

SANTA BARBARA COUNTY 2006

Children's Scorecard

KIDS Network
First 5 Commission of Santa Barbara County
Gevirtz Graduate School of Education

WITH THE GENEROUS SUPPORT OF OUR PARTNER AGENCIES, THE KIDS NETWORK HAS PRODUCED THE CHILDREN'S SCORECARD ANNUALLY SINCE 1994..



Collaboration. Partnership. Vision

KIDS Network
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.

UCSB
Gevirtz Graduate School of Education

...the Center for School-Based Youth Development helps to produce this annual scorecard. 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
Commission of Santa Barbara County

...was established in February 1999 to plan and oversee funding derived from in Proposition 10 allocations 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. In 2006, the Commission updated and refined its strategic plan through 2011.

"On behalf of the KIDS Network, I would like to thank our data contributors, as well as Mike Furlong and Elena Lilles from the UCSB Graduate School of Education for their many hours of work in creating this document. I hope that this new edition of the Scorecard will be useful in identifying critical issues facing children and families in Santa Barbara County, and that the information contained herein will serve as a basis for discussing and developing effective policy solutions." Katharina Zulliger, KIDS Network Coordinator



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 inform public policy that supports our community's children, youth, and families. The Children's Scorecard database is issued annually. This information provides one element of many 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.

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.



Domains and Indicators

1. Santa Barbara County Population	4
2. Children are Born Healthy and Thrive During the Preschool Years	
• Prenatal care of expectant mothers	6
• Infant mortality rate	7
• Low and very low birth weights	8
3. Children and Adolescents are Healthy	
• Immunization of children.....	10
• Infectious diseases	12
• Children’s need for and access to dental care	14
• Overweight and fitness.....	16
4. Children Enter School Ready to Learn	
• First 5 School Readiness Initiative	19
5. Children Succeed in School	
• Public school attendance.....	20
• Truancy interventions and results	22
• Children receiving special education services	24
• Basic academic skills of county students.....	26
6. Children Live in Safe and Supportive Families	
• Children of parents who do not live together receive financial support from both parents.....	30
• Referrals to Child Welfare Services	32
• Children and women using Domestic Violence Solutions shelter services	34



7. Children are Raised in Environments that Foster Optimal Development

• Families receiving CalWORKs cash assistance	36
• Need and supply for child care	38
• Quality of child care programs	40
• Cost of child care	42
• Juvenile probation day treatment, detention, and residential placements.....	44
• Dependent children in foster care and availability of out-of-home placements	46
• Resilience: External resources in family, community, and school.....	48

8. Youth Choose Healthy Behaviors

• Tobacco and other substance use and associated risk behaviors.....	50
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9. Youth are Socially and Emotionally Competent

• Youth referred to Probation Department.....	52
• Resilience: Internal resources and personal assets.....	54
• Children referred for county mental health services.....	56

10. Youth Successfully Transition to Adulthood

• High school graduation and dropout rates	58
• Births to teen mothers	60
• Youth in the workforce.....	62



Section 1: Population

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
Solvang	5,429	-0.2

Source: UCSB Economic Forecast Project

Population of Children in the County

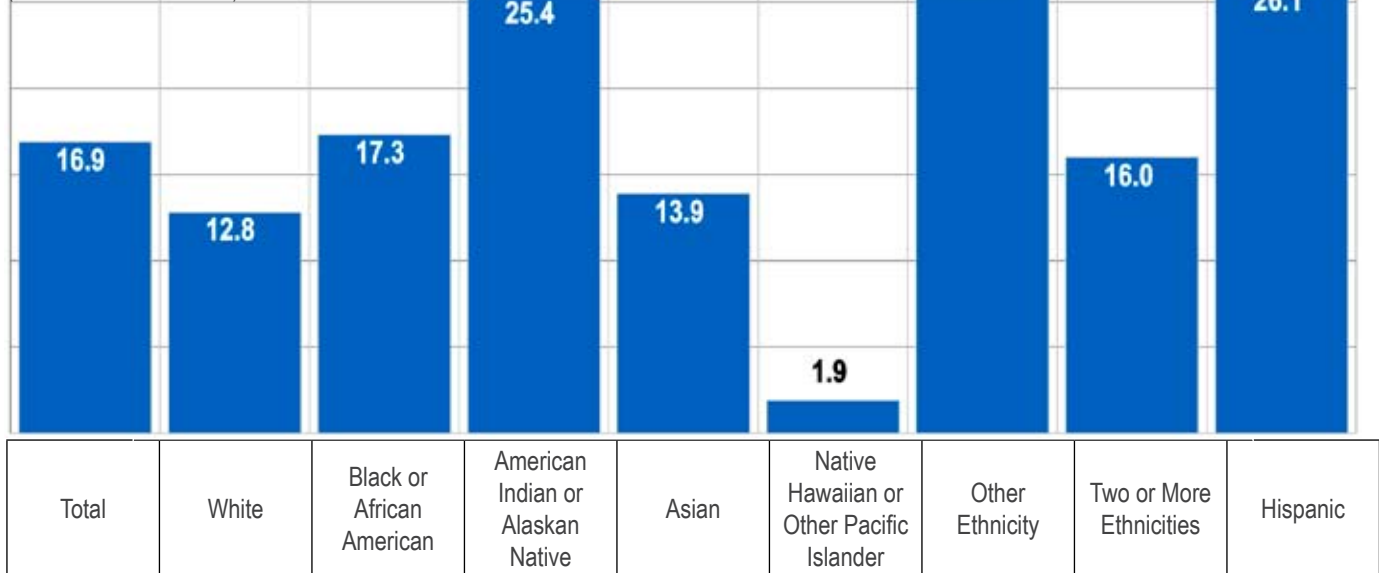
Percentage of Population Living Under the Poverty Level

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 County Children Living in Poverty

Source: Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 3 (Tables P87 & P159A-P159H)



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



Section 2: Children are Born Healthy and Thrive During Preschool Years

Prenatal Care

Indicator

Prenatal care of expectant mothers.

Why is this Indicator Important?

Prenatal care starts at preconception. Preconception screening and counseling offer the opportunity to identify and mitigate maternal risk factors before pregnancy begins. After conception, early and continued prenatal care is most effective. Prenatal care includes risk assessment, treatment for medical conditions, and education. Effectively managing identified conditions and implementing interventions for risk factors contributes to reductions in poor outcomes for both the mother and baby.

Findings

In 2005, 81.2% (4,820) 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 2004, nationally, 84.0% of mothers received first trimester prenatal care. In California, in 2004, 85.6% began care in the first trimester.

In 2005, in the North County, 76.2% of mothers obtained first trimester care (down from 77.3% the previous year). In the Central County, 81.5% (down from 83.7%) had first-trimester care. In South County, 88.6% of mothers received first trimester care (up from 85.9%).

Trends and Comparisons

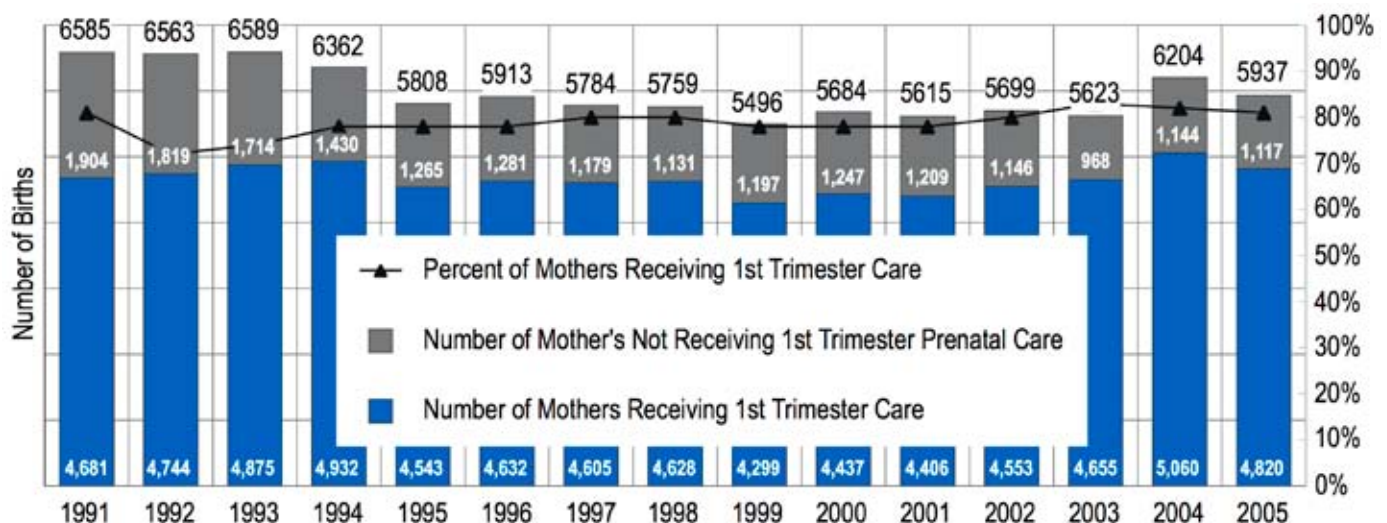
Prenatal care beginning in the first trimester of pregnancy was at its lowest level in Santa Barbara County in 1991 (71.4%) and at its recent highest in 2003 (83.0%).

The average percent of Santa Barbara County delivering mothers who begin prenatal care in the first trimester in 2001-2005 was 80.8%. We are still striving to meet 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, 1991–2005

Healthy People 2010 Goal = 90%



Infant Mortality Rate

Indicator

Infant mortality rate.

Why is this Indicator Important?

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). Infant mortality rate is an important measure of a nation's health and a worldwide indicator of health status and social well being. Infant death is a critical indicator of the health of a population. Further, it reflects the overall state of maternal health.

Santa Barbara Meeting National Goal

In 2004, Santa Barbara County's infant mortality rate was 4.50 per 1,000 live births.

The Healthy People 2010 goal for infant mortality rate is ≤ 4.50 per 1,000 live births.

Findings

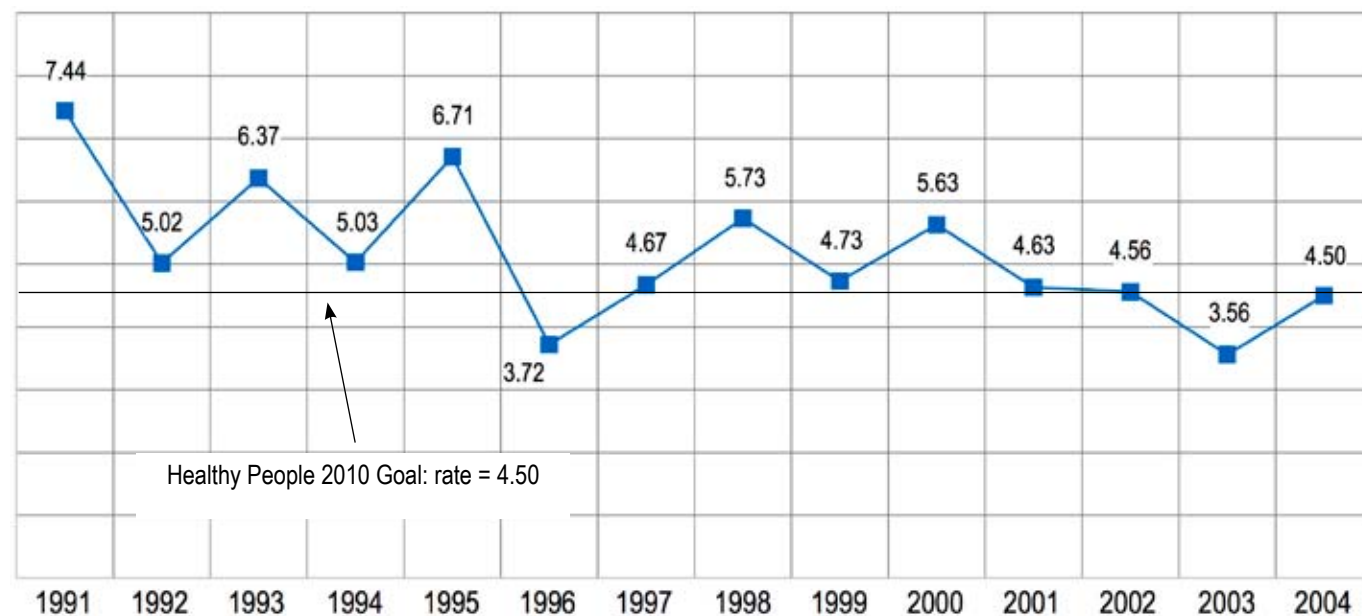
In 2004, the infant mortality rate was 4.5 per 1,000 live births. The Healthy People 2010 target is 4.5 per 1,000 live births.

Trends and Comparisons

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 5.2 per 1,000 in 2004 (same as 2003). The national infant mortality rate was 6.9 per 1,000 live births in 2003 (down from 7.0 in 2002).

Although the county rate is the same as 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 per 1,000 Live Births



Low and Very Low Birthweights

Indicator

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

Why is this Indicator Important?

Low birth weight is a major public health problem in the United States, contributing substantially both to infant mortality and to childhood disabilities.

Findings

In 2005, 5.6% (332) of babies born in the Santa Barbara County had LBW—this was a decrease from 6.7% in 2004. When examining the 2005 birth data by regions within our county, North County had 5.5% LBW babies (down from 6.4% in 2004), Central County had 5.9% (down from 7.3% in 2004), and South County had 5.5% (down from 6.7% in 2004). Looking at the 2005 birth data by race/ethnicity of the mothers, of all births to Hispanics, 5.8% were in the LBW category (down from 7.1% in 2004); for non-Hispanic Whites, 4.9% of the newborns had LBW (down from 5.7% in 2004).

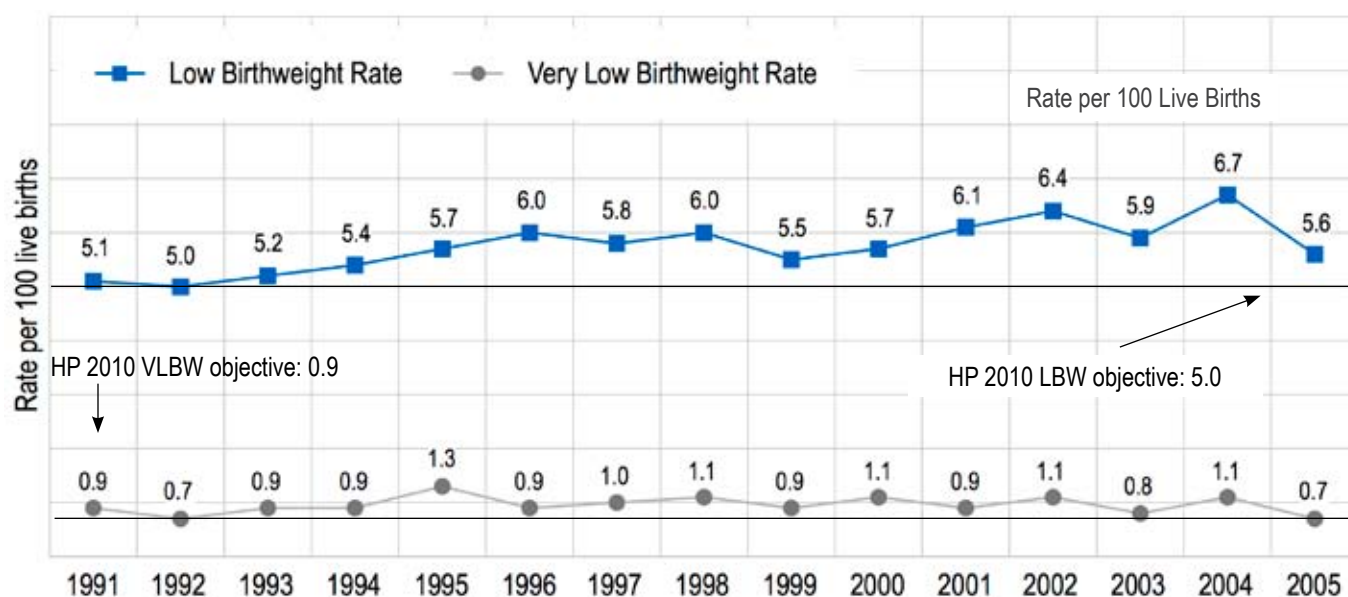
Santa Barbara County Below National Rates

In 2005, Santa Barbara County's low birthweight rate of 5.6% was below the national average of 8.2% in 2005.

During 2005, 0.7% (41) of all births were in the VLBW category. Because the number of VLBW babies is low, these rates are unstable and fluctuations from year-to-year can seem large. By Santa Barbara County region, North County had 0.7% VLBW babies (down from 1.1% in 2004), Central County had 1.2% (up from 1.0% in 2004), and South County had 0.5% (down from 1.2% in 2004).

Looking at the 2005 birth data by race/ethnicity of the mothers, of all births to Hispanics, 0.7% were in the VLBW category (down from 1.1% in 2004); for non-Hispanic Whites, 0.6% of the newborns had VLBW (down from 1.2% in 2004).

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



In 2005, 0.7% of infants had very low weight births, and 5.6% of infants had low weight births (down from 6.7% in 2004)

Low and Very Low Child Birthweights

Trends and Comparisons

From 1991-2005, 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 and 2005 to a high of 1.3% in 1995. The Healthy People 2010 goal for VLBW is 0.9%.

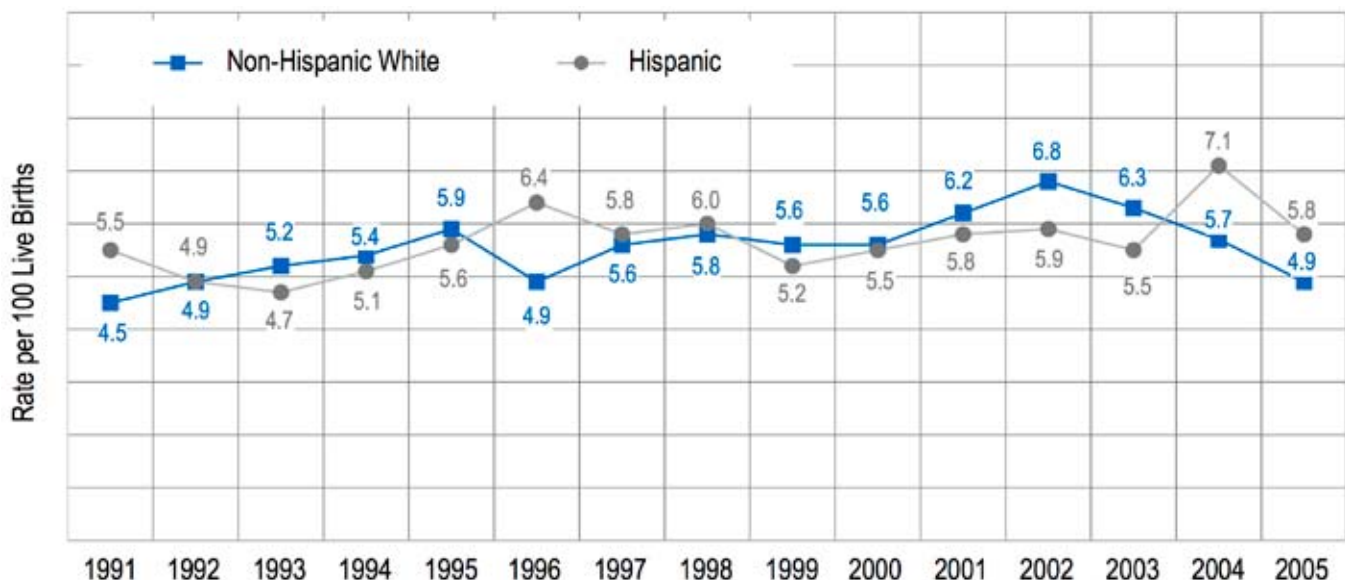
Low birthweight and very low birthweight rates continue to be monitored in Santa Barbara County. Although our county does better than the nation as a whole in birthweight categories, we still have room for improvement.

First 5 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 double the number of babies under age 1 who are eligible for Early Start services.



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



Immunization

Indicator

The percentage of children entering preschools and kindergartens who are fully immunized against the following diseases: polio, diphtheria, tetanus, and pertussis (DTaP vaccine), measles, mumps, and rubella (MMR vaccine) and hepatitis B (hep B vaccine). Hib vaccine (*Haemophilus influenzae* type b) is required for children enrolled in preschools or child-care facilities. Since July 2001, varicella immunization is also required for kindergarten and child care entry and for those children entering the California school system for the first time regardless of grade level. California School Law also requires an immunization review at seventh grade entry for Hepatitis B vaccine coverage and a total of two doses of MMR vaccine.

Why is this Indicator Important?

Vaccines are among the most successful and cost-effective public health tools available for preventing disease and death. They not only help protect vaccinated individuals from developing potentially serious diseases, they also help protect entire communities by preventing and reducing the spread of infectious agents.

Findings

Child care, preschool and kindergarten immunization assessments begin in the fall of each new school year. The Immunization Program conducts follow-up activities at various times throughout the school year for those children identified as not up-to-date at time of school or child care entry.

For the 2005-2006 school year, the final percentage of children in preschool who were fully immunized was 99.78%. The kindergarten percentage was 99.12%, not including 3.14% with filed exemptions. Factors that influence immunization rates include the following: family mobility, health care costs, changes in insurance coverage, the addition of new vaccines, and education about vaccines for people with personal-belief exemptions.

Trends and Comparisons

Today, children under two in the United States routinely get vaccines that protect them from 14 diseases. All of these diseases at some time in the past have been a serious threat to children in this country. Most of these diseases are at their lowest levels in history, thanks to years of immunization.

In February 2006, United States Food and Drug Administration (FDA) licensed a new, live rotavirus vaccine, RotaTeq, for use in infants. The Advisory Committee on Immunization Practices (ACIP) voted at their February 2006 meeting to recommend the routine use of the new vaccine as a three dose series in infants six weeks to 32 weeks of age.

Central Coast Immunization Registry

The Central Coast Immunization Registry (CCIR), a regional computerized database, can track the immunization records of children in Santa Barbara, San Luis Obispo and Ventura Counties. The registry is used to help doctors, schools and parents keep track of children's immunizations. The registry goals include increasing and maintaining vaccination coverage throughout the region and reducing the incidence of missed opportunities and over-immunization due to unavailability of an immunization history. For more information visit www.immunize4life.org.



The ACIP voted to recommend that a newly licensed vaccine Gardasil, the first vaccine developed to prevent cervical cancer, precancerous genital lesions and genital warts due to human papillomavirus (HPV) types 6, 11, 16, and 18 be routinely given to girls when they are 11 to 12-years-old. The ACIP recommendation also allows for vaccination of girls beginning at age 9, as well as vaccination of girls and women 13 to 26-years-old.

Immunization of Children

Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2006

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 years	11-12 years	13-14 years	15 years	16-18 years
Hepatitis B ¹	HepB		HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB	HepB Series			
Diphtheria, Tetanus, Pertussis ²	DTaP		DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP	Tdap	Tdap		
Haemophilus influenzae type b ³	Hib		Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib	Hib		
Inactivated Poliovirus	IPV		IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV	IPV		
Measles, Mumps, Rubella ⁴	MMR		MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR	MMR		
Varicella ⁵	Varicella		Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella	Varicella		
Meningococcal ⁶	MCV4		MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4	MCV4		
Pneumococcal ⁷	PCV		PCV	PCV	PCV	PCV	PCV	PCV	PCV	PCV	PCV	PPV	PPV		
Influenza ⁸	Influenza (Yearly)		Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)	Influenza (Yearly)		
Hepatitis A ⁹	HepA Series		HepA Series	HepA Series	HepA Series	HepA Series	HepA Series	HepA Series	HepA Series	HepA Series	HepA Series	HepA Series	HepA Series		

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2005, for children through age 18 years. Any dose not administered at the recommended age should be administered at any subsequent visit when indicated and feasible. ■ Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever

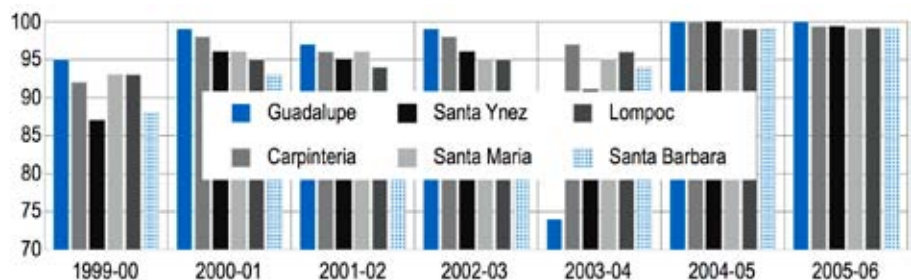
any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective ACIP statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

■ Range of recommended ages ■ Catch-up immunization ■ 11-12 year old assessment

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 1st 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 Santa Barbara County Children Immunized after Kindergarten Entry Follow-up



Guadalupe	95	99	97	99	74	100	100.00
Carpinteria	92	98	96	98	97	100	99.37
Santa Ynez	87	96	95	96	91	100	99.35
Santa Maria	93	96	96	95	95	99	99.00
Lompoc	93	95	94	95	96	99	99.19
Santa Barbara	88	93	88	88	94	99	99.13

Infectious Diseases

Indicator

The incidence of infectious diseases transmitted through person-to-person contact, among youth ages 17 and under. The number of cases of tuberculosis, chlamydia, gonococcal infection, and persons living with AIDS.

Why is the Indicator Important?

Infectious diseases remain major causes of illness, disability, and death. Moreover, new infectious agents and diseases are being detected, and some diseases once considered under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly in a variety of hospital- and community-acquired infections. These trends suggest that many challenges still exist in the prevention and control of infectious diseases. As more and more children participate in child care and preschool programs, their potential exposures to infectious diseases will increase.

Findings

Tuberculosis—In 2005, there were 26 newly reported cases of TB in the county, up from 18 in 2004. A majority of the 2005 cases involved adults age 18 or older. There were 3 confirmed new TB cases in the county involving persons under age 18. Almost 69% of all new TB cases involved males, down from almost 73% in 2004. Fifty-eight percent (15 cases) of all new TB cases involved individuals of Hispanic heritage. The long-term pattern between 1993 and 2005 shows a 68.3% decrease in the number of TB cases.

Sexually Transmitted Infectious Diseases

Chlamydia—A majority of the 1,059 cases reported in 2005 involved adults ages 18 or older (922, 87.1%), compared to 137 cases of chlamydia involving persons ages 0-17 (12.9%). Females comprised 787 of the cases (74.3%). When race/ethnicity was known, 536 cases involved individuals of Hispanic origin and 231 were White, non-Hispanic.

Gonococcal Infection—A majority of the 115 cases reported in 2005 involved adults ages 18 and older (93.0%), with only 4 cases of gonococcal infection involving persons ages 0-17 (7.0%). There were 63 males (54.8%) and 52 females (45.2%). Thirty-one of the cases involved individuals of Hispanic origin, and 24 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 2005.

Trends and Comparisons

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 and 2005, the counts returned to historical levels. There was an increase of gonococcal infection in the county in 2005, 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

13-year trend: 79% lower

Past year trend: 20% increase

South County

13-year trend: 42% lower

Past-year trend: 75% increase

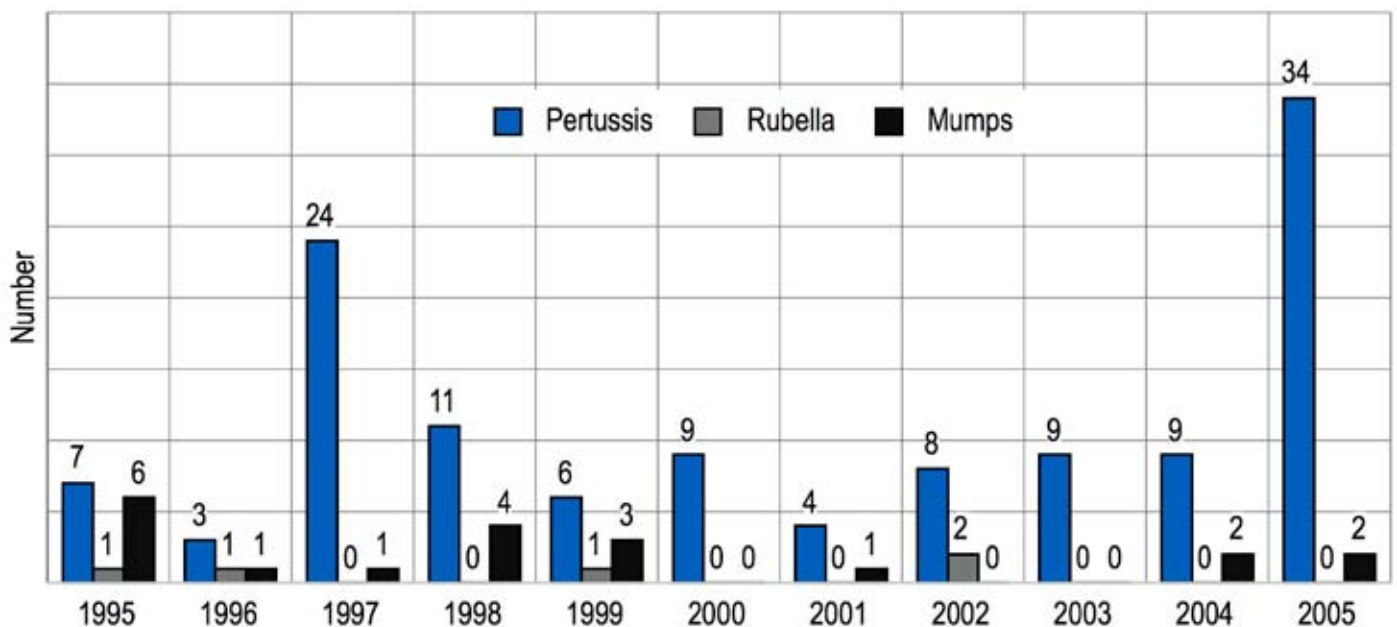
National Tuberculosis Trends

From 1993 through 2005, 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 2005 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, 2005. Atlanta, GA: U.S. Department of Health and Human Services, CDC, September 2005; <http://www.cdc.gov/nchstp/tb/surv/surv2005/default.htm>

Across the entire County, there was a 68% decrease in the number of new TB cases between 1993 and 2005

Reported Cases of Pertussis, Rubella and Mumps



Oral Health

Indicator

Children's need for and access to dental care.

Why is this Indicator Important?

Dental disease is a prominent health problem affecting as many as two-thirds of California's elementary school children by the time they reach Grade 3. Untreated dental problems can affect a child's nutrition, sleep patterns, attention span, and school attendance. Nationally, children with oral health problems miss an accumulated two million days of school each year costing school districts money and disrupting educational and social development of children.

Findings

During the 2005-2006 school year 4,950 children in preschool through Grade 6 were screened in Santa Barbara County. Of those 4,350 students who had screening reported, 348 or 8% were found to need emergency dental treatment, which is double the state average of 4%. Additionally, 1,247 or 27% needed early dental care, the state average being 28%.

In the 2005-2006 school year, the Santa Barbara Public Health Department's Children's Dental Disease Prevention Program provided education for 14,439 students in Grades K-6 and sealants for 621 children through the Eastside Family Dental Clinic, American Indian Health & Services, and Dr. Burg's Medi-Cal Clinic. Additionally, The First 5 Commission provided dental education and services to 1,286 children ages 0-5. Out of the First 5 children 135 or 10% required emergency or immediate care, and 371 or 29% required dental care such as fillings or extractions.

Trends and Comparisons

The condition of children's oral health continues to be identified as a major unmet need in Santa Barbara County. The number of children screened in Santa Barbara County increased by 115% in 2005-2006 school year, however, there is still no universal and uniform annual screening of children's dental needs. 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; and
- eligibility, language, and transportation barriers to accessing care.

Dental Screening Services

It is estimated that \$158,000 of dental services were donated through screenings in schools during the 2005-06 school year. Dental screenings are important to identify children who need immediate dental treatment. Screenings also act as a preventative measure, highlighting and treating potential problems before more significant damage occurs.



National, State, and Santa Barbara County Oral Health Topics

Healthy People 2010 Oral Health Goals	Current State/National Numbers	What is Santa Barbara Doing?
21.2b. Reduce the proportion of children with untreated dental decay in primary and permanent teeth. Target: 21 percent.	3 out of 10 (29%) of California third graders have untreated tooth decay, placing California the second lowest of 25 states with comparable statewide screenings.	Of the children reported to have been screened in 2005-06, 35% had untreated dental decay requiring early dental care and in some cases emergency dental treatment.
21-8. Increase the proportion of children who have sealants on their molar teeth. Target: 50 percent.	Only 28% of California's third graders have dental sealants, a proven preventive measure.	The number of children receiving sealants (621) after schoolwide screening is up 28% from 2004-05 to 2005-06.
21-10. Increase the proportion of children and adults who use the oral health care system each year. Target 57 percent.	Healthy People 2010 reported a baseline of 44% of people ages two and up went to the dentist in 1996.	Santa Barbara County provided education to 14,439 children and adults. Oral hygiene instructions and prevention techniques will decrease future dental problems.
21-12. Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year. Target 56 percent.	Healthy People 2010 baseline states that 20% of children and adolescents at or below 200% of the Federal poverty level received any preventive dental service in 1996.	School-wide screenings provide children with a primary dental evaluation. However, there is no standard screening method used throughout Santa Barbara County to provide all children with this service.
*Data in this table are not based on exact comparisons. This information is to be used to note measures being taken in relation to and as progress towards meeting the Healthy People 2010 goals. Sources: Healthy People 2010 national goals; Dental Health Foundation.		

First 5 Early Childhood Oral Health Initiative (ECOHI)

Indicator: Children are screened for oral health problems.

In 2005-2006 1,321 children were screened (up from 1,098 in 2004-2005).

Indicator: Children with oral health problems are identified and treated.

Of the 1,321 children screened, 64.9% had no visible decay, 24.9 % had moderate decay and 10.2% had severe decay. Children with moderate and severe decay were referred to dental providers for treatment. For children with dental insurance ECOHI staff made referrals to dental providers and followed up to ensure appointments were kept. They also helped enroll children without insurance coverage in programs for which they were eligible. Treatment for children who were not eligible for dental coverage was paid for through the ECOHI Initiative.

Indicator: Children and families are educated about oral health.

ECOHI provided 270 oral health presentations educating 6,308 community members (3,879 children ages 0-5, 1,895 family members, and 534 providers) in 2005-2006. This number is up 27% from 2004-2005.



Dry toothbrushing in ECE settings may be reducing the incidence of oral health problems

The total rate of decay has decreased 39.1% in 2004 to 35.3% in 2005 at ECE sites that have implemented dry toothbrushing. Sites that are not using dry brushing have seen a dramatic increase in decay from 37.1% in 2004 to 59.6% in 2005, primarily due to targeting new populations of children at high-risk for oral health problems.

Weight and Fitness

Indicator: County children and adolescents will meet the weight and fitness goals of Healthy People 2010

Weight Goal: Reduce the proportion of children and adolescents who are overweight or obese to a target of 5% by 2010. The baseline used for the U.S. is 11% for age 6 to 19-years-old in 1988-1994.

Fitness Goal: Increase the proportion of adolescents who engage in vigorous physical activity three or more days per week for 20 or more minutes per occasion to a target of 85%. (www.healthypeople.gov). The findings from the California Health Interview Survey (CHIS), released in May 2006, finds a sampling of California teens ages 12 to 17 at 65.8%.

Why should we care about weight?

Overweight raises the risks of serious physical diseases for youth, especially diabetes (Type 2), metabolic syndrome, heart disease including high blood pressure and high cholesterol, early maturation, orthopedic problems, asthma, sleep and breathing problems. Other important mental and social problems include depression, low self-esteem, poor body image, and missing school. As these problems associated with overweight increase, so do the costs. All of these conditions are being reported in increasing numbers in overweight children and youth. Overweight children are 40 to 80% more likely to be overweight as adults. As a result, medical researchers fear that, unless this trend is turned around, children born now will have a shorter lifespan than their parents' generation!

Although overweight affects every age, income and ethnic group, the numbers of overweight children in Santa Barbara County are highest among Latinos with low-incomes. These children often have the least access to safe active recreation and their families may lack adequate transportation and be more dependent on low price and convenience for food and beverage choices.

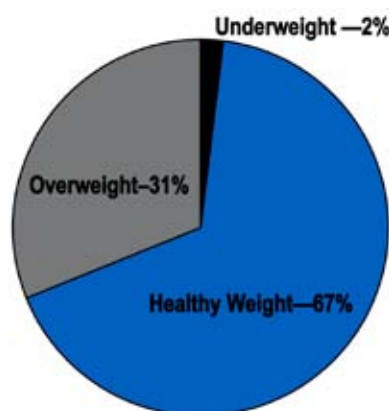
Findings For Weight

Some of the best data year-to-year on child weight come from the Women, Infants, and Children Supplemental Nutrition Program (WIC) for children in the age range of 24-60 months. The data systems changed in 2006, so the numbers may look different from previous years. There were 7,058 low-income WIC participants in this age group in SB County in September 2006 with the following breakdown (see charts at bottom of page): Under the Healthy Weight (2%), Healthy Weight (67%), and Above the Healthy Weight (31%). The regional percentages of these preschool children ages 2, 3 and 4 years old in WIC who are at or above 85% of BMI are shown in the chart at the bottom of the page: South SB County (Santa Barbara, Carpinteria; 27%); Central (Lompoc, Solvang; 25%), and North County (Santa Maria, Cuyama, Guadalupe; 34%).

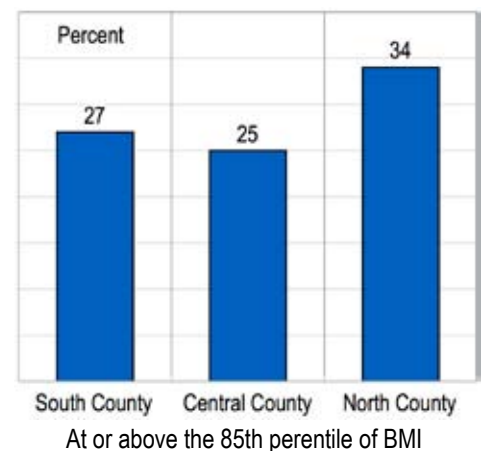


Preschool Children in the WIC Program

Weight Groups, September 2006



Children Overweight, County Region



For children ages 5-19 years, the 2004 Pediatric Nutrition Surveillance from the Child Health and Disability (CHDP) data on SB County children is available. These data represent the 5,288 low-income children that had CHDP medical exams: Under the Healthy Weight (1.7%), Healthy Weight (53.2%), and Above the Healthy Weight (45.1%; see chart below left).

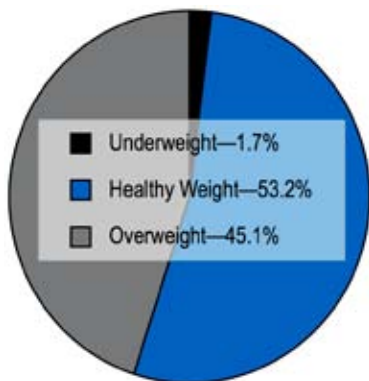
Findings For Fitness

The best data available year-to-year are the Physical Fitness tests that California public schools administer each spring. Students in grades 5, 7, and 9 are tested in six standards—body composition and five activity areas such as Aerobic Capacity (usually this is a one-mile run or walk). As of mid November, the 2006 results were not available. The 2005 results are given here.

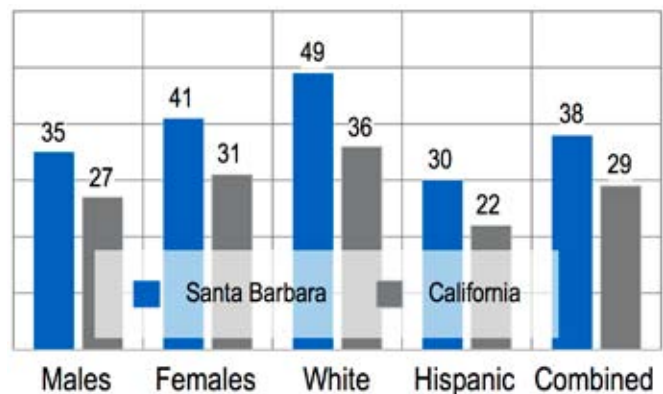
Showing some improvement, fewer students in SB County tested above or below (overweight or underweight) for the Healthy Fitness Zone for Body Composition when comparing 2001 (32.3%) and 2005 (30.1%).

The figure below right shows that a greater proportion of Santa Barbara County youths were able to pass all six fitness tests compared to the state pass rates. Looking at Grade 7, the numbers of students who achieved this fitness level were highest among males and white students, whereas females and Latinos are more at risk of lower fitness levels. However, Santa Barbara County 7th graders did better than the same categories for the combined state percentages.

Percent of CHDP youth by Weight Groups in 2004



Percent of Students Who Achieved All Six Fitness Standards in 2005, by Gender and Ethnicity



WHAT IS HEALTHY WEIGHT FOR CHILDREN?

Body Mass Index (BMI) uses height and weight to calculate a uniform measure of body weight that controls for height. It is a useful, although still imperfect, way for health care providers to screen for risk of health problems associated with excess weight in children age 2-20 years. "Healthy Weight" status is defined as a BMI in the 5th up to less than the 85th percentile for the child's age and sex. A BMI percentile above or below that range indicates a higher risk of health problems. (Child and Teen BMI Calculator: <http://www.cdc.gov/nccdphp/dnpa/bmi/>)



Highlight: Weight and Fitness Intervention Focus

Who is Doing Something About Childhood Overweight?

Many new efforts have developed to address the causes and issues around areas that lack healthy nutrition and fitness opportunities in Santa Barbara County. More partners continue to join in creative prevention efforts. The obesity problem has grown over the last 20 years and is due to multiple causes. It is going to take time to reverse this trend. A partial list of efforts includes the following examples.

State and Federal Efforts Affect Local Schools

At the California state level, a lot is going on! One of the most active and successful policy areas so far is in public school regulation. Legislation passed in 2005 that sets nutrition standards in public schools. This will eliminate high fat and high sugar foods sold on campus during school hours by July 2007. Another new 2005 law eliminates sodas at California public schools by 2009. A number of other bills and funding items were also passed in 2005, which aim to increase healthy nutrition choices and boost physical activity in public schools (see: www.publichealthadvocacy.org).

At the federal level, a mandate from Congress set in motion an effort in every public school district in the nation to have wellness policies in place as of July 2006 and then to work on implementing the healthy changes in nutrition, health education and physical activity/education. (Contact your School District or School about their progress on their Wellness Policy implementation.)

Local Regional Efforts

Region-wide and countywide efforts are addressing policy and the environment for nutrition and fitness in the community, the work site, health care, the media and schools, as well. Two coalitions with many active partners are Gold Coast Collaborative—a three-county organization for Ventura, Santa Barbara, and San Luis Obispo Counties (Ramona Sloan, Project director, 805-677-5279), and Partners for Fit Youth Coalition—a Santa Barbara County-wide coalition (Norma Benitez, Coordinator, 805-963-8566 x221).

Partners for Fit Youth Coalition, an innovative project focusing on nutrition education to reduce oversize portions, has partnered with Univision Television, the Santa Barbara Diabetes Initiative, and others to film and broadcast several Spanish-language ads. These prime-time ads are in daily rotation between September 2006 to February 2007, reaching audiences in our three-county region. These films feature a Santa Maria family in scenes at the dinner table modeling messages such as: “It’s OK not to clean your plate,” “Veggies make great snacks,” and “Turn off the TV for mealtime.” A follow-up project using bus posters in Santa Maria, Lompoc, and Santa Barbara is in progress through a partnership with the Gold Coast Collaborative. It will use the same family to reinforce the messages from the TV ads.

City-Level Efforts

A number of cities within Santa Barbara County have ongoing efforts to address overweight and lack of fitness among their children and youth that are most at risk for overweight, diabetes, and other associated conditions. These efforts benefit from the leadership and work of many allies at many levels, and range from changing individual habits to community practices and policy.

One example of a city effort is in Carpinteria. Building on earlier successful community efforts, especially within the school district, the Carpinteria Childhood Obesity Initiative is building partnerships to make a difference for the mostly Latino, low-income students and families at Canalino Elementary School, the Dahlia Court apartments, and the Camper Park. The Diabetes Resource Center (Marilyn Zellet, Director, 805-687-5586) has received two years of funding from the California Endowment and local contributors. Projects so far have included: after school activities for students from low-income families, a new school garden, cooking and health classes for parents, and coalition plans for safe, walkable neighborhoods.



First 5: School Readiness Initiative

School Readiness Initiative

School Readiness is an initiative funded by First 5 California that focuses on communities with low performing schools by engaging parents, educators, and community members to prepare children ages 0-5 for school. The initiative provides programs for early learning and Kindergarten transition, parenting education and family support, health screening and treatment, and communication between early care settings and elementary schools.



Why is this Initiative Important?

Preschool is an invaluable experience that prepares children for success in kindergarten, elementary school, and ultimately life. Children who attend preschool are less likely to be placed in special education or retained a grade in school, and are more likely to be higher achievers, scoring higher on reading and math standardized tests. Children who attend preschool are also better behaved in classroom settings, and demonstrate more developed emotional and social skills. Children who attend preschool are more likely to graduate from high school and go on to attend college, and are less likely to become involved in crime.

Findings

The School Readiness Initiative provided services to 1,932 individuals (648 children ages 0-5, 1,414 family members/community at large, 435 providers) in 2005-2006 through home-based early care and education visits, pre-kindergarten immersion camps, early care and education via kindergarten preparation classes, twilight preschool, and for children while parents attended parenting workshops, parent education, service provider training, case management and family support, community outreach, and kindergarten orientations. See table below for the number of services completed and client contacts in 2004-2005 and 2005-2006.



Trends and Comparisons

The importance of school readiness continues to be addressed through the First 5 School Readiness Initiative. The number of services provided and clients served continues to increase.

First 5 School Readiness Goals

Indicator: Children participate in Early Care and Education programs

The School Readiness Initiative provided 2,313 child days of pre-Kindergarten immersion camp services.

Indicator: Families participate in their children's learning

Of the 198 parents interviewed in the School Readiness Initiative, 73% reported that they read or showed picture books to their child 3 times a week or more at post-test, a 12% increase from pretest.

Indicator: Children are prepared to succeed in kindergarten

Children are showing improved pre-literacy and social-emotional skills.

Indicator: Schools are prepared for children

There is a formal connection between schools, pre-schools, childcare centers and family day care providers. Parent leadership is fostered and parent leaders are used to share information and recruit participation by other parents. Every teacher has a method for learning about every incoming child's background, skills, talents and interests.

Preschool for All Paving the Way

The Preschool for All Pilot Program provided Early Care Education to 30 children. The children in the program averaged 100 days of ECE classroom attendance, at 3 hours per day totaling 9,021 child-days of Early Care Education.



School Attendance

Indicator

Public school attendance reported as (a) school enrollment, which is a one-time count or census of the students enrolled in school during the fall term of each school year; and (b) Average Daily Attendance (ADA), the number of students present each school day throughout the year, divided by the total number of school days in the school year.

Why is this Indicator Important?

School attendance is important for children to develop academic, social, and behavior skills necessary for success in school and life. ADA is the basis for each district's apportionment of revenue.

Findings

The school enrollment count for the 2005-2006 school year was 67,225 students (this includes students in County Education Office programs). This represents a decrease of 326 students from 2004-2005, ending the 10-year trend of a 18.5% increase in school enrollment. Countywide, Hispanic or Latino students (56.8%) were the largest student group, followed by White (not Hispanic; 34.6%), African American (2.6%) and Asian (2.5%), Filipino (1.6%), and American Indian or Alaskan natives (0.9%).

Trends and Comparisons

Santa Barbara County shows a decrease in overall enrollment; however, attendance rates in individual districts are variable, with some districts gaining or losing more than 500 students in the past year.

The increases in the number of students in Santa Barbara County during the 1990s continued during the 2005-2006 school year in some districts, but decreases were noted in other districts. Generally, the largest growth was in the North County with decreases in the South County. In addition, Latino students now comprise the majority of County students.

Some school districts in the county have maintained a consistent, aggressive program to keep children in school. During the 2005-2006 school year, the District Attorney's Office continued the Truancy Intervention and Parent Accountability program in all areas of the County.

Importance of School Attendance

Poor school attendance damages educational achievement and the future progress of young people. Promoting and supporting good attendance at school is essential to learning and attainment.

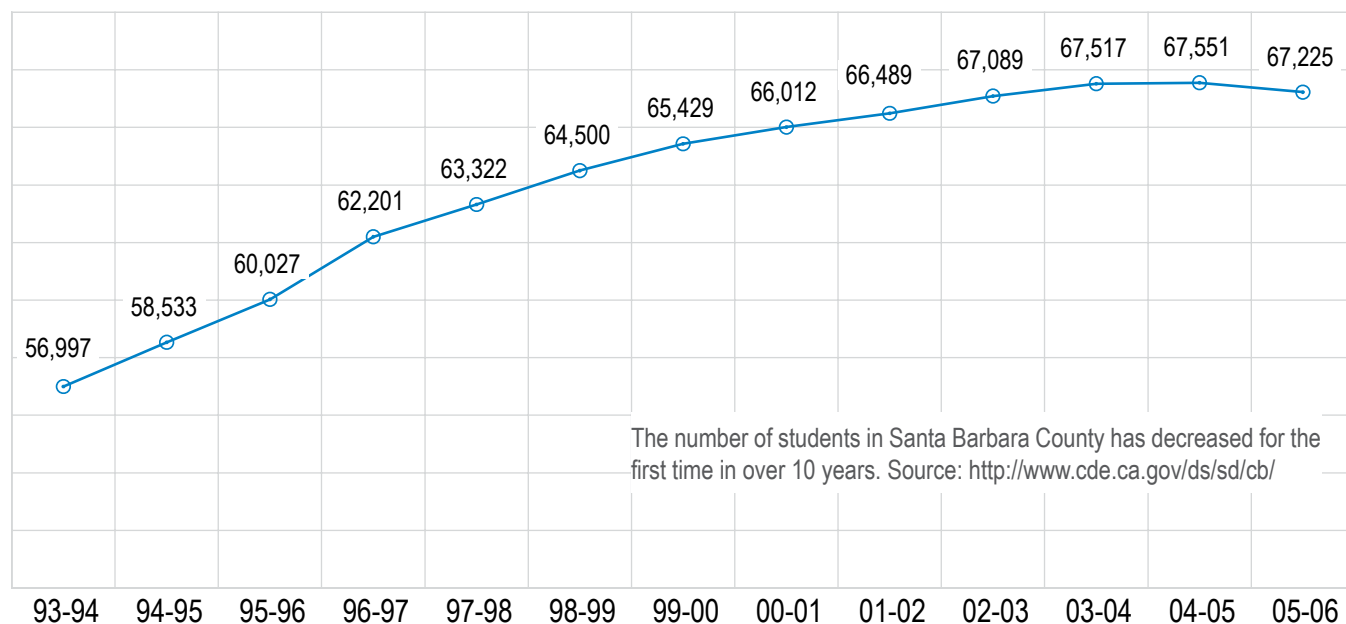


About 1 in 4 County Students are English Language Learners

In 2005-2006, there were 17,998 English Language Learners enrolled in Santa Barbara County, making up 26% of total student enrollment. There are 1,570,424 English Language Learners enrolled in schools in California making up 24% of total enrollment.

Average Daily Attendance

Total School Enrollment (Count of Enrolled Students as of October 2006)



Average Daily Attendance by School District

District	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	Change*
Santa Maria-Bonita	9,968	10,071	10,547	10,806	11,157	11,450	11,811	12,236	12,815	1,658
Santa Barbara High	8,807	8,786	8,779	9,309	9,357	9,696	9,842	9,841	10,602	1,245
Santa Maria Jt. Union High	5,518	5,513	5,703	5,642	5,817	6,054	6,133	6,616	7,502	1,685
Hope Elementary	1,173	1,210	1,269	1,254	1,315	1,331	1,373	1,370	1,399	84
Guadalupe Union	1,105	1,031	1,058	1,063	1,116	1,124	1,157	1,142	1,148	32
Santa Ynez Valley Union High	1,008	984	1,003	1,009	1,034	1,027	1,044	1,096	1,171	137
Orcutt Union	4,736	4,686	4,657	4,800	4,810	4,812	4,771	4,528	4,742	-68
Santa Barbara Elementary	6,240	6,092	5,170	5,084	5,001	4,871	4,765	4,545	5,808	807
Carpinteria Unified	3,070	3,036	2,984	2,969	2,928	2,901	2,790	2,704	2,708	-220
Lompoc Unified	11,159	10,818	10,901	11,044	11,082	11,116	11,003	10,981	11,036	-46
Goleta Union	4,449	4,336	4,301	4,244	4,157	3,947	3,799	3,630	3,618	-539

Source: Santa Barbara County Education Office ; www.sbceo.org; * Change is the increase or decrease of ADA 2001-02 to 2005-06.

School Truancy

Indicator

Truancy, interventions, and results.

Why is this Indicator Important?

School truancy is a problem that extends beyond the school, affecting the student, the family, and the community. Students who are truant fall behind their peers in the classroom and are more likely to drop out of school. Students not in school during regular hours may commit crimes, including burglary and vandalism. Absenteeism influences graduation, promotion, self-esteem, employment potential, and success.

Findings

By the end of the 2005-06 school year, the District Attorney's Truancy Intervention and Parent Accountability Program had sent parents of youth who were truant a total of 12,218 Step 1 letters. Nearly 80% of the students initially identified into the program improved their attendance as a result of a first notification letter of truancy, and did not require further intervention. Countywide, 2,533 students who had subsequent trancies after their first notification were invited to attend the Step 2 After School Meeting. Of students attending the After School Meeting, over 70% improved their attendance and did not require further intervention. Of the 723 students required to attend the Step 3 Truancy Mediation Team (TMT) meeting, 70% percent of them improved their attendance. There were 221 students who were referred to Step 4, the School Attendance Review Board (SARB) and 62 cases, countywide, that made it to Step 5, requiring a petition be filed with the Court. Of the over 12,000 families that were originally notified of their student's unexcused absences, less than 1% of them were required to face Step 5: Prosecution.

Want to Learn More?

For additional information regarding the consequences of truancy and the importance of truancy prevention see the Office of Juvenile Justice and Delinquency Prevention Report, "Truancy Reduction: Keeping Students in School." (#NCJ 188947; 800-638-8736)

Trends and Comparisons

Data continues to show that the majority of youth who become truant and receive intervention at Step 1 resume regular attendance at school, and no additional intervention (Steps 2-5) is needed. The program has been successful in providing disincentives to continued truancy, and works with parents to help 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 provide assistance to students and families. 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 contact with truant students and their families to monitor attendance and encouraging positive school attendance. 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 youth, schools, and the community.

Truancy Intervention and Parent Accountability Program—Number of Students Involved at each Step by County Location (2003-2006)

Truancy Response Steps	North County			Mid County			South County		
	2003-04	2004-05	2005-06	2003-04	2004-05	2005-06	2003-04	2004-05	2005-06
1. Letter from school	4,075	5,020	6,897	1,555	1,924	1,762	3,478	3,439	3,559
2. After School Meeting	891	789	923	493	389	591	915	892	1019
3. Truancy Mediation Team Meeting	150	172	206	147	155	177	373	293	340
4. School Attendance Review Board	107	62	63	80	61	57	119	111	101
5. 601(B) Petition Filed with Court	33	31	24	3	7	15	10	29	23
North County: Santa Maria, Orcutt and Guadalupe; Mid County: Lompoc and Santa Ynez Valley; South County: Santa Barbara, Goleta and Carpinteria									

School Truancy

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 providing the number of unexcused absences and legal consequences of truancy.

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

After School Meeting (ASM) with parents and their truant child that outlines negative legal and educational outcomes of truancy. Recommendations of community resources are provided 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 an intervention plan including referrals to appropriate services and a written agreement.

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

School Attendance Review Board (SARB) includes a 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.

Santa Barbara County's Schools Take Action

Schools throughout Santa Barbara County are working hand-in-hand with the truancy program to help keep students in class:

- In Lompoc, the school administrators set up appointments for all students who attend an After School Meeting (ASM) to meet with a counselor or staff person within one to two days after the ASM to check in and discuss any concerns the student may have about scheduling, teachers, peers, and how the school can help. This is an excellent follow-up strategy providing reinforcement to the ASM, and the prevention of future truancy.
- In Santa Barbara, the district, working with the Council on Alcoholism and Drug Abuse, has added Truancy Case Managers at the High Schools, La Cuesta, and El Puente to further add support to students struggling with truancy issues. These case managers reinforce the steps the truancy program is taking to keep Santa Barbara students in school.

Average Percent of Students Attending School Each Day for School Years 2004-2005 and 2005-2006

North County	2004-2005	2005-2006	Mid County	2004-2005	2005-2006	South County	2004-2005	2005-2006
Santa Maria High	94.6%	88.1%	Lompoc High	95.0%	94.4%	Carpinteria High	95.7%	95.0%
Righetti High	95.8%	92.2%	Cabrillo High	94.7%	94.3%	Dos Pueblos High	95.0%	94.5%
Pioneer High	96.0%	93.8%	Maple Continuation	83.4%	89.1%	Santa Barbara High	94.8%	94.3%
Delta Continuation	78.1%	78.8%	Lompoc Valley Middle	94.9%	94.5%	San Marcos High	94.2%	93.9%
Fitzgerald Community	75.4%	76.7%	El Camino Middle	95.5%	94.8%	Carpinteria Middle	95.6%	95.5%
El Camino JHS	96.5%	96.2%	Vandenberg Middle	95.6%	95.3%	Goleta Valley JHS	95.8%	95.3%
Fesler JHS	96.2%	95.5%				La Colina JHS	96.0%	95.6%
Arellanas JHS	95.3%	95.3%	Grades 9-10 in 2004-2005 and 9-11 in 2005-2006			La Cumbre JHS	94.3%	94.0%
Kunst JHS	95.9%	96.0%				Santa Barbara JHS	NA	95.0%
McKenzie JHS	95.0%	95.0%	NA = Not Available			Rincon Continuation	NA	90.7%
Orcutt JHS	94.7%	95.1%	Achieving "school success through attendance, attachment, and achievement." See the National Center for School Engagement; http://www.schoolengagement.org/index.cfm/NCSE%20Approach					
Lakeview JHS	95.2%	95.5%						
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 related to Individuals with Disabilities Education Act.

Why is this Indicator Important?

The Individuals with Disabilities Education Act (IDEA) is the primary federal program that authorizes aid to the California Department of Education and local districts for special education and related services for children with disabilities. In December 2004, the Disabilities Education Improvement Act originally passed in 1977 underwent a major reauthorization. The new law preserves the basic structure and civil rights guarantees of IDEA but also makes significant changes in the law. These laws are intended to support the collaboration of educators and parents to design and implement individual education plans for children and adolescents who have special learning needs. To the extent appropriate, these services are provided on the regular school campus.

Findings

As of December 2005, there were 6,855 children and youth, ages birth to 22 years, receiving special education services in Santa Barbara County and 683,178 children and youth receiving special education services in California.

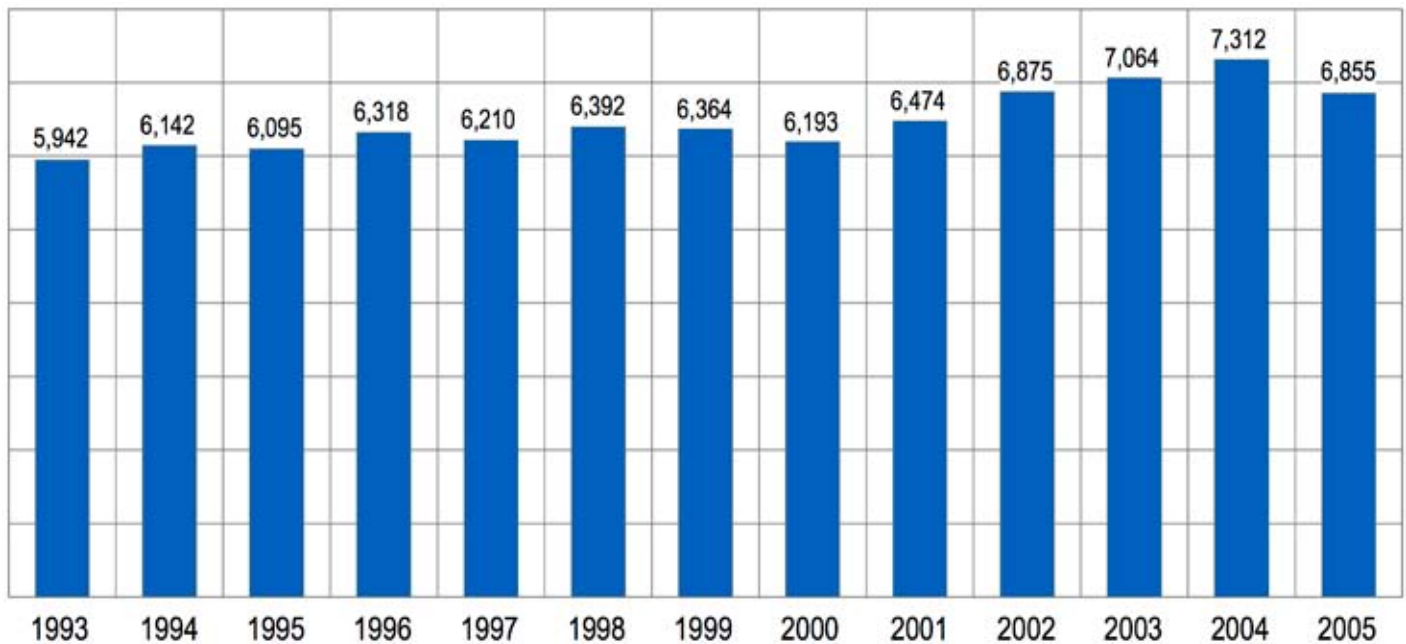
Trends and Comparisons

The special education placements for the 2005-06 school year show a 6% decrease in enrollment. This follows an increase of 17% over the previous five years (2000 through 2004). 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, 10.2% of all pupils were eligible for special education programs. California provided additional funding for up to 10% of a district's student enrollment.

Top 2 Special Education Eligibility Groups:

- Specific Learning Disabilities (43% of all special education eligible students)
- Speech–Language Impairments (32% of all special education eligible students)

Number of Children Receiving Special Education



Special Education Services

Number of Children by Special Education Eligibility Category Enrolled in California and Santa Barbara County 2005-06 School Year

Eligibility Category	California (number)	Santa Barbara (number)	Eligibility Category	California (number)	Santa Barbara (number)
Specific Learning Disability	314,817	2,929	Hard Of Hearing	8,150	104
Speech/Language	181,319	2,291	Visual Impairment	4,761	75
Mental Retardation	43,739	352	Deaf	4,337	41
Other Health Impaired	40,081	285	Multiple Disability	6,125	23

Source: Santa Barbara County Education SELPA Office.

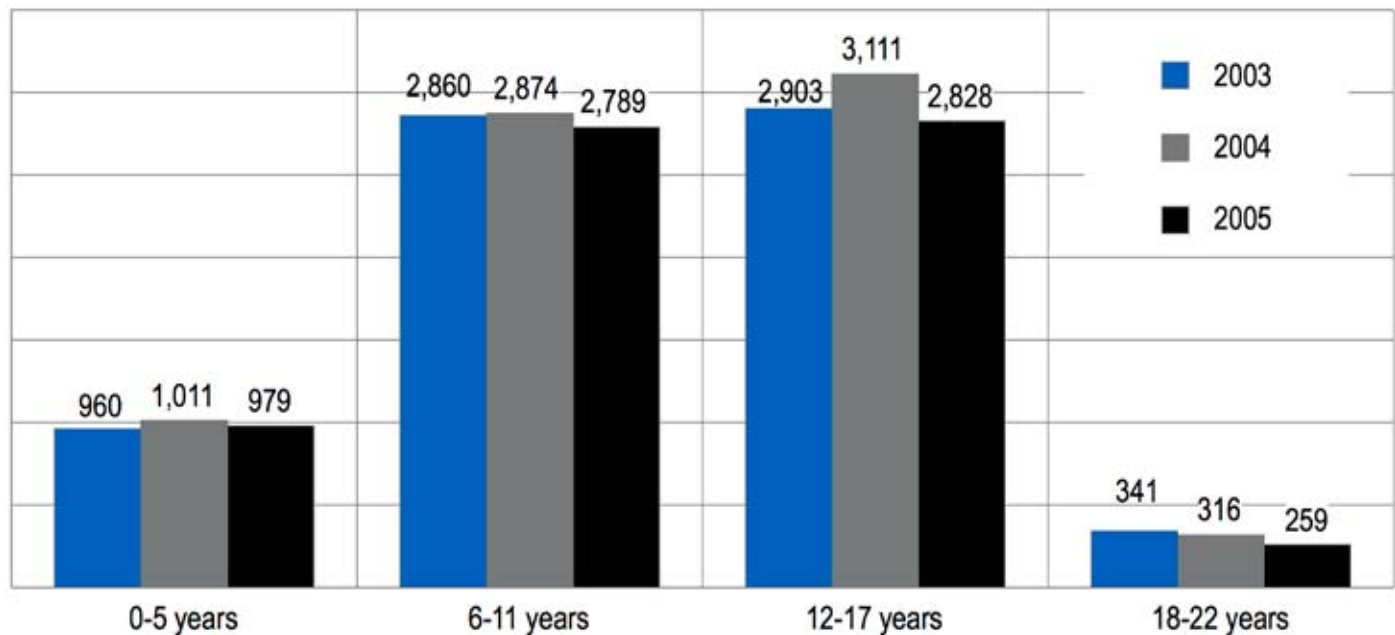


California Department of Education

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>

Number of Santa Barbara County Children in Special Education by Age



STAR Program Results

Indicator

Basic academic skills of County students measured by 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.

Why is this Indicator Important?

The STAR Program provides results that are used when making decisions on student achievement, evaluating school programs, and providing data for state and federal accountability programs for school districts and schools. Successful academic performance creates opportunities for life-long success.

Findings

For the fourth 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, 2004, and 2005 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 (i.e., above average) compared to the national norm sample varied by grade level, with 39% of students in Grade 3 and 50% of the students in Grade 7 having a score at or above the 50th percentile.

Language—On the Language portion of the CAT/6 exam, one-half of the students in Grade 7 (50%) and 45% of the students in Grade 3 reached at least the 50th percentile.

Mathematics—Mathematics scores were higher than Reading or Language scores at both grade levels. More than one-half of the students in both Grades 3 (54%) and 7 (55%) scored at or above the 50th percentile.

Relationships with Parent Education and Ethnicity—Fewer pupils obtained scores at or above the 50th percentile when their parents had less than a high school education (19% in Reading at the elementary-school level, compared to 61% 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.

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

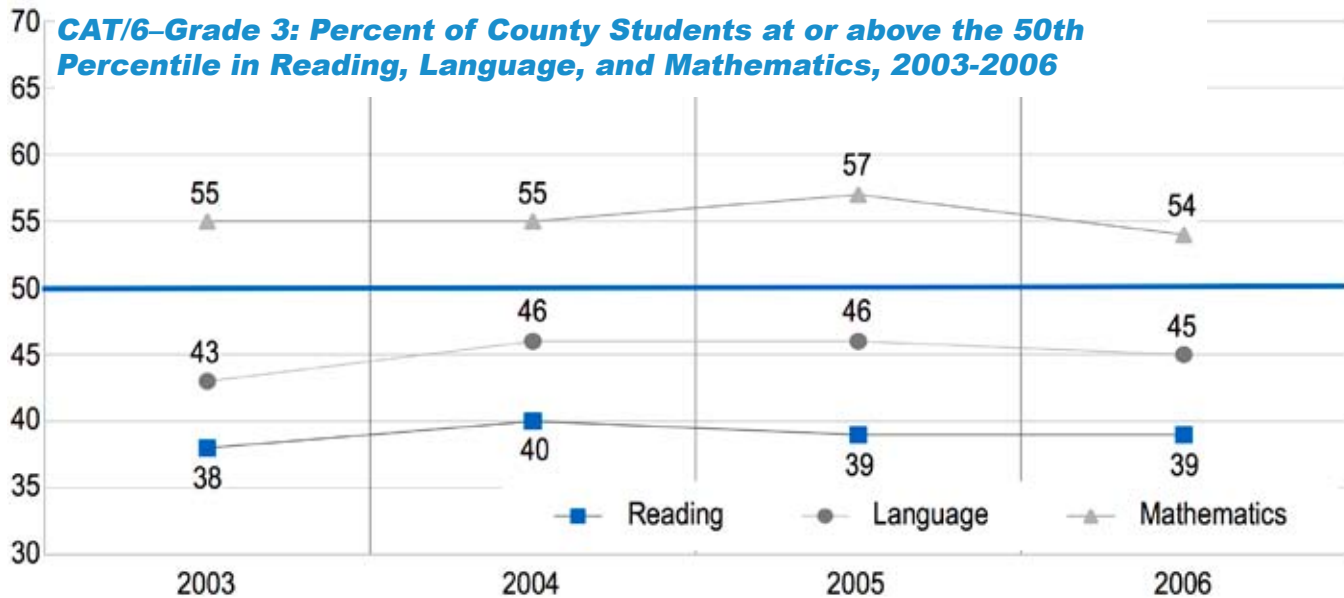
and 7. The largest "achievement gaps" were in Reading and Language with 23% of students from economically disadvantaged families scoring at or above the 50th percentile, compared to 61% of students from more affluent families. The achievement gap was smallest for math and spelling. Finally, similar patterns were found when achievement was examined for Latino and White students.

Trends and Comparisons

Scores on the CAT/6 remained relatively consistent. Scores for Reading, Mathematics, and Language increased in Grade 3. In Grade 7 Reading and Language scores had a slight decrease and Mathematics scores remained the same from 2005 to 2006.



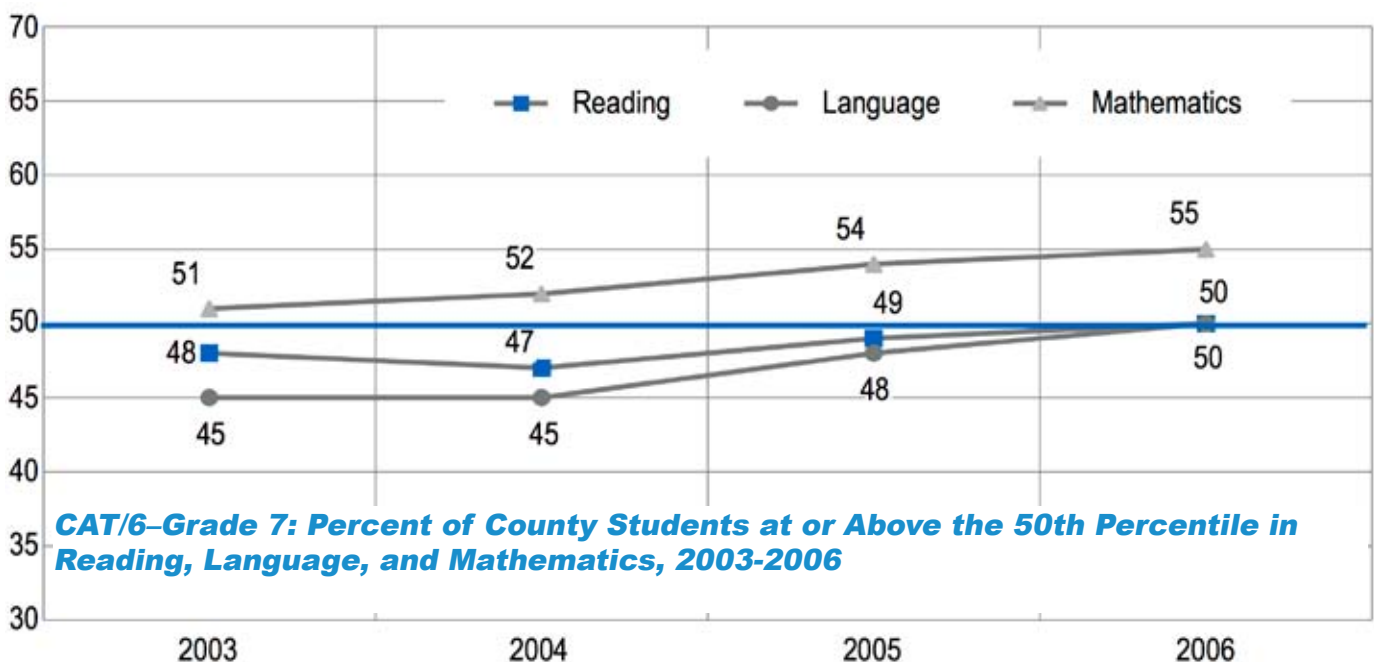
CAT/6 Results



California Statewide Student Identifier System to Enhance Monitoring of Student Progress

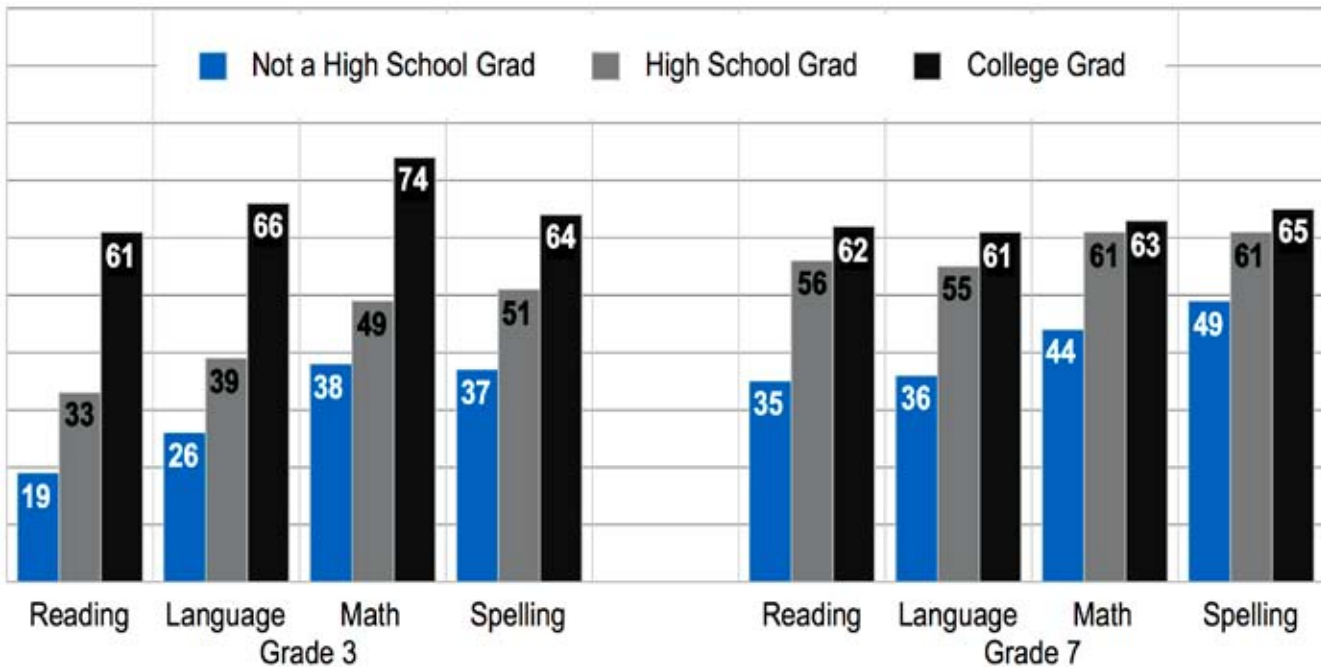
One limitation of STAR is the information it provides (such as the charts on this page) show results for groups of students. They do not look at the actual academic achievement of specific students across the grades.

California has recently implemented a program that will assign each an individual, yet non-personally identifiable, student identifier to each K-12 student, 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 is 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/>



Section 5: Children Succeed in School

CAT/6–Parent Education: Percent of County Students at or Above the 50th Percentile by Parent Education Level



About the CAT/6 Survey in the STAR Program

The California Achievement Tests, Sixth Edition Survey (CAT/6 Survey) is a national norm-referenced test administered to students in grades three and seven. Source: California Department of Education

Scholastic Aptitude Test

The SAT is a three-hour examination that measures verbal and mathematical reasoning. Many colleges and universities use SAT results as part of the data on which they base admissions decisions. The College Board, a non-profit association based in New York City, runs the SAT program. The average score on each section is usually about 500 with a range from 200 to 800.

How many seniors took the SAT?

For the 2005-2006 School year, 35% of the county seniors took the SAT exam. This compares to 41% of students throughout California.

By way of comparison, the proportions of students in near-by counties that took the SAT were as follows: Monterey (34%), San Luis Obispo (38%), Kern (27%), and Ventura (36%)

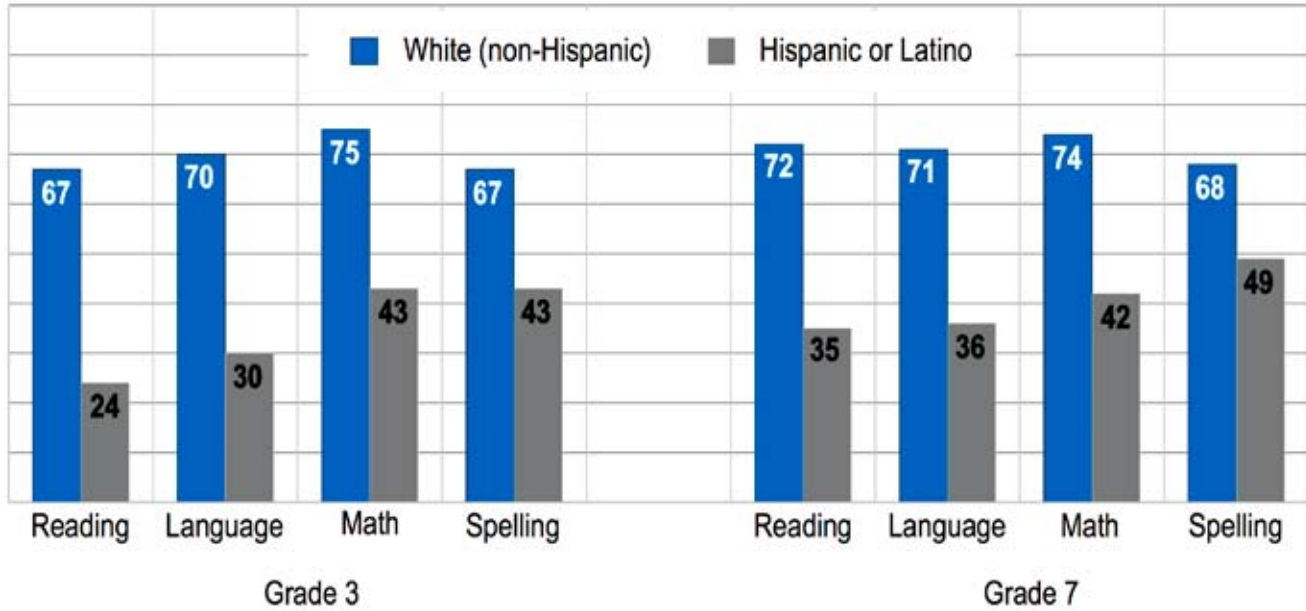
How did they do?

County seniors, on average, obtained higher scores on all three section of the SAT when compared to students statewide: Verbal (520 v. 495), Math (537 v. 516), and Writing (518 v. 495).

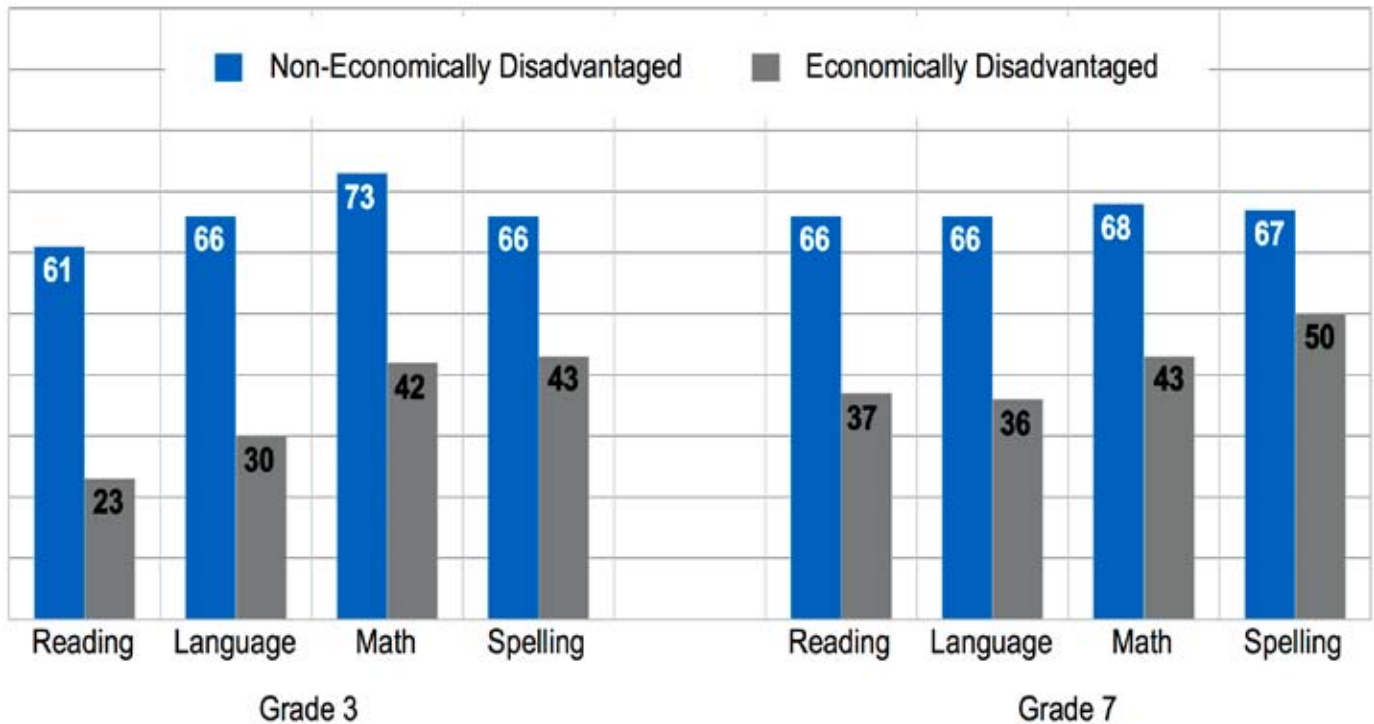
Across the major high school districts in the county, the percentages of seniors taking the SAT ranged from a low of 25% to a high of 46%. The total average score across all three areas ranged from a low of 1419 (roughly, 36th percentile) to a high of 1670 (roughly, 61st percentile).

CAT/6 Results

CAT/6–Ethnicity: Percent of County at or Above the 50th Percentile for White and Latino Students



CAT/6–Economic Status: Percent of County Students at or Above the 50th Percentile by Family Economic Status



Child Support Services—Safety Net for Non-Aided Families

Indicator

Children of parents who do not live together receive financial support from both parents.

Why is this Indicator Important?

Without support from both parents, children are four times more likely to live in poverty and are at additional risk for emotional problems.

Findings

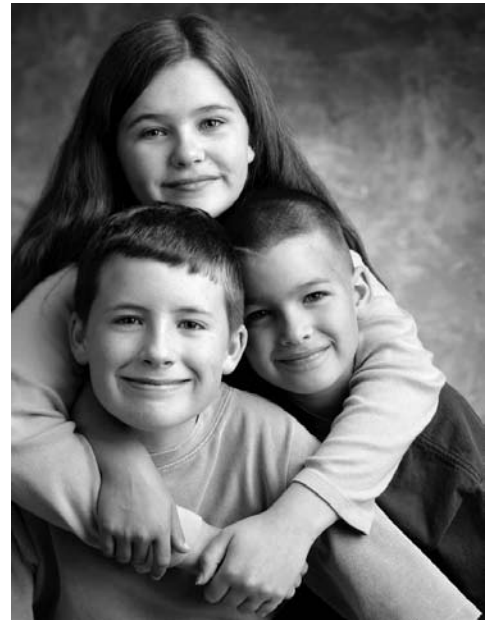
The Child Support Services program was established nationally in 1975 to ensure that single-parent households requiring welfare assistance were also receiving support from the absent parent. Once-absent parents began to pay child support, often the first dollars collected were paid back to the government as reimbursement for previously paid welfare assistance. Increasingly, money is going directly to the families, especially as more restrictive welfare rules limit families' lifetime benefits. With less public assistance available, support from both parents is increasingly vital to keep households functioning financially. In Santa Barbara County, monthly child support payments average \$350, and these dollars have a huge impact on the 6,000 households receiving payments regularly.

The amount of financial support collected through this program has been a contributing factor to the ability of families to get off welfare and out of poverty. At present, over 85% of the families receiving support payments have either never been on public assistance, or are no longer on public assistance.

New program regulations have focused attention on parent-provided health insurance coverage for these children. Although compliance rates are currently low, they are advancing, and will also play a role in helping children develop into healthy, productive adults.

Trends and Comparisons

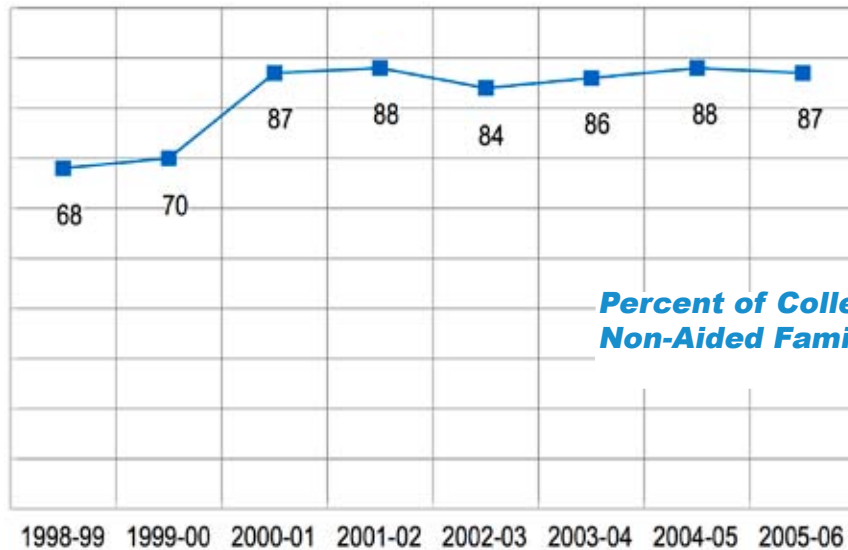
Changing family patterns have resulted in more than one-fourth of all U.S. children living in households that do not include both parents. These children are particularly vulnerable and often in need of legal intervention to make sure that they receive adequate support. The Child Support Services program is a vital program for ensuring that both parents contribute to the care of their children. The number of families previously receiving assistance from CalWORKS and now receiving child support payments has increased every year since 1995.



California Department of Child Support Services Vision Statement:

“Children can rely on their parents for the financial, medical, and emotional support they need to be healthy and successful.”

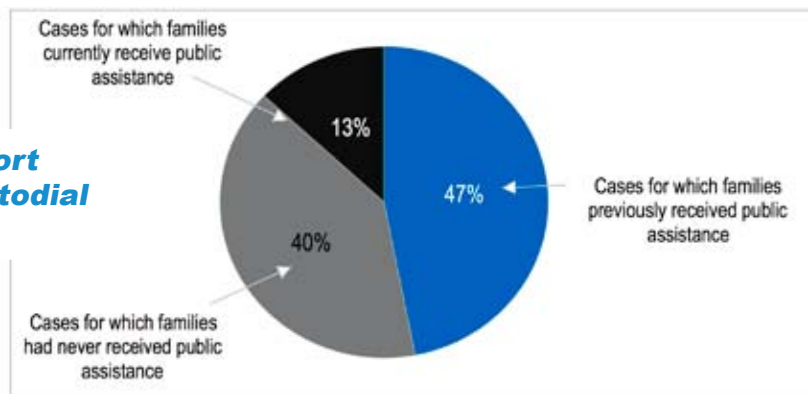
Child Support



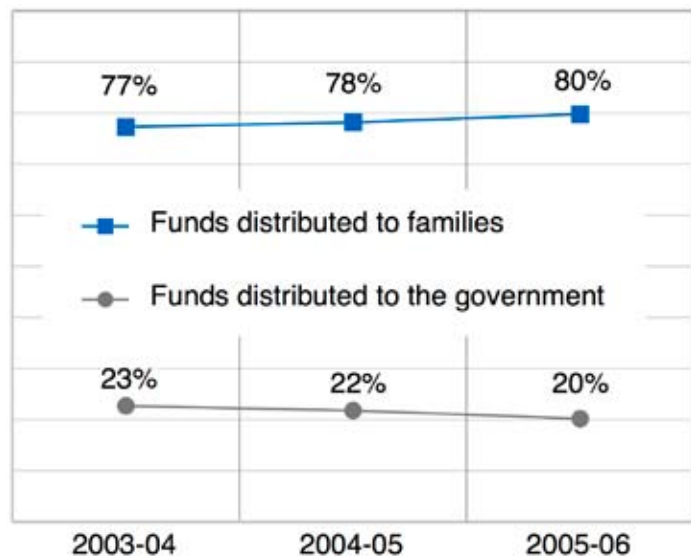
“Child support makes a real difference!”

Percent of Collections that Went to Non-Aided Families

2006 Allocation of Child Support Services Funds Collected Custodial Parent Profile



Percentage of Child Support Funds Distributed to Families and Government



Section 6: Children Live in Safe and Supportive Families

Child Welfare Services

Indicator

Number of unduplicated children referred to Child Welfare Services including the number of children who received an investigation, had a substantiated referral as a result of the investigation, and those substantiated referrals that resulted in Child Welfare Services opening a case for the child.

Why is this Indicator Important?

Child Welfare Services works to protect children and preserve families.

Findings

In 2005, 4,116 unduplicated children coming from 3873 families were referred to Santa Barbara County Child Welfare Services for investigation of abuse or neglect. Of those referred, 3551 children received an investigation. The investigations resulted in the substantiation of the referral on 922 children. Of those 922 children, 506 children were opened for case management by Child Welfare Services. The remaining children may have received limited supportive services through Child Welfare and/or were referred to an array of community resources.

Trends and Comparisons

The number of unique children and families referred to Child Welfare Services declined in 2005 over the previous year. However, 86% of the children referred received an investigation (up from 77% in 2004). In addition, Child Welfare Services opened for case management 55% of the children with a substantiated referral in 2005, which was up 14% from 2004. Despite the decline in unique children/families referred, more children were served in 2005 than in the previous five years. The rise of caseloads in Child Welfare Services can in part be attributed to the growing use/abuse of substances, particularly methamphetamines in our community. Undeniably, substance abuse is the single greatest commonality in the population of those served by Child Welfare impacting roughly 83% of the families served during 2005.

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.	Santa Barbara County Child Welfare Services Substantiated Referrals for the Following Reasons in 2004 and 2005					
	Neglect	2004	2005	Abuse	2004	2005
	General Neglect	37%	42%	Emotional Abuse	12%	10%
	Caretaker Absence	16%	19%	Physical Abuse	9%	14%
	Severe Neglect*	8%	10%	Sexual Abuse	5%	5%
	*Severe Neglect encompasses medical failure to thrive or failure to seek medical treatment resulting in permanent damage or death.					

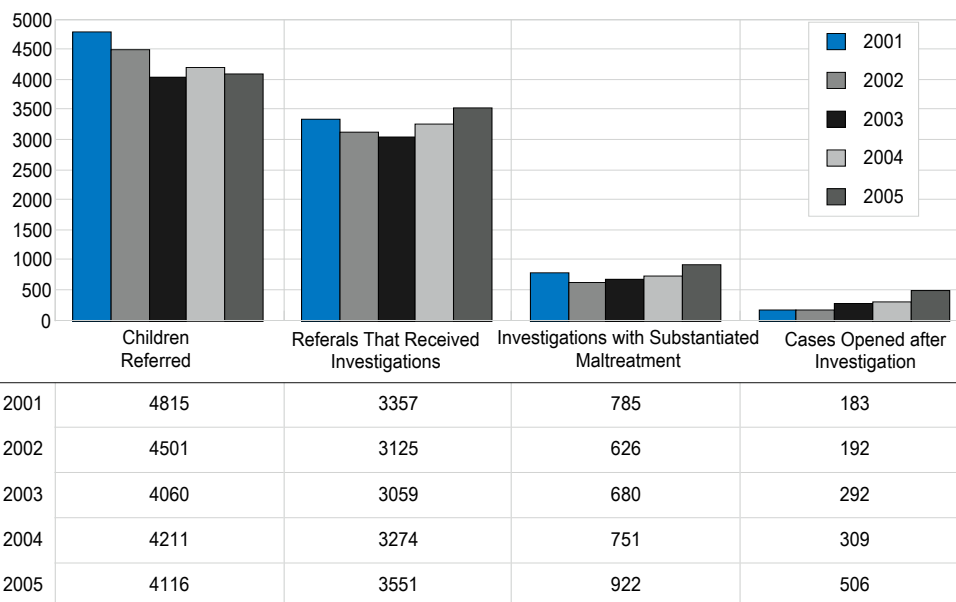
CWS Investigations by Community in Santa Barbara County

Community	2000	2001	2002	2003	2004	2005
Lompoc	885	820	964	861	873	990
Santa Barbara	1,080	914	1,068	868	909	854
Santa Maria	1,114	1,034	1,058	892	1,189	1,257
Total	3,079	2,763	3,008	2,621	2,971	3,101

Note. Not all CWS referrals require a formal CWS investigation. These totals reflect only the number of referrals (not children) investigated by region.

Referrals to Child Welfare Services

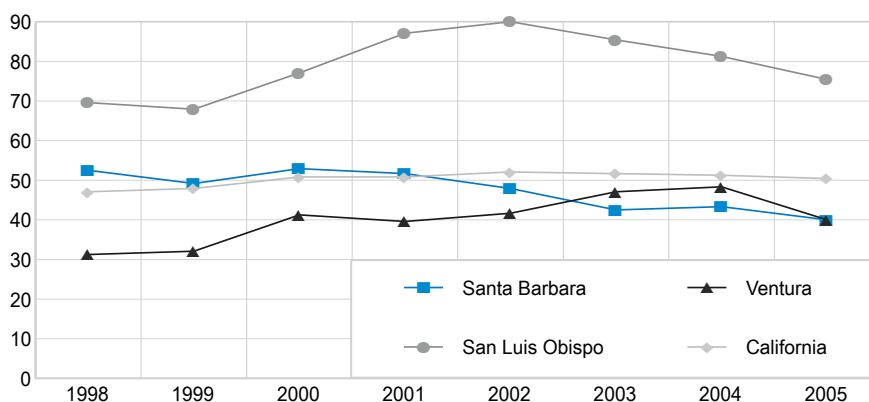
Children Referred for Investigation and Outcomes of Investigation by the Fiscal Year the Referral Was Received



Common Investigation Outcomes for the Child and Family Referred to Child Welfare Services Include:

Referrals to community resources, referrals to law enforcement agencies, referrals to the court, referrals to differential response, assessment through CWS and case is closed, 30-day intervention through CWS and case is closed, and voluntary family maintenance services.

Referrals to Child Welfare Services in Santa Barbara County Children Ages 0-17 (per 1,000 children)



	1998	1999	2000	2001	2002	2003	2004	2005
Santa Barbara	52.2	49	52.8	51.4	47.6	42.3	43	40
San Luis Obispo	69.3	67.7	76.9	87.1	89.7	85.4	81.3	75.3
Ventura	31.1	32.1	41.2	39.6	41.6	46.8	48.2	40
California	47.1	47.8	50.5	50.6	51.8	51.6	51.3	50.1

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

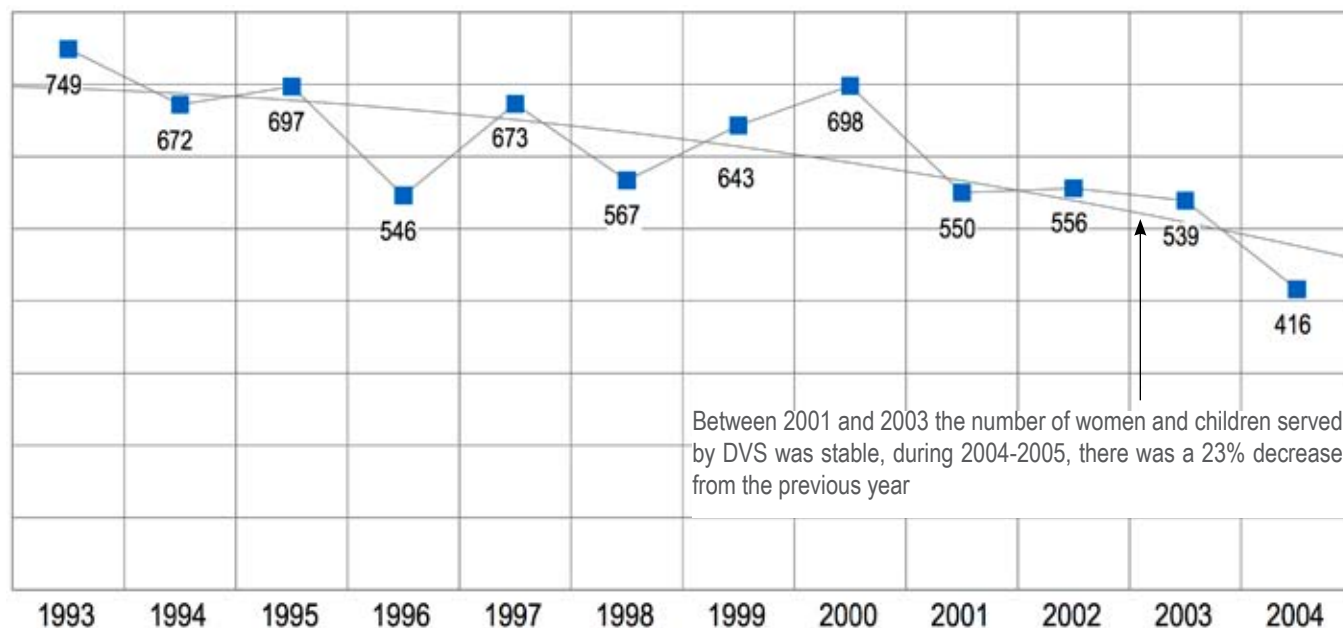
Domestic Violence Solutions' three 45-day emergency shelters are often filled to capacity. Researchers estimate that only 3% of battered women in the general population become residents at battered women's shelters. This would then indicate that, in Santa Barbara County, upwards of 18,000 women per year 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's 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).



Children and Women Using Shelter Services

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: <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

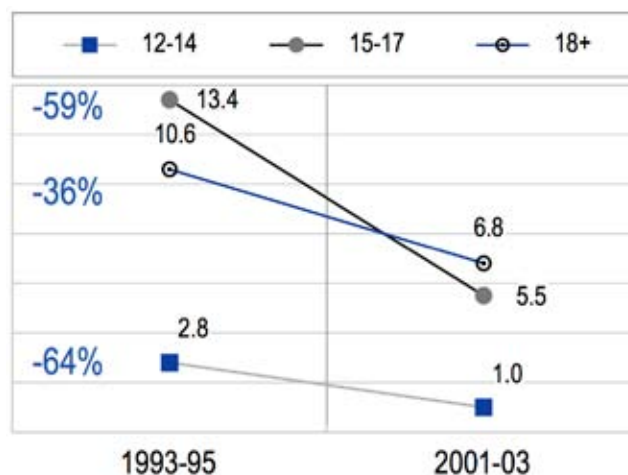
<http://www.ncadv.org>

California Alliance Against Domestic Violence (CAADV)

<http://www.caadv.org>

Domestic Violence Solutions for Santa Barbara County

<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.

CalWORKs

Indicator

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

Why is this Indicator Important?

Child poverty is associated with many negative outcomes later in life including: low earnings, reduced educational attainment, teenage childbearing, and physical and mental health problems. 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.

Findings

In 2005, 16,467, or 16.7% of the 98,602 children living in Santa Barbara County lived in poverty. Both Santa Barbara City (19.7 %) and Santa Maria City (27.5%) were above the California State average of 18.5%. In the 2005-06 fiscal year 5,769 families applied for CalWORKs assistance to help meet their basic needs. A snapshot of CalWORKs active

cases in May 2006 shows that there were 4,391 active CalWORKs cases involving 10,394 people of which 8,170 were children. Of the 8,170 children 3,532 or 43% were under the age of five and 6,444 or 79% were under the age of 12. There were 348 children receiving CalWORKs assistance who also received child care assistance during May 2006, enabling their parents to attend job training/ education courses or employment.

CalWORKs services are provided out of three regional offices throughout Santa Barbara County. The geographical

distribution of the CalWORKs cases for the month of May 2006 was 57% in Santa Maria, 22% in Lompoc, and 21% in Santa Barbara.

Trends and Comparisons

In the fiscal year 1995-96 Santa Barbara County's average caseload of AFDC recipients was 6,515 cases per month. In fiscal year 2005-06, nearly 10 years after welfare reform, Santa Barbara County's average caseload of CalWORKs

recipients was 4,215 per month. This does not mean families are better off now. During the first half of the 1990s, data from the Department of Health and Human Services (HHS) show that more than 80% of families that met the eligibility criteria for the former AFDC program received assistance. By 2002 only 48% of the families eligible for assistance received help through TANF.

Supporting Working Families

"The Next steps that will make a difference for low-income families are not primarily about welfare, which now serves a very small number of families. They are about supporting working families who left welfare or never went on it."

-Olivia A. Gordon, Senior Fellow, Urban Institute



Poverty Level is Not Enough

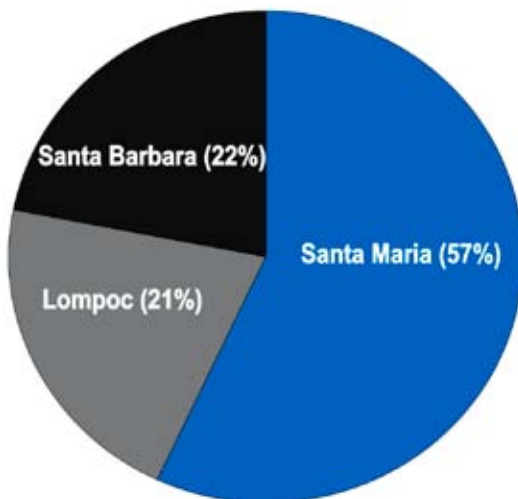
In most areas of the United States, it takes roughly double the Federal poverty level to provide a family with the basic necessities such as food and housing. Source: National Center for Children in Poverty; <http://www.nccp.org>



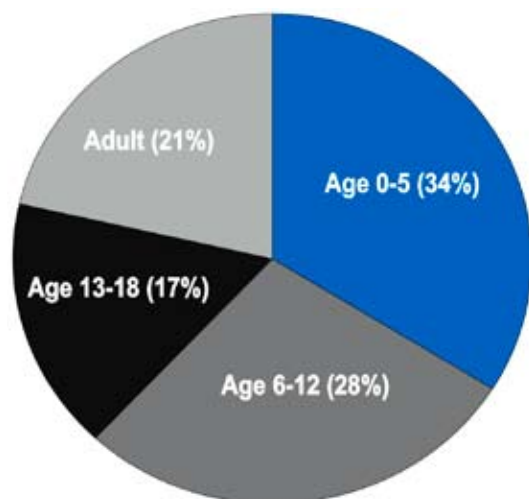
The number of applications for other programs administered by the Department of Social Services indicates most families seeking public assistance are applying for Medi-Cal or Food Stamps. In the 2005-06 fiscal year 32,933 families/individuals applied for assistance to meet medical needs via Medi-Cal applications. A total of 10,799 individuals of households applied for assistance to supplement food needs via Food Stamps applications. For the month of May 2006, 18,864 people received Food Stamps, of which 12,404 were under the age of 18. Of those children receiving Food Stamps 5,559, or 45%, were under the age of 5 and 10,003, or 81%, were under the age of 12.

CalWORKS Participants, May 2006

County Region



Age



Child Care Need and Supply

Indicator

Need and supply for child care. (Estimated need for and availability of licensed child care spaces.)

Why is this Indicator Important?

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 child care programs leads to children's success in school and beyond. 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.

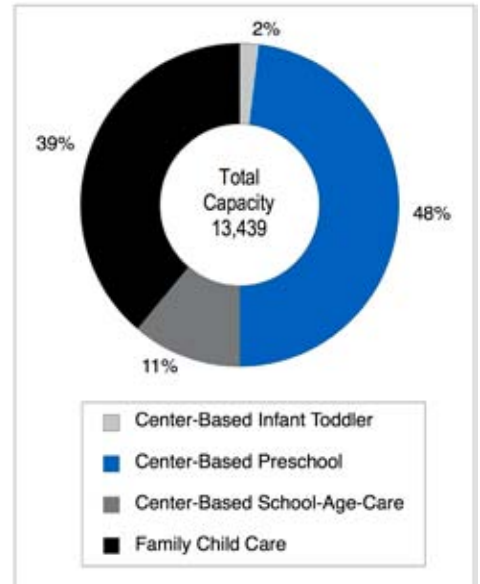
Findings

Using information from the 2000 U.S. Census, it is estimated that 43,610 children birth to 12 years in Santa Barbara County need child care. The total capacity in licensed programs is 13,439, serving approximately 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. With respect to child care spaces by county region, the South County region can provide for 34% of the need, Santa Ynez Valley for 33%, North County for 29%, and Lompoc for 28%.

Trends and Comparisons

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. Licensed child care capacity has remained relatively stable over the past year, but increasing costs of real estate, low compensation for early care and education teachers and family child care providers, and the growing cost of living throughout the county make it increasingly difficult to provide high quality early care and education programs in Santa Barbara County.



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



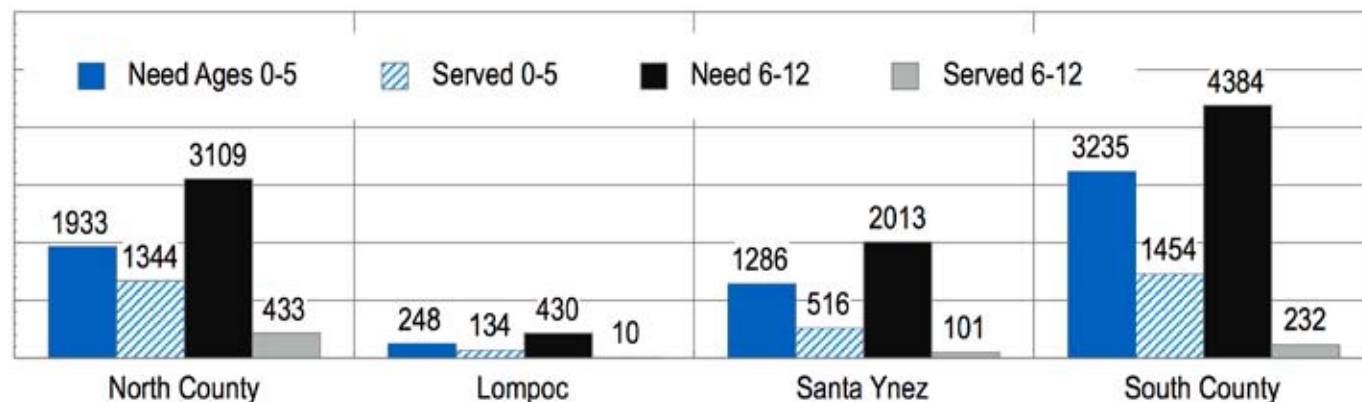
Need and Supply Child Care

Need for and Supply of Subsidized Child Care

The cost of child care is very high throughout the county and may cause families to select license-exempt, informal or lower quality licensed child care than they would prefer. Fortunately, there are subsidized programs available to provide care for children of low-income families, but there are not enough subsidized spaces to accommodate all eligible children. With almost 23% of Santa Barbara County's children living in poverty, there is a huge demand for subsidized care. The long waiting lists for subsidized care can result in a two or three year wait for a space and, in some cases, families never receiving the assistance they need.

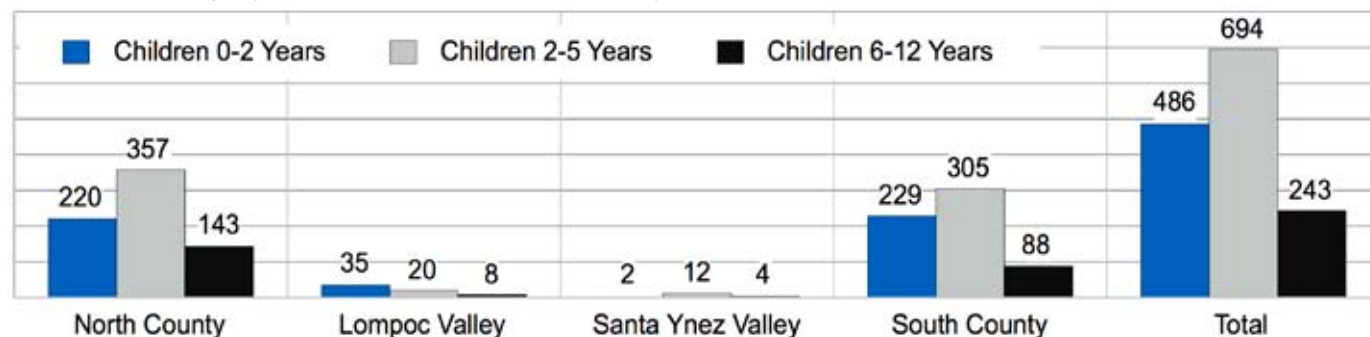
Need and Supply of Subsidized Child Care (Estimated Need and Children Served)

Source: Subsidized Child Care Survey, October 2006



Number of Children on Waitlist for Subsidized Child Care by Home Zip Code

Source: Centralized Eligibility List, October 16, 2006, Santa Barbara Family Care Center



Countywide in 2006, 6,444 children ages 0-12 were eligible for child care support through CalWORKS. Of these children, only 24% received subsidized child care.

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.

Since 1994-1995, there has been a significant increase in the proportion of Latino children served by Storyteller. Source: <http://www.storytellercenter.org/>

Quality of Child Care Programs

Indicator

Quality of child care programs.

Why is this Indicator Important?

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 as compared to national standards. This review emphasizes the overall quality of the child's experience. Accreditation is a one- or

Nationally Accredited Programs in Santa Barbara County, October 2006		
Region	Family Child Care Homes	Centers
North County	2	7
Lompoc Valley	1	6
Santa Ynez Valley	0	3
South County	1	9
Total	4	25

two-year, voluntary process, involving: (a) extensive self-study by the program; (b) validation site visit to verify the self-study results; (c) review by a national commission of experts in child care and early childhood education; (d) judgment that the program is in substantial compliance with the national criteria; and (e) 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 October 2006 there were 29 accredited programs (25 centers, 4 family child care) in Santa Barbara County. This is an increase compared to the 12 programs (5 centers and 7 family child care) that were accredited in June 2004.



2. ECE Workforce Education—Research shows a direct link between the education level of an early childhood provider and the quality of that provider's care. Teachers with a Bachelor's degree are found to provide the highest quality programs. The Santa Barbara County Early Care and Education Workforce Survey—2006 reports that there are an estimated 696 family child care providers and assistants and 1,083 center staff (directors, teachers and assistant teachers). Of these, 11% of family child care providers and 26% of center teachers hold a Bachelor's degree.

County Workforce Study

Source: Santa Barbara County Early Care and Education Workforce Study, 2006

Educational Attainment of the ECE Workforce

	High School or Less	Some College	AA Degree	BA Degree or Higher
Family Child Care Providers	30%	44%	15%	11%
Center Teachers	0%	40%	34%	26%

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. According to the ECE Workforce Study, turnover rates for ECE teachers is 29%, ECE assistant teachers is 31%, ECE directors is 28% compared to the 11% turnover rate for K-12 teachers.

Recruiting and retaining the ECE workforce is a continuing and worsening challenge in Santa Barbara County. This year programs have reported being unable to open new classrooms and/or are reducing enrollment because they have been unable to hire qualified staff.

Low pay, few or no benefits, and long hours contribute to the difficulty of recruiting and retaining well educated and trained staff.

The Santa Barbara County Early Care and Education Workforce Study, 2006, prepared by the Center for Child Care Employment at the University of California, Berkeley and the California Child Care Resource and Referral Network reports that the average highest salary paid to teachers with a Bachelor's or higher degree is \$40,123. This is \$19,430 less than the average Santa Barbara County elementary school teacher. The elementary school teachers also have shorter work days and calendar school years and generally receive better benefits. The hourly wage for centers' highest-paid assistants is \$10.59 per hour.

Complete findings of the Santa Barbara County Early Care and Education Workforce Study, 2006 can be found at <http://www.sbceo.org/ccpc/whatsnew.shtml>.

Subsidized Child Care Criteria

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).

Quality Improvement in Action

The First 5 Early Care and Education Infrastructure Initiative provides ongoing support for program accreditation and professional development for the ECE workforce. Funding and technical assistance is provided for centers and family child care providers to improve program quality and stipends are awarded to ECE professionals who continue their education and fulfill other professional development activities.

The California Preschool Instructional Network, funded by the California Department of Education, is offering ongoing research-based training for both classroom staff and program administrators and community college faculty. The training focuses on classroom practices that support mastery of preschool functions.



Child Care Salaries Lag Behind Other Educators

The average annual salary for highest-paid ECE teacher with a BA is \$40,123. The average annual salary for Santa Barbara County elementary school teacher is \$59,551. The average highest-paid ECE assistant teacher earns \$10.57/hour.

Cost of Child Care

Indicator

Affordability of child care defined as the average annual cost of licensed child care reported by the Children's Resource and Referral.

Why is this Indicator Important?

High quality, affordable early care is an essential ingredient of an economically and socially healthy community.

Findings

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, 16% to 23% of income was needed for infant care; 15%-19% was required for preschool care, and 10%-13% was needed for the care of a school-age child.

The cost of child care is continuing to increase across the county. Infant care was the most costly, ranging from \$7,733 to \$11,031 per year, this is up from \$6,971 to \$10,595 in 2005. Preschool care now ranges between \$7,080 and \$8,979 up from \$6,346 and \$10,596, and school-age care is \$4,728 to \$5,657 up from \$3,254 and \$5,891.

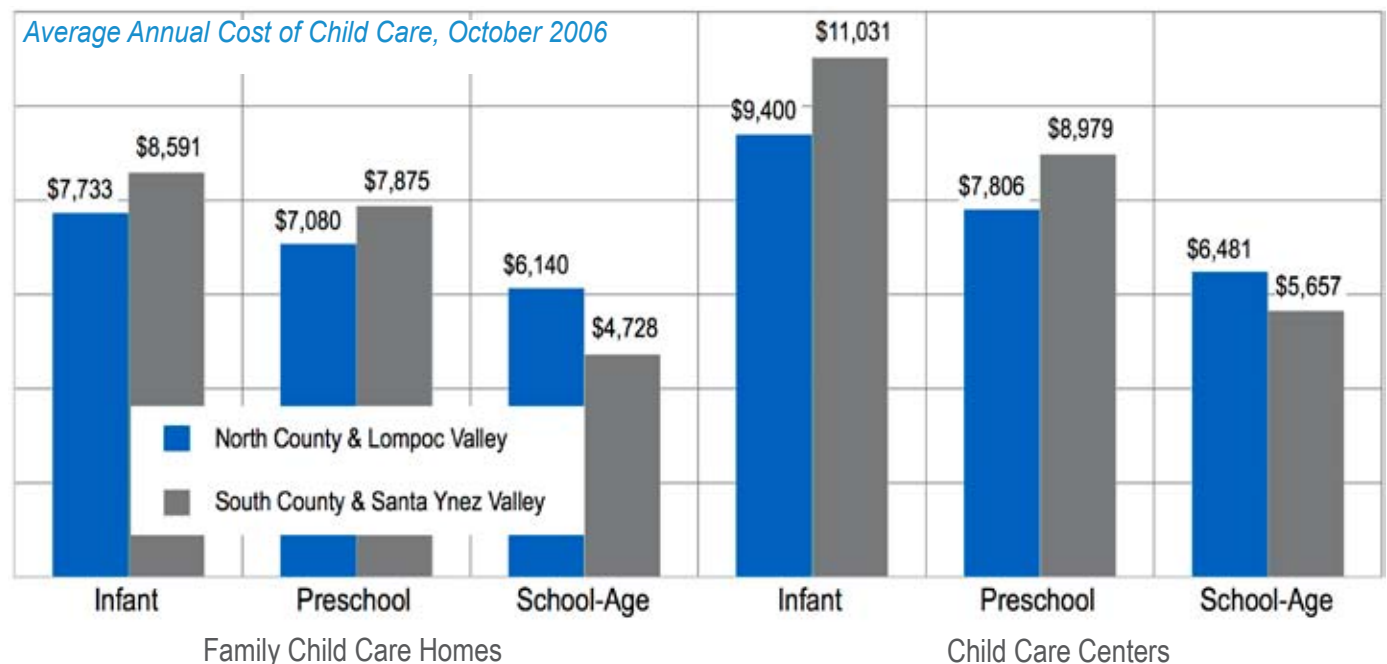
Trends and Comparisons

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.

Average Annual Cost of Infant and Preschool Care is Higher in South County with School-Age Care Higher in North County

(Source: Santa Barbara Family Care Center, Children's Resource and Referral

<<http://www.sbceo.org/ccpc/whatsnew.shtml>>)



Summary and Implications

The current supply of licensed child care spaces 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 to be self-sufficient. The quality, reliability, and cost of child care directly affects the, social, emotional, and economic health of our families and the infrastructure of our communities.

Young families living in South County communities are faced with very high housing costs, where the median home price has topped \$1,000,000 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. 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 slightly more than \$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.

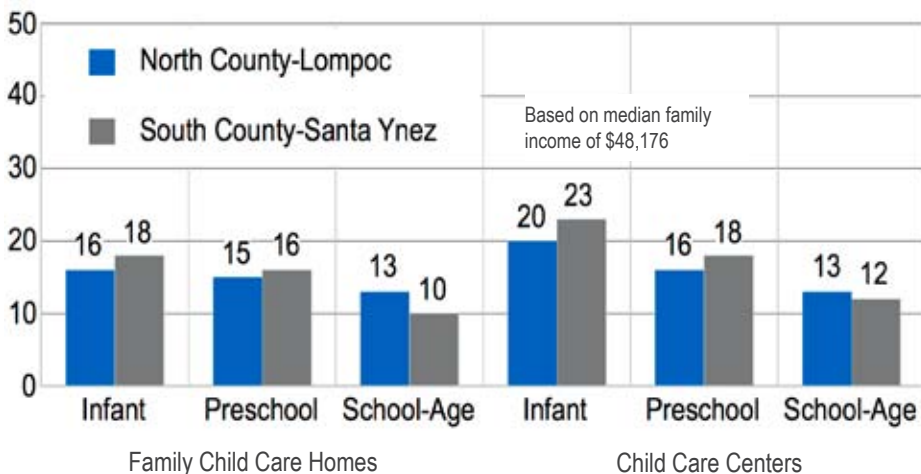
It is evident that the state government cannot adequately subsidize child care programs within our communities-more creative solutions are needed. One strategy involves interagency partnerships to meet the obstacles that face families. Furthermore, non-subsidized programs alone cannot provide the capacity 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 in need.

Preschool Support Not Reaching All Eligible Students

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



Probation Placements

Indicator

Juveniles in probation day treatment, detention and residential treatment: 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).

Why is this Indicator Important?

Children placed in treatment, detention or residential settings because of 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 means that prevention and intervention programs are working and the costs to the public are being contained.

Findings

The average daily population of boys from Santa Barbara County at LPBC and LPBA during the 2005-2006 fiscal year was 68.0, compared to 54.3 in FY 2004-2005. In 2005-2006, the average daily population of youth at the SMJH and SBJH was 102.2, compared with 85.3 in 2004-2005. The average monthly number of youth under commitment to the CECs increased from 74.3 in 2004-05 to 76.9 in 2005-2006.

A Success Story

Youth Commitment to Correctional Institutions Drops Dramatically

In 2005 the commitment rate to California youth correctional institutions was at an all time low of 5.5 per 100,000 compared to the California commitment rate of 23.8 per 100,000. This marks the lowest recorded rate in California history.

For more information visit the Center on Juvenile and Criminal Justice at <http://www.CJCJ.org>

Trends and Comparisons

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.

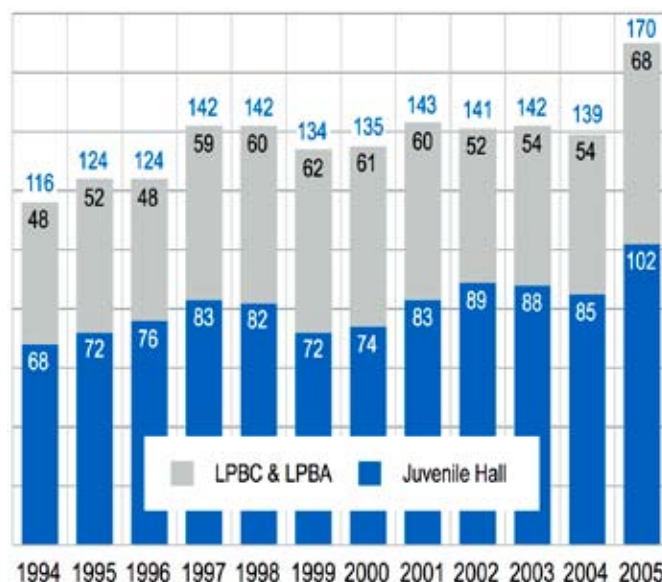
The average number of youth in foster and group home placements has dropped 40% since 1995. The gender composition during that same time has gone from 22% female in 1995 to 45% female in 2005-2006.

The Santa Barbara County Probation Department and its 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.

During FY 2005-2006, the average number of youth in foster and group home placements was 72, up from 62 the previous year and down from an all-time high of 117 in 1995.

During 2005, only three youth were committed to the CDJJ. This is the lowest annual number of youth committed in the last 11 years, which compares with the all-time high at 36 youth in 1994. During this 11-year period, the rate of commitment to the CDJJ from Santa Barbara County has dropped 96%, while the statewide rate has dropped 76%.

Number and Type of Probation Placements from Fiscal Year 1994-1995 to 2005-2006



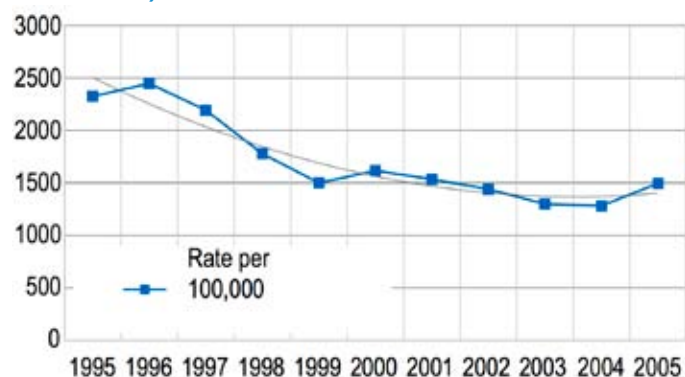
LPBC = Los Prietos Boys Camp (LPBC); LPBA = Los Prietos Boys Academy, LPBA)

Special Highlight: Three Indicators of Positive Juvenile Justice Outcomes

1. Juvenile Arrest Rates

The felony juvenile arrest rate of Santa Barbara County increased 17% in 2005, marking the first increase in 10 years. The increase now puts Santa Barbara County above the statewide felony arrest rate. Prior to this the felony rate of the county had declined a significant 48% through 2004. The arrest rate is still down 31% from a high in 1996.

Juvenile Felony Arrest Rate 1994-2005 (2002 and 2003 are estimates due to missing data from Santa Maria)



2. 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 05-06 for various probation programs.

Table 1. Graduation Rates from Juvenile Probation Programs	Number of Youth Exiting Program	Successful Graduation Rate
Teen Court	514	85%
Los Prietos Boys Academy	66	82%
Probation Supervision	804	75%
Community Service Work	654	71%
Los Prietos Boys Camp	96	70%
Restitution	302	67%
Early Intervention	219	47%
Juvenile Drug Court	83	47%
Counseling & Education Centers	175	37%

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 2,299 first-time offenders referred to the Probation Department, during October 2004 through September 2005, 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 Within Six Months	Number of Youth Graduating	Not Re-arrested
Drug Court	20	100%
Early Intervention	94	99%
Aftercare	52	98%
Teen Court	282	96%
Out-of-Home Placement	48	94%
Los Prietos Boys Academy	55	89%
Los Prietos Boys Camp	64	86%
Counseling & Education Centers	58	86%



Foster Care

Indicator

Number of children entering foster care by age group per fiscal year.

Why is this indicator important?

Over 500,000 children in the U.S. currently reside in some form of foster care. Placements in foster care have dramatically increased over the past 10 years. Foster care does not provide children with the skills they need to become successful adults. Children leaving foster-care are ill-equipped for life on their own and often end up homeless or permanently dependent on welfare services.

Findings

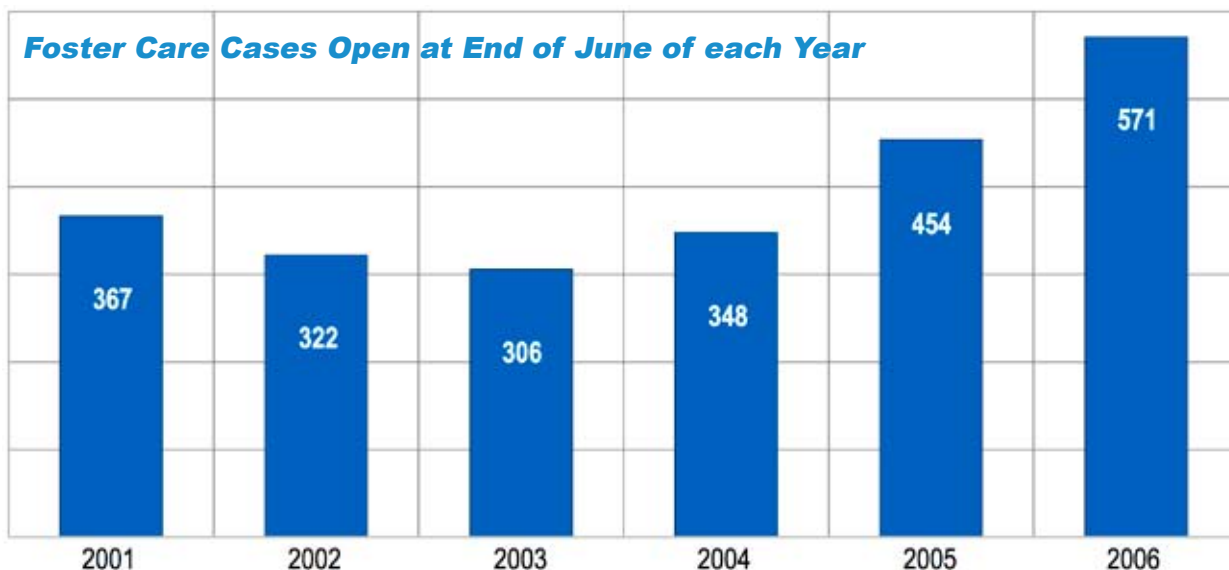
During the 2005-2006 fiscal year, 419 children entered foster care, up 30% from the previous year. Children under 1 and those ages 6-10 entered foster care at a significantly higher rate than the previous year. At month end in June 2006, 571 children were in some type of placement setting with 43% of the children being placed in Relative/Non-Related Extended Family Care.

Trends and Comparisons

The total number of children entering foster care in Santa Barbara County continues to be well below the state average. However, Santa Barbara County continues to see a rise in the total number of children entering care annually. Of those entries, there is a growing trend indicating that children under age 1 are coming into care at higher rates than other age groups. Although the ethnic distribution of children in foster care has remained relatively stable over the past few years, there was a marginal increase in the number of African American youth in care at the end of the 2005-2006 fiscal year.

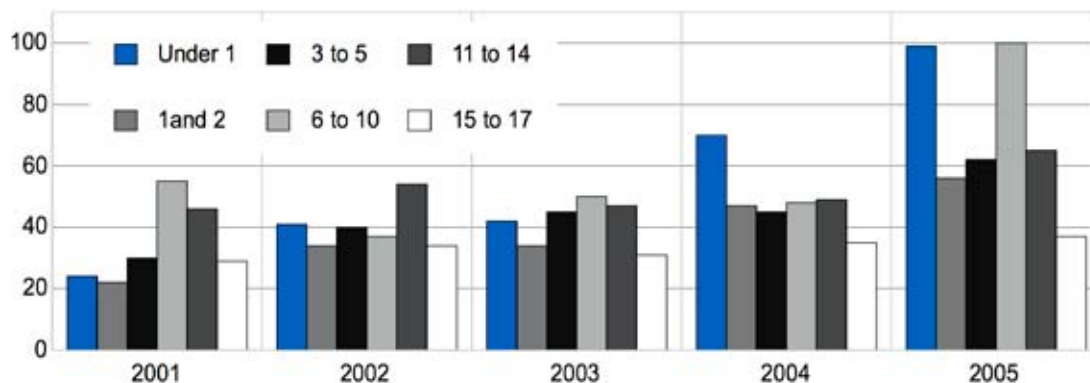
As the challenges facing families served by Child Welfare continues to increase as a result of a growing substance abuse issues in our communities, more children are entering foster care. Given the complexity of familial issues, children are staying in foster care longer than in previous years, which accounts for the growth in the total number of children in care. Many of the children placed have additional behavioral, emotional, or substance abuse problems of their own. Through the collaborative efforts of community based organizations and public agencies, services and resources continue to expand for this population of children and the substitute care providers willing to take them into their homes.

Unfortunately, there continues to be an insufficient number of placement resources available for these children, including families who are willing to provide a permanent home for children should reunification efforts fail. Although 55 children received a family for life through adoption last year, there are more children in need of permanent homes.



Foster Care

Entries to Foster Care by Fiscal Year and Age Group



Under 1	24	41	42	70	99
1 and 2	22	34	34	47	56
3 to 5	30	40	45	45	62
6 to 10	55	37	50	48	100
11 to 14	46	54	47	49	65
15 to 17	29	34	31	35	37

Type of Placement (Number and Percent)

Relative/Non-Related Extended Family Member Home	244	43%
Foster Family Home	141	25%
Foster Family Agency Certified Home	112	20%
Small Family Home	12	2%
Legal Guardian Home	8	1%
Group Home	54	9%
Total	571	

Source: CWS/CMS CAD extract for children in placement on June 30, 2006. *Note: The total numbers of children in care may vary slightly due to business processes that may result in delayed data entry.

Santa Barbara County Children/Youth in Care by Placement Type for Fiscal Year 2005



Children in Foster Care as of July 1st Each Year

Total Foster Care Entries (Children)	2004	2005
California	81,451	79,378
Santa Barbara	348	454

Entries (per 1,000 children)

California	8.1	7.8
Santa Barbara	3.3	4.3

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

California Healthy Kids Survey, Resilience Youth Development Module —Santa Barbara County Youth Grades 7, 9, and 11— Next Update in 2007 Scorecard based on Fall 2006 County Healthy Kids Survey

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 Comparisons

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.

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.

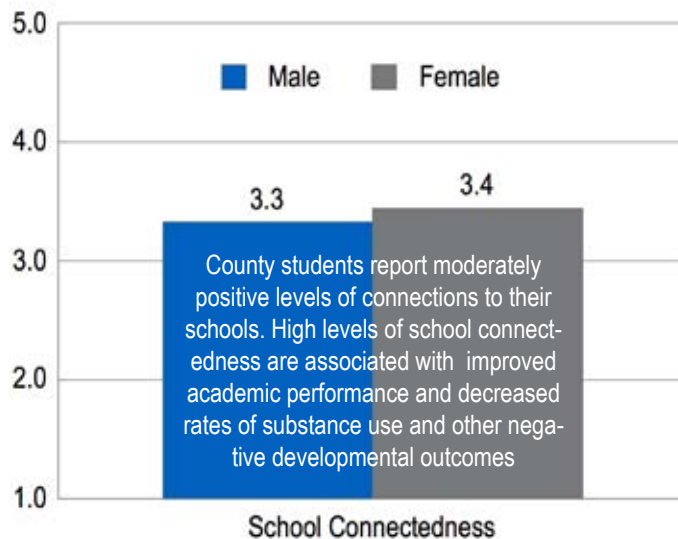
The teachers at this school treat students fairly.

I feel safe in my school.

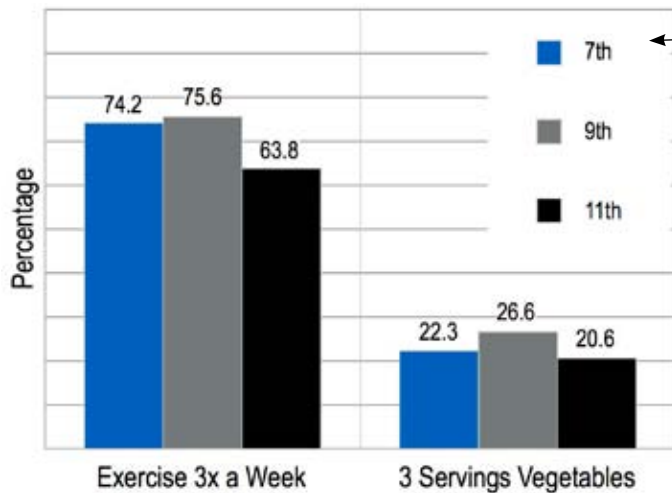
5-point response scale (Strongly disagree, disagree, neither disagree nor agree, agree, strongly agree). Average items scores of 4.0 or higher (above between "agree" and "strongly agree") are considered to fall into the "high" range.

See the September 2004 issue of the Journal of School Health
http://www.ashaweb.org/journal_schoolhealth.html
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)



Resilience Assets



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.)

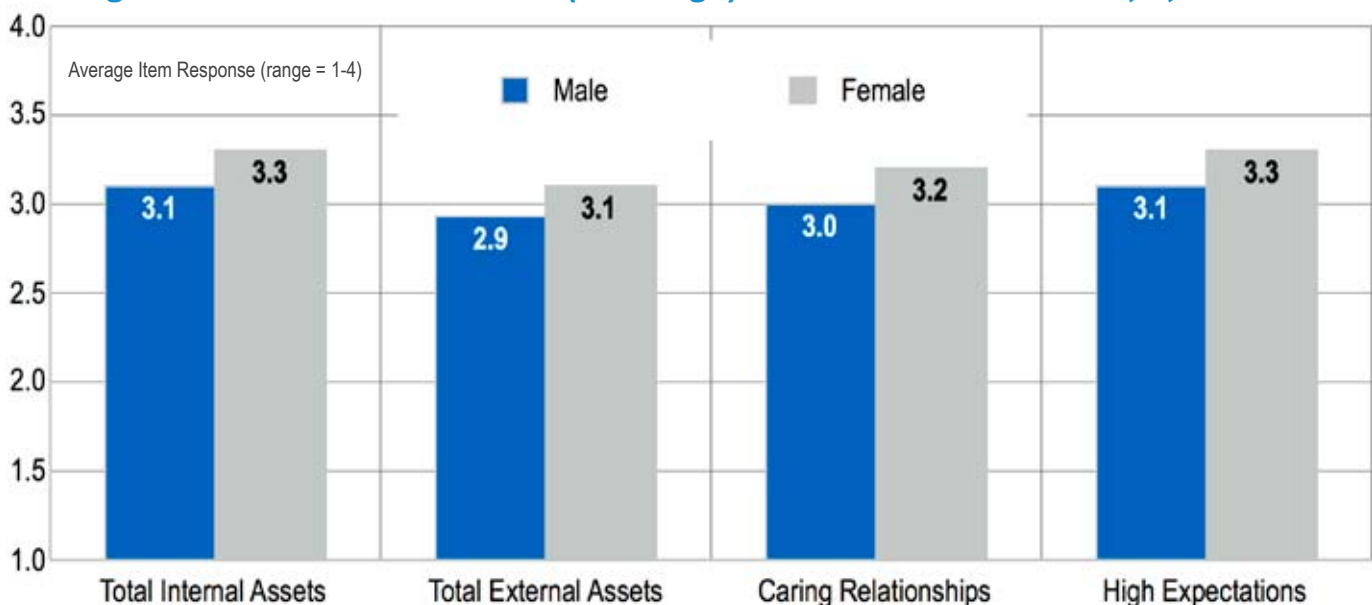
During the past 24 hours (yesterday), how many times did you... Eat vegetables? (Include salads and nonfried potatoes.)

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.

Section 8: Youth Choose Healthy Behaviors

Tobacco and Other Substance Use

Next Update in 2007 Scorecard based on Fall 2006 County Healthy Kids Survey



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:

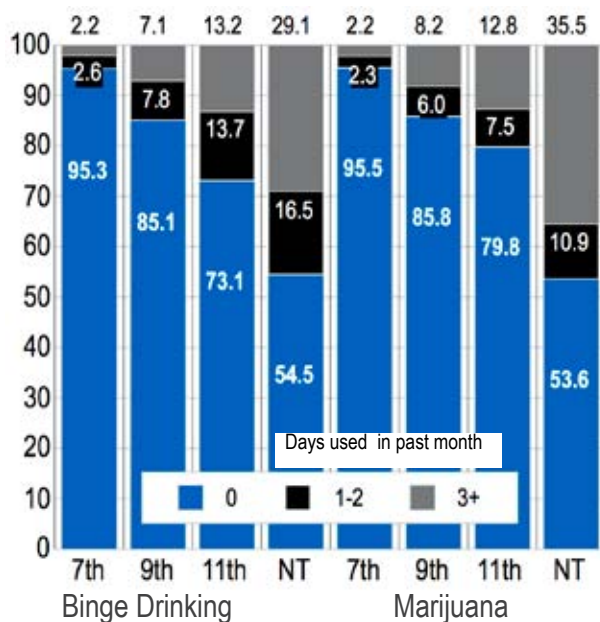
- 4 times more likely to use alcohol
- 8 times more likely to "binge" drink (5 or more drink within two hours)
- 9 times more likely to smoke marijuana
- 10 times more likely to use inhalants

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

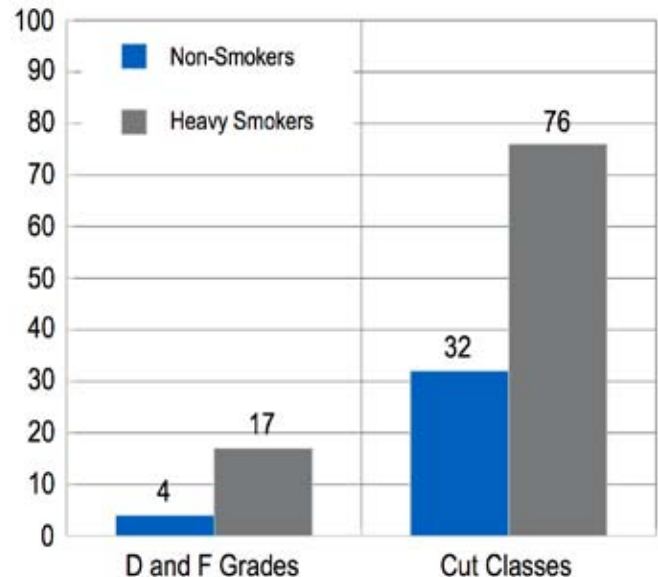
Current Information

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)



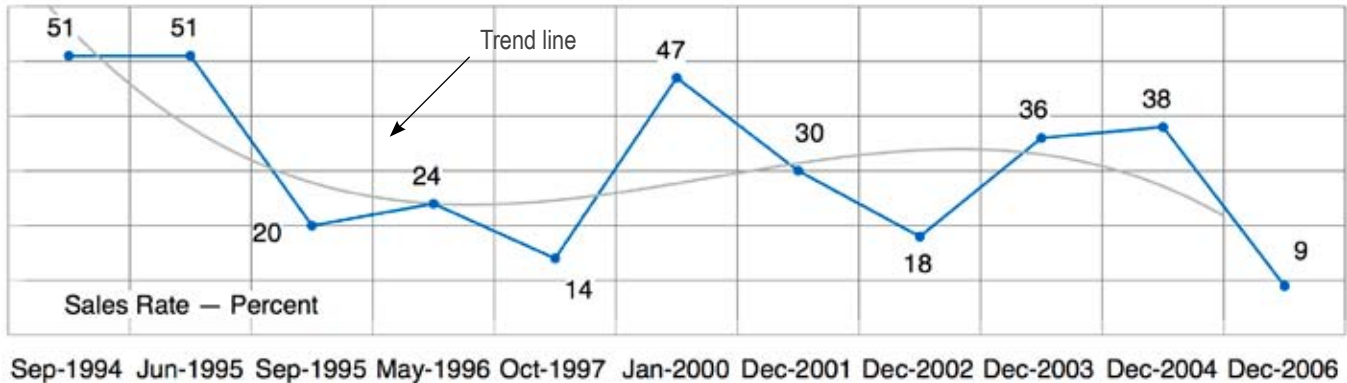
Percent of Non-Smokers and Heavy Smokers Reporting Low Grades and Cutting Classes.



Data for this indicator are collected every two years via the countywide administration of the California Healthy Kids Survey to students in grades 7, 9, and 11. The survey was last administered in November 2006 and this information will be included in the 2007 Scorecard. Prior to the next Scorecard, fact sheets related to tobacco and substance use and abuse, and its co-occurring conditions for County youth will be developed by June 2007 by the Health Department (Tobacco Prevention) and by Alcohol, Drug, and Mental Health Services.

* Detailed CHKS tobacco use pattern fact sheets are available at: <http://www.sbcphd.org/ahp/tobacco> or <http://www.education.ucsb.edu/cs->

Tobacco Sales Rates to Minors Santa Barbara County 1994-2006



Indicator

Tobacco sales to youth in Santa Barbara County.

Definition

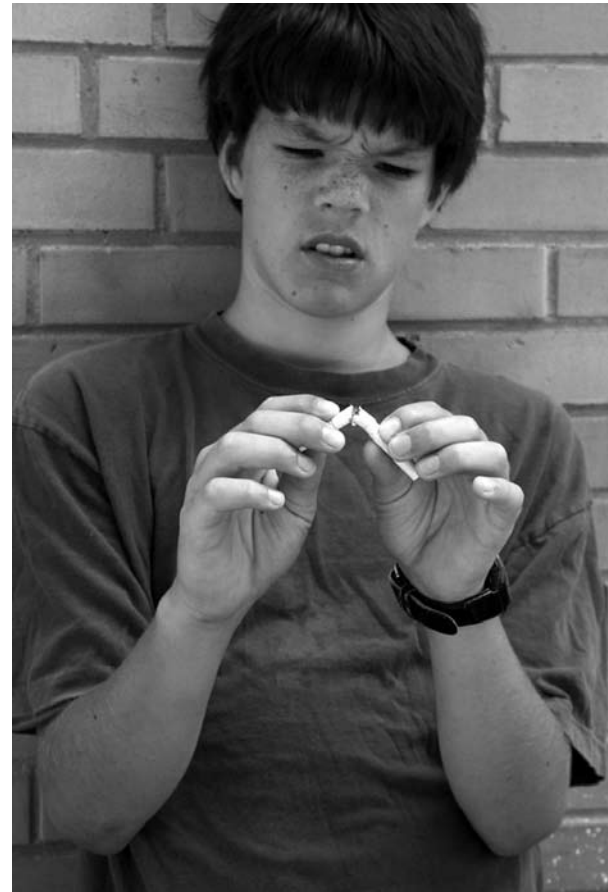
The Tobacco Prevention Settlement Program has gathered data regarding underage tobacco sales in retail establishments throughout the County since 1993. Methods of data collection included law enforcement and non-enforcement undercover buy attempts by minors.

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. In 2006, major progress was made with the sales rate showing a 76% decrease to just 9%.

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

Probation Referrals

Indicator

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

Why is this Indicator Important?

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 2005-06, there were 6,759 (with 2,330 first-time offenders) referrals of juveniles to Probation, up from 6,346 in 2004-05. In terms of location, 61% of the total referrals were from North County and 39% were from South County. For felony and misdemeanor referrals, 65% were from North County and 35% were from South County. For status offenses and violations of local ordinances and infractions, 52% were from North County, whereas 48% were from South County.

Trends and Comparisons

After declining from 1996 to 2000, total referrals are up 18% since FY 1999-2000, at least partially affected by population growth of youth ages 10 to 17. Felony referrals declined rapidly through 1999-2000, but have also been rising slowly over the past six years. Referrals for status offenses, violations of local ordinances, and infractions have increased 205% since 1994-95 at a steady rate.

In 1999-2000, after a four-year decline, total referrals of youth began to increase. Referrals for more serious felony offenses have shifted significantly, with North County having 75% of felony referrals (with 65% of the youth-age population) in 2005-06. On the other hand, throughout the past eleven years, referrals from law enforcement for the more minor status offenses, local ordinances, and infractions have steadily increased, with 48% of those referrals taking place in South County.

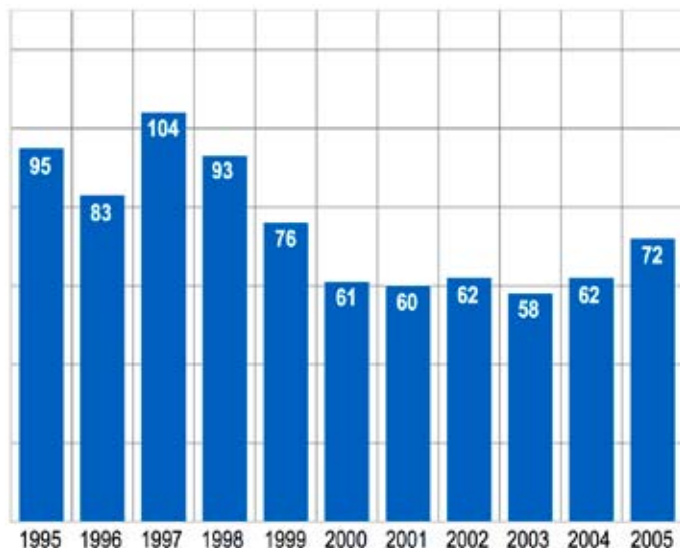
Santa Barbara County's neighborhood-based, juvenile justice system has seen the fruits of its efforts to provide more collaborative and intense family-focused early intervention, treatment, and aftercare services over the past ten years. During this time, law enforcement has been able to focus more attention 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 four years, unfortunately those positive trends have clearly reversed.



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 from 1995-1996 to 2005-2006



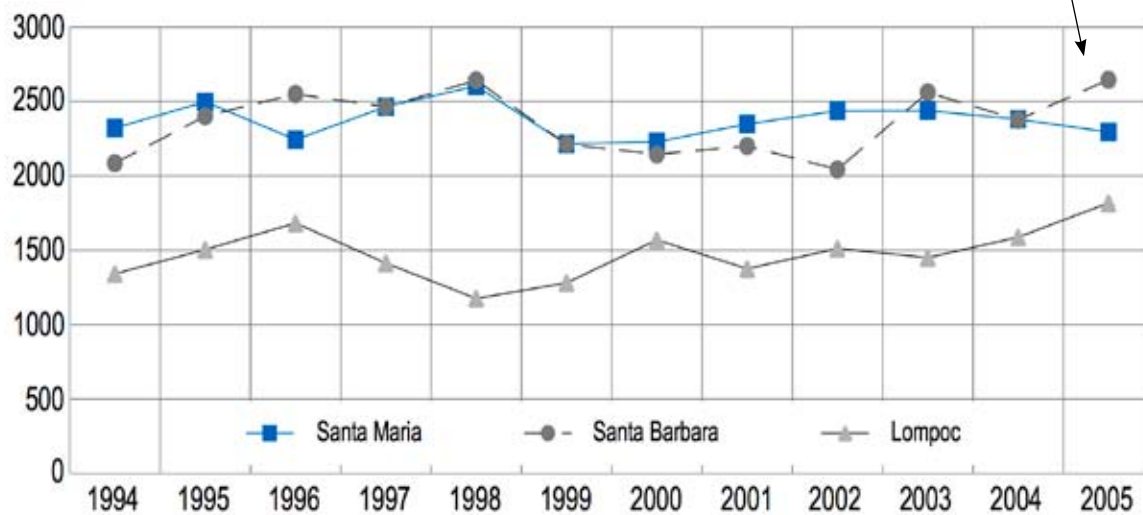
Felony Referrals Increasing

Felony referrals in the North County were 61% of the total in FY 1998-99 and 75% in FY 2005-06

Felony referrals have been rising slowly over the past four years

Total referrals have risen 13% over the past three years

Juvenile Probation Total Referrals by Area from FY 1994/95 to 2005/06



Santa Maria	2,322	2,498	2,244	2,465	2,604	2,215	2,229	2,349	2,437	2,438	2,381	2,295
Santa Barbara	2,086	2,402	2,550	2,465	2,642	2,213	2,145	2,201	2,044	2,561	2,377	2,646
Lompoc	1,342	1,505	1,683	1,414	1,176	1,281	1,570	1,376	1,512	1,451	1,588	1,818

Santa Barbara County California Healthy Kids Survey (CHKS)–2004 —Selected Findings for Students in Grades 7, 9, and 11— Next Update in 2007 Scorecard based on Fall 2006 County Healthy Kids Survey

Percent of Students Reporting Selected Positive and Risk Behaviors by

Reported Health and Risk Behaviors	Low Assets (N = 334)	Moderate Assets (N = 2,198)	High Assets (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

Reported Health and Risk Behaviors	Low Resources (N = 396)	Moderate Resources (N = 2,698)	High Resources (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 ever feel so sad or hopeless almost everyday for two weeks or more that you stopped doing some usual activities? (A) No; (B) Yes.

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

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%

Source: 2004 CHKS Survey, Santa Barbara County

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

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>

Other Positive Youth Development Resources

Source: California Healthy Kids Resilience Youth Development http://www.wested.org/pub/docs/hks_resilience.html
 Source: Search Institute, 40 developmental assets; <http://www.search-institute.org/>
 Source: National Youth Development Information Center, <http://www.nydic.org/nydic/>

Resilience Source	Research-Based Protection Element	CHKS Resilience Youth Development Module
School Resources Home Resources Peer Resources	Caring Relations High Expectations Meaningful Participation	Examples: One per subscale presented in order Who notices when I'm not there. Who believes that I will be a success. I help decide things like class activities or rules.
Internal Youth Assets	Cooperation Empathy Problem-Solving Self-Efficacy Self-Awareness Goals & Aspirations	Examples: One per subscale presented in order I enjoy working together with other students my age. I feel bad when someone gets their feelings hurt. I know where to go for help with a problem. I can do most things if I try. I understand my moods and feelings. 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, student indicates which of these personal or internal attributes they have and how they perceive the resources available to support and encourage them among parents, teachers, and peers. Research have shown that youth with more internal and external assets have more positive developmental outcomes. For more information, see http://www.wested.org/pub/docs/hks_resilience.html

Mental Health Services for Children and Adolescents

Indicator

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

Why is this Indicator Important?

Mental health is a critical component of children's learning and general health. Fostering social and emotional health in children as a part of healthy child development must therefore



Important Messages About Children's and Adolescents' Mental Health:

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

be a priority. Both the promotion of mental health in children and the treatment of mental disorders should be major public health goals (U.S. Surgeon General's Report on Mental Health which was released in December, 1999; <http://www.surgeongeneral.gov/topics/cmh/childreport.htm>). Serious emotional and behavioral disorders in youth can severely disrupt their daily functioning in the home, school, or community and can affect one in 10 young people. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorder, and eating disorders.

Findings

The number of youth receiving services from County Mental Health increased by 45% between 2000 and 2006. Using the December 2006 count of the 3,010 cases open at that time, 28% were from Santa Barbara, 41% were from Santa Maria, and 17% were from Lompoc. Continuing a pattern reported in previous years, there were more males (59%) than females receiving services.

Trends and Comparisons

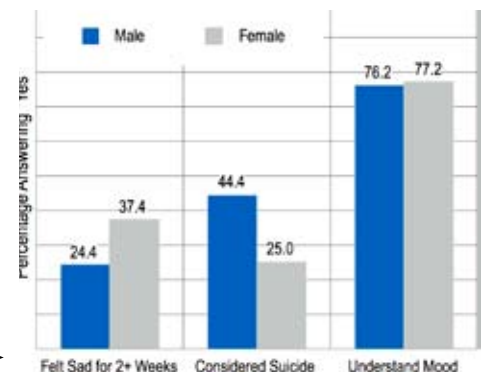
The total number of youth receiving County Mental Health services was stable for the years 1998-2000, after a period of rapid growth associated with the implementation of the Multiagency Integrated System of Care program (funded by a federal grant that ended in 1999). From 2000-2006 there was a big growth in the caseload for children's mental health services, which is now beginning to level off. 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.

California Healthy Kids Survey Responses—2004

(Percent of County Students)

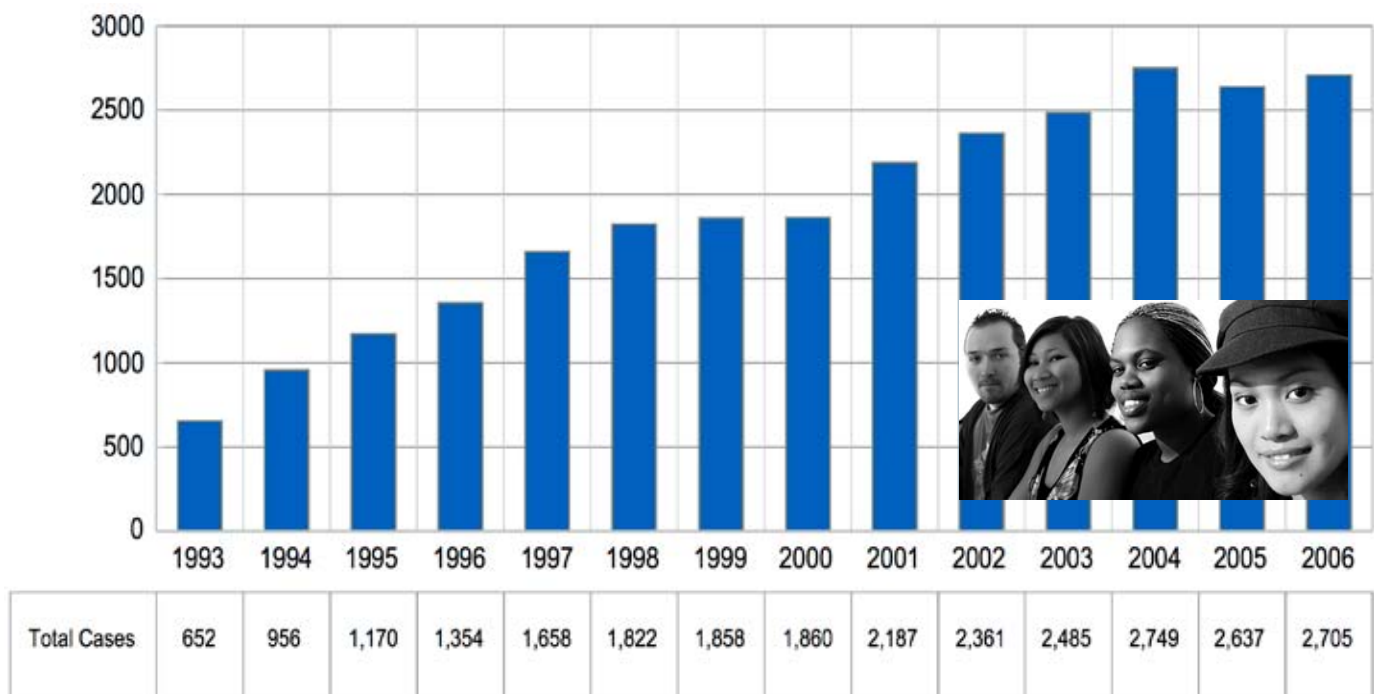
Feeling sad for most of the time during one 2-week period in past year
Thought about or considered suicide
Youth feels understand his or her own moods and feelings



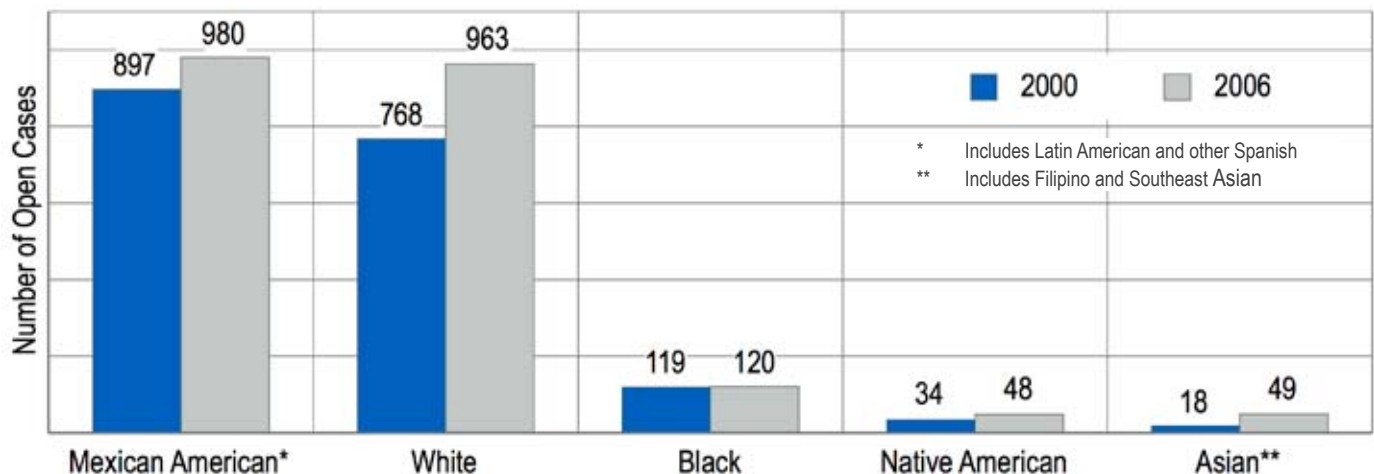
Children Referred for Mental Health Services

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

Number of Youth Receiving Mental Health Services



Number of Open Cases by Ethnicity (ages 18 and younger)



Graduation and Dropout Rates

Indicator

High School graduation and dropout rates as the 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).

Why is this Indicator Important?

A high school diploma is the best investment any student can make. According to 2003 Census Bureau statistics, those who complete high school are looking at an average yearly income of \$27,915. People without a high school diploma will make an average of \$18,734 a year, a difference of over \$9,000 a year, or \$360,000 over a 40-year work career.

Findings

The 2004-2005 countywide graduation rate was 81.3% down from 85.2% in 2003-2004. The statewide graduation rate has remained stable at 86.7%. The four-year-dropout rate in Santa Barbara County was 5.8% compared to the California rate of 12.5%.

Graduation Rates 2004-2005

During the 2004-2005 school year, there were 4,608 enrolled 12th graders and 3,747 (81.3%) received high school diplomas. Of these students, 41.6% 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 is up from 37.6% in 2003-2004. Among White Non-Hispanic students 54.8% met UC/CSU entrance requirements. This compares with 35.4% of African Americans, 25.7% of Hispanics, and 55.3% of Asians.

Dropout Rates 2004-2005 (Four-year Rates)

In terms of location, Santa Barbara High School District reported the lowest four-year dropout rate 3.4%. The rates for other districts were as follows: Lompoc Unified School District 3.5%, Santa Ynez Valley Union High School District 4.0%, and Santa Maria Joint Union High School District 10.5%.

Trends and Comparisons

Santa Barbara County reported a 81.3% graduation rate during 2004-2005 and a four-year-dropout rate of 5.8% as compared with the statewide rates of 86.7% and 12.5% respectively. The long-term dropout rate is decreasing and remains lower than the statewide average.

Four-Year Dropout Rates Santa Barbara and Comparison Regions

Region	1999	2000	2001	2002	2003	2004
California	11.1%	11.1%	11.0%	10.8%	12.7%	12.6%
San Luis Obispo	6.2%	5.5%	5.5%	3.8%	9.8%	10.5%
Santa Barbara	7.7%	6.8%	5.9%	5.2%	7.3%	5.8%
Ventura	7.4%	7.3%	5.6%	6.8%	4.2%	8.4%

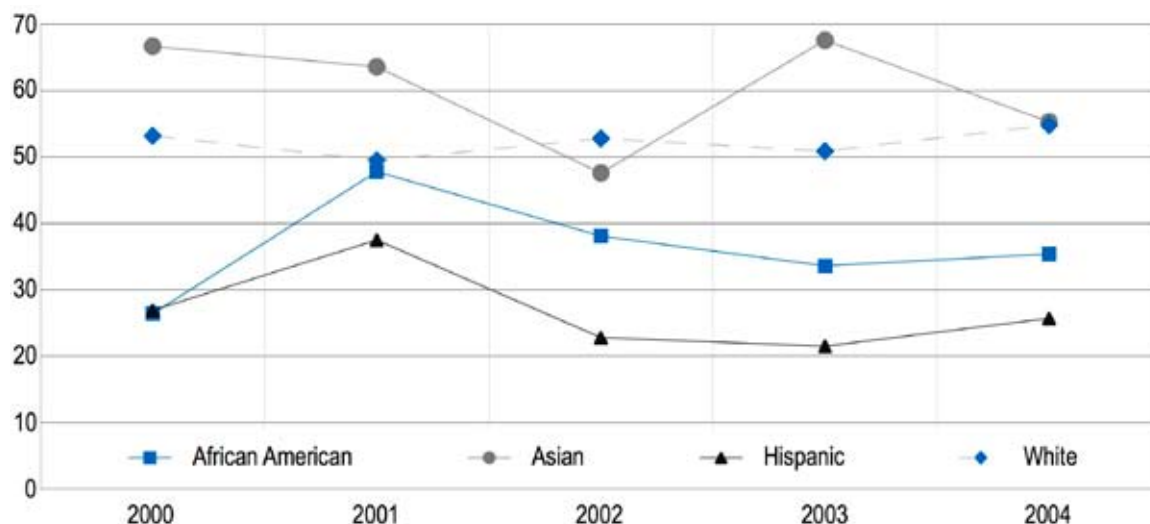
The percentage of public school students in Grades 9-12 who drop out at any point during the four years of high school. It is a four-year derived rate measuring the cumulative impact of the annual dropout rate. Source: California Department of Education, and CLIKS, Community-Level Information on Kids;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

What is a Four-Year Dropout Rate?

The 4-year derived dropout rate is an estimate of the percent of students who would drop out in a four year period based on data collected for a single year. To create an actual 4-year rate we would need to collect individual student data and be able to track such data over time.

High School Graduation and Dropout Rates

By Ethnic-Cultural Background: Percentage of Santa Barbara County High School Graduates (N = 3,747) that Have Fulfilled University of California or California State University Entrance Requirements



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.

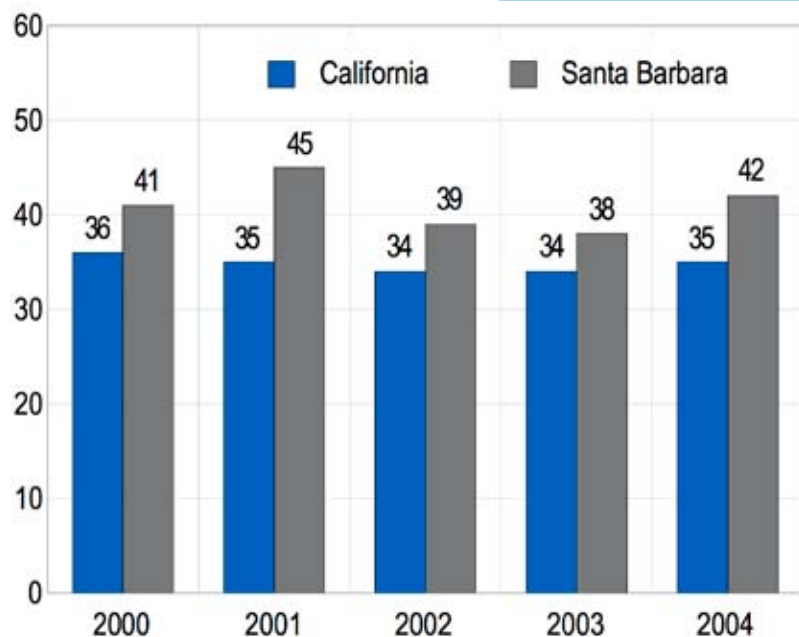
What criteria are used to define “dropping out of school?”

In October, 2003, the California Department of Education (CDE) adopted the National Center for Educational Statistics (NCES) Dropout definition. Following the 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.



State Comparison: Percentage of High School Graduate that Have Fulfilled University of California or California State University Entrance Requirements



Births to Teen Mothers

Indicator

Births to teen mothers.

Why is this Indicator Important?

Births to teen mothers can present problems for the young parents, their baby, and other family members. Teens who become pregnant are less likely to finish high school. They also are less likely to get early, adequate prenatal care, more likely to live in poverty or near-poverty, and be single parents who use more community resources. Subsequently, they are at increased risk of having premature, low birth weight, or very low birth weight babies; having babies with delayed growth and development; and having another baby within two years.

Findings

During 2005, there were 215 (3.6% of total births) births to females under age 18 in Santa Barbara County (compared to 234; 3.8% of total births in 2004). By region, females under age 18 contribute 4.6% of North County births, 3.5% of the Central County births, and 2.4% of South County births.

For years 2003-2005, the Santa Barbara County 3-year average annual fertility rate among females ages 10-14 was 0.67 per 1,000 (up from 0.64 for years 2000-2002).

In 2003-2005, the Santa Barbara County average annual fertility rate for Hispanic females ages 10-14 was 1.27 per 1,000 (down from 1.31 in years 2000-2002). The numbers for non-Hispanic White females were too few and the rate is, therefore, too unstable to report.

The 2005 fertility rate for females ages 15-17 was 23.9 per 1,000 (down from 26.3 per 1,000 in 2004) in Santa Barbara County.

In 2005, the fertility rate for Hispanic females ages 15-17 was 45.2 per 1,000 (down from 52.3 per 1,000 in 2004) and 4.0 per 1,000 (up from 2.7 per 1,000 in 2004) for non-Hispanic White females.

Trends and Comparisons

The 3-year average annual fertility rate for females ages 10-14 in Santa Barbara County was the highest during the years 1994-1996 at 1.33 per 1,000 and lowest during years 2000-2002 (0.64 per 1,000).

Since 1994, the 3-year average annual fertility rate for Hispanics 10-14 was the highest in 1994-1996 at 2.72 per 1,000 and lowest in 2003-2005 at 1.27 per 1,000. The 3-year average annual fertility rate for non-Hispanic Whites ages 10-14 is based on counts so low as to cause the rate to become unstable.

Since 1992, the fertility rate for females ages 15-17 was highest in 1993 (46.4 per 1,000) and lowest in 2002 (22.4 per 1,000). The fertility rate for Hispanic females ages 15-17 was the highest in 1993 (92.0 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 1992 (15.3 per 1,000) and lowest in 2004 (2.8 per 1,000).

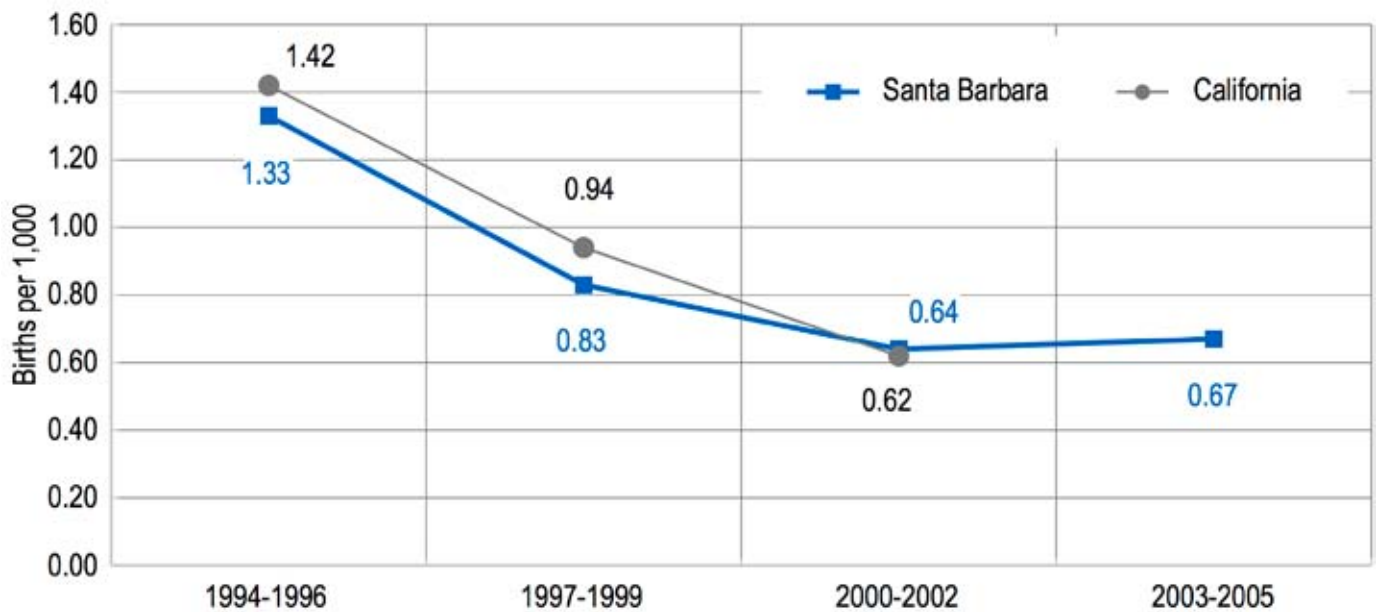
In 2005, the number and proportion (215, 3.6%) of all births that were to females under age 18 decreased slightly from 2004 (234, 3.8%). North County had both the highest actual number and proportion of the three county region's non-Hispanic White females.

Decreases in teen births have occurred during the past 10 years, now accounting for 3.6% of all births to county residents. This reflects the national trend, with teen births now at their lowest level ever. See <http://www.cdc.gov/od/oc/media/pressrel/r061121.htm> for a detailed report.

Source: Santa Barbara County Public Health Department: <http://www.sbcphd.org>; 805-681-4750

Births to Teen Mothers

Birth Rate Per 1,000 Females Ages 10-14, Santa Barbara County and California

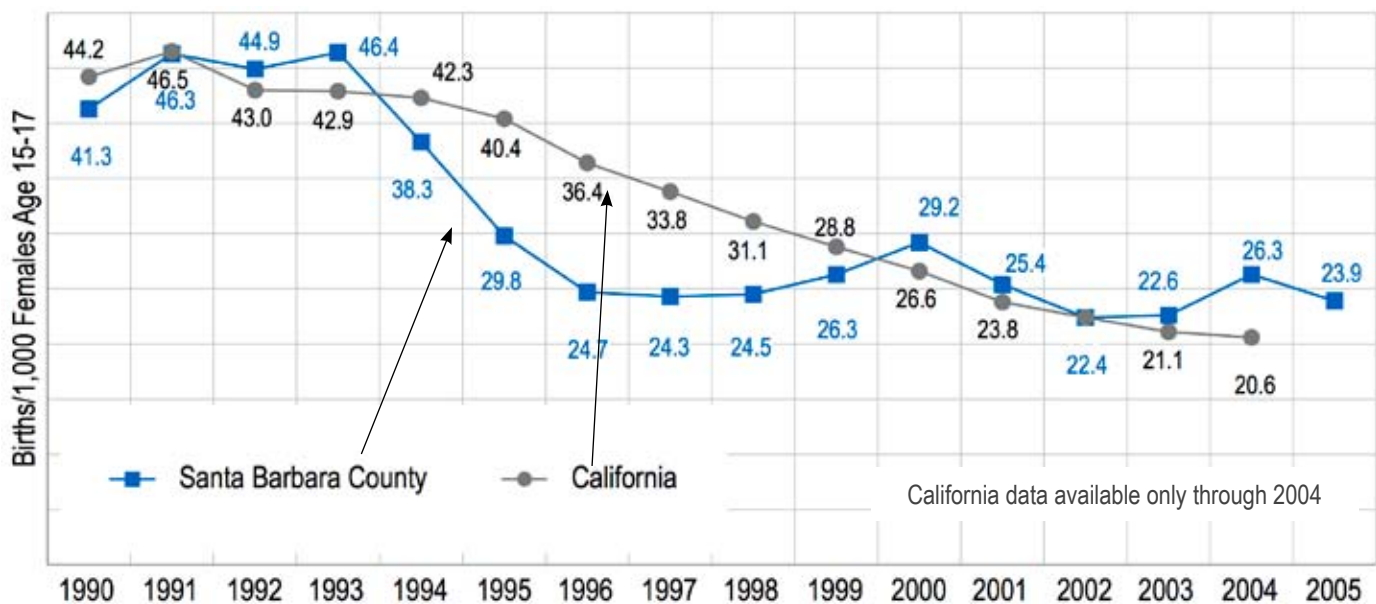


Parent-Child Relationship Key to Teen Pregnancy Prevention

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

Fertility Rates per 1,000 Females Ages 15-17 Santa Barbara County 1990-2005 and California 1990-2004



Youth in the Workforce

Indicator

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

Why is this Indicator Important?

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 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: (a) tutoring, study skills, and instruction, (b) alternative secondary school services, (c) summer employment opportunities, (d) work experience, (e) occupational skills training, (f) leadership development, (g) adult mentoring, (h) follow-up services, (h) comprehensive guidance and counseling, and (i) supportive Services.

Findings

In FY 2005-2006, 290 (down from 402 in 2004-2005) eligible participants were served in the WIA Youth Program. Ninety-eight percent of participants served were identified as having low income, 83% needed additional assistance, and 11% (compared to 14% the previous year) had limited English proficiency.

2003-2006 Workforce Investment Board Youth Participants

Barriers to Employment, Participant Description, Outcomes	Participants 2003-2004	Participants 2004-2005	Participants 2005-2006
Total Number of Participants	304	402	290
Barriers to Employment			
Low Income	99%	99%	98%
Youth Needing Additional Assistance	82%	79%	83%
Basic Literacy Skills Deficient	61%	49%	43%
Disability	33%	40%	32%
Limited English Proficiency	3%	14%	11%
Offender	13%	19%	19%
Pregnant/Parenting Youth	10%	13%	10%
Substance Abuse	6%	9%	9%
Single Parent	6%	5%	6%
Runaway Youth, Homeless, Foster Youth	7%	10%	17%
Worker Profiling/Reemployment Service Referral	1%	>1%	0%
Educational Status of Participants			
In School	67%	67%	69%
Out of School	33%	33%	31%
Participant Outcomes			
Total Participants Exiting	233	279	214
Entered Employment	26%	23%	23%
Returned to Secondary Education	3%	45%	45%
Continued to Higher Education	6%	9%	9%
Attained Recognized Certificate/Diploma/Degree/GED	60%	42%	42%







KIDS NETWORK, 2006

BUILDING RESILIENCY THROUGH COMMUNITY RESOURCES.



Helping all children and families.

RAISING CHILDREN WHO THRIVE AND SUCCEED. A VISION FOR SANTA BARBARA COUNTY'S YOUTH AND THEIR FAMILIES.

- Children are born healthy and thrive during preschool.
- Children and adolescents are healthy.
- Children enter preschool ready to learn.
- Children succeed in school.
- Children live in safe and supportive families.
- Children are raised in environments that foster their optimal development.
- Youth choose healthy behaviors.
- Youth are socially and emotionally competent.
- Youth successfully transition to adulthood.
- Youth and their families are meaningfully engaged in their communities.



BASED ON INFORMATION AVAILABLE THROUGH OCTOBER 2006.



Many valued contributors.

PARTNERS IN CARING FOR CHILDREN AND 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 CHILD CARE & EDUCATION

SANTA BARBARA COUNTY PROBATION DEPARTMENT

- SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT
- CHANNEL ISLANDS YMCA/ NOAH'S ANCHORAGE
- CHILDREN'S RESOURCE AND REFERRAL PROGRAM
- COMMUNITY ACTION COMMISSION/ HEAD START
- COMMUNITY CARE LICENSING
- SANTA BARBARA FAMILY CARE CENTER
- SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)
- TRI-COUNTIES REGIONAL CENTER
- WORKFORCE INVESTMENT BOARD YOUTH COUNCIL

REVISED INDICATORS NEW ORGANIZATION

In previous years, the Scorecard indicators were grouped by topical areas—Education, Health, and so on. For 2006, the KIDS Network partners discussed the desirable outcomes for the children and families of Santa Barbara County.

For 2006, the Scorecard uses many of the same indicators as in previous years, but they are organized by the positive outcomes. Let us know your thoughts about this new approach.

HOW IS INFORMATION GATHERED? KEEPING TRACK OF OUTCOMES.

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.

The Scorecard is a grass-roots, community-wide effort, produced at a minimum of public expense.



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