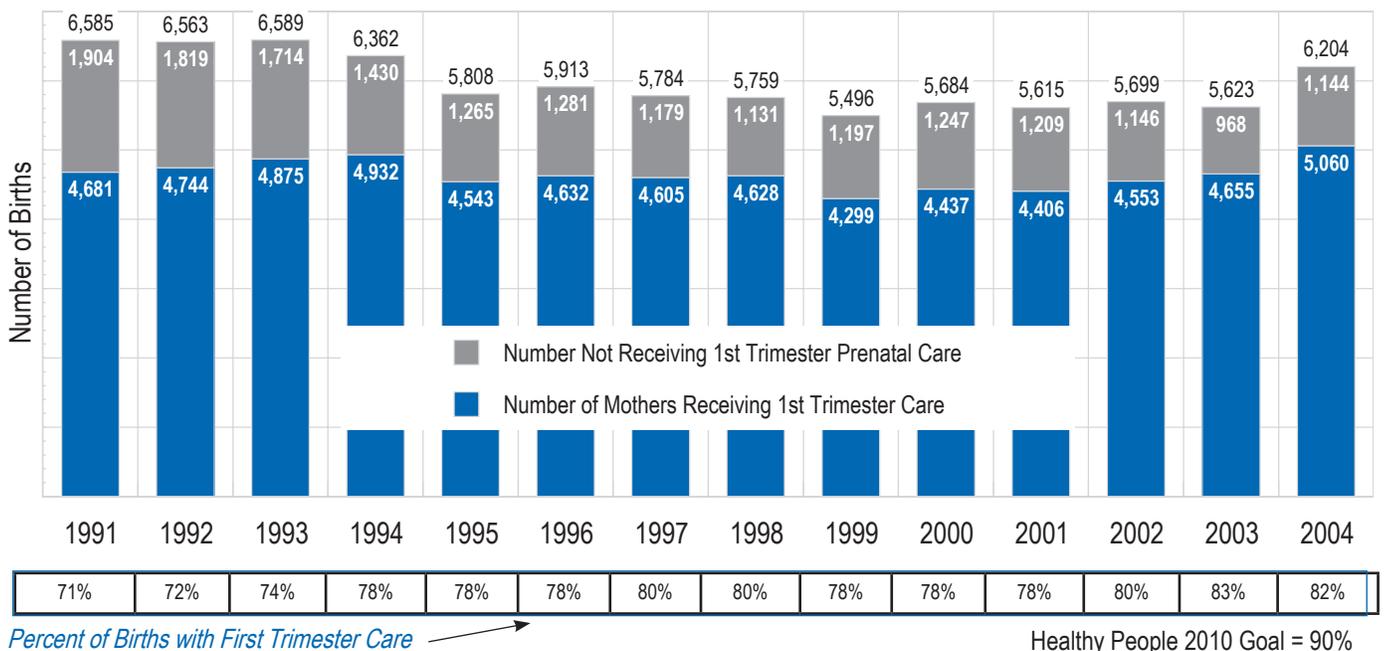
Prenatal care beginning in the first trimester of pregnancy was at its lowest level in Santa Barbara County in 1991 (71.4%) and at its recent highest in 2003 (83.0%).

### Summary and Implications

The average percent of Santa Barbara County delivering mothers who begin prenatal care in the first trimester in 2002-2004 was 81.4%. We are still moving toward the Healthy People 2010 goal.

Prenatal care includes risk assessment, treatment for medical conditions or risk reduction, and education. Effectively managing these components can contribute to reductions in poor outcomes. Prenatal care is more effective when begun early and continued throughout the pregnancy.

First Trimester Prenatal Care, 1991-2004



### Infant Mortality Rate

**Indicator**

Infant mortality rate.

**Definition**

Infant mortality is a measure of the yearly rate of deaths in children less than one year of age (number of deaths divided by the total number of live births in the same year, usually reported per 1,000).

**Findings**

In 2003, the infant mortality rate was 3.6 per 1,000 live births. The Healthy People 2010 target is 4.5 per 1,000 live births.

In 2003, Santa Barbara County's infant mortality rate was  $\leq 3.55$  per 1,000 live births

The Healthy People 2010 goal for infant mortality rate is  $\leq 4.50$  per 1,000 live births

**Trends**

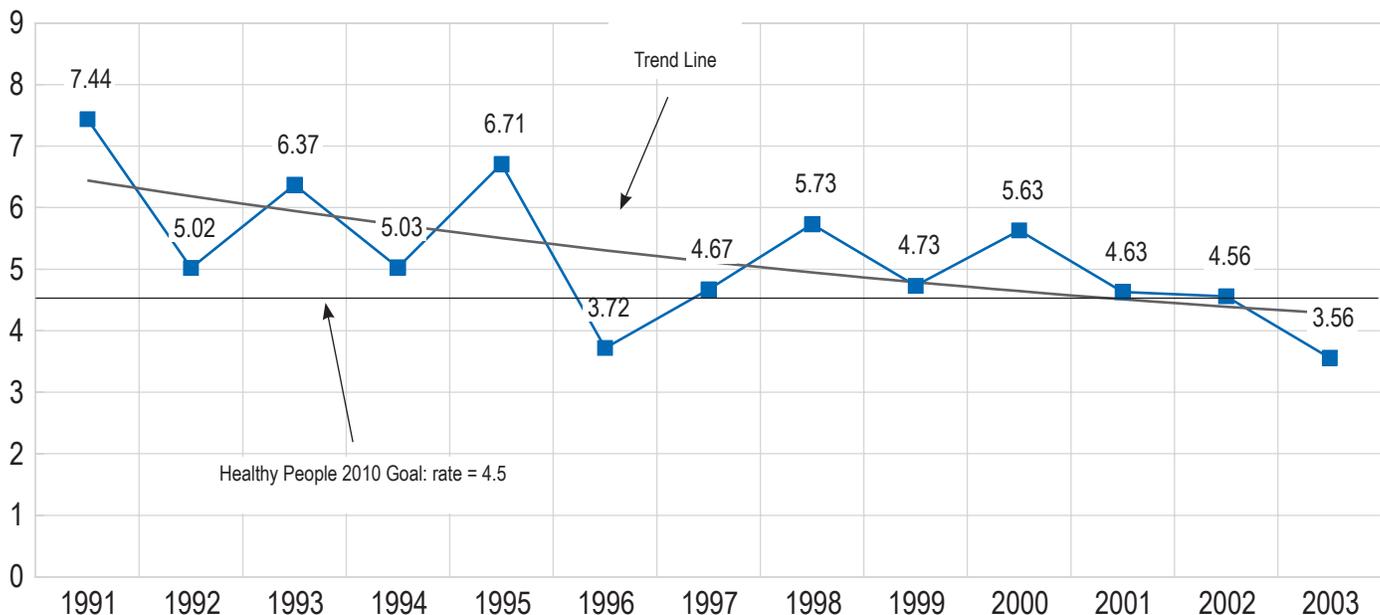
Santa Barbara County's infant mortality rate was at its highest in 1991 (7.4 per 1,000 live births), and at its lowest rate in 2003 (3.6 per 1,000 live births). The state infant mortality rate was 5.4 per 1,000 in 2002 (up from 5.3 in 2001). The national infant mortality rate was 7.0 per 1,000 live births in 2002 (up from 6.8).

**Summary and Implications**

Although the County rate is lower than the Healthy People 2010 goal, this indicator continues to be important. The leading causes of death in the first 28 days of life include birth defects, disorders related to short gestation, low birth weight, and pregnancy complications. Many complications can be detected, monitored, and addressed with early and regular prenatal care.

Infant mortality rate is an important measure of a region's health and a worldwide indicator of health status and social well-being. Thus, infant death is a critical indicator of the health of a population. It reflects the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants. Future efforts may require more intensive programs to seek out and provide medical care to the most at-risk pregnancies.

Infant Mortality Rate per 1,000 Live Births



## Low and Very Low Birthweights

### Indicator

Births in which the infant meets "low birthweight" or "very low birthweight" criteria.

### Definition

Number of births involving an infant with low or very low birthweight. "Low birthweight" (LBW) is defined as a birth weight below 2,500 grams. "Very low birthweight" (VLBW) is defined as a birth weight less than 1,500 grams.

### Findings

In 2004, 6.7% (413) of babies born in the Santa Barbara County had low birthweight. This was up slightly from 5.9% in 2003. When examining the 2004 birth data by regions within our County, North County had 6.4% LBW babies (up from 4.3% in 2003), Central County had 7.3% (up from 6.3% in 2003), and South County had 6.7% (down from 7.2% in 2003). Looking at the 2004 birth data by race/ethnicity of the mothers, of all births to Hispanics, 7.1% were in the low birthweight category (up from 5.5% in 2003); for non-Hispanic Whites, 5.7% of the newborns had low birthweight (down from 6.3% in 2003).

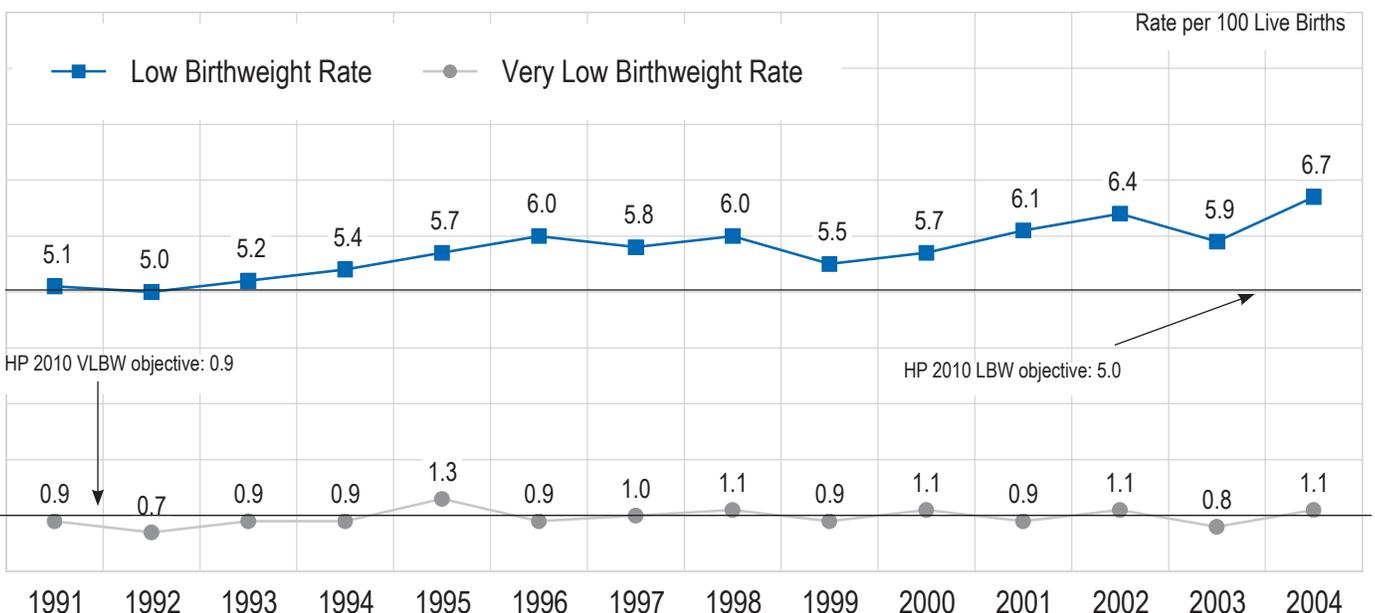
In 2004, Santa Barbara County's low birthweight rate of 6.7% was below the national average of 8.1% in 2004

During 2004, 1.1% (71) of all births were in the very low birthweight category. Because the number of very low birthweight babies is low, fluctuations from year to year can seem large. By Santa Barbara County region, North County had

1.1% VLBW babies (up from 0.4% in 2003), Central County had 1.0% (up from 0.6% in 2003), and South County had 1.2% (same as 2003).

Looking at the 2004 birth data by race/ethnicity of the mothers, of all births to Hispanics, 1.1% were in the very low birthweight category (up from 0.7% in 2003); for non-Hispanic Whites, 1.2% of the newborns had very low birthweight (up from 0.9% in 2003).

### Rate (per 100 births) of Infants With Low and Very Low Birth Weight



In 2004, 1.1% of infants had very low weight births, and 6.7% of infants had low weight births (up from 5.9% in 2003)

**Trends**

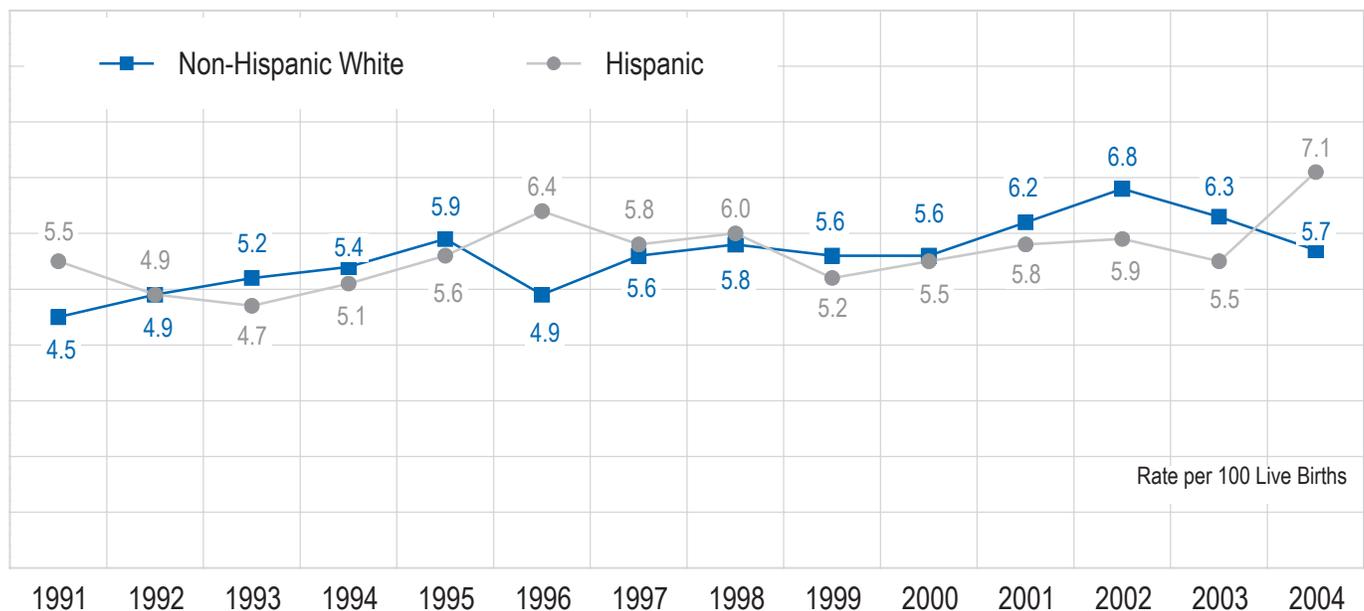
From 1991-2004, the average annual rate of LBW babies in Santa Barbara County was 5.7%. There was a low of 5.0% in 1992 and a high of 6.7% in 2004. The Healthy People 2010 goal for LBW is 5.0%. For the same timeframe, the average annual rate of VLBW was 1.0%. VLBW babies ranged from a low of 0.7% in 1992 to a high of 1.3% in 1995. The Healthy People 2010 goal for VLBW is 0.9%.

**Summary and Implications**

Low birthweight and very low birthweight rates continue to be monitored in Santa Barbara County. Although our County does better than the nation as a whole in birthweight categories, we still have room for improvement. One area to explore further is the higher rate of low birthweight babies in the Central County versus the other regions.



*Rate (per 100 births) of Infants with Low Birth Weight  
Non-Hispanic White and Hispanic Women*



7 of every 100 births to Hispanic mothers were very low weight. The rate for white, Non-Hispanic mothers was 6 per 100 births—update

## Births to Teen Mothers

### Indicator

Births to teen mothers.

### Definition

Proportion of total births that are to females under 18 years of age.

### Findings

During 2004, there were 234 births (3.8% of total births) to females under age 18 in Santa Barbara County (compared to 189; 3.4% of births in 2003). By region, females under age 18 contributed 5.0% of North County births, 3.0% of the Mid County births, and 2.7% of South County births.

For 2002-2004, the Santa Barbara County 3-year average annual fertility rate among females ages 10-14 was 0.67 per 1,000 (up from 0.62 for 1999-2001). The fertility rate for females ages 15-17 was 26.3 per 1,000 (up from 22.1 per 1,000 in 2003) in Santa Barbara County.

For 2002-2004, the Santa Barbara County average annual fertility rate for Hispanic females ages 10-14 was 1.28 per 1,000 (down from 1.34 in years 1999-2001) and 0.11 per 1,000 (slightly up from 0.10 in years 1999-2001) for non-Hispanic White females.

In 2004, the Santa Barbara County fertility rate for females ages 15-17 was 52.3 per 1,000 for Hispanics (increase from 42.2 per 1,000 in 2003) and 2.7 per 1,000 (decrease from 5.1 per 1,000 in 2003) for non-Hispanic White females.

### Trends

The average annual fertility rate for females ages 10-14 in Santa Barbara County was the highest during the years 1996-1998 at 1.27 per 1,000 and lowest in years 1999-2001 (0.60 per 1,000). Since 1990, the average annual fertility rate for Hispanic females was the highest in 1996-1998 at 2.90 per 1,000, and lowest in 2002-2004 at 1.28 per 1,000. The average annual fertility rate for ages 10-14 in non-Hispanic Whites was the highest in 1993-1995 at 0.37 per 1,000 and lowest in 1999-2001 at 0.10 per 1,000.

Since 1990, the fertility rate for Santa Barbara County females ages 15-17 was highest in 1993 (55.4 per 1,000) and lowest in 2003 (22.1 per 1,000). Since 1990, the fertility rate for Hispanic females ages 15-17 was the highest in 1993 (110.9 per 1,000) and lowest in 2002 (41.8 per 1,000). The fertility rate for non-Hispanic White females ages 15-17 was the highest in 1991 (19.1 per 1,000) and lowest in 2004 (2.7 per 1,000).

### Summary and Implications

In 2004, the number and proportion (234, 3.8%) of all births that were to females under age 18 increased slightly from 2003 (189, 3.4%). North County had both the highest actual number and proportion of the three County regions.

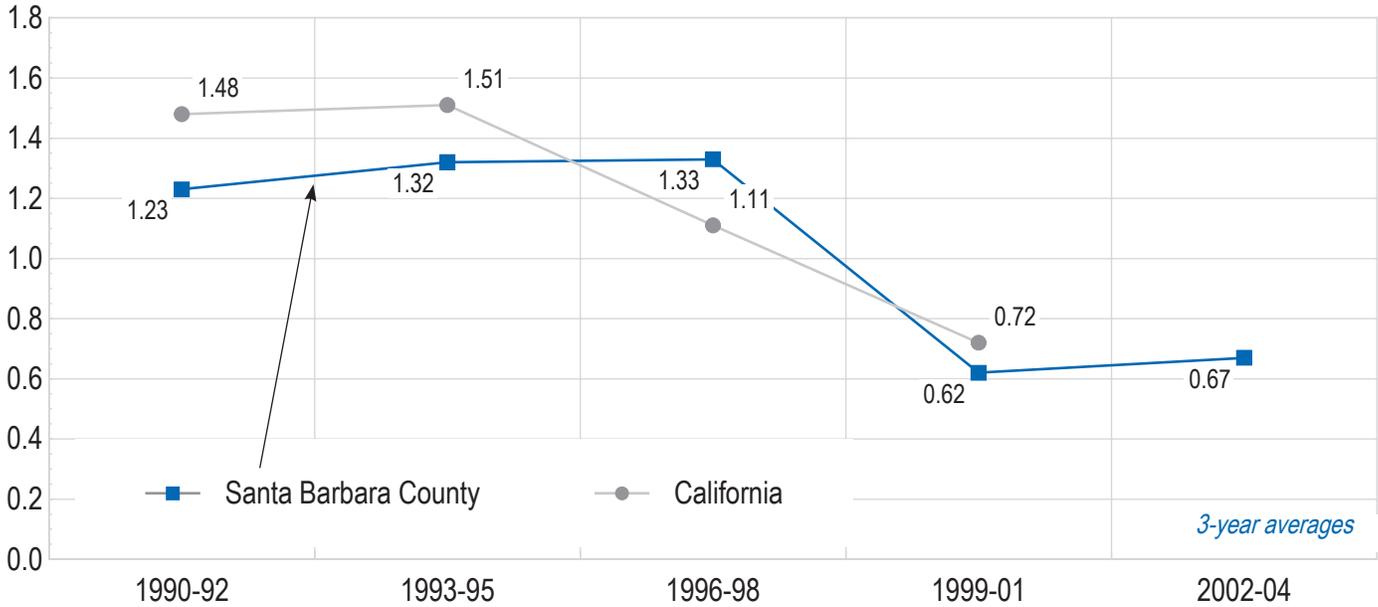
Since 1990, Santa Barbara County's fertility rate for females ages 10-14 has decreased, however, with a slight increase in the last 3-year average annual rate (2002-2004). The fertility rates for this age group by race/ethnicity continue to decrease for Hispanic females ages and increased slightly for non-Hispanic White females.

Fertility for females ages 15-17 increased since last year. Looking at race/ethnicity, fertility rates for Hispanic females ages 15-17 increased and for non-Hispanic Whites decreased.

Decreases in teen births have occurred during the past 10 years, now accounting for 3.4% of all births to County residents.

Source: Santa Barbara County Public Health Department: [www.sbcphd.org](http://www.sbcphd.org); 805-681-4750

**Fertility Rates per 1,000 Females Ages 10-14**  
 Santa Barbara County 1990-2004 and California 1990-2001

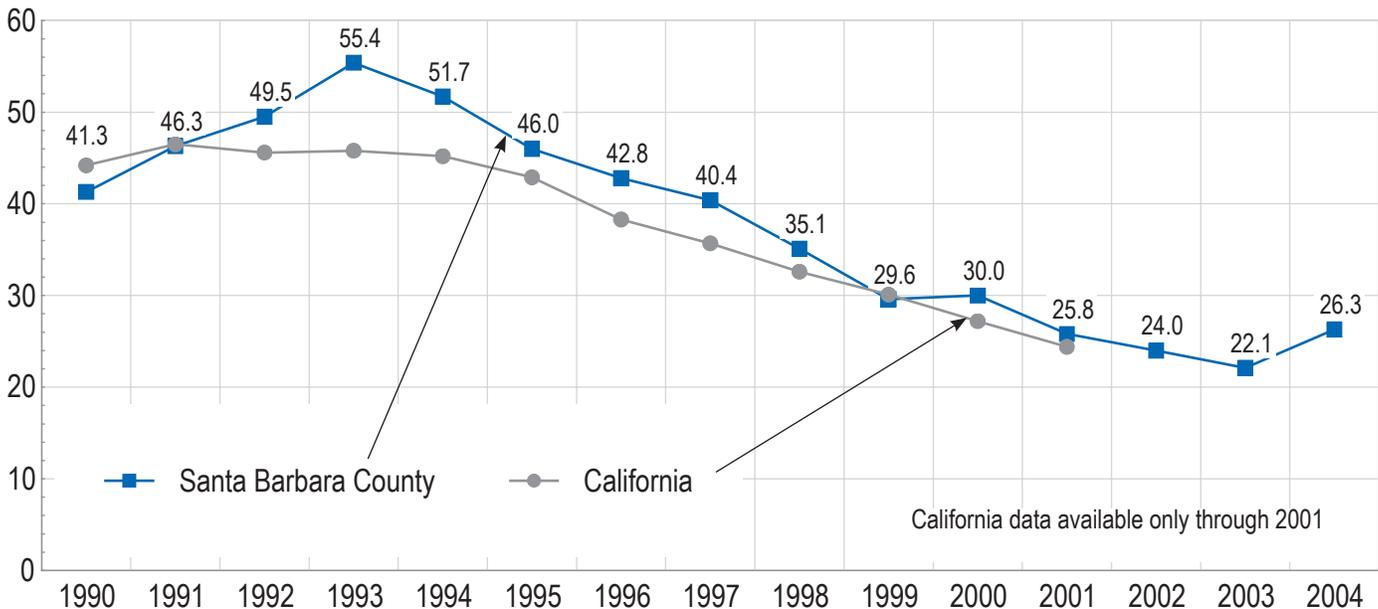


**Parent-Child Relationship Key to Teen Pregnancy Prevention**

The overwhelming majority of research studies indicates that parent/child closeness is associated with reduced teen pregnancy risk; teens who are close to their parents are more likely to remain sexually abstinent, postpone intercourse, have fewer sexual partners, and use contraception consistently.

Source: [http://www.teenpregnancy.org/resources/reading/fact\\_sheets/fatherfs.asp](http://www.teenpregnancy.org/resources/reading/fact_sheets/fatherfs.asp)

**Fertility Rates per 1,000 Females Ages 15-17**  
 Santa Barbara County, 1990-2004 and California 1990-2001



## Immunization

### Indicator

Immunization of children.

### Definition

The percentage of children entering public and private preschools and kindergartens who are up-to-date with immunizations to help prevent the following diseases: polio, diphtheria, and pertussis (DTP vaccine), measles, mumps, and rubella (MMR vaccine), and hepatitis B (hepB vaccine). Hib vaccine (Haemophilus influenza type b) is required for children enrolled in preschools or child care facilities. Immunization with varicella vaccine is required for kindergarten and child care entry as well as for those children entering the California school system for the first time regardless of grade level. At the time of seventh grade entry, California School Law also requires an immunization review for hepatitis B vaccine coverage and a total of two doses of MMR vaccine.

### Findings

Preschool, kindergarten, and seventh-grade immunization assessments begin in the fall of each new school year. The Immunization Program staff conducts follow-up activities at various times throughout the school year for those children identified as not being fully immunized upon entry into preschool or kindergarten.

For the 2004-2005 school year, the final percentage of children in preschool who were fully immunized was 99.7%. The kindergarten percentage was 99.0%, not including 2.75% with filed exemptions.

### Trends

See the figure on the bottom of the facing page for immunization rates from 1999-2004 by County region. There are 12 vaccine-preventable diseases for which immunizations are available to protect children under the age of two years. At the age of two, children become eligible to be immunized for protection against hepatitis A.

In January 2004, the U.S. Food and Drug Administration (FDA) licensed a quadrivalent meningococcal conjugate vaccine (MCV4) for use in people ages 11-55. Targeted children include those in high-risk groups, children ages 11-12, adolescents at high school entry (approximately age 15) who were not vaccinated at the preadolescent visit, and those previously unvaccinated entering college who will reside in a dormitory.

Combination vaccines help decrease the number of required injections. The computerized Central Coast Immunization Registry (CCIR) in Santa Barbara County assists with tracking the currently recommended intricate immunization schedule. (For more information see [www.immunize4life.org](http://www.immunize4life.org)).

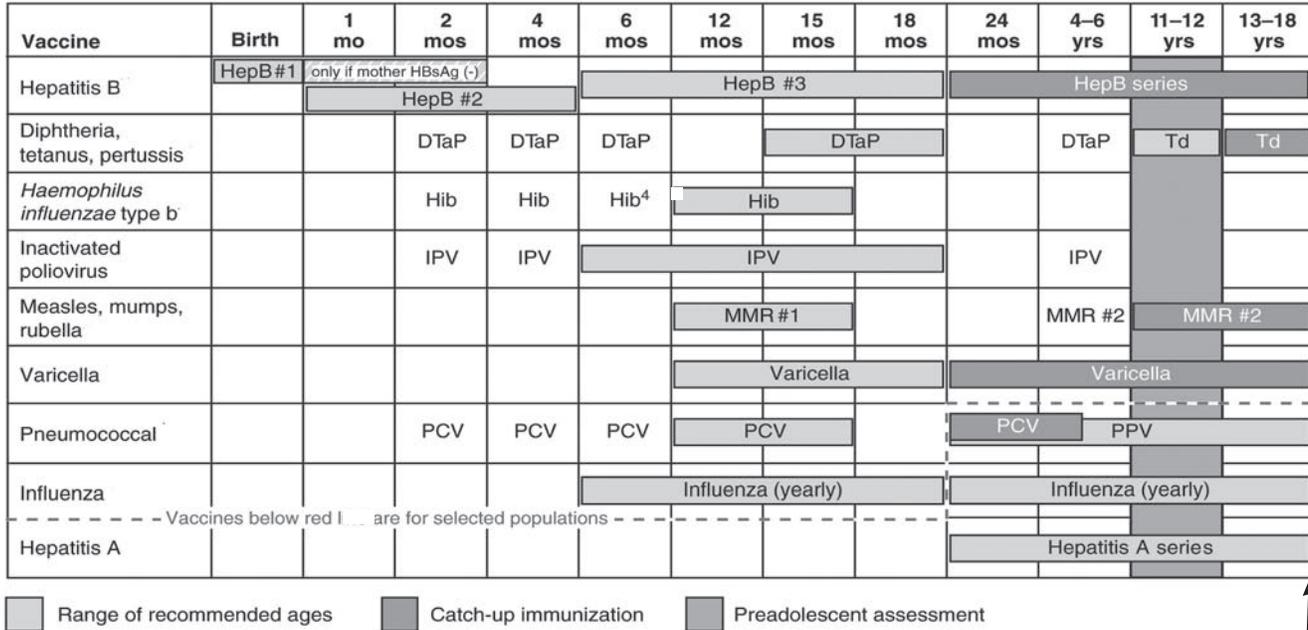
### Summary and Implications

The most effective way to protect our children against dangerous and sometimes deadly vaccine-preventable diseases is to ensure that they are immunized properly. In order to do so, ongoing education, assessment, and monitoring is imperative. New recommendations, such as with meningococcal vaccine, challenge health care providers, families, and schools to adhere to the recommended immunization schedule. Other factors to consider that influence immunization rates include the following: family mobility, health care costs, changes in insurance coverage, and education about vaccines for people with personal-belief exemptions.

CCIR is a web-based regional computer database addressing the many challenges facing our efforts to keep immunization rates high. CCIR promotes needed immunizations for individuals and avoids unnecessary duplication of shots due to moving, lost records, or multiple providers. Provider participation in CCIR streamlines paperwork. With parental consent, reminder postcards can be sent to the child's home. A current copy of the child's official California Immunization Record ("yellow card") for school or child care entry can be easily printed, as well as generating a vaccine inventory and other data.



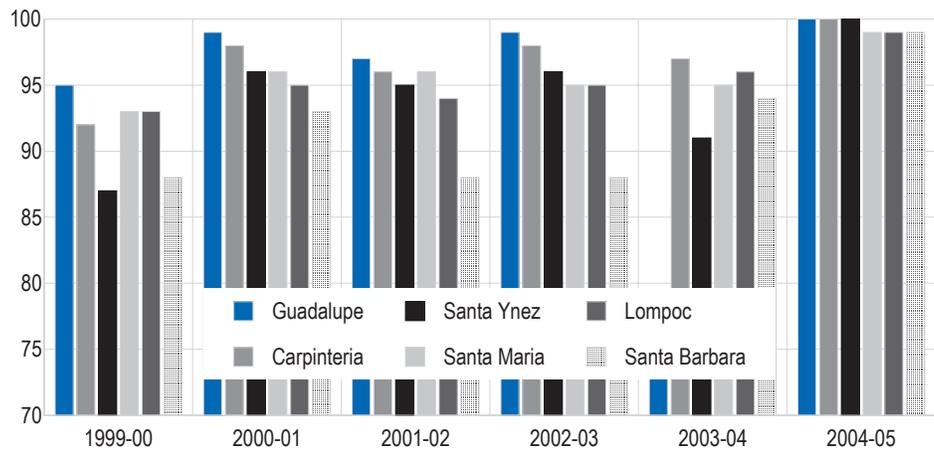
The following chart from the Centers for Disease Control shows the vaccine by name and ages at which each vaccine is administered.



- Hep-B: Hepatitis B vaccine
- DTaP: Diphtheria, tetanus, and pertussis vaccine
- Hib: Haemophilus influenza type b vaccine
- IPV: Inactivated poliovirus vaccine
- PCV: Pneumococcal conjugate vaccine
- MMR: Measles, mumps, and rubella vaccine
- Chickenpox: Varicella vaccine, may be given after 1<sup>st</sup> birthday

Approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/nip/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>). Additional information about vaccines, including precautions and contraindications for vaccination and vaccine shortages, is available at <http://www.cdc.gov/nip> or from the National Immunization Information Hotline, 800-232-2522 (English) or 800-232-0233 (Spanish).

**Percent of Children Immunized after Kindergarten Entry Follow-up in Santa Barbara County**



|               |    |    |    |    |    |     |
|---------------|----|----|----|----|----|-----|
| Guadalupe     | 95 | 99 | 97 | 99 | 74 | 100 |
| Carpinteria   | 92 | 98 | 96 | 98 | 97 | 100 |
| Santa Ynez    | 87 | 96 | 95 | 96 | 91 | 100 |
| Santa Maria   | 93 | 96 | 96 | 95 | 95 | 99  |
| Lompoc        | 93 | 95 | 94 | 95 | 96 | 99  |
| Santa Barbara | 88 | 93 | 88 | 88 | 94 | 99  |

## Infectious Diseases

### Indicator

The incidence of infectious diseases transmitted through person-to-person contact, among youth ages 17 and under.

### Definition

The number of cases of tuberculosis, chlamydia, gonococcal infection, and persons living with AIDS.

### Findings

**Tuberculosis**—In 2004, there were 18 newly reported cases of TB in the County, down from 37 in 2003. A majority of the 2004 cases involved adults age 18 or older. There were 2 confirmed new TB cases in the County involving persons under age 18. Almost 73% of all new TB cases involved males, up from 54% in 2003. Sixty-one percent (11 cases) of all new TB cases involved individuals of Hispanic heritage. The long-term pattern between 1993 and 2004 shows a 78% decrease in the number of TB cases.

### Sexually Transmitted Infectious Diseases

**Chlamydia**—A majority of the 1,103 cases reported in 2004 involved adults ages 18 or older (973, 88.2%), compared to 130 cases of chlamydia involving persons ages 0-17 (11.8%). Females comprised 841 of the cases (76.3%). When race/ethnicity was known, 463 cases involved individuals of Hispanic origin and 228 were White, non-Hispanic.

**Gonococcal Infection**—A majority of the 77 cases reported in 2004 involved adults ages 18 and older (92.2%), with only 6 cases of gonococcal infection involving persons ages 0-17 (7.8%). There were 49 males (63.6%) and 28 females (36.4%). Seventeen of the cases involved individuals of Hispanic origin, and 26 were White, non-Hispanic.

**AIDS**—There was one youth under age 20 living with an AIDS diagnosis in Santa Barbara County at the end of 2004.

### Summary and Implications

As a result of a localized outbreak, Santa Barbara County experienced an increase in the number of TB cases reported in 2003 (37, up from 18 in 2002). However, in 2004, the counts returned to historical levels. The past year decrease in TB counts is thought to be related to improved screening that was provided in homeless shelters. There was a slight increase of sexually transmitted diseases in the County in 2004, but this increase was mostly among adults.

The Public Health Department continues to practice rigorous case finding and treatment along with widespread contact investigation and treatment. Efforts of the TB Control Program at the Public Health Department are focused on assuring the burden of TB disease does not return to the levels of the early 1990s.

Sexually transmitted diseases (STD) include more than 25 infectious organisms—a major threat to our public health. STDs annually infect an estimated 15 million Americans and nearly 4 million teenagers. By age 24, more than one-third of all sexually active Americans will have acquired a bacterial or viral STD, resulting in \$8.4 billion each year in direct medical costs.

Syphilis, chlamydia, gonorrhea, herpes simplex virus, and human papillomavirus can have serious health consequences. Chlamydia and gonorrhea, in particular, can make it much more difficult for women to get pregnant. STDs increase the risk of transmitting or acquiring HIV, if exposed. Unfortunately, although the rates of infection are high and the complications serious, most individuals underestimate their risk of getting a STD. Effective prevention depends on all of us: health care professionals, community-based organizations, public health agencies, and sexually active individuals.





**Tuberculosis Trends**

**North County**

12-year trend: 82.8% lower

Past year trend: 54.5% decrease

**South County**

12-year trend: 66.7% lower

Past-year trend: 46.7% decrease

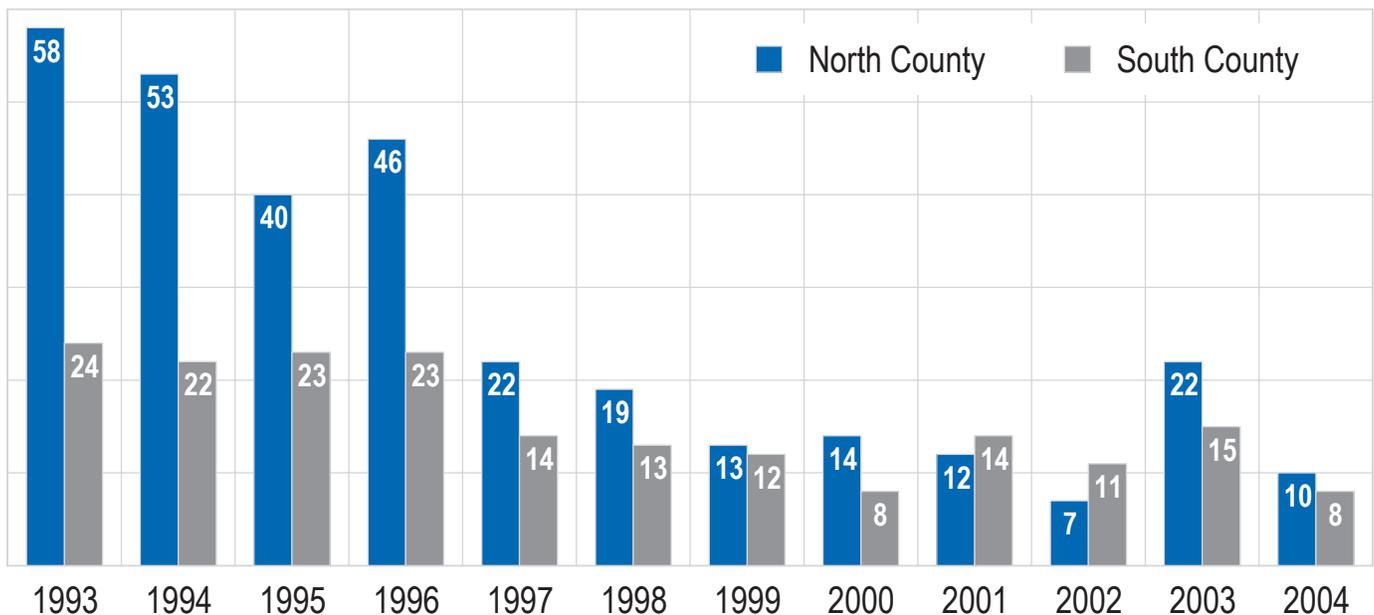
**National Tuberculosis Trends**

From 1993 through 2004, TB case rates in the United States decreased for U.S.-born and foreign-born persons; however, the decrease among foreign-born persons was less substantial. Despite the decreased case rate among foreign born persons, more than half of the TB cases in the United States in 2004 occurred in this population, and the case rate was more than eight times greater in this population than among U.S.-born persons.

Source: CDC. Reported Tuberculosis in the United States, 2004. Atlanta, GA: U.S. Department of Health and Human Services, CDC, September 2005; <http://www.cdc.gov/nchs/stp/tb/surv/surv2004/default.htm>

*Across the entire County, there was a 78% decrease in the number of new TB cases between 1993 and 2004*

*Reported Cases of Tuberculosis*



## Oral Health

### Indicator

Children's need for and access to dental care.

### Definition

The condition of children's teeth and the extent of their need for urgent or regular care, as revealed by school-based screenings and survey data, and children's access to care.

### Findings

Of the total number of children in Grades K-6 in the County that were screened (2,295) during the 2004-2005 school year (for whom data on results of screenings were collected), 243 or 6% were found to need emergency dental treatment and another 601 or 26% needed attention for regular care.

The First 5 Commission provided dental screenings and services to 1,020 children ages 0-5. Additionally, in 2004-2005, the Santa Barbara Public Health Department's Children's Dental Disease Prevention Program provided education for 13,975 students in Grades K-6 and sealants for 483 children through the Eastside Family Dental Clinic and American Indian Health & Services.

### Access to Dental Care

According to the Santa Barbara County Public Health Department's Community Health Assessment Survey, 2001 (including data not part of the published report):

- 29% of children ages 2-11 had no dental insurance
- 37% of Hispanic children ages 2-11 had no dental insurance
- 28% of children had not been to the dentist in the past year
- 20% of respondents said that cost prevented a child's visit to a dentist in the past year

### Summary and Implications

The condition of children's oral health is consistently identified as a major unmet need in Santa Barbara County. There is currently no universal and uniform annual screening of children's dental needs in place. Some school districts carry out screenings and send results home to parents but do not have the resources to gather and record data. In addition, screening is often not enough. Resources to make appropriate referrals and follow-up to ensure that treatment has been completed, followed by preventive oral health education, are needed for the screening results to improve the following year.

Safeguarding the oral health of children requires a comprehensive, integrated approach to screening and improved access to care. Critical barriers to children receiving appropriate and regular oral health care in the County include:

- Lack of knowledge and utilization of Denti-Cal and Healthy Families coverage
- Shortage of dentists willing to accept Denti-Cal and Healthy Families insurance
- Shortage of dentists specializing in treatment of children
- Insufficient resources to cover costs of treatment, especially for the most severe cases
- Cultural barriers to preventative practices and regular care
- Eligibility, language, and transportation barriers to accessing care

## Access to Dental Insurance

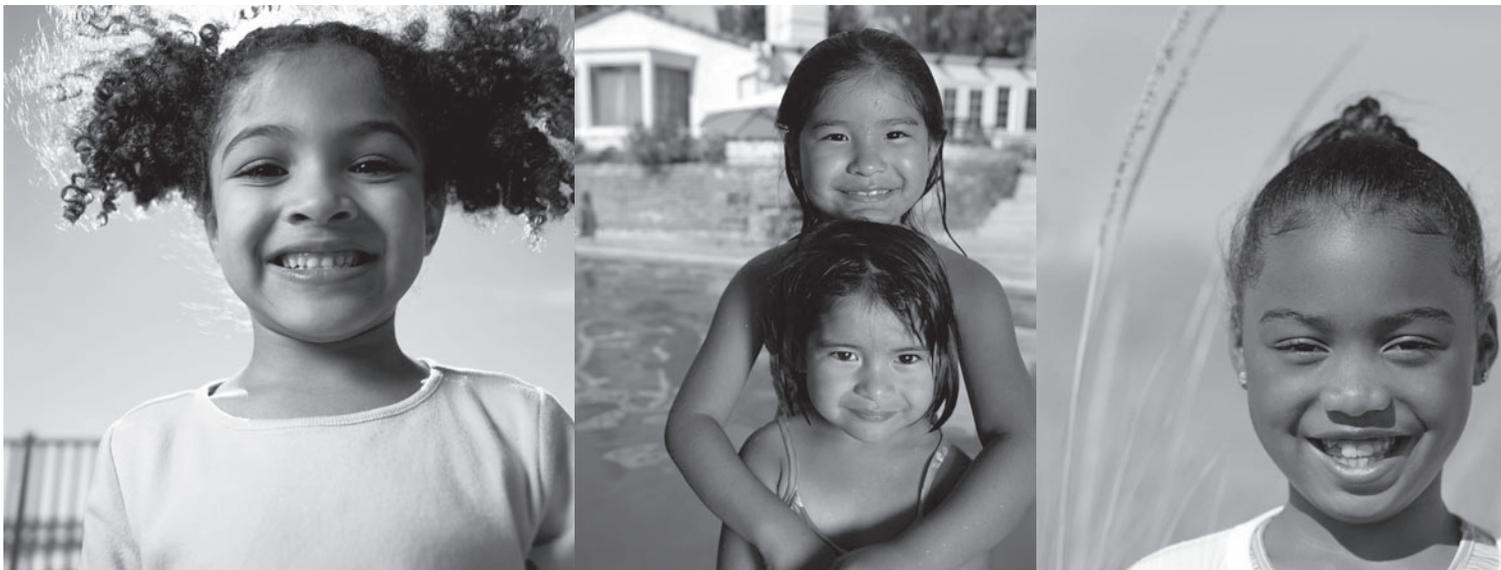
In 2001, 29% of County children ages 2-11 did not have dental insurance, compared to 23% of all children in California. Data Source: UCLA Center for Health Policy Research, California Health Interview Survey 2001, "County or County Group by Dental Insurance, <http://www.chis.ucla.edu/>, accessed January 27, 2003.

### *Healthy People 2010 Youth Oral Health Goals*

- 21-2a. Reduce the proportion of young children with untreated dental decay in their primary teeth.  
Target: 9 percent
- 21-2b. Reduce the proportion of children with untreated dental decay in primary and permanent teeth.  
Target: 21 percent
- 21-2c. Reduce the proportion of adolescents with untreated dental decay in their permanent teeth.  
Target: 15 percent
- 21-8. Increase the proportion of children who have sealants on their molar teeth.  
Target: 50 percent
- 21-10. Increase the proportion of children and adults who use the oral health care system each year.  
Target: 57 percent
- 21-12. Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.  
Target: 56 percent
- (Developmental Goal) Increase the proportion of school-based health centers with an oral health component.
- 21-14. Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless health centers, that have an oral health component.  
Target: 75 percent

Source: [http://www.healthypeople.gov/Document/HTML/Volume2/21Oral.htm#\\_Toc489700407](http://www.healthypeople.gov/Document/HTML/Volume2/21Oral.htm#_Toc489700407)

**Resource: National Oral Health Policy Center at UCLA: [www.healthychild.ucla.edu/OralHealth.asp](http://www.healthychild.ucla.edu/OralHealth.asp)**



## Overweight and Fitness

### Indicator

Overweight and fitness among children and adolescents.

### Definition

Although the media uses “childhood obesity,” the preferred scientific term is now “overweight,” because children have growth spurts with changes in body fat. “Overweight” also conveys less of a stigma for children and their families than “obesity.” Body Mass Index (BMI) is a ratio of weight to height that is used to categorize individuals as underweight, normal, at risk of overweight, or overweight. See the BMI information on page 61 for details.

### Findings

Local Santa Barbara County data mirrors the high national and state rates of overweight and poor fitness compared to previous decades. However, the local data show some hopeful signs of improvement in recent years.

**Preschool**—Data from the Women, Infants, and Children Supplemental Nutrition Program (WIC) in our County shows that in 2004, 24% of children ages two through four (8,524 children) were overweight or at risk of overweight.

**Pre-teens, Young Teens**—As children get older, the number of overweight children increases. Data from the California Department of Education (CDE) give the results for the annual Physical Fitness Tests conducted in school districts in

Grades 5, 7, and 9. In Santa Barbara County, the averages of the scores for over 8,000 students tested in 2005 showed that 41.3% failed the Aerobic Capacity test (completion of a one mile run/walk) and 30.1% were not in the Healthy Fitness Zone for Body Composition. The importance of physical fitness for school success is emphasized by a recent report by the California Department of Education ([www.cde.ca.gov](http://www.cde.ca.gov)) that found a strong positive association between the number of physical fitness tests that a student passes and academic performance as measured by the California Standards English Language Arts Test (see “2004 Fitness and Academic Achievement Study” at [www.cde.ca.gov/ta/tg/pf/](http://www.cde.ca.gov/ta/tg/pf/)).

### Percent of Overweight Youth in Grades 5, 7, and 9 for 2004

| Community     | Overweight % | Number Students Tested |
|---------------|--------------|------------------------|
| Santa Maria   | 24.2%        | 4,095                  |
| Lompoc        | 35.4%        | 2,038                  |
| Goleta        | 23.8%        | 1,325                  |
| Santa Barbara | 24.6%        | 3,266                  |
| California    | 28.1%        | 1,374,283              |

Source: Overweight Children in California: Counties and Communities, 2004, Santa Barbara County. California Center for Public Health Advocacy.

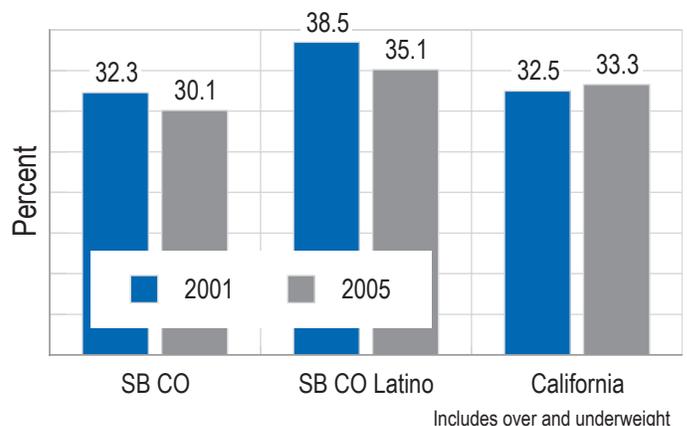
**Cities in Santa Barbara County**—In 2004, three cities in the County had rates of overweight students in Grades 5, 7, and 9 that were below the State average of 28.1% (Goleta at 23.8%, Santa Maria at 24.2%, Santa Barbara at 24.6%, and one city that was higher (Lompoc at 35.4%).

### Trends

**Body Composition**—Over the past four years, Santa Barbara County has made progress in increasing the number of students who are measured to be in the “Healthy Fitness Zone” for Body Composition (this includes students who were both over and underweight, as measured by BMI and skinfold percent of bodyfat). This was determined by the annual Physical Fitness Tests in Grades 5, 7, and 9. Comparison of the CDE data for Santa Barbara County from 2001 and 2005 show the following:

- In both years, a greater percentage of male students than female students were found in the Not in the Healthy Fitness Zone.
- In 2004, looking at overweight alone in the three grades combined, 20.2% of females students and 31.5% of male students were overweight.

### Students NOT in the “Healthy Fitness Zone” for Body Composition



*Speaking Clearly about Children's Weight*

Body Mass Index (BMI) is used differently for children and adults.

In children and teens, BMI is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 to 20 years of age.

- Underweight**..... BMI-for-age less than 5th percentile  
(for a 10-year-old boy this would be a BMI of about 14)  
(for a 15-year-old girl this would be a BMI of about 16)
- At Risk of Overweight** ..... BMI-for-age 85th percentile to less than 95th percentile  
(for a 10-year-old boy this would be a BMI of about 19)  
(for a 15-year-old girl this would be a BMI of about 25)
- Overweight**..... BMI-for-age at or above 95th percentile  
(for a 10-year-old boy this would be a BMI of about 22)  
(for a 15-year-old girl this would be a BMI of about 28)

Obesity as a scientific term is primarily used to refer to adults, but not to children.

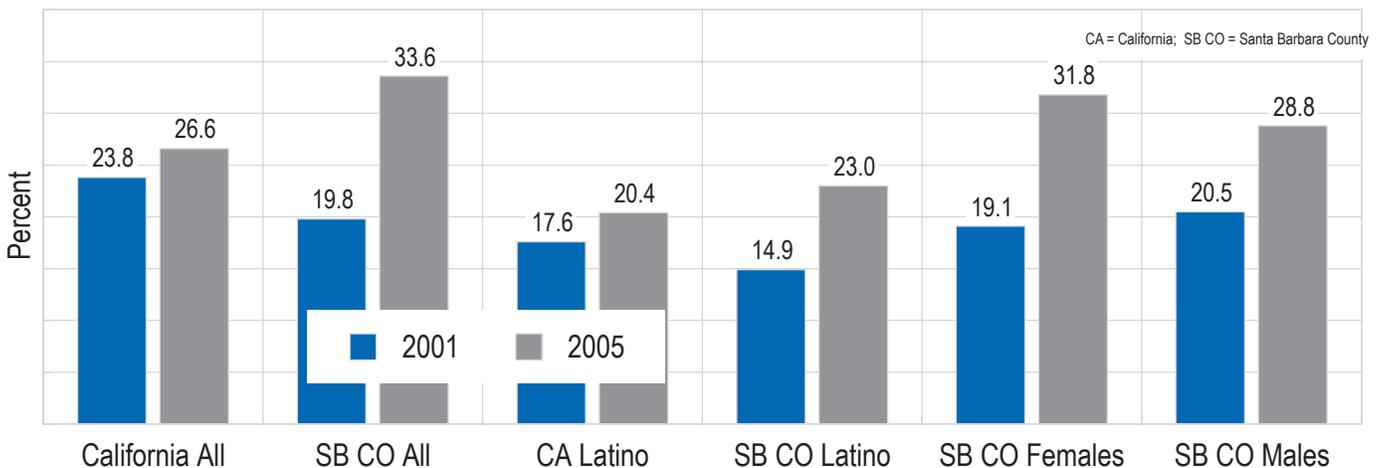
For age-gender BMI and other charts, see:  
<http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/charts.htm#Set%202>



- In the higher grades, the percentage of female students increases in the Not in the Healthy Fitness Zone for Body Composition, but it decreases in the higher grades for males in both 2001 and 2005.
- The percentage of students who were Not in the Healthy Fitness Zone for Body Composition was reduced for both males and females in the County between 2001 and 2005. Although the state overall increased slightly from 32.5% to 33.3% in four years, Santa Barbara County decreased.
- The percentage of Hispanic/Latino students have decreased in Not in the Healthy Fitness Zone for Body Composition in the last four years, from 2001 at 38.5%, to 2005 at 35.1%.

**Fitness Tests**—The percentage of students in the County who passed all six Fitness Standards improved between 2001 and 2005. See the chart for detail. It must be noted that differences in testing may be responsible for some of the improvement, because the annual Physical Fitness Test have become more publicized in recent years and schools began to give it more careful attention.

**Percent of Students Who Achieved All Six Fitness Standards for 2001 and 2005**



Source: <http://data1.cde.ca.gov/dataquest/>

# *Mental Health*

## *Introduction*

### *How does the mental health of youth relate to positive outcomes for our community?*

The goal of individualized, strength-based services which are coordinated with the broader children's system is for children to remain in their homes and/or communities, stay out of trouble with the law, and be successful in school while feeling safe and supported in these environments.

### *What are the indicators we are using to assess the mental health welfare of youth?*

1. Out-of-home placements (see Child Welfare and Safety section of Scorecard)
2. Youth involved in the CWS/Juvenile Justice systems (see Juvenile Justice section of the Scorecard)
3. Success in school (see Education section of the Scorecard)
4. Children served by County Mental Health and the Children's System of Care (in this section of the Scorecard)

### *Why are these indicators important?*

We know that 1 in 10 children in the U.S. suffer from some sort of mental health problem.\* An estimated 5% of children in the U.S. may have a definite or severe emotional or behavioral problems (NIMH, 7/05), which translates to approximately 5,000 children in Santa Barbara County (U.S. Census 2000, children 0-17). Within Santa Barbara County, the most prevalent diagnoses seen in children are Depression and Attention Deficit Hyperactivity Disorder (ADHD). Sixty percent of children with serious mental health needs don't graduate from high school.\* Fewer than needed public schools in Santa Barbara County have mental health services. At least 20% of youth in the juvenile justice system suffer from severe mental illness. The number can be as high as 70% if adolescents who have been committed for substance abuse are included.\* Research studies have shown that up to 37% of youth exiting the foster care system have been incarcerated at least once and up to 35% are or have been homeless.\*\*

ADMHS believes that the difficulties faced by children and families with multiple problems, including alcohol and other drug problems in particular, are becoming increasingly frequent and severe, and that is one of the factors accounting for the increasing number of children in foster care. Children whose problems result in multiple placement changes have been identified as a significant factor driving the number of placement changes and the degree of placement resources needed. Reducing placement changes or out-of-home placement increases the stability of a child's emotional and physical environment, allowing them to receive a fuller benefit from medical and mental health services as well as allowing increased success in school. Reducing placements also allows youth to form lasting beneficial relationships with significant others, which greatly affects their transition to adulthood. Children have the right to have a safe, permanent, supportive living environment and relationship with a responsible adult.

### *How are we doing in Santa Barbara County?*

Out-of-home placements are reducing and greater supports are in place to support a child remaining in their home or community. In the last two years, there has been a 75% decrease in children placed out of County through mental health. Some of these supports include new programming such as "HOPE," which is newly expanded Therapeutic Foster Care program that provides intensive in-home support to all children in extended family placement within the community. During the first month of operation, the program began services for over 70 families countywide. Another program is "SAFTY," which provides mobile crisis response to children and families, Countywide, 24 hours a day, 7 days a week. SAFTY began in Santa Maria and received over 80 referrals during the first month of operation. Mental Health Services Act funding will support the development of a wraparound model throughout our system by the formation of wraparound teams at each service site. The development of a SB 163 Work Plan will also allow for an expanded wraparound structure for children placed out of County. Lastly, the recent development of an assessment center at Devereux allows youth to be returned to the community as well as provides an alternative to out-of-County placement for youth.

Data show an overall decrease in acute admissions for youth. As we improve individualized services as well as add the non-traditional services afforded through wraparound, we hope to see this decrease even further as well as a decrease in the number of repeat admissions.

As a system we are continuing to develop our school-based mental health service system including expanding the number of schools that have mental health services on site. Mental Health Services Act funding will support “Connections: Each One Reach One,” a program designed to provide outreach to the community and schools through the creation of family centers within existing community sites.

### *What can we do to make a difference?*

By collaboration among public, private and community based organizations, we are making a difference. In working together to develop common principles and practices for our service model, we will make a bigger difference and impact more lives of youth and families in our community. Through MHSA funding the “Connections” program will create family centers in existing community sites to provide mental health awareness and linkage to services and supports to families who are currently unserved. Through sharing resources and working as partners to develop individualized service plans, we hope to continue to increase the number of children who remain living within their homes or community, the number of children involved in the CWS/Juvenile system, the number of acute hospitalizations for youth and the success of children in school. Community and school efforts should also be coordinated to carry out systematic, multi-gating procedures to screen for and monitor the social-emotional well being of all our children.

By working in partnership with the community, we can make a big difference in the lives of our children. Community mental health awareness through educational forums is one strategy. In addition, we need our community to partner in helping to model and promote acceptance to youth with mental illness, within their community. The community also plays a key role in being able to provide mentoring and leadership opportunities to our youth.

\* Office of the U.S. Surgeon General, Report on Mental Health, January 2001

\*\* U.S. General Accounting Office, “Foster Care: Long Standing Barriers Remain”, June 2002



Mental Health Services

Indicator

Children served by County Mental Health and the Children's System of Care.

Definition

Number of currently-open cases, under age 18, served by County Mental Health Services and the number served by the Children's System of Care program.

Findings

The number of youth receiving services from County Mental Health was stable from 1998 to 2000, but increased by 5% in 2004 to 2,749.



AB3632 was again amended by SB1895 to enhance school and mental health collaboration with youth with an emotional disturbance. See "Recommendations Regarding Best Practices in Communication between Mental Health Staff, Families, Youth, and Teachers."

Source: California Mental Health Institute; <http://www.cimh.org/home/index.cfm>

Using the December 2004 count of the 2,749 cases open at that time, 25% were from Santa Barbara, 43% were from Santa Maria, and 26% were from Lompoc. Continuing a pattern reported in previous years, there were more males (64%) than females receiving services.

Trends

The total number of youth receiving County Mental Health services was stable for the years 1998-2000, after a period of

rapid growth associated with the implementation of the Multiagency Integrated System of Care program (funded by a federal grant that ended in 1999). In 2001, the caseload for children's mental health services showed its largest one-year increase and is now at its highest historical level. More intensive services remain stable.

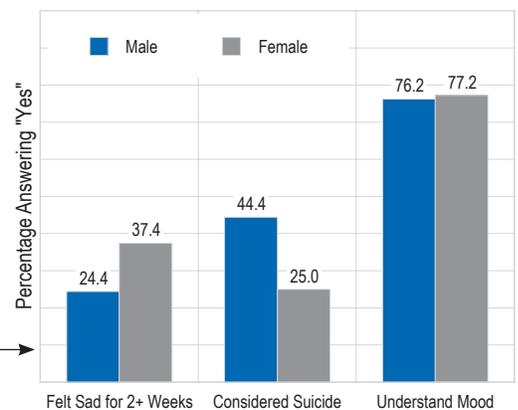
In 2004, the California Healthy Kids Survey was administered to a substantial proportion of students in Grades 7, 9, and 11. Several questions asked the students to report on their experience of sadness, suicidal ideation, and managing their moods and feelings. The results shown below on this page indicate that about 1 in 4 males and more than 1 in 3 females reported feeling sad or depressed for more that two weeks in a stretch during the past year. This points to the need to carefully screen for and monitor the mental health needs of the County's youth.

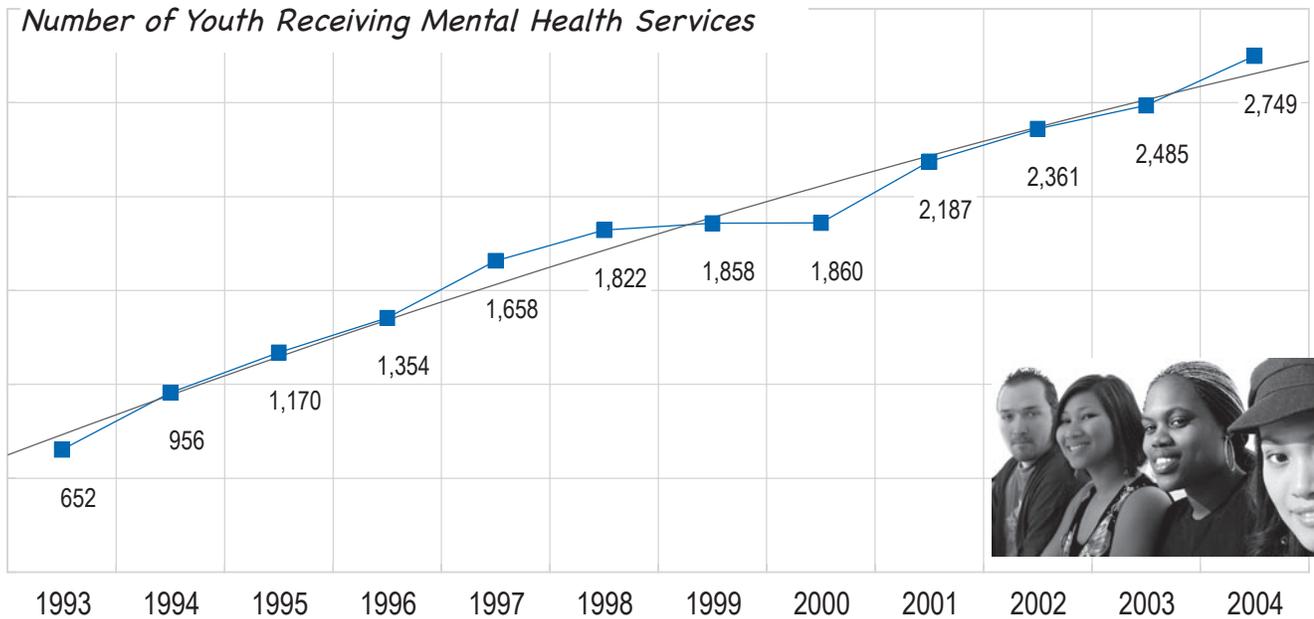
Summary and Implications

The Children's System of Care is currently in the process of refining its practice model to one that embraces creative service delivery, parent and youth involvement, and works as a collective team. Such a system is characterized by doing whatever it takes, individualizing plans, strength-based assessment and service delivery, and providing unconditional care. Individualized and family-driven planning processes aim to help children and families achieve important outcomes by helping them meet their unmet needs both within and outside of formal system services, while they remain in their community and homes, whenever possible. Wraparound teams are being developed regionally to provide service to children at the greatest risk of being placed out of the community. A 24/7 Mobile Crisis response has also been developed to assure that support is always available to families and children experiencing mental health needs. Another newly developed children's program includes HOPE, which provides Intensive In Home services to all children, countywide, in out-of-home placement. The Children's System of Care continues in its strong integrated relationship with the other service systems such as Probation and Child Welfare Services as well as the Early Childhood Mental Health system of care.

California Healthy Kids Survey Responses (Percent of County Students)

- Feeling sad for most of the time during one 2-week period in past year
- Thought about or considered suicide
- Youth feels understand his or her own moods and feelings





Across the USA, on average, only 1 in 4 children in need of mental health care get the help they need  
 Source: [www.healthinschools.org](http://www.healthinschools.org)

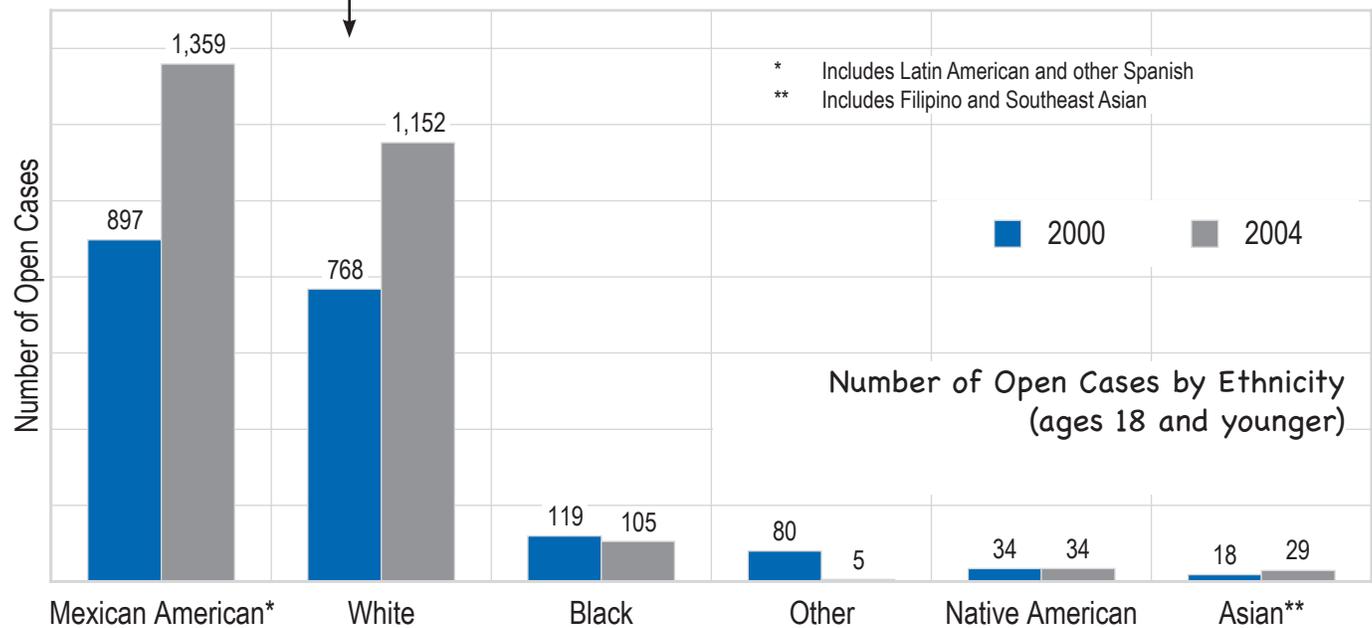
#### Santa Barbara County ADMHS Three-Year (2005-2008) Plan

##### Proposed Programs to Enhance Services to Children and Families

- Justice Alliance (for Adults involved with the Justice System)
- Connections: Each One Reach One (for Families with Unserved Children)
- New Heights (for Transition-Age Youth)
- Crisis and Recovery Emergency Services (CARES)
- Countywide Mobile Crisis (for all age groups)
- SPIRIT (for Children, Youth and Families)
- Vida Nueva (for Adults, Older Adults, and Transition-Age Youth)

(For more information see [www.admhs.org](http://www.admhs.org) or call (805) 681-4505)

The ethnic composition of youth receiving mental health services is steady—the majority of these youth are either “White” or “Latino/a”



# *Youth Risk Behaviors*

## *Introduction*

### *How does decreasing youth involvement in high-risk behaviors relate to positive outcomes in the community?*

High risk-behavior points to low resilience in youth associated with increased likelihood of negative outcomes. In addition, collecting data on risk behavior is important for targeting health education and risk prevention programs. Although there are a number of high risk-behaviors among youth that contribute to unintentional and intentional injuries, we are presently only collecting data on tobacco use and on youth enrolled in drug/alcohol treatment programs.

### *What are the indicators we are using to measure youth involvement in high-risk behaviors?*

1. Youth in Santa Barbara County drug/alcohol outpatient treatment programs.
2. Tobacco use and associated risks among youth.
3. Sales of tobacco to youth in Santa Barbara County.

### *Why are these indicators important?*

***Tobacco use and associated risks among youth and sales of tobacco to youth in Santa Barbara County***—Studies suggest that tobacco use correlates with increased alcohol and drug use, poorer performance at school, and other risk behaviors (California Healthy Kids Survey, [www.wested.org/hks](http://www.wested.org/hks)). In general, adolescent use of alcohol and marijuana contributes to traffic accidents and general poor judgment, and to unsafe sexual practices and other risky behaviors. Cigarette use continues to be the leading cause of preventable death, and early use is highly likely to escalate into regular smoking. All three substances predict behaviors that have productivity and public health consequences, such as school failure, violence, and emotional distress (Classroom Drug Prevention Works: <http://www.rand.org/publications/RB/RB4560/>)

### *How are we doing in Santa Barbara County?*

- 5% of seventh graders, 11% of ninth graders, and 13% of eleventh graders report moderate to heavy smoking in the past month.
- In June 2005, 34 of 89 (38%) undercover buy attempts by youth ages 16 and 17 were successful.
- Binge drinking, marijuana use, and inhalant use are 8-10 times more prevalent among adolescent heavy smokers than among their non-smoking peers.
- Binge drinking is a persistent problem with 26.9% of students in Grade 11 reporting this behavior in the past month, with 13.2% indicating that they had 3 or more binge drinking incidents.
- Substance use reported by students in non-traditional secondary school settings was substantially higher than for students attending comprehensive secondary schools. Nearly half of the students attending non-traditional schools reported binge drinking and marijuana use in the month prior to the survey.
- Although the total number of youth receiving County mental health services remained stable in 2004, The Santa Barbara service area experienced a 28% increase in the number of youth ages 0-17 served in 2004. In comparison, Lompoc saw a 25% decrease and Santa Maria had no change in the number of youth served.

### *What can we do to make a difference?*

When started in the elementary school years and continued into secondary school, drug prevention programs can buy time. This means that they can delay the onset of substance until the youth is old enough to resist temptations to smoke, drink, or use drugs; that is, to give them time to make reasoned, not impulsive decisions. Classroom drug prevention is keeps youth away from harmful substances and also has broad public health implications for years to come.

***Nicotine is highly addictive***

Nicotine provides an almost immediate “kick” because it causes a discharge of epinephrine from the adrenal cortex. This stimulates the central nervous system and other endocrine glands, which causes a sudden release of glucose. Stimulation is then followed by depression and fatigue, leading the abuser to seek more nicotine.

Source: <http://www.drugabuse.gov/Infofacts/Tobacco.html>

***Resources:***

National Institute on Drug Abuse (<http://www.drugabuse.gov/>)

Science-based school drug prevention resources (<http://backtoschool.drugabuse.gov/>)

ASCENT, Adolescent Smoking Cessation Escaping Nicotine and Tobacco (<http://www.teenquit.com/indexflash.asp>)

Society for Prevention Research (<http://www.preventionresearch.org/>)

2004 Monitoring the Future Report for Grades 8, 10, and 12 ([http://www.monitoringthefuture.org/pubs/monographs/vol1\\_2004.pdf](http://www.monitoringthefuture.org/pubs/monographs/vol1_2004.pdf))



## Alcohol and Drug Treatment Program (ADP)

### Indicator

Youth in Santa Barbara County drug/alcohol outpatient treatment programs.

### Definition

Number of outpatient clients age 21 and under receiving alcohol or drug treatment services funded by Santa Barbara County.

### Findings

During 2004, there were 1,772 youth age 21 and under in treatment, which is slightly more than the 1,766 youth treated in 2003. When youth ages 13-17 and younger are considered, some different results emerge with 979 being served in 2004 up 100 from the previous year. A closer look shows that the number of youth served in Santa Maria (287 up from 286) and Lompoc (76 down from 101) were stable or decreased from 2003 to 2004. In Santa Barbara, however, the number of youth served increased to 640 up from 500. There was a substantial increase in the number of youth served who were ages 13, 14, and 16.

### Trends

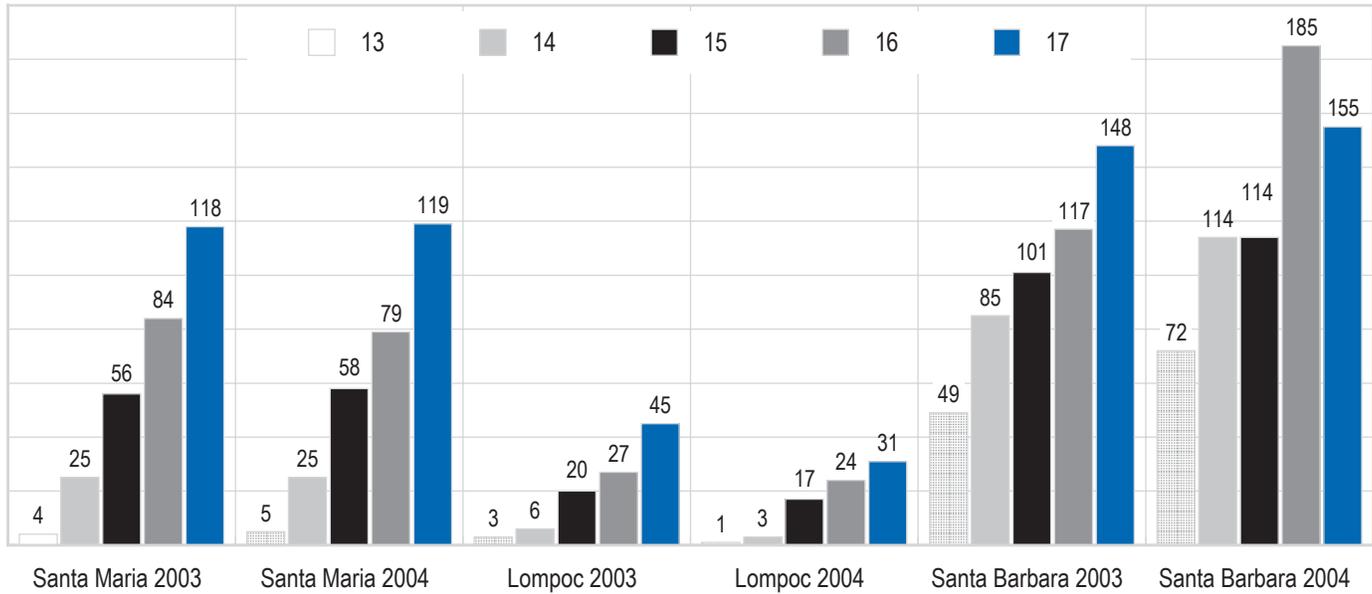
There was a slight increase of 1% in the number of youth receiving alcohol and other drug (AOD) services during 2004 compared with 2003. Previous patterns continued showing that: the percentage of youth receiving treatment in Santa Barbara increased; there has been a decrease in the percent of youth receiving treatment in Lompoc; and the number of youth served in Santa Maria was stable. The Santa Barbara service area experienced a 28% increase in the number of youth ages 0-17 served in 2004. In comparison, Lompoc saw a 25% decrease and Santa Maria had no change in the number of youth served.

Methamphetamine has become the most dangerous drug problem in small-town America because it's cheap and easy to make.

Source: [http://www.theantidrug.com/drug\\_info/](http://www.theantidrug.com/drug_info/)

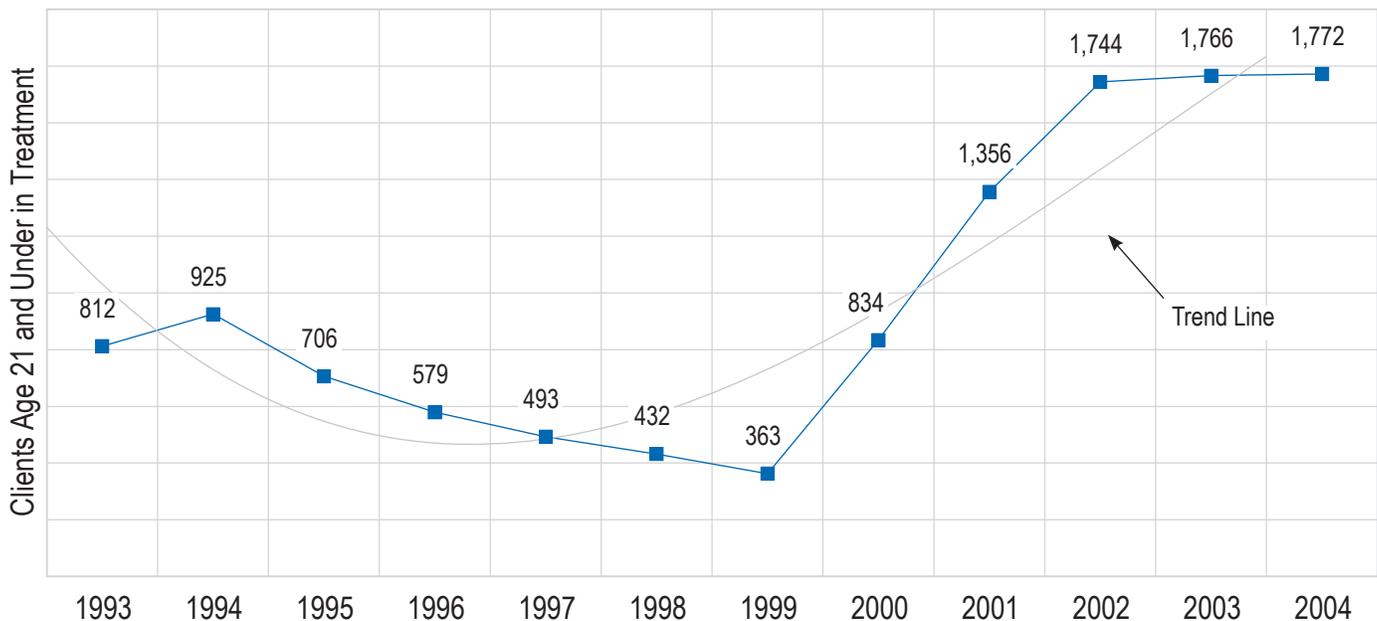


Age of Youth in AOD Services in 2003 and 2004 by Community



The school is a joint project of the Santa Barbara County Education Office (SB-CEO), the Santa Barbara Council on Alcoholism and Drug Abuse, Fighting Back, and the Daniel Bryant Youth and Family Treatment Center, in collaboration with local school districts. Staff from the County Education Office will teach the classes and operate the school. Counselors from the Daniel Bryant Treatment Center will provide counseling services to augment the standard curriculum. Contact information: 450-6811

Number of Clients Ages 21 and Under in Drug and Alcohol Treatment



## Tobacco and Other Substance Use

### Indicator

Tobacco use and associated risks among youth in Santa Barbara County.

### Definition

Youth tobacco use data were collected through local administration of the California Healthy Kids Survey (CHKS).

### Heavy Smoking Linked to Other Drug Use

Among youth in Grades 7, 9, and 11, heavy smokers (10-30 days in the past month) compared with nonsmokers were:

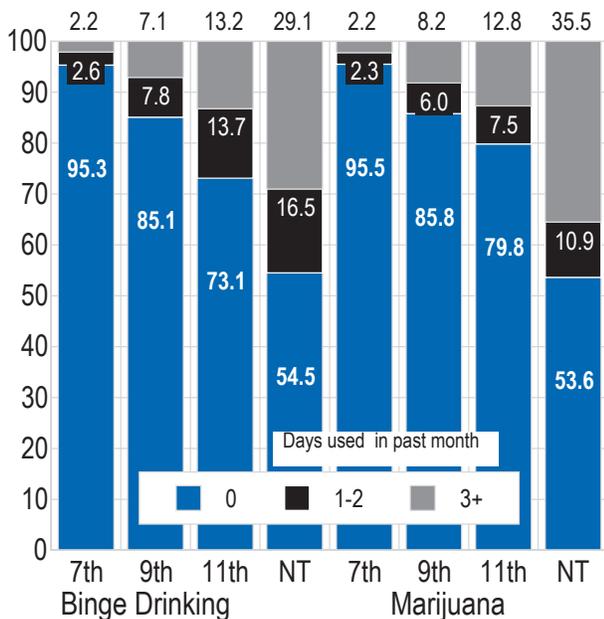
- 4 times more likely to use alcohol
- 8 times more likely to "binge" drink (5 or more drink within two hours)
- 9 times more likely to smoke marijuana
- 10 times more likely to use inhalants

Source: California Healthy Kids Survey, Santa Barbara County, 2004

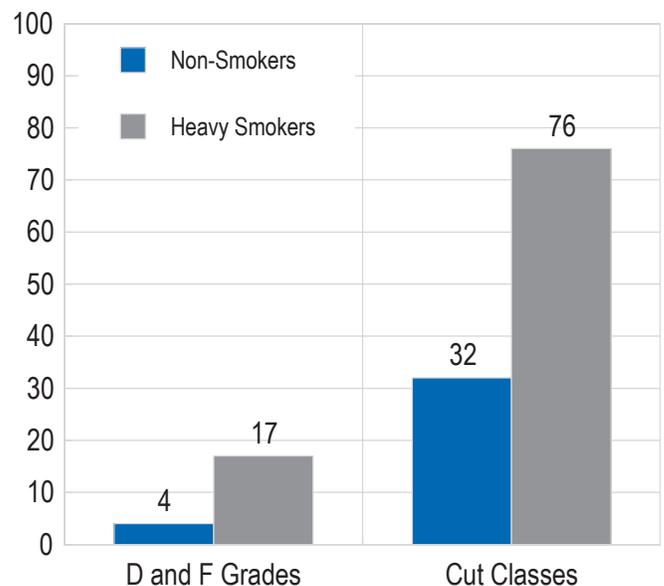
### Current Information

Results from the 2004 administration of the California Healthy Kids Survey to more than 10,000 County youth in Grades 7, 9, and 11 revealed that 5% of seventh graders, 11% of ninth graders, and 13% of eleventh graders report moderate to heavy smoking in the past month. Results from the 2004 CHKS also suggest that tobacco use may be a gateway activity and correlates with increased alcohol and drug use, poorer performance at school, other risk behaviors, and decreased internal assets and external resources.\*

**Percent of Students Reporting Binge Drinking and Marijuana Use (Past Month) by Grade and Number of Days of Use (NT = Non-Traditional School)**



**Percent of NonSmokers and Heavy Smokers Reporting Low Grades and Cutting Classes.**



### 2003-2004 California Student Survey (CSS) Findings: Alcohol, Tobacco, and Other Drugs (ATOD) Use Declines Among 7th Graders

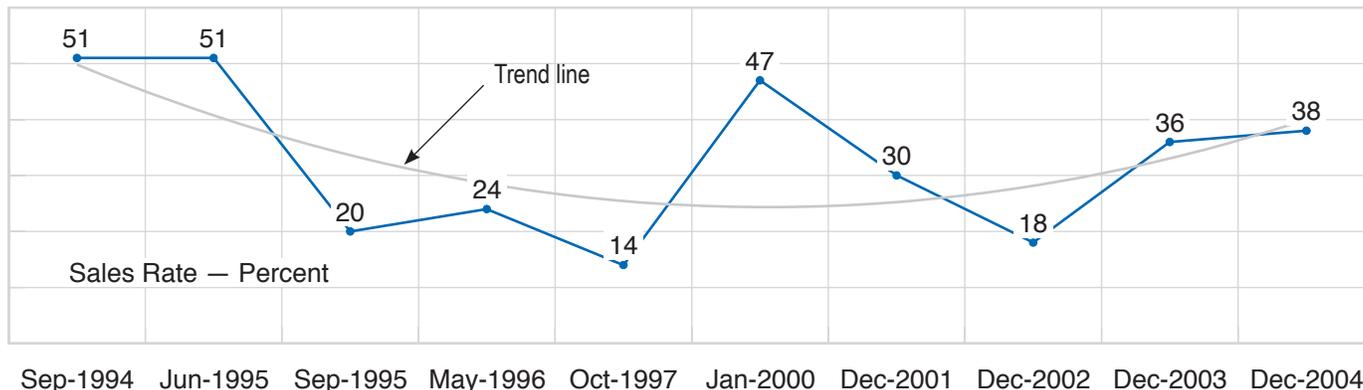
Lifetime alcohol consumption declined since 1999 from 24.5% to 16.0% and cigarettes smoked from 23.5% to 17.0%.

Delaying initiation of ATOD use is related to lower involvement in substance use, as well as other subsequent risk behaviors.

Source: 10th biennial California Student Survey: Drug, Alcohol, and Tobacco Use, 2003-04; available at <http://www.safestate.org/index-print.cfm?navid=254>. The CCS sample included 10,351 randomly-selected students from 47 middle schools and 65 high schools. The larger number of high schools reflects the inclusion of 15 continuation schools (that represent 5% of the state enrollment), which do not have feeder middle schools cohort of students.

\* Detailed CHKS tobacco use pattern fact sheets are available at: [www.sbcphd.org/ahp/tobacco](http://www.sbcphd.org/ahp/tobacco) or [www.education.ucsb.edu/csbyd](http://www.education.ucsb.edu/csbyd)

Tobacco Sales Rates to Minors Santa Barbara County 1994-2004

**Indicator**

Tobacco sales to youth in Santa Barbara County.

**Definition**

The Tobacco Prevention Settlement Program has gathered data regarding underage tobacco sales in retail establishments throughout the County since 1993. Methods of data collection included law enforcement and non-enforcement undercover buy attempts by minors.

**Current Information**

Since 2003, specific communities have been shopped using an enforcement-based undercover protocol to determine illegal sale of tobacco to minors. In June 2005, 89 undercover buy attempts by youth ages 16 and 17 were conducted in two local communities. Youth were able to buy tobacco in 38% of the stores. In the stores that did not sell tobacco to youth, 94% checked identification.

**Summary and Implications**

The results from these undercover buys indicate surprisingly rising rates of sales of tobacco to minors in Santa Barbara County. Since the youth used in the undercover buys willingly showed valid identification and did not misrepresent themselves, it may be possible that ordinary youth with a strong motivation to acquire tobacco might be even more successful at doing so. Training store clerks in the procedure and importance of correctly checking identification would be a good step towards reducing youth access to tobacco. Reducing access, coupled with more prevention programs, might in turn reduce smoking rates reported by youth in future administrations of the CHKS.



**Children whose parents smoke are twice as likely to begin smoking between ages 13 and 21**

Researchers at the Seattle Social Development Project have followed high-risk youth from Grade 5 and found that youth smokers are more likely to come from families in which a parent/guardian smokes and who involves them in smoking related behaviors (e.g., asking their child to light a cigarette). Youth are protected against smoking when parents monitor their child's behavior and develop strong family bonds and emotional attachment. Source: EurekAlert: [http://www.eurekalert.org/pub\\_releases/2005-09/uow-cwp092805.php](http://www.eurekalert.org/pub_releases/2005-09/uow-cwp092805.php)

# *Welfare and Safety*

## *Introduction*

### *How do safety outcomes relate to positive outcomes for our community?*

Studies show that children exposed to violence either as victims or witnesses are at increased risk for emotional, behavioral, academic, social and physical problems throughout life. Further, children who are abused are at a greater likelihood of being involved in violent relationships or exposing others to violence (see <http://www.safefromthestart.org/index.aspx>).

### *What are the indicators we are using to measure safety outcomes?*

1. Referrals to Child Welfare Services (CWS)
2. Dependent children in foster family and group home care
3. Children and women using shelter services

### *Why are these indicators important?*

**1. Referrals to CWS**—This indicator reflects the number of calls that were documented as meeting the legal definition of child abuse and neglect. This indicator comprises a range of concerns about children and families that will be assessed and may or may not result in an investigation or substantiated allegation by CWS. An increase in the number of referrals may reflect an increase in community awareness of child abuse and neglect without necessarily leading to an increase in substantiated cases.

**2. Number and rate of children in foster care versus the number of available licensed foster homes**—When children need to be removed from their home it is imperative to have available placements in their neighborhood of origin to avoid additional disruptions in the child's life, such as changing schools.

**3. Shelter Services**—This indicator gives us an idea of the prevalence of the number of people who actually have no other safe place to be. Although it does not give an indication of the actual number of abused women, it does show how many are in serious danger and have no other safe place to go to escape the violence in their homes. It is also important because we know that children living in a violent home environment are 175% more likely to grow up and experience abuse in their adult relationships. We get an idea from these numbers about how this intergenerational cycle of violence is interrupted for these people.

### *How are we doing?*

Although the number of children in foster care grows (as noted on page 76), the number of available licensed foster homes has remained relatively, which has resulted in significant placement challenges to CWS. In addition, the type of placement most helpful are local neighborhood based resource families and these have been decreasing, while geographically distant and more costly foster family agency and group home facilities continue to increase.

CWS has observed a significant increase in drug related out-of-home placements due to the apparent rise in methamphetamine and other controlled substance abuse. Sufficient conclusive data are not yet available, however, there has been an increase in law enforcement reports to CWS involving drug related crime.

The number of calls to the Domestic Violence Solutions 24-hour crisis line has increased from 2,799 in 2003 to 2,817 in 2004. In addition, the number of domestic violence 9-1-1 calls that the Domestic Violence Emergency Response Team responded to has increased from 910 the previous year to 1,376 during this year.

### *What can we do to make a difference?*

As noted in the CWS-Probation System Improvement Plan, CWS efforts to more effectively collaborate and include community-based service providers have yielded a number of innovative strategies:

- The Differential Response efforts divert more cases to our community-based partners allowing for earlier and more proactive interventions.
- CWS Team-Decision-Making meetings engage formal and informal family support systems in finding workable solutions for at-risk children and families.
- Renewed efforts to better support transitional age youth have led to the successful implementation of a more comprehensive community-based independent living skills program.



## Child Welfare Services

### Indicator

Number and rate of children with referrals to Child Welfare Services (CWS).

### Definition

Unduplicated counts of children under the age of 18 referred with an allegation of abuse or neglect.

### Findings

In 2004 4,338 referrals were made with 2,003 of these being unduplicated children referred for investigation of abuse or neglect in Santa Barbara County.

Children referred to Child Welfare Services are largely referred by mandated reporters, not neighbors or the general public. It is estimated that at least 90% of reports come from mandated reporters in Santa Barbara County, versus about 50% for the state as a whole.

### Trends

The rate of children being referred to CWS is up by 23% in 2004 over 2003, from 16.5 per 1,000 to 20.3 per 1,000 children. However, the rate of referral for children in Santa Barbara County remains below the average for California (22.4 per 1,000 in 2004). This new trend reverses a previous long-term decline in Santa Barbara County referral rates

measured as gross referrals (duplicated counts) compared with the gross numbers of children. The numbers in the graph are unduplicated counts of children referred, and are therefore a better comparison measure with other counties shown in the chart below.

### Summary and Implications

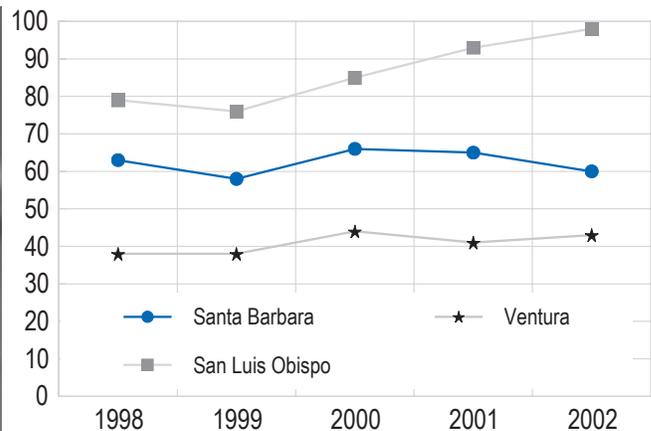
Counteracting downward changes in the economy, Santa Barbara County should be proud of its multitude of collaborative partnerships that ensure children are safe and families receive care. The significant downward trend, particularly since the year 2000, is in large part reflective of the change (mid-2002) to a CWS "business process" for recording referrals and a concerted data clean-up effort with referrals in the statewide CWS/CMS database. This is shown very clearly in a substantial decrease in the number of "inconclusive" referral outcomes since 2002.

Although CWS's data are more reliable than ever and are producing a better picture of actual trends and workload, CWS is committed to improvement and have identified data management issues as part of its System Improvement Plan.

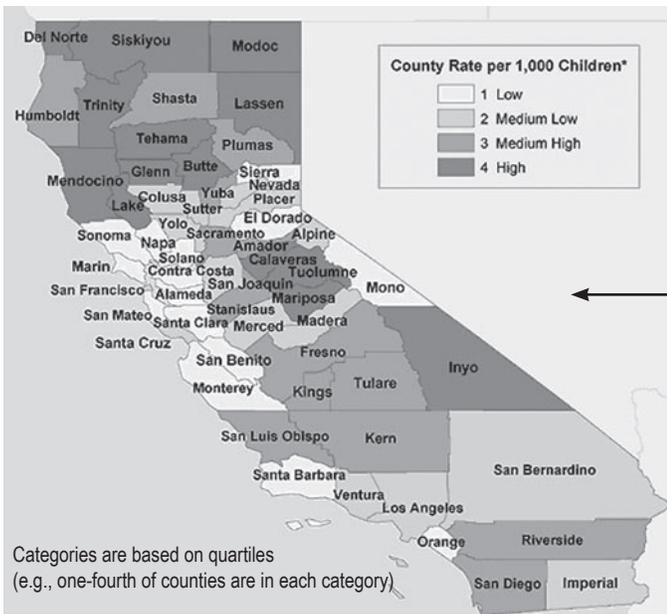
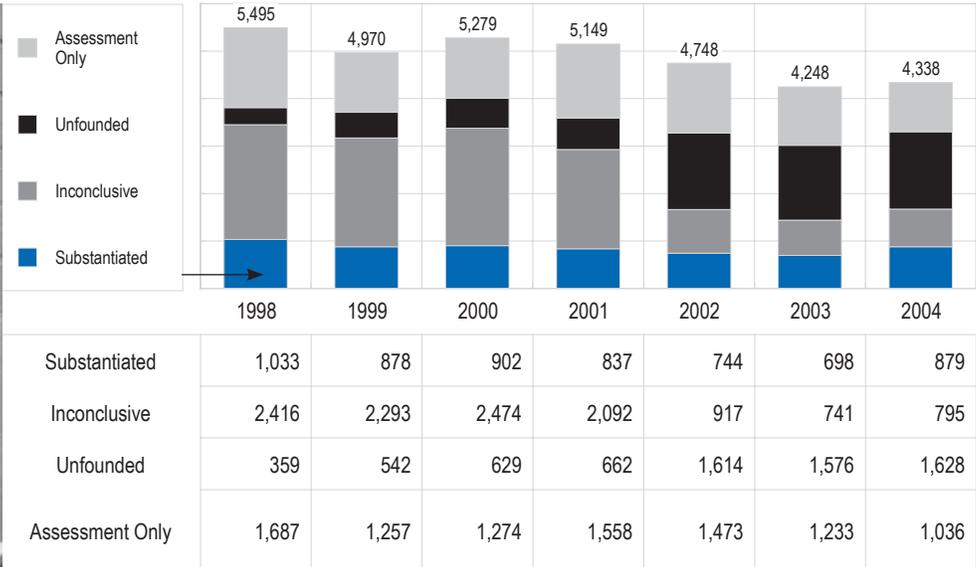
| In Santa Barbara County in 2004 substantiated referrals to Child Welfare Services were for these reasons |     |                              |     |                  |     |
|--|-----|------------------------------|-----|------------------|-----|
| General Neglect  | 37% | Caretaker Absence/Incapacity | 16% | Substantial Risk | 13% |
| Emotional Abuse  | 12% | Physical Abuse               | 9%  | Severe Neglect   | 8%  |
| Sexual Abuse   | 5%  |                              |     |                  |     |



**Referrals to Child Welfare Services in Santa Barbara (number per 1,000 children ages 0-17)**



CWS Total Referrals and Referrals Substantiated After Investigation



The rate of child abuse referrals in Santa Barbara County is among the lowest 25% of all California counties

**Child Welfare Services' (CWS) primary goals:**

1. Protecting Children
2. Strengthening Families
3. Building Community

**Child Abuse per 1,000 Youth for Region & State**

Data Source: Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Brookhart, A., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., & Kim, H. (2003). Child Welfare Services Reports for California. Retrieved April 21, 2004, from University of California at Berkeley Center for Social Services Research website. See URL: <<http://cssr.berkeley.edu/CWSCMSreports/>>

Child Welfare Services is a public agency (part of the Santa Barbara County Department of Social Services) staffed by individuals dedicated to the safety and wellbeing of children and families. State and Federal laws requires CWS to protect children from neglect and abuse.

**CWS Investigations by Community in Santa Barbara County**

| Community     | 1999  | 2000  | 2001  | 2002  | 2003  | 2004  |
|---------------|-------|-------|-------|-------|-------|-------|
| Lompoc        | 963   | 885   | 820   | 964   | 861   | 873   |
| Santa Barbara | 1,065 | 1,080 | 914   | 1,068 | 868   | 909   |
| Santa Maria   | 1,178 | 1,114 | 1,034 | 1,058 | 892   | 1,189 |
| Total         | 3,206 | 3,079 | 2,763 | 3,008 | 2,621 | 2,971 |

Note. Not all referrals require a formal CWS investigation. These investigated families involved 3,318 unique children. These unique children generated 4,912 allegations of abuse. The outcomes of those allegations were as follows: 1,160 were "substantiated," 1,220 were "inconclusive," and 2,532 were "unfounded." Gray-shaded cells are highest years.

## Foster Care

### Indicator

Number and rate of children in foster care and availability of out-of-home placements.

### Definition

The following statistics are obtained from the University of California Berkeley CWS/CMS database and include all children who entered foster care in the State and in Santa Barbara County during the identified fiscal (July-June) years of 1999 to 2005 and number of cases open at end of June for 1999-2005.

### Findings

During 2005, 467 children entered foster care, up 28.5% from 2004.

As of July 2005, CWS/CMS reports show that there were 467 children and youth in foster care or group homes. Of these, 6.0% (compared to 1.7% of County youth population in 2005) were Black, 58% (53.4%) were Hispanic, 35% (37.5%) were White, and 1.0% (9.3%) were other ethnicities.

### Trends

The total Foster Care entries for Santa Barbara County are less than one-half the State average and have remained relatively constant for the five-year reporting period. The number of foster care cases open at the end of June (point-in-time) was relatively stable for years, but fluctuated by dropping in 2002; however, it has since increased with 2005 having the largest number of open cases in the past decade.

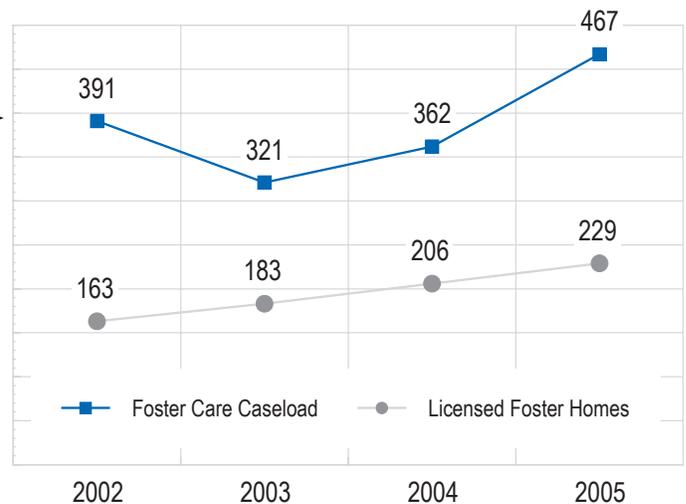
A review of the ethnicity of children in care revealed a drop in the small number of identified African American children with marginal increases for White and Hispanic children.

Compared with the State, Santa Barbara CWS places a significantly smaller and decreasing percentage of children with Foster Family Agencies, but has continued to place children in foster family homes at more than twice the State average. There has also been an increase in the percentage of children placed in group homes.

### Summary and Implications

The lack of adequate foster parent resources has been a significant challenge for CWS. The high level of regular foster home placement has taxed our current providers. As CWS experiences children with more significant emotional and behavioral problems, social workers have been under more pressure to find higher level care for children when regular foster care is unsuccessful. In Santa Barbara County, CWS has been faced with a dearth of Foster Family Agency resources that can help provide a higher level of care for children. This gap in the continuum of care results in the placement of children in group homes.

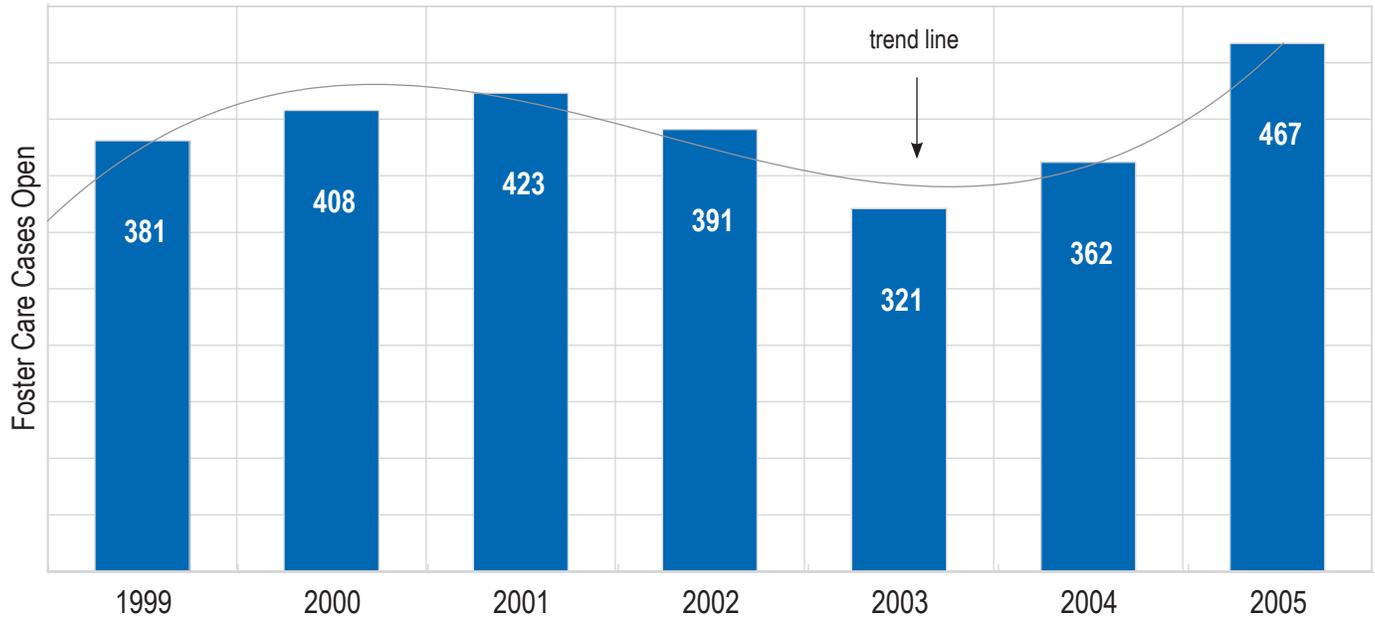
**Santa Barbara County CWS Supervised Foster Care Population vs. County Licensed Foster Homes [Point-in-time Fiscal Year]**



### Children in Foster Care, County vs. State (2003)

|   |        |
|---|--------|
| Total Foster Care Entries (Children): California: | 33,671 |
| Santa Barbara:                                    | 152    |
| Entries (per 1,000 children) California:          | 3.5    |
| Santa Barbara:                                    | 1.5    |

Foster Care Cases Open at End of June of each Year



**Santa Barbara County Children's Project** has been working "to improve Santa Barbara County's ability to care for foster youth by creating a residential academy that will dramatically strengthen the educational opportunities for all foster youth." They recently received a planning grant from the California Department of Education to form a charter school devoted specifically to the unique needs of children who are or have been in the foster care system. For more information see: <http://members.cox.net/rhowry/cp/>



The Future of Our Children website with numerous reports about children, families, and foster care <http://www.futureofchildren.org>

Most County youth are placed with a relative or in a foster family home (percent)

| Placement                  | 2003 (SB) | 2003 (CA) | 2004 (SB) | 2004 (CA) |
|----------------------------|-----------|-----------|-----------|-----------|
| Foster Family Agency Homes | 9.4       | 22.4      | 12.7      | 22.5      |
| Foster Family Homes        | 31.4      | 13.0      | 28.3      | 12.3      |
| Group Homes                | 12.6      | 8.6       | 14.4      | 8.8       |
| Guardian Home              | 4.4       | 9.4       | 4.4       | 9.1       |
| Relative's Home            | 32.4      | 34.5      | 31.0      | 34.1      |

Source: <http://cssr.berkeley.edu>

## Shelter Services

### Indicator

Children and women using shelters of Domestic Violence Solutions (DVS) for Santa Barbara County.

### Definition

Number of mothers and children who stay in 30-day emergency shelters for battered women in Santa Barbara County.

### Findings

During 2004 (2004-2005), there were 416 women and children staying in shelters, which compares to 539 in 2003. In terms of location, 29% (33% in 2003) were from Santa Barbara, 37% (32% in 2003) were from Santa Maria, and 33% (35% in 2003) were from Lompoc. Forty-nine percent (48% in 2003) were Hispanic, 36% (37% in 2003) non-Hispanic White, 13% (unchanged) African American, 1% (0% in 2003) Native American, and 1% (unchanged) Asian/Pacific Islander. During the past year, there were two domestic violence homicides in Santa Barbara County.

### Trends

The number of women and children staying in emergency shelters was consistent from 2001-2003, but decreased by 23% during this past year. There was a decrease of 123 in the number of women and children staying in an emergency shelter during 2004 compared to 2003. For all groups, except Hispanics, there was an increase in the number of women and children served in shelters since 2000.

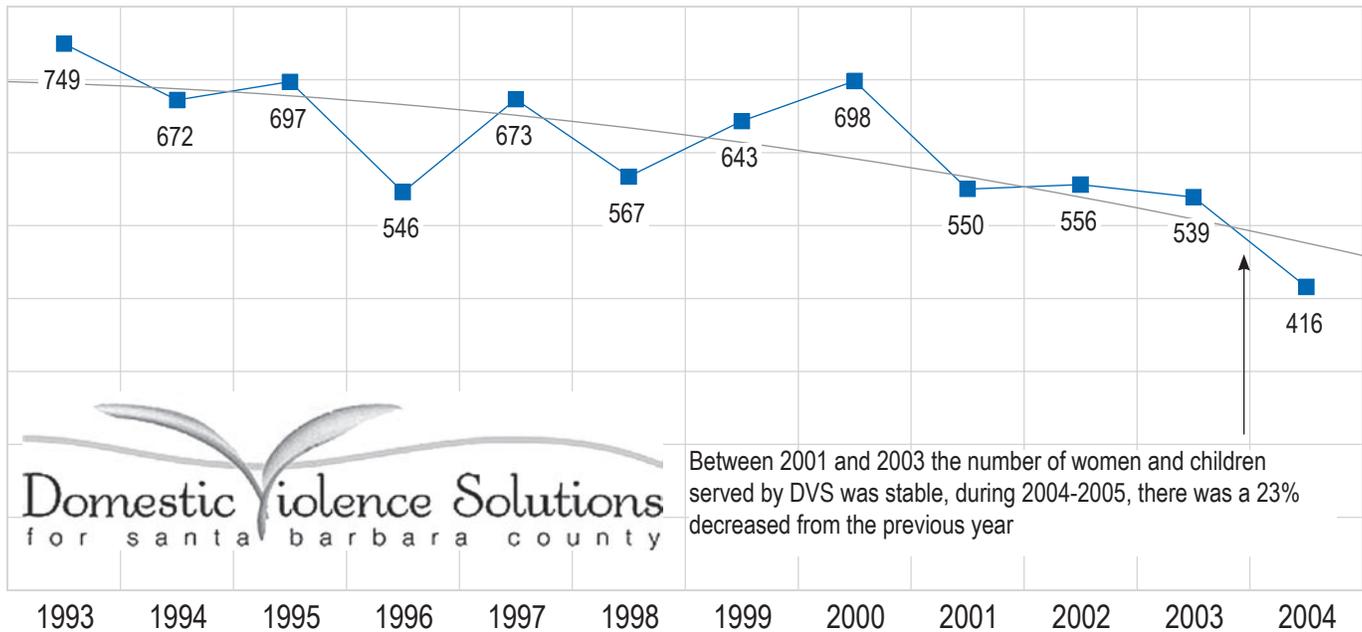
### Summary and Implications

Domestic Violence Solutions' three 45-day emergency shelters are often filled to capacity. Researchers estimate that only 3% of battered women in the general population become residents at battered women's shelters. This would then indicate that, in Santa Barbara County, upwards of 18,000 women per year experience partner abuse and either do not contact the shelter program near them or choose options other than entering the shelters. A continued focus on increasing public outreach and education will allow more people to access available services. Although it is impossible to know with certainty how many women in Santa Barbara County experience domestic violence who do not need emergency shelter, we do know that the number of calls to DVS' 24-hour crisis line has increased from 2,799 the previous year to 2,817 for this year. In addition, the number of domestic violence 9-1-1 calls that the DVERT team has responded to has increased from 910 the previous year to 1,376 during this year. This early intervention response is perhaps largely to do with the decrease in the need for emergency shelter. Indeed, this was the goal of the program.

To live in a household fraught with domestic violence is a form of child abuse. It is estimated that at least 50% of the children of battered women are physically abused by one or both parents. Without intervention, domestic violence places children in a generational cycle of violence, which predicts that as many as 85% of children who see their mothers abused grow up to be either victims or perpetrators of spousal abuse. Woman battering frequently escalates during pregnancy, and 11% of our shelter residents are pregnant. Battered women are four times more likely to deliver low birthweight babies, who in turn are at higher risk for learning disorders and developmental handicaps. Barriers to prevention and intervention lie in attitudes of sexism, control, and domination, which are validated by a pervasive societal unwillingness to intervene and report the crime of domestic violence. The reasons that battered women and their children do not access services include isolation from family and friends, minimization of the abuse, societal issues that deny or minimize violence, and misinformation that is often provided by the batterer (i.e., you will lose the children, you will be deported, etc).



Number of Women and Children using Women's Shelters



*Domestic Violence Solutions*  
*Safe, Healthy, Adolescent Relationships*  
*(SHARE)*

This program reached more than 11,000 County youth during 2004-2005. This program has operated for five years with a mission to help teens have healthy relationships, to prevent dating violence, and in the long-term to prevent domestic violence.

For a report on youth relationship violence using the California Student Survey administered by the California Attorney General's Office, see the UCSB Center for School-Based Youth Development web site: [www.education.ucsb.edu/csbyd](http://www.education.ucsb.edu/csbyd).

Teen Relationship Violence  
 2004 Santa Barbara County  
 California Healthy Kids Survey Finding  
 In response to this question:

Have you "been hit, slapped, or physically hurt by your boyfriend/girlfriend on purpose?"

Students in Grades 7, 9, and 11 reported the following rates of victimization:

|        | 7    | 9    | 11   |
|--------|------|------|------|
| Male   | 4.6% | 5.0% | 6.6% |
| Female | 2.5% | 5.9% | 7.3% |

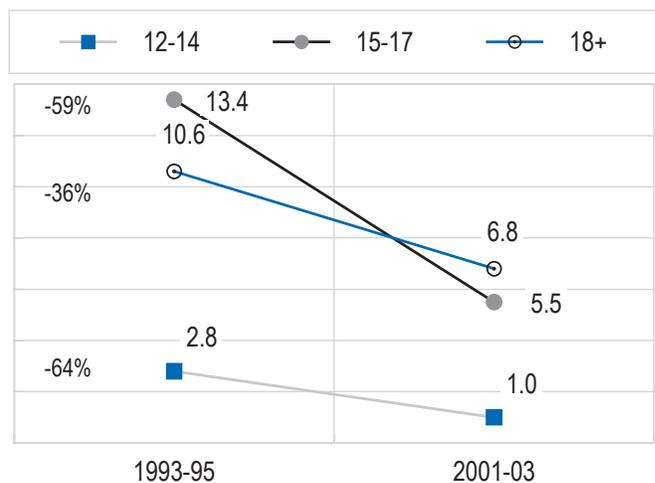
Source: 2004 Santa Barbara California Healthy Kids Survey

**Resources**

National Coalition Against Domestic Violence; [www.ncadv.org](http://www.ncadv.org)

California Alliance Against Domestic Violence (CAADV)  
[www.caadv.org](http://www.caadv.org)

Domestic Violence Solutions for Santa Barbara County  
[www.dvsolutions.org](http://www.dvsolutions.org)



**National Youth Homicide Victimization Down Dramatically**

(Rates per 100,000, three-year averages)

Source: Katarina Baum (August, 2005). Juvenile victimization and offending, 1993-2003. Bureau of Justice Statistics, Special Report, NCJ 209468.

# *Juvenile Justice*

## *Introduction*

### *How do justice and law-enforcement outcomes relate to positive outcomes for our community?*

In Santa Barbara County, juveniles who are arrested for any offense are referred to the Santa Barbara County Probation Department. These juveniles are assessed for their strengths and assets as well as their risk to re-offend. Based on this assessment, juveniles are provided the appropriate level of preventative, intervention, or detention and treatment services. The goal of these services is to reduce the likelihood that the juveniles will re-offend.

### *What are the indicators we are using to measure juvenile justice outcomes?*

1. Youth referred to Probation Department
2. Juvenile Probation placements in detention, treatment, or residential settings
3. Arrest rates, program completion rates and new law violation rates

### *Why are these indicators important?*

**Youth referred to Probation Department**—Children and youth referred to the Probation Department that are assessed for strengths and risks are more likely to receive appropriate prevention, intervention, or treatment services that will reduce the likelihood of further involvement with the justice system. Referrals of less serious offenses such as status offenses and violations of local ordinances means the youth are receiving intervention at an earlier level thus reducing the likelihood for committing more serious offenses in the future.

**Juvenile Probation placements in detention, treatment or residential settings**—Children who are placed in treatment, detention or residential settings because of the severity of their offense or treatment needs are more likely to return and/or remain in the community. In addition, reducing the rate of placement in foster and group homes as well as incarceration in the California Division of Juvenile Justice (formerly, California Youth Authority) means that prevention and intervention programs are working and that the costs to the public are being contained.

**Arrest rates, program completion rates and new law violation rates**—These indicators measure how well youth are faring in the juvenile justice system.

### *How are we doing in Santa Barbara County?*

- Referrals for more serious felony and misdemeanor offenses have been increasing at a slow rate over the past several years but the rate of referrals based on population of youth ages 10-17 is still at a 10-year low.
- Referrals for less serious status offenses and infractions and violation of local ordinances increased significantly over the past 10 years. Because Santa Barbara County Probation assesses and responds to these youth, intervention at an earlier stage is provided. Many counties do not even accept referrals for these types of offenses.
- Placement rates into group and foster homes and into the California Division of Juvenile Justice (CDJJ) are at all time lows and are below the statewide placement rates for all California Probation Departments.
- The juvenile felony arrest rate has declined 48% in Santa Barbara County over the past ten years. It was 5% below the statewide average felony arrest rate in 2004.

### *What can we do to make a difference?*

Santa Barbara County has been effective in reducing juvenile crime in our community in recent years. This success can be largely attributed to the spirit of collaboration that has been carefully cultivated among city and County agencies and community-based organizations. By embracing the values and principals of collaboration, the County has been able to be responsive to emerging issues and gaps in services within the juvenile justice system, resolve problems cooperatively, and redirect resources as needed to address these issues. As we face new challenges in the coming years, the planning efforts of the Juvenile Justice Coordinating Council (JJCC), and specifically, the JJCC's 2005 Comprehensive Multi-agency Juvenile Justice Plan (Local Action Plan), will provide a blueprint for an effective multi-agency response to the needs of at-risk youth who find themselves involved in the juvenile justice system.



## Probation Referrals

### Indicator

Youth (under age 18) referred to the Probation Department.

### Definition

Juvenile referrals for felony, misdemeanor, status offenses, probation violations, infractions and violations of local ordinances. Individual youth can have more than one referral during the year.

### Findings

During 2004, there were 6,502 (with 2,300 first-time offenders) referrals of juveniles to Probation, up from 6,245 in 2003, but still below 6,806 in 1996 (recall that the County youth population has increased during the past 10 years). In terms of location, 61% of the total referrals were from North County and 39% were from South County. For felony and misdemeanor referrals, 64% were from North County and 36% were from South County. For status offenses and violations of local ordinances and infractions, 48% were from North County, whereas 52% were from South County.

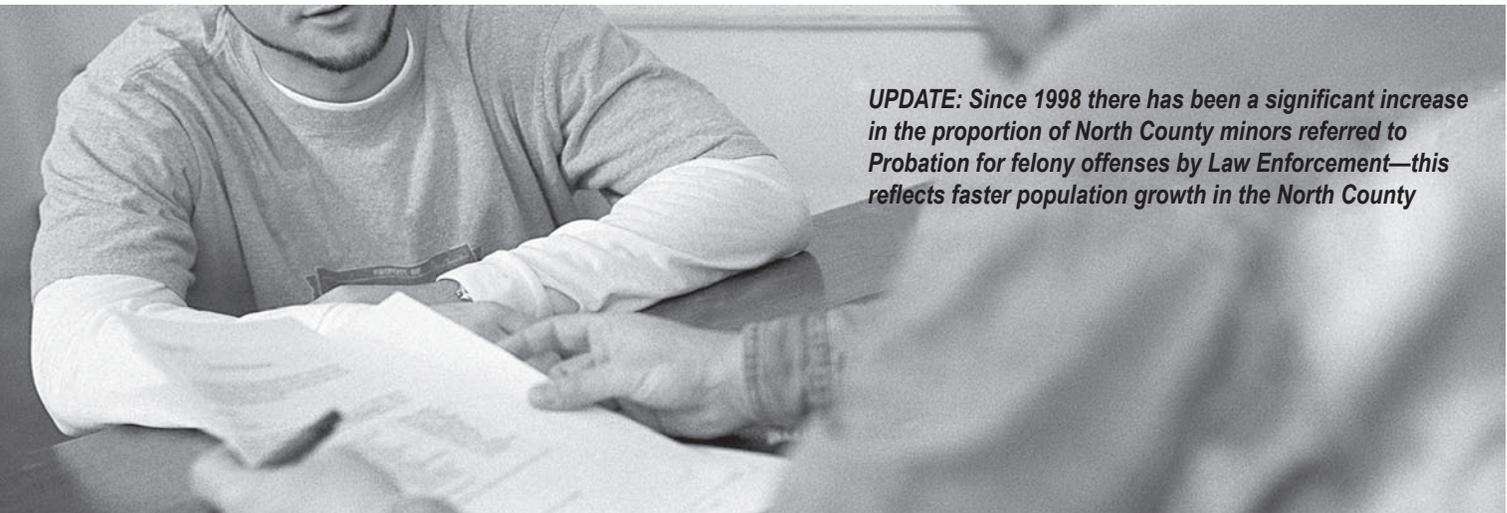
### Trends

After declining from 1996 to 2001, total referrals are up 11.5% since then, at least partially affected by population growth of youth ages 10 to 17. Felony referrals declined rapidly through 2000, but have been rising slowly over the past three years. Referrals for status offenses, violations of local ordinances, and infractions have increased 250% since 1994 at a steady rate.

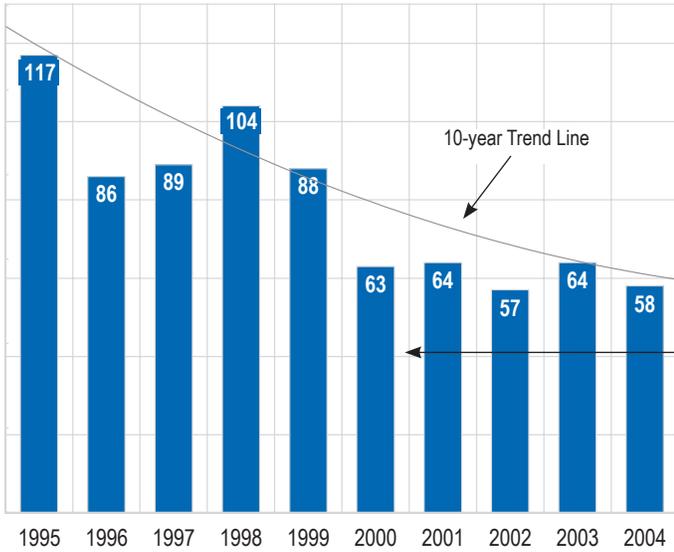
### Summary and Implications

In 2000, after a five-year decline, total referrals of youth began to increase. Referrals for more serious felony offenses have shifted significantly, with North County having 80% of felony referrals (with 65% of the youth-age population) in 2004. On the other hand, throughout the past nine years, referrals from law enforcement for the more minor status offenses, local ordinances, and infractions have steadily increased, with 52% of those referrals taking place in South County.

Santa Barbara County's neighborhood-based, juvenile justice system has seen the fruits of its efforts to provide more collaborative and intense family-focused early intervention, treatment, and aftercare services over the past eight years. During this time, law enforcement has been able to focus more attention on intervening with youth at an earlier age and with less serious offenses. As a result, the arrest rate of juveniles for serious offenses has dropped significantly in Santa Barbara County and expensive placements into group homes and the California Division of Juvenile Justice have decreased, despite the steady growth of the juvenile population. With the reduction in grant funding for juvenile justice programs over the past two years, unfortunately those positive trends are beginning to reverse.



**UPDATE: Since 1998 there has been a significant increase in the proportion of North County minors referred to Probation for felony offenses by Law Enforcement—this reflects faster population growth in the North County**



Probation-initiated foster and group home placements have decreased 50% since 1995 and have stabilized since 2000

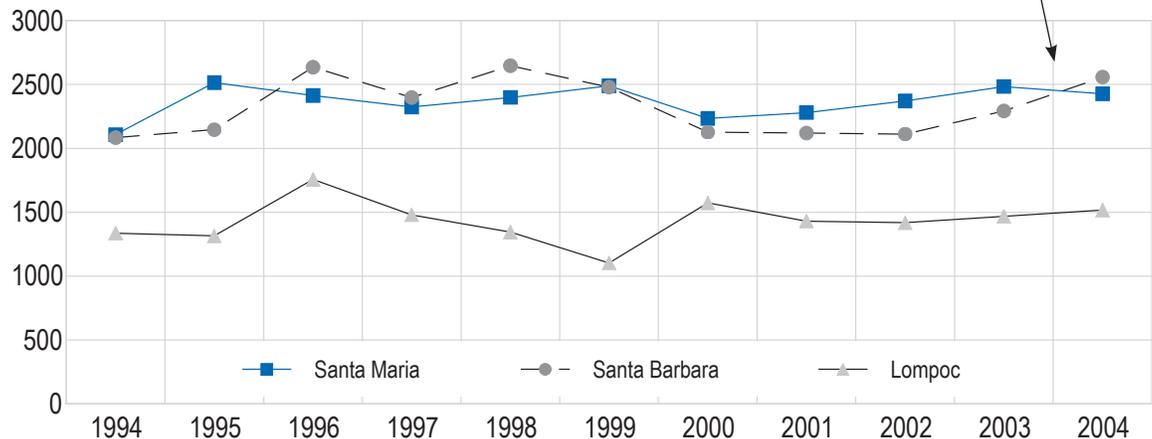
Probation-Initiated Foster and Group Home Placements



**UPDATE:** Felony referrals in the North County were 60.7% of the total in 1998 and 80% in 2003  
 Felony referrals have been rising slowly over the past four years

Total referrals have risen 5% over the past three years

Santa Barbara County Juvenile Probation Total Referrals by Area



|               |       |              |              |       |       |       |       |       |       |       |       |
|---------------|-------|--------------|--------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Santa Maria   | 2,108 | <b>2,515</b> | 2,414        | 2,324 | 2,399 | 2,490 | 2,235 | 2,280 | 2,371 | 2,484 | 2,427 |
| Santa Barbara | 2,084 | 2,146        | <b>2,635</b> | 2,398 | 2,647 | 2,479 | 2,127 | 2,120 | 2,112 | 2,293 | 2,558 |
| Lompoc        | 1,337 | 1,315        | <b>1,757</b> | 1,480 | 1,345 | 1,104 | 1,574 | 1,431 | 1,418 | 1,468 | 1,517 |

Probation Placements

Indicator

Juveniles in Probation day treatment, detention and residential treatment.

Definition

Commitments and average populations at Counseling and Education Centers (CEC's), Santa Barbara Juvenile Hall (SBJH), Santa Maria Juvenile Hall (SMJH), Los Prietos Boys Camp (LPBC), Tri-Counties Boot Camp (now renamed Los Prietos Boys Academy, LPBA), foster and group homes, and the California Division of Juvenile Justice (CDJJ).

Findings

The average daily population of boys from Santa Barbara County at LPBC and LPBA during 2004 was 62, compared to 59 the previous year. In 2004, the average daily population of youth at the SMJH and SBJH was 83.4, compared with 90.0 in 2003. The average monthly number of youth under commitment to the CEC's increased from 75.0 in 2003 to 77.8 in 2004.

A Success Story

Youth Homicides Drop Dramatically Across the USA

Since 1993, the rate of homicides by teens has dropped significantly. The rate for youth ages 12 to 14 declined by 68%, and the decrease was even higher, at 71% for youth ages 15 to 17. During the same time, homicides by adults ages 18 and higher declined by 32%.

Source: Katarina Baum (August, 2005). Juvenile victimization and offending, 1993-2003. Bureau of Justice Statistics, Special Report , NCJ 209468.

During 2004, the average number of youth in foster and group home placements was 58, down from 64 the previous year and down from an all-time high of 117 in 1995.

During 2004, only four youth were committed to the CDJJ. This is the lowest annual number of youth committed in the last 10 years, which compares with the all-time high at 36 youth in 1994. During this 10-year period, the rate of commitment to the CDJJ from Santa Barbara County has dropped 91%, while the statewide rate has dropped 75%.

Trends

Since 1995, the number of youth committed to the CDJJ and out-of-home placements at group and foster homes is on a downward trend. Juvenile Hall, Camp, and CEC commitments increased through 1998, decreased through 2001 and have been increasing slowly since then.

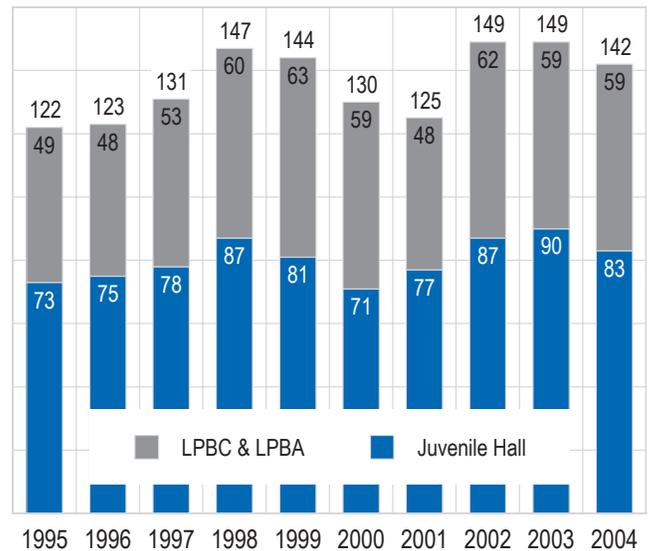
The average number of youth in foster and group home placements (as well as bed days used) has dropped 50% since 1995. The gender composition during that same time has gone from 22% female in 1995 to 33% female in 2004.

The average number of Santa Barbara County youth in Camp and Juvenile Halls peaked at 143 in 1998, decreased to 124 in 2001, and increased back to 143 this past year.

Summary

The Santa Barbara County Probation Department and their collaborative partners have strongly emphasized maintaining youth in their own homes and communities over the past eight years. This philosophy, supported by grants and collaborative prevention and early intervention programs, has contributed to reduced criminal offenses by youth and reduced usage of out-of-home placements. The County's rate of placement of youth continues to be one of the lowest in California.

Number and Type of Probation Placements



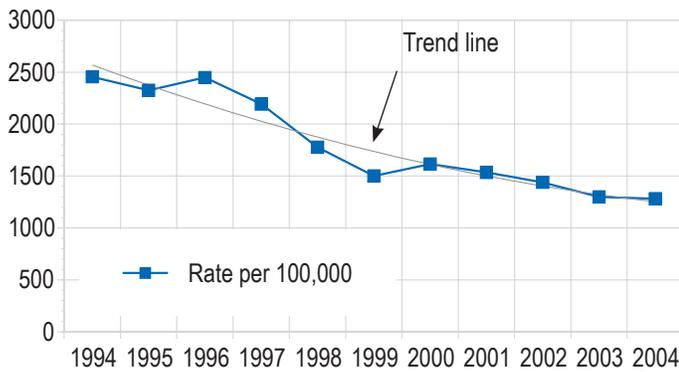
LPBC = Los Prietos Boys Camp (LPBC); LPBA = Los Prietos Boys Academy, LPBA)

## Special Highlight: Three Indicator's of Positive Juvenile Justice Outcomes

### 1. Juvenile Arrest Rates

For the past 10 years, juvenile involvement in more serious crime in Santa Barbara County has declined significantly and is reflected by a 48% decrease in the felony juvenile arrest rate, as shown in Figure 1.

Figure 1: Juvenile Felony Arrest Rate 1994-2004  
(2002 and 2003 are estimates due to missing data from Santa Maria)  
Source: CA Attorney General



### 2. Juvenile Probation Program Graduation Rates

Research indicates that youth who successfully complete assigned programs as part of their probation requirements have a lesser likelihood of re-offending. Graduation rates are affected by the assessed risk levels. Youth with higher risk scores normally have lower successful graduation rates. Also, the criteria that programs set for successful graduation will affect the graduation rate. Regardless of the specific graduation rates, the Probation Department sets goals to increase youth successful graduation rates. Table 1 shows successful completion rates in FY 04-05 for various probation programs.

| Table 1: Graduation Rates from Juvenile Probation Programs | Number of Youth Exiting Program | Successful Graduation Rate |
|--|---------------------------------|----------------------------|
| Los Prietos Boys Camp                                      | 87                              | 88%                        |
| Teen Court   | 545                             | 85%                        |
| Los Prietos Boys Academy                                   | 76                              | 75%                        |
| Probation Supervision                                      | 803                             | 75%                        |
| Community Service Work                                     | 570                             | 75%                        |
| Restitution  | 224                             | 67%                        |
| Early Intervention   | 178                             | 46%                        |
| Counseling & Education Centers                             | 172                             | 41%                        |
| Juvenile Drug Court  | 44                              | 39%                        |

### 3. New Law Violation Rates

One measure of recidivism that Probation tracks is the percentage of any new offense referrals on first time offenders within one year from their first referral. Of 2,356 first-time offenders referred to the Probation Department, during October 2003 through September 2004, 76% were not re-referred back to the Probation Department for any subsequent felony, misdemeanor, or infraction offense during one year following the Probation Department's first intervention.

Even though youth successfully complete programs, some will subsequently commit new offenses. Another important measure of recidivism is to look at the percentage of youth graduating from programs that are not re-referred back to Probation for a new felony arrest within six months of graduation. The Probation Department has an ongoing effort to increase the percentage of youth who do not re-offend. Table 2 shows post-graduation statistics for six programs.

| Table 2: Graduating Youth Who Are Not Re-referred or Arrested for a Felony | Number of Youth Graduating | Not Re-arrested |
|--|----------------------------|-----------------|
| Early Intervention   | 98                         | 99%             |
| Teen Court   | 350                        | 98%             |
| Counseling & Education Centers   | 79                         | 90%             |
| Los Prietos Boys Camp  | 81                         | 85%             |
| Out-of-Home Placement  | 33                         | 85%             |
| Los Prietos Boys Academy   | 55                         | 82%             |



# *Positive Youth Development*

## *Introduction*

### *How does positive youth development relate to positive outcomes for our community?*

Over the past 20 years, researchers have increasingly become interested in what conditions in children's lives buffer them from negative effects of life problems and that help promote healthy physical, social, academic, and emotional development. Landmark research conducted by Amy Werner has followed a group of children living on the island of Kauai for more than 40 years. What did Werner find? She found that many youth who experience life challenges such as poverty, abuse, and family difficulties, somehow find a way to avoid negative developmental outcome such as drug use and mental health problems. Most show "resilience" in the face of these challenges and live productive and reasonably satisfying lives. Werner's observations have been examined in many more studies. Of particular importance is that it has become more clear that these youth with "resilience" are not necessarily extraordinary. Some researchers have called resilience "ordinary magic" because most youth can be buffered against the negative effects of life problems if they have access to protective influences in their lives.

### *What are the protective influences that bolster resilience in youth?*

Researchers have looked for an identified conditions in children's lives that bolster resilience. In California, Bonnie Benard has synthesized this information to include both "Internal" and "External" factors. Internal protective factors are the child's personal assets that promote positive development. The External factors are those family, community, peer, and school resources that create a protective social context.

#### **Internal Assets**

*Cooperation and Communication*—social and emotional competence, able to relate well to others

*Empathy*—understanding and caring about others feelings

*Problem-Solving*—ability to plan and to creatively examine multiple perspectives before making a decision or taking action

*Self-Efficacy*—belief in one's ability to do what is needed to accomplish a task

*Self-Awareness*—knowing and understanding one's self (one's thinking, moods, feelings, strengths, and challenges)

*Goals & Aspirations*—having dreams, visions, and plans that focus the future

#### **External Resources**

*Caring Relations*—supportive connections to others in the student's life who model and support healthy development and well-being

*High Expectations*—the consistent communication of direct and indirect messages that the student can and will succeed responsibly

*Meaningful Participation*—involvement in relevant and engaging activities with opportunities for responsibility and contribution

In addition, the interplay of the Internal assets and External resources influence the child's beliefs about how closely they are connected to their community. Of particular importance is how closely they feel connected to their school.

### *Why are these positive youth development indicators important?*

In addition to knowing about the incidence of undesirable developmental outcomes such as substance use, antisocial behavior, and poor physical and mental health, communities need to know about the health and well being of their children. Parents and communities do not only want their children to be free of disease or problems, but to thrive, be happy, and live productive meaningful lives. By systematically gathering information about positive youth development, the Scorecard provides information about these positive outcomes and feedback to examine if the optimal nurturing conditions are present for the youth of our communities. Bolstering and enhancing Internal and External resources has been shown to reduce personal and social problems and to help children reach their dreams.

### *How are we doing in Santa Barbara County?*

- 64.5% of students in Grades 7, 9, and 11 reported “high” Internal assets
- 54.3% of students in Grades 7, 9, and 11 reported “high” External resources
- Females were more likely than males to report “high” Internal assets and External resources [see page 91]
- Younger students (Grade 7) were the most likely to report “high” Internal assets and External resources [see page 91]
- School connectedness was “high” for about 1 in 4 seventh graders, 1 in 6 ninth graders, 1 in 8 twelfth graders, and 1 in 10 students in alternative school settings. [See page 91]
- Youth who reported “high” Internal assets and External resources were much less likely to engage in high-risk behaviors (e.g., using marijuana) and more like to engage in healthy behaviors (e.g., daily physical exercise) [see page 92]

### **Adolescents with strong connections to their schools are less likely to engage in risk behaviors**

Source: “Wingspread Declaration on School Connections.” *Journal of School Health*, September, 2004. See also: <http://www.jhsph.edu/wingspread/Septemberissue.pdf%20>

Source: California Department of Education—*What Does Getting Results Say About Student Health, Supportive Schools, and Academic Success?* [www.ncrights.org/publications/pubs/safeplacetolearnrelease.pdf](http://www.ncrights.org/publications/pubs/safeplacetolearnrelease.pdf)

Source: Wested, California Healthy Kids Survey—*Health Risks, Resilience, and the Academic Performance Index*. [http://www.wested.org/pub/docs/chks\\_factsheets.html](http://www.wested.org/pub/docs/chks_factsheets.html)

### **Other Positive Youth Development Resources**

Source: California Healthy Kids Resilience Youth Development [http://www.wested.org/pub/docs/hks\\_resilience.html](http://www.wested.org/pub/docs/hks_resilience.html)

Source: Search Institute, 40 developmental assets; <http://www.search-institute.org/>

Source: UCSB Center for School-Based Youth Development; <http://www.education.ucsb.edu/csbyd>

Source: National Youth Development Information Center, <http://www.nydic.org/nydic/>

Source: Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs, R. F. Catalano et al. June 24, 2002, *Prevention and Treatment*, volume 5, article 15; <http://journals.apa.org/prevention/volume5/pre0050015a.html>



## Youth in the Workforce

### Indicator

Youth participating in Workforce Investment Act (WIA) educational and training programs.

### Definition

Funds are allocated for in-school and out-of-school projects at a state prescribed ratio. The Workforce Investment Board (WIB) awards funds on an annual basis to local community based organizations to provide WIA mandated youth educational and training services in the various geographic areas of the County. WIA provides a youth with an opportunity to meaningfully participate in and contribute to the community. Youth served must meet low income criteria and have specified barriers to education/employment. Mandated services are:

- Tutoring, study skills, and instruction
- Alternative secondary school services
- Summer employment opportunities
- Work experience
- Occupational skills training
- Leadership development
- Adult mentoring
- Follow-up services
- Comprehensive guidance and counseling
- Supportive Services

### Findings

In FY 2004-2005, 402 (up from 304 in 2003-2004) eligible participants were served in the WIA Youth Program. Of these participants, 84% were between the ages of 14-18, and 52% were female. Ninety-nine percent of participants served were identified as having low income, 79% needed additional assistance, and 14% (compared to 2% the previous year) had limited English proficiency. Forty percent of 2004-2005 participants identified having a disability as a barrier to employment.

This past year, 18% of the WIA Youth participants served in FY 2003-2004 received public assistance. This was in the form of General Assistance, Social Security Supplemental Income, CalWORKs, Temporary Assistance to Needed Families (TANF), Refugee Case Assistance, or Food Stamps.

### Summary and Implications

In FY 2004-05, WIA youth programs were established in geographic areas throughout the County in an effort to meet the varying educational and training needs of County youth. Santa Ynez Valley People Helping People provided employment and training services to local rural in-school youth that are closely linked to the labor market. The City of Santa Maria has partnered with Women's Economic Ventures and Four Square Youth Programs to provide services to in-school youth in the Santa Maria Valley area. Out-of-school youth in the Santa Maria Valley were served by a program partnered by the City of Santa Maria, Center for Employment Training, and Four Square Youth Program. In the Lompoc Valley and Santa Ynez Valley, out-of-school youth were



supported by a program provided by Community Action Commission. In Lompoc, Santa Barbara, and Carpinteria the Santa Barbara County Education Office provided services to in-school youth. These efforts allowed WIA to serve 29% more youth in FY 2004-2005. Additionally, the WIA program was a mandated requirement that a year of follow-up assessment be provided to ensure that the services previously provided continue to support the youth. During 2004-2005, 515 youth received follow-up services.

**The federal Workforce Investment Act (WIA)**, which superseded the Job Training Partnership Act, offers a comprehensive range of workforce development activities through statewide and local organizations. Available workforce development activities provided in local communities can benefit job seekers, laid off workers, youth, incumbent workers, new entrants to the workforce, veterans, persons with disabilities, and employers. For WIA information in California, see <http://www.edd.ca.gov/wiarep/wiaind.htm>.

### 2003-2005 Workforce Investment Board Youth Participants

| Barriers to Employment, Participant Description, Outcomes  | Participants 2003-2004 | Participants 2004-2005 | Trend          |
|--|------------------------|------------------------|----------------|
| Total Number of Participants                               | 304                    | 402                    | 32% increase   |
| <b>Barriers to Employment</b>                              |                        |                        |                |
| Low Income   | 99%                    | 99%                    | stable         |
| Youth Needing Additional Assistance                        | 82%                    | 79%                    | small decrease |
| Basic Literacy Skills Deficient                            | 61%                    | 49%                    | decrease       |
| Disability   | 33%                    | 40%                    | small increase |
| Limited English Proficiency                                | 3%                     | 14%                    | increase       |
| Offender   | 13%                    | 19%                    | small increase |
| Pregnant/Parenting Youth                                   | 10%                    | 13%                    | small increase |
| Substance Abuse  | 6%                     | 9%                     | small increase |
| Single Parent  | 6%                     | 5%                     | stable         |
| Foster Youth   | 5%                     | 8%                     | small decrease |
| Worker Profiling/Reemployment Service Referral             | 1%                     | >1%                    |                |
| Homeless   | 1%                     | 2%                     |                |
| Runaway Youth  | 1%                     | >1%                    |                |
| <b>Educational Status of Participants</b>                  |                        |                        |                |
| Student, High School or Less                               | 67%                    | 65%                    | stable         |
| Student, Attending Post High School                        | >1%                    | 2%                     |                |
| Out of School, High School Drop Out                        | 17%                    | 24%                    | increase       |
| Out of School, High School Grad with employment difficulty | 15%                    | 8%                     | decrease       |
| Out of School, No Employment Difficulty                    | >1%                    | >1%                    |                |
| <b>Participant Outcomes</b>                                |                        |                        |                |
| Total Participants Exiting                                 | 233                    | 279                    |                |
| Entered Employment   | 26%                    | 23%                    | small decrease |
| Training Centered  | 12%                    | 10%                    | small decrease |
| Entered Post-Secondary Education                           | 5%                     | 8%                     | stable         |
| Entered Advanced Training                                  | >1%                    | 1%                     |                |
| Attained Recognized Certificate/Diploma/Degree             | 19%                    | 29%                    | increase       |
| Attained High School Diploma/GED                           | 41%                    | 13%                    | decrease       |
| Returned to Secondary School                               | 3%                     | 45%                    | large increase |



# Santa Barbara County Children's Scorecard

## California Healthy Kids Survey, Resilience Youth Development Module —Santa Barbara County Youth Grades 7, 9, and 11—

### Indicator

The presence of both personal skills and assets and access to social support resources for County youth.

### Definition

Resilience measures taken from the biennial administration of the California Healthy Kids Survey (CHKS), Resilience Youth Development Module (RYDM). Specifically, the Internal Assets, External Assets (Resources), Caring Relationships, High Expectations, and School Connectedness subscales. This information draws from student responses to the fall 2004 countywide administration of the CHKS, conducted by the school districts that receive Safe and Drug-Free Schools and Communities (SDFSC) and/or Tobacco-Use Prevention Education (TUPE) funds. In 2004, 17 (out of 21) school districts participated in the CHKS. The CHKS, a self-report measure, was administered to students in Grades 7, 9, and 11. Usable responses were obtained from 10,185 students, with 5,195 (51.0%) females and 4,990 (49.0%) males. Note that smaller numbers for some items are due to non-responses.

### Findings

On whole, County youth reported moderate to high levels of internal and external assets, with generally positive perceptions of having access to caring interpersonal relationships that were characterized by setting high expectations for the students' performance. In addition, females and younger students were more likely to report having high internal assets and external resources.

### Trends and Patterns

The fall 2004 administration was the first time that a large sample of County youth completed the RYDM. The next administration will be in the fall of 2006. This past year, the patterns of healthy and risk behaviors associated with deferring levels of assets is shown on the following pages. When available, trend data will be reported.

### Summary and Implications

Students who reported higher level of internal and external assets were much more likely to also report better school performance, better health habits, and lower rates of substance use and personal-social challenges. Efforts to enhance students' sense of connections and engagement to school have the potential to reduce the incidence of risky behaviors.

### How is "school connectedness" measured?

Scale used in the National Study of Adolescent Health

It is the average response to the following questions:  
How strongly do you agree or disagree with the following statements about your school?

I feel close to people at this school.

I am happy to be at this school.

I feel like I am part of this school.

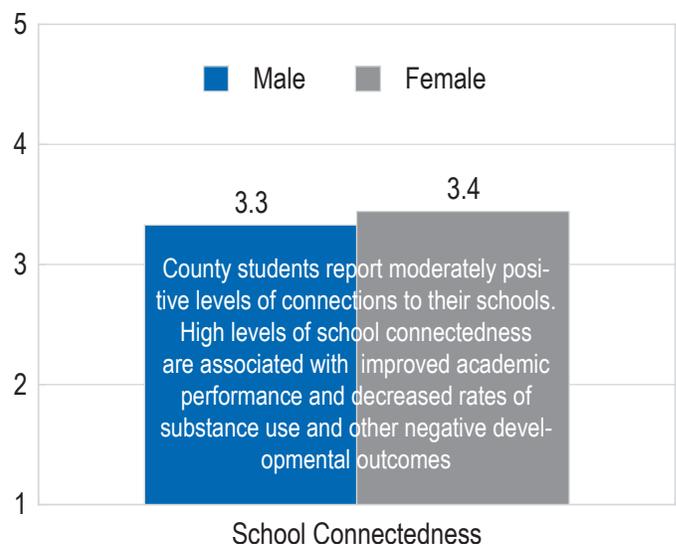
The teachers at this school treat students fairly.

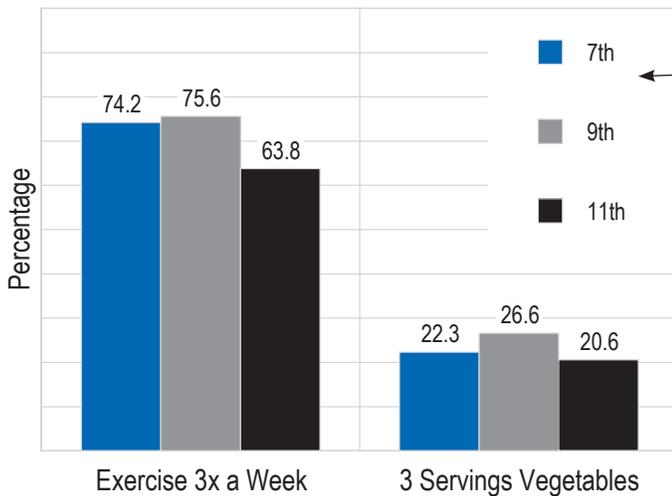
I feel safe in my school.

5-point response scale (Strongly disagree, disagree, neither disagree nor agree, agree, strongly agree). Average items scores of 4.0 or higher (above between "agree" and "strongly agree") are considered to fall into the "high" range.

See the September 2004 issue of the Journal of School Health  
[http://www.ashaweb.org/journal\\_schoolhealth.html](http://www.ashaweb.org/journal_schoolhealth.html)  
and the 2003 issue of the California School Psychologist  
<http://www.education.ucsb.edu/schpsych/CSP-Journal/>  
for more information on the importance of School Engagement/Connectedness

Average Response (1-5 scale) for School Connectedness Items (N = 9,993)





**CHKS Exercise and Diet Questions**

How many days in the past week did you exercise or do a physical activity for at least 20 minutes that made you sweat and breathe hard? (For example, basketball, soccer, running, swimming laps, fast dancing or similar aerobic activities.)

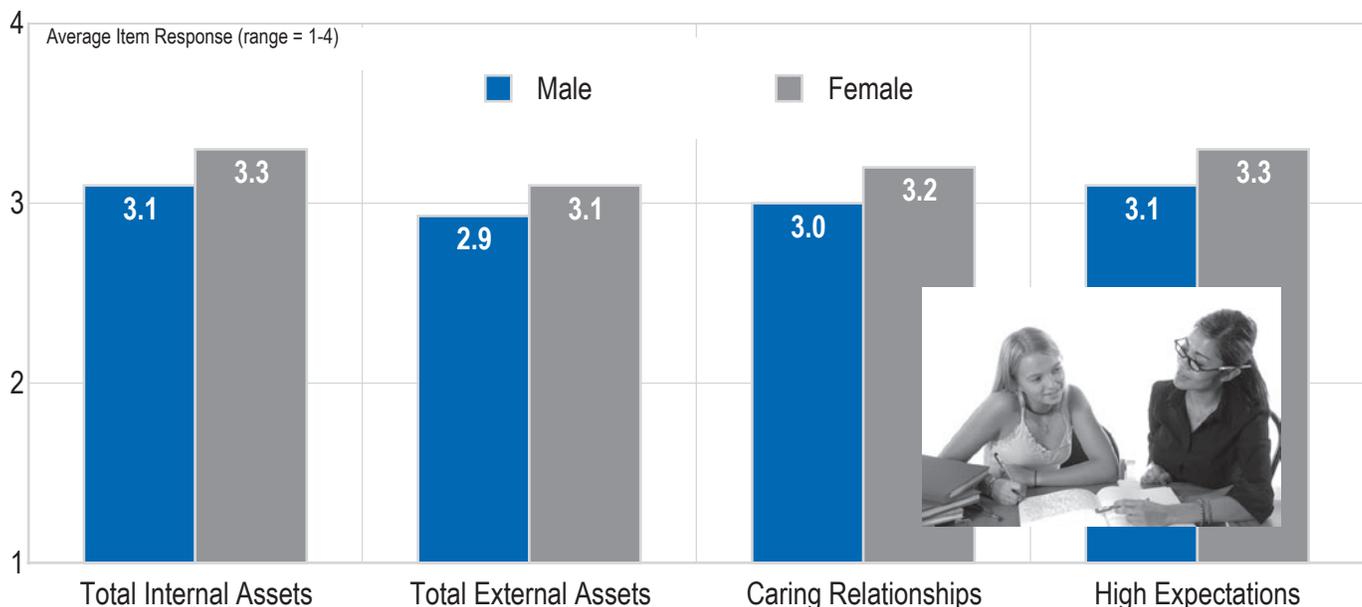
During the past 24 hours (yesterday), how many times did you... Eat vegetables? (Include salads and nonfried potatoes.)

Percentage of Students in Grades 7, 9, and 11 Who Gave *High\** Ratings on the Resilience Factors of the California Healthy Kids Survey (Fall 2004 Administration)

| Resilience Factors   | Grade 7          |                    | Grade 9          |                    | Grade 11         |                    | Non-Traditional |                  |
|--|------------------|--------------------|------------------|--------------------|------------------|--------------------|-----------------|------------------|
|  | Male (N = 1,873) | Female (N = 1,972) | Male (N = 1,572) | Female (N = 1,621) | Male (N = 1,204) | Female (N = 1,391) | Male (N = 341)  | Female (N = 211) |
| High in Internal Assets (see sidebar following pages)      | 67.2%            | 76.0%              | 53.4%            | 67.4%              | 60.6%            | 72.9%              | 34.0%           | 51.1%            |
| High in External Assets (see sidebar following pages)      | 59.4%            | 67.4%              | 44.3%            | 53.4%              | 49.0%            | 60.5%              | 28.8%           | 31.8%            |
| High in Caring Relationships (see sidebar following pages) | 59.9%            | 69.7%              | 47.2%            | 58.1%              | 54.1%            | 65.4%              | 41.8%           | 50.3%            |
| High in High Expectations (see sidebar following pages)    | 69.2%            | 77.7%              | 57.1%            | 63.0%              | 58.0%            | 70.6%              | 40.6%           | 44.2%            |
| High in School Connectedness (see sidebar on left)***      | 24.0%            | 27.5%              | 14.7%            | 15.9%              | 13.4%            | 12.9%              | 7.2%            | 11.7%            |

\* The resilience factors use a 4-point response scale and "high" was an average response of 3.01 to 4.0. \*\* The school connected scale uses a 5-point response scale.

Average Resilience Factor Scores (1-4 range) of Students in Grades 7, 9, and 11



Note. These scores are the average response for each item. The range of responses was from 1 to 4. See the table on page 93 for more information on the Resilience Youth Development Module.

# Santa Barbara County Children's Scorecard

## Santa Barbara County California Healthy Kids Survey (CHKS)–2004 –Selected Findings for Students in Grades 7, 9, and 11–

### Percent of Students Reporting Selected Positive and Risk Behaviors by Low, Moderate, and High **Internal Assets** (see examples on page 93)

| Reported Health and Risk Behaviors                    | Low Assets<br>(N = 334) | Moderate Assets<br>(N = 2,198) | High Assets<br>(N = 4,600) |
|---|-------------------------|--------------------------------|----------------------------|
| Exercise at least one hour 3+ days in past week       | 58.7%                   | 62.7%                          | 75.5%                      |
| Vegetables 3+ times in past day                       | 22.5%                   | 21.3%                          | 29.6%                      |
| Any tobacco use in past month                         | 26.1%                   | 20.5%                          | 7.6%                       |
| Any marijuana use in past month                       | 31.0%                   | 22.6%                          | 9.8%                       |
| Any alcohol use in past month                         | 40.1%                   | 38.3%                          | 24.1%                      |
| Binge Drinking (5+ drinks in 2 hours in past 2 weeks) | 27.1%                   | 22.4%                          | 12.4%                      |
| Sad past year (see note)                              | 41.1%                   | 39.8%                          | 26.6%                      |
| High School Connections (see page 90)                 | 4.6%                    | 30.8%                          | 64.6%                      |
| A's or Mostly A & B grades in school courses          | 33.4%                   | 35.6%                          | 60.9%                      |

Note. Derived from the 2004 administration of the CHKS in Santa Barbara County. Depression was measured with this item: During the past 12 months, did you ever feel so sad or hopeless almost everyday for two weeks or more that you stopped doing some usual activities? (A) No; (B) Yes.



### **Definition: Low, Moderate, and High Resilience Scores**

The values (4, 3, 2, 1) attached to each response option were averaged, and then the following score categories were derived.

High = students with average item response above 3.0

Moderate = students with average item response of at least 2.0 to 3.0

Low = students with average item response below 2.0

### Percent of Students Reporting Selected Positive and Risk Behaviors by Low, Moderate, and High **External Resources** (see examples on page 93)

| Reported Health and Risk Behaviors                    | Low Resources<br>(N = 396) | Moderate Resources<br>(N = 2,698) | High Resources<br>(N = 6,763) |
|---|----------------------------|-----------------------------------|-------------------------------|
| Exercise 3+ days in past week                         | 59.2%                      | 63.6%                             | 77.2%                         |
| Vegetables 3+ times in past day                       | 21.0%                      | 21.5%                             | 31.3%                         |
| Any tobacco use in past month                         | 23.0%                      | 18.4%                             | 6.7%                          |
| Any marijuana use in past month                       | 32.0%                      | 21.6%                             | 8.1%                          |
| Any alcohol use in past month                         | 42.9%                      | 37.2%                             | 21.7%                         |
| Binge Drinking (5+ drinks in 2 hours in past 2 weeks) | 27.6%                      | 21.8%                             | 10.6%                         |
| Sad past year (see note)                              | 42.1%                      | 39.8%                             | 24.0%                         |
| High School Connections (see page 90)                 | 0.6%                       | 12.0%                             | 87.4%                         |
| A's or mostly A & B grades in school courses          | 29.1%                      | 37.7%                             | 65.3%                         |

Note. Derived from the 2004 administration of the CHKS in Santa Barbara County. Depression was measured with this item: During the past 12 months, did you

*A Perspective on the Resilience Patterns of Santa Barbara County Students in Grades 7, 9, and 11*

Students who report high levels of their own internal assets or external resources have much lower rates of reported risk behaviors, particularly using tobacco and marijuana. In addition, they are less likely to engage in binge drinking. Although high assets and resources can serve as buffers against risky behaviors, it is not true that a majority of the students with low assets and resources engage in risky behaviors. This is most likely due to a variety of other factors, but one plausible explanation is that students with low assets/resources who also have multiple challenging life circumstances and do not engage in risky behaviors may have access to other resilience elements not directly measured by the CHKS. Research advancements will continue to develop a more complete understanding of resilience and how it buffers youth against developmental problems and promotes their positive development.

*Note: Reports for each school district in Santa Barbara County and throughout the state are available at: [http://www.wested.org/pub/docs/hks\\_results.html](http://www.wested.org/pub/docs/hks_results.html)*

**Assets and Resources of County Youth**

**Internal Assets**

|          |       |
|----------|-------|
| Low      | 4.7%  |
| Moderate | 30.8% |
| High     | 64.5% |

**External Resources**

|          |       |
|----------|-------|
| Low      | 5.9%  |
| Moderate | 39.9% |
| High     | 54.3% |

*California Healthy Kids Survey  
Resilience Youth Development Module Subscales  
and Sample Items*



A flyer and other resources for the California Healthy Kids Survey, Resilience Youth Development Module are available from WestEd. Source: [http://www.wested.org/pub/docs/hks\\_resilience.html](http://www.wested.org/pub/docs/hks_resilience.html)

| Resilience Source                                    | Research-Based Protection Element   | CHKS Resilience Youth Development Module  |
|--|---|---|
| School Resources<br>Home Resources<br>Peer Resources | Caring Relations<br>High Expectations<br>Meaningful Participation                                   | <b>Examples:</b> One per subscale presented in order<br>Who notices when I'm not there.<br>Who believes that I will be a success.<br>I help decide things like class activities or rules.   |
| Internal Youth Assets                                | Cooperation<br>Empathy<br>Problem-Solving<br>Self-Efficacy<br>Self-Awareness<br>Goals & Aspirations | <b>Examples:</b> One per subscale presented in order<br>I enjoy working together with other students my age.<br>I feel bad when someone gets their feelings hurt.<br>I know where to go for help with a problem.<br>I can do most things if I try.<br>I understand my moods and feelings.<br>There is a purpose to my life. |

Note. The CHKS includes a group of items that are called the Resilience Youth Development Module. The content area and examples of the RYDM are listed in this table. By self-report to support and encourage positive developmental outcomes. For more information, see [http://www.wested.org/pub/docs/hks\\_resilience.html](http://www.wested.org/pub/docs/hks_resilience.html)

*Notes*

## *Notes*

*Notes*



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