

2017

CHILDREN'S SCORECARD



Page intentionally left blank

TABLE OF CONTENTS

INTRODUCTION.....	1
<i>WELCOME</i>	<i>3</i>
<i>ABOUT THE SCORECARD</i>	<i>5</i>
<i>EXECUTIVE SUMMARY.....</i>	<i>7</i>
BACKGROUND.....	17
<i>ADVERSE CHILDHOOD EXPERIENCES</i>	<i>19</i>
<i>PROTECTIVE FACTORS.....</i>	<i>23</i>
<i>DEMOGRAPHICS.....</i>	<i>27</i>
<i>SOCIOECONOMIC CHALLENGES</i>	<i>29</i>
<i>COLLECTIVE IMPACT</i>	<i>35</i>
CHILD SAFETY.....	43
<i>CHILD ABUSE AND NEGLECT</i>	<i>45</i>
<i>FAMILY VIOLENCE</i>	<i>55</i>
<i>FOSTER CARE.....</i>	<i>59</i>
<i>COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN</i>	<i>67</i>
<i>JUVENILE JUSTICE INVOLVEMENT.....</i>	<i>71</i>
CHILD HEALTH.....	81
<i>PRENATAL & INFANT CARE</i>	<i>83</i>
<i>TEEN BIRTHS</i>	<i>91</i>
<i>ORAL HEALTH.....</i>	<i>95</i>
<i>NUTRITION & PHYSICAL ACTIVITY.....</i>	<i>101</i>
<i>BEHAVIORAL HEALTH.....</i>	<i>109</i>

EDUCATION 119
EARLY CARE & EDUCATION 121
KINDERGARTEN READINESS 131
TK-12 EDUCATION 137

FAMILY 149
HOUSING AND HOMELESSNESS 151
FOOD INSECURITY 161
PARENTING SUPPORT 169

INTRODUCTION

WELCOME

ABOUT THE SCORECARD

EXECUTIVE SUMMARY

Page intentionally left blank

WELCOME

MESSAGE FROM THE 3RD DISTRICT

The Santa Barbara County Children's Scorecard has been published since 1994, and serves as a barometer for the work that the County, community organizations, and parents are doing to meet the needs of our children. The Scorecard identifies areas of accomplishment and areas of need. It helps us evaluate program goals and methodologies, while also identifying changing dynamics in our community, and highlighting new trends that need addressing.

In times when needs are great and resources scarce, the Scorecard helps us think creatively about how to best allocate our resources to maximize impact.

As you review this Scorecard, keep this framework in mind. Let us celebrate our achievements, continue to support the programs that are working, and collectively address emerging challenges.

*Third District Supervisor Joan Hartmann
Santa Barbara County Board of Supervisors
KIDS Network Chair*



MESSAGE FROM THE 4TH DISTRICT

Santa Barbara County has a unique dynamic of individuals who reside and labor within its boundaries. Unfortunately, there is a population of youth and families whose struggle and need outweigh others due to an array of circumstances. The challenges of allocating resources to these areas of greatest socioeconomic disparity continue to plague directors and policymakers. While the wants of individuals are on the rise, we are faced with diminishing government resources due to impacts on our County budget. Decisions are made vigilantly, taking all of Santa Barbara County into consideration, while focusing on a sustainable future.

We are now presented with the battle to "do more with less" and still make a positive impact. Created under the guidance of the KIDS Network, the Children's Scorecard provides a tool to help determine which of our youth have the greatest need. Our hope is that by providing these details, the most viable County programs, community-based organizations and grant funds will find a way to those who are truly most affected.

*Lisa Brown, District Representative
Fourth District Supervisor Peter Adam
Santa Barbara County Board of Supervisors
Former KIDS Network Chair*



MESSAGE FROM THE DEPARTMENT OF SOCIAL SERVICES

The Santa Barbara County Department of Social Services provides safety-net services that are crucial to the health, security and safety of vulnerable children, youth and families in our community. We are proud to support the KIDS Network and the production of the Santa Barbara County Children's Scorecard.



This Scorecard provides information to support data-driven, long-range strategic planning for the well-being of our county's children and families. We hope the Scorecard will serve as a valued resource for policymakers, educators, and funders—and that it will inspire further collaboration in service delivery and data collection.

We invite you to share your suggestions and recommendations for future reports.

*Daniel Nielson, Director
Department of Social Services
Santa Barbara County*

MESSAGE FROM THE KIDS NETWORK

The KIDS Network is proud to present the 2017 Children's Scorecard, a comprehensive report providing data and recommendations regarding the well-being of children and youth in Santa Barbara County. This report offers an honest assessment of the status quo, drawing upon data and observations from county departments and community partners across a variety of service sectors.



The Scorecard is designed to raise awareness about the needs and assets that exist in our county...so that policymakers, funders, and service providers can create adequately resourced systems, aligned around common goals and strategies. This report validates the work of the many organizations that place the well-being of children, youth, and families at the center of their programs and services, and helps identify paths to increase our collective impact.

*Barbara Finch, Director
KIDS Network
Santa Barbara County*

ABOUT THE SCORECARD

HOW IS THE SCORECARD ORGANIZED?

This publication is divided into six sections.

The Introduction section explains the purpose and organization of the Scorecard, and offers an executive summary. The Background section explains our approach to contextualizing the data, discusses the demographics and socio-economic challenges of our county's families, and provides an overview of how our community serves its children.

The four remaining sections represent the domains of Safety, Health, Education, and Family. Within each domain, the Scorecard identifies key challenges, examines each challenge with data and insights from experts in the field, and highlights practices and partnerships that are contributing to positive change.

OUR APPROACH

This publication views a wide range of indicators related to child and youth well-being. While there is value in looking at the data and narrative in each separate area, we recognize that some children will be represented across multiple domains. If we are to identify common goals and strategies for improving child well-being, it is helpful to identify a framework that links each domain to the others and invites solutions at the individual, family, and community levels.

With that in mind, we have chosen to share the lens of **Adverse Childhood Experiences** or ACEs, and to highlight the **Five Protective Factors** as a universal approach to intervention that can strengthen resiliency in children, youth, and families.

ACKNOWLEDGMENTS

The 2017 Children's Scorecard is presented by the Santa Barbara County KIDS Network. Producing the Scorecard has truly been a collaborative effort involving many individuals representing a variety of public agencies and community-based organizations. Data and background information was provided by analysts from the Santa Barbara County Departments of Social Services, Probation, Public Health, and Behavioral Wellness, as well as First 5 Santa Barbara County and the Santa Barbara County Education Office. We also thank the Network of Family Resource Centers, THRIVE Santa Barbara County, Domestic Violence Solutions, the Human Trafficking Task Force, Health Linkages, the Child Care Planning Council, and Family Service Agency for supplying additional data and information.

The concept and format for this report was guided by the KIDS Network Scorecard Committee, a small yet highly committed group that included Lisa Brabo, Barbara Finch, LuAnn Miller, Ben Romo and Dennis Tivey. KIDS Network membership has been instrumental in reviewing data and trends, developing related text, and compiling information for each Spotlight and Community Response. The report was edited by KIDS Network Director Barbara Finch, with layout and design by Dennis Tivey from the Department of Social Services.

The 2017 Children's Scorecard was printed at the Los Prietos Business Center, a vocational program of Santa Barbara County Probation's Los Prietos Boys Camp. The mission of the Los Prietos Business Center is to provide county

agencies with reprographic services at a significant savings, while at the same time teaching at-risk youth a valuable business trade. In addition to teaching the youth skills such as wide-format printing, copying, electronic submission and document scanning, youth at the Business Center also participate in the Computers for Families program by restoring computers and distributing them to families in need.

ABOUT KIDS NETWORK

The KIDS Network of Santa Barbara County was created by the Santa Barbara County Board of Supervisors in 1991 as an advisory body on issues related to children, youth, and families. It is a countywide, cross-sector, membership-driven organization that includes representatives from public agencies, community-based organizations, schools and school-linked programs, and parent groups. Members meet bi-monthly to prioritize needs and actions that will improve outcomes for children and youth in the areas of health, human services, education, and juvenile justice. The Network provides a forum for sharing data and best practices to enhance service delivery and build network capacity for collaboration, coordination, and community planning. Key projects and initiatives include the Child Abuse Prevention Council, the Santa Barbara County ACEs Connection, the Youth Impact Awards, and the Children's Scorecard. The KIDS Network is administered through the Santa Barbara County Department of Social Services.



EXECUTIVE SUMMARY

This Executive Summary summarizes the findings of the Background, Safety, Health, Education, and Family sections of this Scorecard.

BACKGROUND

The Background section provides the background and context the reader needs—explaining Adverse Childhood Experiences (ACEs), Protective Factors, Demographics, Socioeconomic Challenges, and Collective Impact.



ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) are traumatic or stressful experiences that occur in the first 17 years of life, and can have a profound impact on a child's developing brain and body. The 10 recognized ACEs include specific types of abuse, neglect, and household dysfunction. Research on ACEs shows a clear dose-response relationship: the more ACEs experienced during childhood, the greater the impact on adult health and livelihood. Without intervention, adults who have experienced four or more ACEs as children are dramatically more likely than their peers to have life-threatening physical, mental, and behavioral health challenges. They are also likely to have lower educational attainment and earnings, and to experience unemployment or incarceration.

A retrospective study of adults in Santa Barbara County released in 2014 showed that approximately 57% had experienced at least one ACE while growing up, and over 13% had four or more ACEs.

Children who have been exposed to adversity are not doomed to poor outcomes. Resilience can be strengthened at any age, with appropriate interventions and the presence of reliable and nurturing relationships.

PROTECTIVE FACTORS

Protective Factors are attributes and conditions that can prevent and buffer against exposure to ACEs, keeping families strong and on a pathway that promotes healthy child development and well-being.

Strengthening Families is a research-informed framework for building protective factors in individuals, families and communities. Its five protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and the social and emotional competence of children. Youth Thrive is a similar framework aimed at older youth, as they take more responsibility for their own lives.

These frameworks can be implemented by agencies and leaders across systems countywide, by building partnerships and shifting policies and practices. Programs need to value and build upon family strengths, support changes in worker practices, and implement everyday actions that support the protective factors. Parents, administrators, program developers, service providers, and policy makers each have important roles in this effort.

DEMOGRAPHICS

The county has nearly 450,000 residents, with over 60,000 living in poverty as defined by the Federal Poverty Level, and an estimated 28% of those in poverty are children. There are an estimated 100,000 family households, and 17% of these are headed by single mothers. The North and Mid County regions have proportionally more children and more Latino residents than the South. Nearly a quarter of County residents are foreign-born; about 18% of residents over age five speak English less than “very well.”

SOCIOECONOMIC CHALLENGES

Santa Barbara County has a high cost of living, a shortage of affordable housing, and an economy that relies on low-wage sectors such as tourism and agriculture. For many families, the result is crowded housing, food insecurity, and difficulty affording basic needs. Parents working multiple jobs to make ends meet have less time to focus on their children. The stress of scarcity increases the likelihood of poor outcomes in children’s safety, health, and education. This family stress is also linked to Adverse Childhood Experiences such as child abuse and neglect, intimate partner violence, substance abuse, and mental illness. Economic stress erodes the foundations of successful child outcomes.

Between 2007 and 2014, the percentage of Santa Barbara County children living below the federal poverty level (FPL) grew from under 15% to nearly 25%. The FPL was \$24,008 for a family of two adults and two children in 2014.

Public safety net programs are a lifeline for children in poverty-level households. Children comprised 64% of the individuals receiving CalFresh (food aid), 54% of the individuals receiving Medi-Cal (health coverage), and 80% of the individuals receiving CalWORKs (cash aid).

The FPL does not reflect the actual cost of living in our County: many more households experience economic stress but do not qualify for aid. In 2014, a parent working full-time and raising two children in Santa Barbara County would need to earn from \$12.39 to \$34.87 per hour for family self-sufficiency, depending on the ages of the children and whether the household had one or two parents working full-time.

COLLECTIVE IMPACT

Families often touch more than one system as they access services and supports to meet their needs. Learning to navigate different systems can be challenging and can be a barrier to receiving services. Coordination between service sectors can streamline the navigation process and lead to better outcomes for children, youth, and families.

To achieve this, service providers must share common goals and be organized into collaborative networks; and networks and providers must be supported by systems whose policies, procedures, and funding streams are aligned and committed to sustainability.

In our County, there are several strategies for working together more effectively. One example is the Network of Family Resource Centers. These centers serve as important resource hubs for families, and they are linked together in a coordinated system of mutual support. Service delivery is guided by the nationally-recognized California Standards of Quality for Family Strengthening and Support, which align with the five Protective Factors.

Another important strategy is workforce development via shared learning opportunities—whether in the context of trainings or meetings among providers, or through community workshops that include parents as valued partners.

One challenge to collective impact is the need to change systems that are characterized by fragmented services and supports. Too often, families must travel significant distances between providers, complete multiple intake forms, and juggle difficult schedules to meet the needs of individual family members. Systems should be coordinated and aligned so that families can find their way to services with greater ease.

Another challenge is a lack of aligned data. Shared measurement systems allow us to assess needs and monitor interventions using common tools with a shared understanding—simple in theory, but challenging to achieve in practice. Agencies may have different procedures, assessment tools, policies, and priorities (including different levels of commitment to collecting data), and regulations may inhibit data sharing. Without shared data, we cannot identify and focus on the most effective interventions.

CHILD SAFETY

Children and youth should be safe and supported in the families and communities where they live. Challenges to safety and well-being include child abuse and neglect, domestic violence, instability in foster care, commercial sexual exploitation, and juvenile justice involvement.



CHILD ABUSE

Children who are neglected or exposed to physical, sexual, or emotional abuse are more likely to experience traumatic stress, which disrupts early brain development and increases the risk of behavioral, emotional, and health challenges later in life. As a community, we have a responsibility to keep children safe, yet removing a child from his or her home can add to the trauma. Child Welfare Services must assess the level of risk and, where possible, partner with families and community-based organizations to increase safety within the home while ensuring that children are supported in being healthy and resilient.

Since 2008, the number of referrals to Santa Barbara County Child Welfare Services (CWS) has increased, but there has been a decrease in the percentage of allegations that are substantiated. This follows a statewide trend. Children from zero to five years old continue to be most vulnerable, with children under one year old having the highest rates of abuse and neglect. General Neglect is consistently the number one cause of substantiated cases. Although the number of investigations is highest in North County, the rate of investigated referrals (based on the number of families) is similar in all regions of the county.

Changes in practice include increased training of Mandated Reporters, rigorous assessment of allegations using Structured Decision Making, an increase in referrals to community partners through Differential Response (Front Porch) when allegations do not justify a CWS intervention, and safety-focused CWS interventions that promote long-term change in families. Recidivism rates for families referred to Front Porch continue to drop, and referrals to that program have increased over time.

FAMILY VIOLENCE

Children who witness intimate partner violence are at risk for developmental and behavioral challenges brought on by toxic stress. Seeing a parent being treated violently is traumatic and is considered a form of child abuse even if the child is not physically injured during the violent act. Domestic violence often follows intergenerational patterns, and shelter services are only the beginning for families who want to break the cycle. Parents may need ongoing emotional, economic, and therapeutic support for themselves and for their children. A comprehensive, community-wide approach is needed to address the root causes and tragic outcomes of this silent epidemic.

Recent data from Santa Barbara's County's Domestic Violence Solutions shows an increase in the number of crisis calls, the number of adults seeking emergency shelter, and the number of children under the age of 18 entering emergency shelters. Additional Santa Barbara data from the Maternal Infant Health Assessment (MIHA) Survey 2010-2012 showed an overall rate of intimate partner violence during pregnancy of 8.7 percent, with a higher incidence among teen mothers, mothers who identify as Hispanic, and low-income women who are insured through Medi-Cal.

FOSTER CARE

When children cannot remain safely at home, they are taken into protective custody and placed in foster care. The goal of Child Welfare Services is to support reunification whenever possible and to provide a continuum of care for children and youth, with a focus on safety, permanency, and well-being. Resource families may include relative caregivers, foster families, adoptive families, or short-term therapeutic residential placements. Placement stability is paramount because every time a child is moved to a new home, a new school or a new neighborhood, relationships are disrupted and the child is re-traumatized. Stability can be difficult, but success is possible with collaboration and appropriate support for children and their families. With the passing of AB 212, California made a commitment to support foster youth through their 21st birthday.

Historically, there have been 400-500 Santa Barbara County children and youth in foster care at any given time. The number of children in foster care in a given year has been declining steadily since 2009, and dipped below 400 for the first time in 2016. This trend correlates with a decline in the number of children entering placement each year. Placement stability has also improved, with placements of young children being more stable than those of older children and youth. In addition to children placed through Child Welfare Services, Juvenile Probation supervises approximately 45-50 youth who have been placed in out-of-home care through the juvenile justice system.

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

Children under the age of 18 who are induced to perform a sex act by force, fraud, or coercion in exchange for food, shelter, money, or other goods are considered to be human trafficking victims. Sex trafficking affects children of all genders and the average age of solicitation is 12. Victims of sex trafficking are often runaways, children who have been in foster care, or youth who come from a background of abuse, poverty, and addiction.

According to the District Attorney's office, Santa Barbara County is a natural transit corridor for trafficking activity between San Francisco, Los Angeles, and San Diego. A 2015 Needs Assessment showed that 96% of unduplicated survivors identified between 2012 and 2014 were Santa Barbara County residents. A task force led by the Santa Barbara County District Attorney's Office is addressing this issue from a multidisciplinary perspective, to determine

the prevalence, characteristics, needs, and experiences of youth in our county who have been involved in, or are at risk for, sexual exploitation. Child Welfare Services, Juvenile Probation, and the Department of Behavioral Wellness are working to assess children and youth to identify survivors and those at-risk for commercial sexual exploitation. Once identified, youth can be linked to trauma-informed prevention, intervention, and treatment services.

JUVENILE JUSTICE

The juvenile justice system is intended to ensure community, youth and victim safety. It must respond appropriately to juvenile offenses, providing guidance, supervision, and accountability while preserving individual rights. Many youth entering the juvenile justice system have faced challenges that impede success in school and participation in pro-social activities. Circumstances that place children at risk include the lack of a supportive home environment, having unmet physical and/or mental health needs, and trauma from exposure to family and/or community violence. The juvenile justice system must utilize evidence-informed and research-based interventions that keep communities safe, while providing adequate treatment and support to promote youth resiliency, self-reliance, and responsible life choices.

The number of youth referrals to the Santa Barbara County Probation Department has declined overall since 2007, a trend that is consistent with statewide declines in juvenile arrests. A profile of youth under Santa Barbara County Probation supervision in September 2017 showed that 74% were male and 26% were female; 81% identified as Hispanic; and 36% had gang-related terms and conditions. Access to mental health services has increased among youth admitted to Santa Maria Juvenile Hall and Los Prietos Boys Camp.

CHILD HEALTH

The child uninsured rate for Santa Barbara County has dropped dramatically since 2014, when eligibility for public or subsidized health care coverage was greatly expanded under the Affordable Care Act. This makes it possible for more children to get the doctor visits and immunizations they need.

Physical and mental wellness is also affected by *social determinants of health*: the environments in which people live. Challenges to children's health include access to prenatal and infant care, teenage pregnancy, access to oral health services, adequate nutrition and physical activity, and behavioral health disorders.



PRENATAL & INFANT CARE

Children will have a healthier start in life if families have health insurance, access to prenatal care, and knowledge about the importance of health care, nutrition and nurturing relationships.

More than half of births in Santa Barbara County are to mothers with Medi-Cal, the public health care coverage for low-income households. The trend has been steadily increasing for more than a decade. Low birth weights and premature births have decreased, but there is significant disparity in the rates of mothers receiving prenatal care as recommended, with 73% of women who identify as Hispanic receiving care in the first trimester compared to 87% of women who identify as white non-Hispanic.

TEEN BIRTHS

For teenagers, pregnancy is usually an unplanned and challenging life event that can reroute their entire life course. In addition to the implications on education and financial stability, becoming pregnant as a teenager is associated with an increased risk for some potentially serious health problems. Children of teenage mothers and fathers are predisposed to having more Adverse Childhood Experiences (ACEs), because teen parents are often not psychologically, economically, and/or emotionally prepared to navigate the complexities of parenthood. Breaking the cycle requires education and pregnancy prevention as well as early prenatal care and comprehensive support for teen parents.

In Santa Barbara County, the birth rate among teenagers who identify as Hispanic has decreased dramatically since 2007, but remains higher than for teenagers who identify as white, non-Hispanic. Compared to statewide teenage pregnancy rates, Santa Barbara County's rates are lower among white teens but higher among Hispanic teenagers.

ORAL HEALTH

Oral health is essential to overall health and well-being, and yet tooth decay and oral disease burdens more children than any other childhood disease. When a child's oral health suffers, so does their overall health and their ability to learn. Prevention is the best medicine. Aspects of prevention include improving oral health literacy, providing young children with fluoride varnish treatment, fluoridating municipal water supplies, and increasing access to insurance coverage and dental care for children.

There are striking disparities within our County. Over 2,000 students from local Head Start and State Preschool programs receive oral health assessments each year. Of children entering the Head Start program in 2015 in Santa Barbara County, 42 percent had untreated dental disease—higher than the program's state and national averages. The percentage of untreated decay or dental disease among State Preschool students has dropped; however, interventions vary and rates in North County are approximately half as high as those in Mid and South County. Access continues to be an issue countywide, with only 49 dentists who accept Medi-Cal serving over 60,000 children.

NUTRITION AND PHYSICAL ACTIVITY

Healthy habits are the foundation of good health, and can be formed early in life with benefits that last into adulthood. Families, communities, schools, and health care professionals all play a critical role in health promotion and the prevention of childhood obesity by supporting good nutrition and encouraging physical activity.

Healthy Eating Active Living (HEAL) resolutions have been adopted by Santa Barbara County and the cities of Lompoc, Santa Barbara, and Santa Maria. School wellness policies have been adopted at schools throughout the county to decrease the availability of unhealthy foods and snacks on school campuses and to promote nutrition education, movement, and hydration. Aerobic capacity and body composition data from the annual FITNESSGRAM testing done through the schools shows that Santa Barbara County 5th, 7th, and 9th graders are seeing improvements in fitness and lower health risks. Data from Women, Infants and Children (WIC), a program of the Santa Barbara County Public Health Department, shows a decline in obesity among children ages 2-5 who are being served by the WIC program, with an overall rate of 13.9% in 2016.

BEHAVIORAL HEALTH

Behavioral health is an important part of overall health that encompasses prevention, intervention, and treatment strategies for mental illness and substance use disorders—issues whose outcomes can be influenced by changes in behavior. Mental illness touches families in multiple ways. Parental substance use and mental illness contribute to a child's ACE score, and higher ACE scores are correlated with a greater probability of depression, anxiety, psychosis, suicide, and risky behavior as children mature. The signs of mental illness in children vary by age and type of illness, with some psychiatric disorders appearing in the preschool years. Symptoms of mental illness occur across a wide spectrum and are classified as mild to moderate or severe, depending upon the extent to which the symptoms disrupt daily functioning.

Each year, the Santa Barbara County Department of Behavioral Wellness serves over 3,000 children and youth who have been diagnosed with severe mental illness and/or substance use disorders. Numbers have remained steady for mental health programs, while there has been a decrease in youth receiving treatment for severe drug and alcohol disorders. Adjustment disorder is the most common primary diagnosis, followed by mood or bipolar disorders. Psychiatric inpatient admissions for Santa Barbara County youth have risen steadily since 2010. Data contained in this report does not include children and youth who have been diagnosed with mild to moderate disorders, who may or may not be receiving treatment in other service settings. While identification and diagnosis can lead to effective early intervention, there is a valid concern about the risk of labeling children and youth in ways that might fuel stigma and be detrimental to future success.

EDUCATION

Education is the foundation of success for children and youth. We want all children to enter school prepared to succeed; and to be ready for college, career and life when they graduate.



Academic success is closely linked to safety, health, family, and community. Now more than ever, we need to work across service sectors to address the opportunity gap that later becomes the achievement gap. We need to invest in education in the earliest years and maximize opportunities to build resilience in young children. Quality learning environments can be the key to mitigating the impacts of ACEs and can provide opportunities for youth to develop confidence and a sense of purpose. By working together, parents, teachers and community service providers can support children's learning from cradle to career, building social and emotional competence and fundamental skills for future success.

EARLY CARE & EDUCATION

Early care and education (ECE) is a critical need for children and their families, and a critical concern for employers and communities. (In this document, *ECE* is used interchangeably with *child care* and includes many different types of programs.) According to the Santa Barbara County Child Care Planning Council's 2015 Needs Assessment, 35,000 of the 77,000 children ages birth to 12 years in our county are estimated to need ECE services...yet our county has about half as many spaces as children in need of care. The problem is especially severe for infants and toddlers. The cost of ECE can also be a significant challenge for families. While subsidized care is available, many families do not qualify for it, and those that do qualify must compete for limited spaces.

The quality of early care is also important to consider. Children's brains develop fastest between birth and age three, and their development is shaped by the experiences and environments they encounter day to day. High-quality ECE opportunities are especially important for children whose families are affected by poverty, racial and ethnic disparity, language barriers, low levels of parental education, and Adverse Childhood Experiences. These circumstances can create high levels of family stress. A quality ECE program can help buffer children from stress, while providing support for healthy brain development and lifelong success.

KINDERGARTEN READINESS

Many of Santa Barbara County's children enter kindergarten lacking the social, cognitive, and/or emotional capacities they need to succeed in school. True kindergarten readiness calls for ready children, ready schools and ready parents and families. Too often, poverty or lack of resources impacts readiness in all three areas and creates opportunity gaps that translate into achievement gaps at kindergarten entry. A successful transition to kindergarten is critical since a child's first school experiences can influence the way he or she relates to learning and relationships with others for the rest of his or her life.

In Santa Barbara County, 39 schools are using the Kindergarten Student Entrance Profile (KSEP) to assess whether children have the skills, experiences and dispositions needed to excel in a formal classroom setting. KSEP results have helped communities develop effective strategies for improving student outcomes by using local data to coordinate family, community, and educational systems. Eight schools have used the KSEP since its creation, and they have used their KSEP results to drive community change and improvements in the systems that serve young children prior to kindergarten. These schools have seen the percentage of students who are almost-ready or ready-to-go improve from 40% in 2010-11 to 68% in 2016-17.

TK-12 EDUCATION

Santa Barbara County has 20 independent school districts and one county office of education serving children from Transitional Kindergarten (TK) through 12th grade. Each district has its own governing board and is guided by standards and priorities set forth by the California State Board of Education. A new system of school funding, new academic content standards, and a new assessment system are driving local changes. Each district is required to create and adopt a Local Control Accountability Plan (LCAP) that addresses eight priority areas. These include basic services, implementation of state standards, parental involvement, pupil achievement, pupil engagement, school climate, course access, and other pupil outcomes. To ensure equitable educational access for specific subgroups of students, districts receive additional funding allocations for English learners, low-income students, and foster youth.

Santa Barbara County's public schools educate approximately 69,000 ethnically diverse students. Of these, 47% attend North County schools. About 32% of County students are English learners and 60% are low-income. One in seven Santa Barbara County students is either homeless or in foster care. Graduation rates are consistently better than the state average; however, graduation rates vary among subgroups, with only 80% of English language learners and 86% of socioeconomically disadvantaged students graduating with their peers, compared to 89% of the student population as a whole. There are just over 7,500 students enrolled in special education, with 41% identified as having a specific learning disability.

FAMILY

Many of the social determinants of health and well-being are rooted in family life. Families provide the foundation for healthy development, from birth and early childhood through the growing years into adolescence and adulthood. Children and youth should grow up in stable and nurturing families where parents or caretakers can provide for basic needs and be actively engaged in supporting their children's safety, health and education. Too many Santa Barbara County families are challenged by a lack of affordable housing, food insecurity, and a lack of parenting support.



HOUSING & HOMELESSNESS

In our county, the gap between housing costs and what families can afford to pay remains one of the most serious challenges we face. Demand for affordable housing far outstrips supply. High housing costs contribute to poverty, homelessness, and crowded housing, threatening the well-being of local children and families. Solutions at the local, state, and federal levels are possible, with adequate commitment.

During the 2015-16 school year, residency questionnaires and school liaisons sought to quantify homelessness among Santa Barbara County children. Of the 8,964 County children found to be experiencing homelessness as defined by federal guidelines and educational rights policy, the vast majority were living in situations where they were doubled-up or tripled-up out of economic necessity. Of the remainder, 283 were living in shelters, 105 were living in motels out of economic necessity, and 82 were unsheltered. The percentage of households living in unaffordable housing has been steadily rising. Families in these households spend more than 30% of their income on housing costs.

FOOD INSECURITY

A household is “food-insecure” when, at times during the year, it has insufficient money or resources to acquire enough food to meet its needs. In Santa Barbara County, 10.3% of the population and 18.5% of children under the age of 18 are food-insecure. Researchers have linked food insecurity to chronic physical, mental, cognitive, and behavioral problems, as well as costly economic impacts on productivity and health care. Food insecurity can be reduced by increasing awareness, utilization, and allotments of food aid such as CalFresh, WIC, and Healthy School Pantries, and by reducing the financial burden on families in other ways (e.g. higher wages or lower housing costs).

PARENTING SUPPORT

Effective early parenting is critical to a child's healthy development, and it begins with self-awareness and attunement to the needs of the child. Knowledge of child development is necessary, along with age-appropriate strategies for supporting children's physical, cognitive, and social-emotional growth and learning. Strong parenting requires access to resources such as health care, child care, and networks of social support.

Many families in Santa Barbara County are raising children with the added pressures of social isolation, economic stress, and family dysfunction. Marital discord, domestic violence, mental health concerns, and drug or alcohol abuse all contribute to high levels of parental stress and have the potential to create toxic stress for children.

Local programs that offer parent education, home visitation, and parenting support are helping to reduce the risk of child abuse and neglect while mitigating the effects of Adverse Childhood Experiences and improving outcomes for children, youth, and families.

BACKGROUND

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

PROTECTIVE FACTORS

DEMOGRAPHICS

SOCIOECONOMIC CHALLENGES

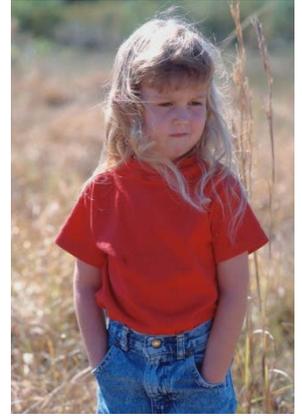
COLLECTIVE IMPACT

Page intentionally left blank

ADVERSE CHILDHOOD EXPERIENCES

OVERVIEW

Adverse Childhood Experiences (ACEs) is a term used to describe a range of traumatic or stressful experiences that may occur during the first 17 years of life. The Centers for Disease Control and Prevention (CDC) and Kaiser Permanente collaborated on the original ACE study, conducted from 1995 to 1997. The study was the first of its kind to examine the connection between childhood stressors and lifelong health and to make the case that adverse experiences can have a profound impact on a child's physical health, learning, and emotional well-being,¹ with consequences that extend into adulthood.² Later researchers confirmed and built upon the findings of this landmark study.



The original study included ten ACEs, which fall into three types: abuse, neglect and household dysfunction. The study found that the more ACEs (stress factors) a child had, the more likely that disease and mental health problems would emerge by adulthood. New research is underway to examine the impact of other types of trauma that were not included in the original ACE study. Examples include exposure to community violence, bullying, homelessness, and racial/ethnic discrimination.³

Figure 1: The ten recognized Adverse Childhood Experiences

Abuse	Neglect	Household dysfunction
Physical	Physical	Mental illness
Emotional	Emotional	Incarcerated relative
Sexual		Mother treated violently
		Substance abuse
		Divorce

PROBLEM

It is estimated that 44.3% of children ages 0-17 in California have at least one Adverse Childhood Experience, and 18.2% have two or more.⁴ In a retrospective study of adults in Santa Barbara County, where the adults were asked to recall their childhood experiences, 57.5% had a least one ACE and 13.3% had four or more ACEs.⁵ These statistics are based on the original ten ACEs and do not take into consideration some of the adversities that are significant for

¹ *A Hidden Crisis: Findings on Adverse Childhood Experiences in California* (Center for Youth Wellness, November 2014), <https://app.box.com/s/nf7lw36bjr5kdfx4ct9>

² S. Cole et. al., *Helping Traumatized Children Learn: A Report and Policy Agenda* (Massachusetts Advocates for Children, 2005), <http://www.k12.wa.us/CompassionateSchools/pubdocs/HelpTraumatizedChildLearn.pdf>

³ Center for Youth Wellness, *A Hidden Crisis*

⁴ *4 Essential Facts about Lifelong Health, School Success and Adverse Childhood Experiences Among California's Children* (Data Resource Center for Child and Adolescent Health, 2014), accessed October 2016, <http://childhealthdata.org/docs/presentations-/californiadata.pdf?Status=Master>

⁵ Center for Youth Wellness, *A Hidden Crisis*

many children in Santa Barbara County. Housing instability and food insecurity are factors that create stress for local children, and issues of race and bullying are reportedly escalating within our schools and communities. Children of immigrant parents are especially vulnerable to immigration trauma and the persistent fear of losing a parent through deportation. In responding to ACEs, efforts should be made to include all behaviors, experiences, and trends that make children feel unwelcome, unwanted, or unsafe.

EFFECTS

Childhood stress reshapes the young brain by triggering the release of cortisol, the “fight or flight” hormone. In normal amounts, cortisol is important for a child’s development; levels rise in response to stress, and fall when the stressor passes and children learn emotional regulation. But when children are exposed to multiple chronic stresses (such as neglect, abuse and parental depression or discord), particularly in the absence of a supportive adult, cortisol levels rise and remain high. Excessive or prolonged activation of the stress response is known as *toxic stress*, and it impacts the child’s developing brain, immune and hormonal systems. Toxic stress changes the parts of the brain that control executive functions and memory, impacting how a child behaves and how a child learns.⁶ These impacts often create problems for children at home and school.⁷ One study found that children with three or more ACEs were three times more likely to fail academically, five times more likely to be chronically absent, and six times more likely to have behavioral problems like disruptive or violent outbursts.⁸

The effects can continue into adulthood. Compared to those who have not experienced traumatic events, adults with four or more ACEs are 12 times more likely to attempt suicide, 10 times more likely to use injection drugs, seven times more likely to be an alcoholic, and five times more likely to suffer from depression. They are four times as likely to be diagnosed with Alzheimer’s or dementia, twice as likely to suffer from heart disease, and nearly twice as likely to have asthma, kidney disease, cancer, or diabetes. They are 21% more likely to be below 250% of the Federal Poverty Level, 27% more likely to have less than a college degree, and 39% more likely to be unemployed.⁹

The consequences of high ACEs can be staggering, but children who have been exposed to adversity are not doomed to poor outcomes. Indeed, they can be helped substantially if reliable and nurturing relationships are present in their lives and appropriate treatments are provided as needed.

SOLUTIONS

Prevention of Adverse Childhood Experiences will require a widespread understanding of family and community stressors, and a commitment to building the protective factors that strengthen families and promote resilience. In the meantime, negative outcomes associated with high ACEs can be reduced by supporting resiliency in children, youth, and families. The following list provides examples of how to do that.

⁶ J. Dwyer, *Studying How Poverty Keeps Hurting Young Minds, and What to Do About It* (The New York Times, May 3 2016), http://mobile.nytimes.com/2016/05/04/nyregion/studying-how-poverty-keeps-hurting-young-minds-and-what-to-do-about-it.html?_r=0

⁷ S. Cole, *Helping Traumatized Children Learn*

⁸ *Adverse Childhood Experience and Developmental Risk in Elementary Schoolchildren* (Area Health Education Center, Washington State University, 2010), <http://ext100.wsu.edu/ahec/wp-content/uploads/sites/65/2015/02/Adverse-Childhood-Experience-and-Developmental-Risk-in-Elementary-Schoolchildren-Research-Briefx.pdf>

⁹ Center for Youth Wellness, *A Hidden Crisis*

- Screen young children for ACEs and link families to interventions that can promote healing and resilience.
- Encourage partnerships between the medical and social service sectors to identify and support vulnerable children who may be experiencing trauma or toxic stress.
- Strengthen resiliency by addressing individual and family needs and connecting families to resources that will alleviate stress and build protective factors.
- Support resiliency for individuals by encouraging proper nutrition and sleep hygiene, exercise, mindfulness, and healthy relationships.
- Increase access to trauma-informed mental health services.
- Create networks of support that include Family Resource Centers, schools, faith-based organizations, medical homes, and treatment-focused organizations.
- Develop trauma-informed and resiliency-focused systems of care, made up of organizations and service providers who understand the widespread impact of trauma and who commit to using trauma-informed approaches to service delivery.¹⁰

COMMUNITY RESPONSE

Research shows that trauma need not define a child's future, because the brain is adaptable and open to other inputs as well. This is especially true of younger children: as one researcher says, "work while the clay is soft."¹¹

We can all help. Just as trauma manifests at the individual, family and community levels, the solution requires individual, family and community responses.¹² Resilience is strengthened through self-expression and social/emotional support. Individuals and families can help by building caring, consistent relationships with children, both inside and outside the home, to buffer the effects of toxic stress and build a child's resilience. A trauma-informed and resiliency-focused workforce across service sectors can shift approaches from "what's wrong" with this child (or parent) to "what happened, and how can we help."

Communities can help by recognizing the different factors that contribute to childhood trauma in Santa Barbara County and by insisting that all sectors work together to analyze needs and develop strategies that work to create positive change. Success in these efforts will require committed volunteers, champions, policy-makers, funders and philanthropists who support healing and resilience at the community level and are in it for the long haul.

DATA HIGHLIGHTS & TRENDS

Throughout this report, Data Highlights point to Adverse Childhood Experiences and their impact on child well-being. Currently there are very few local service providers screening for ACEs or tracking the number of ACEs in children

¹⁰ SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach*, (Substance Abuse & Mental Health Services Administration, 2014)

¹¹ Dwyer, *Studying How Poverty Keeps Hurting Young Minds*

¹² *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma* (Prevention Institute, 2016), <http://preventioninstitute.org/component/jlibrary/article/id-372/127.html>

they serve. However, knowledge about ACEs is spreading and people are starting to understand that ACEs are very common. Promoting resilience is critical if we are to improve outcomes for children and youth in the areas of safety, health and education. We also know that ACEs influence genetic expression and can be passed from one generation to the next, making multigenerational approaches a priority.

In October of 2017, Santa Barbara County was added to the ACEs Connection website as a Community Group. All stakeholders are invited to join the group, share their work and track ACEs initiatives as they gain momentum in the County. The site can be accessed at www.acesconnection.com/g/santa-barbara-county-aces-connection.

SPOTLIGHT: THE SANTA BARBARA RESILIENCY PROJECT

Trusted health care providers are positioned to engage families early in a child's life. The Santa Barbara Resiliency Project is a partnership that includes the Santa Barbara Neighborhood Clinics, Child Abuse Listening Mediation (CALM), and the University of California Santa Barbara. Other organizations such as the Santa Barbara County Public Health Department, KIDS Network, and the Network of Family Resource Centers have served in an advisory role. The project, supported by the James S. Bower Foundation, represents a community-based collaborative that will screen children under the age of three for ACEs as part of their routine well-child visits. The ACEs score will be an indicator of risk that will lead medical providers to link children and families to education, supportive services and resources to meet their needs. The project is structured as a randomized controlled trial study that will track developmental, social and emotional outcomes through the patient-centered medical home.

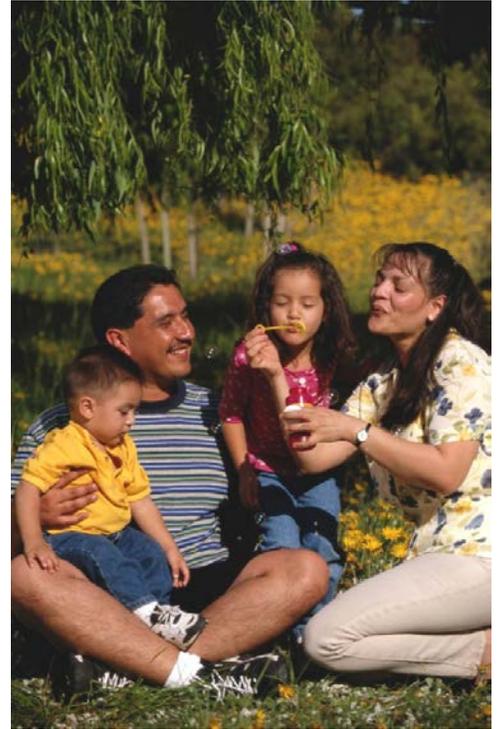
PROTECTIVE FACTORS

A FRAMEWORK TO STRENGTHEN FAMILIES

One strategy for supporting individual, family and community resilience is to adopt a countywide approach that can be adapted to different contexts and implemented across programs and service systems. The Center for the Study of Social Policy (CSSP) has developed a research-informed framework called Strengthening Families that offers this type of approach, with a focus on building five *protective factors* in individuals, families and communities.

The protective factors are:

- parental resilience
- social connections
- knowledge of parenting and child development
- concrete support in times of need
- social and emotional competence of children



These interrelated attributes and conditions keep families and communities strong. When these protective factors are well established in a family, the likelihood of child abuse and neglect diminishes. Protective factors are also *promotive factors* that build family strengths and a family environment that promotes healthy child development and well-being, while buffering against exposure to risk and traumatic life events. Protective factors benefit all families, not just at-risk families.

Adopting the language and lens of the protective factors can serve to align systems, create small shifts in everyday actions, and support better outcomes across multiple service sectors. It can also help professionals build positive relationships with the families they serve: in a strength-based intervention approach focused on building protective factors, parents themselves can identify and build on their own strengths to help enhance their parenting capacity.¹³

THE FIVE PROTECTIVE FACTORS

The next few pages explain the five protective factors in more detail. For each factor we provide a brief narrative summary, followed by examples of what the factor is, what it looks like in action, and how it can be promoted.¹⁴

¹³ C. Browne, *The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper* (Center for the Study of Social Policy, September 2014), http://www.cssp.org/reform/strengtheningfamilies/2014/The-Strengthening-Families-Approach-and-Protective-Factors-Framework_Branching-Out-and-Reaching-Deeper.pdf

¹⁴ Narrative from <https://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf>.

PARENTAL RESILIENCE

No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.

DEFINITION:

- Managing stress and functioning well when faced with challenges, adversity and trauma
- Being a consistently responsive and nurturing parent despite daily hassles, distressing circumstances or unexpected life events
- Using challenges to create positive change and growth

WHAT IT LOOKS LIKE:

- Hope, optimism, and self-confidence
- Self-care and healthy stress release
- Resourceful and solution-oriented
- Willing to ask for and accept help
- Able to manage negative emotions
- Consistently nurturing with children
- Positive attitude about parenting and about each child

EVERYDAY ACTIONS:

- Use a positive, strength-based approach
- Honor race, language, culture, and history
- Support parents as decision-makers
- Encourage self care
- Share healthy coping strategies
- Teach problem solving skills
- Help parents learn how to buffer their child during stressful times

SOCIAL CONNECTIONS

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back", an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

DEFINITION:

- Positive relationships that provide emotional, informational, instrumental, and spiritual support

WHAT IT LOOKS LIKE:

- Healthy, sustained relationships built on trust and respect
- Community connections that create networks of support
- Skills for establishing and maintaining positive relationships
- Sense of belonging and life value
- Feeling secure, confident and empowered to "give back" to others

EVERYDAY ACTIONS:

- Create an inclusive environment
- Promote engagement in social activities and community events
- Introduce parents to one another and facilitate mutual support
- Encourage families to utilize and expand their positive connections
- Model respectful and genuine relational skills

KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT

Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

DEFINITION:

- Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development

WHAT IT LOOKS LIKE:

- Nurturing, responsive, and reliable parent-child relationships
- Consistent and predictable routines
- Interactive language experiences
- Appropriate expectations for developmental age and/or stage
- Safe environments that support learning and development
- Positive discipline techniques
- Parent recognizes and attends to the child's specific needs

EVERYDAY ACTIONS:

- Model and validate effective care giving and appropriate expectations
- Link families to parenting information, resources, and support
- Encourage parents to observe, ask questions, explore parenting issues, and try out new strategies
- Address parenting issues from a strength-based perspective that honors family culture and traditions

CONCRETE SUPPORT IN TIMES OF NEED

Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

DEFINITION:

- Access to material supports and services that address a family's needs and help minimize stress caused by challenges and adversity

WHAT IT LOOKS LIKE:

- Prioritizes financial security and basic needs
- Seeks and receives assistance when needed
- Knowledgeable about community resources
- Able to navigate systems to access services and support
- Understands their role as an advocate for themselves and their children

EVERYDAY ACTIONS:

- Encourage help-seeking behavior
- Respond immediately when families are in crisis
- Preserve dignity and empower parents to be active participants in the change process
- Form trusting relationships with parents and with other service providers
- Provide information about resources; help families navigate complex systems
- Address barriers and work for community change

SOCIAL & EMOTIONAL COMPETENCE OF CHILDREN

A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development create extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

DEFINITION:

- Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate emotions, and establish and maintain relationships

WHAT IT LOOKS LIKE:

- Warm and consistent responses
- Clear expectations and limits
- A strong, secure attachment with the child
- Self expression is encouraged and social skills are reinforced
- Child is given opportunities to solve problems

WHAT IT LOOKS LIKE FOR THE CHILD:

- Self-esteem and self-confidence
- Age-appropriate self-regulation
- Ability to form and maintain relationships
- Patience and persistence
- Effective communication of needs and emotions

EVERYDAY ACTIONS:

- Offer concrete tips and resources to help parents build skills
- Model nurturing interactions that support social emotional development
- Include social and emotional learning activities in children's programs
- Help children develop a positive cultural identity and skills for interacting in a diverse society
- Respond proactively when a child's social or emotional needs require extra support

PROTECTIVE FACTORS & OLDER CHILDREN

The Center for the Study of Social Policy has also developed a similar framework for older youth. Known as Youth Thrive, it identifies five protective factors for the 11-26 age group —recognizing that as children grow, they assume more responsibility and control over their own resilience. These protective factors include Youth Resilience, Social Connections, Knowledge of Adolescent Development, Concrete Support in Times of Need, and Cognitive and Social-Emotional Competence in Youth. For more information, visit <http://www.cssp.org/reform/child-welfare/youththrive>.

IMPLEMENTATION

Success in Strengthening Families and Youth Thrive requires agencies and community leaders to work across systems to build partnerships and shift policies and practices. Programs need to value and build upon family strengths, support changes in worker practices, and implement everyday actions that support the protective factors. Parents, system administrators, program developers, service providers, and policy makers can each benefit from learning about and using these frameworks in their efforts to ensure that children, youth, and families are on a path that leads to healthy development and well-being across all domains.

DEMOGRAPHICS

GEOGRAPHY

Santa Barbara County spans 2,725 square miles, bordered by the Pacific Ocean to the west and south. A third of the County lies within the Los Padres National Forest to the northeast. The Children's Scorecard aggregates data into three regions, each with unique geographic, cultural, and economic characteristics: North County, Mid County, and South County.

Figure 2: Santa Barbara County regions



POPULATION

As of the most recent Census (2010), about 425,000 individuals lived in Santa Barbara County:¹⁵ 47% of them in South County, 34% in North County and 19% in Mid County. There were 91,600 family households with children countywide, 17% of them headed by single mothers. The average family size was 3.39 people.¹⁶ The North and Mid County regions had proportionally more children than South County. (The population is estimated to have grown to nearly 450,000 as of 2017.)¹⁷

Latinos and non-Hispanic whites made up the majority of the population, at 43% and 48% respectively.¹⁸ Regional distribution by race/ethnicity is shown in Figure 4. Foreign-born individuals comprised 23% of County residents.

¹⁵ 423,895 individuals, per *DP-1 2010 Demographic Profile Data* (U.S. Census Bureau American Fact Finder), <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

¹⁶ *QT-P11 Households & Families 2010, Census Summary File 1* (U.S. Census Bureau American Fact Finder), accessed 10/2016.

¹⁷ 448,150 individuals as of July 2017, per *Quick Facts: Santa Barbara County* (U.S. Census Bureau American Fact Finder), accessed 4/2018.

¹⁸ Insight Center for Community Economic Development, *A Snapshot of Poverty in Santa Barbara County* (County of Santa Barbara, 2013), http://cosb.countyofsb.org/social_services/default.aspx?id=44131.

Among County residents over five years old, 60% spoke English only while 40% spoke another language at home; 18% spoke English less than “very well.”¹⁹

About 60,000 County residents were living in poverty as defined by the Federal Poverty Level: 49% of them in South County, 34% in North County and 17% in Mid County. Of County residents in poverty, 28% were children, 66% adults, and 6% seniors.²⁰

Figure 3: Population distribution by age

	Population	Children	Adults	Seniors
Santa Barbara County	425,000	24%	63%	13%
North County	145,000	30%	59%	11%
Mid County	80,000	27%	60%	12%
South County	200,000	18%	68%	15%

Figure 4: Population distribution by ethnicity

	White	Latino	African-American	Asian	Native American	All Other
Santa Barbara County	48%	43%	2%	5%	1%	1%
North County	31%	61%	1%	4%	1%	2%
Mid County	51%	38%	4%	3%	1%	3%
South County	58%	32%	1%	6%	1%	2%

Figure 5: People living below Federal Poverty Level

	Children	Adults	Seniors	Total
Santa Barbara County	16,319	37,942	3202	57,463
North County	7,675	10,968	1,180	19,823
Mid County	4,320	4,861	410	9,591
South County	4,324	22,113	1,612	28,049

¹⁹ S0501 Selected Characteristics of the Native & Foreign-Born Populations, 2010-2014 American Community Survey 5-Year Estimates, (U.S. Census American Fact Finder).

²⁰ Insight Center, *A Snapshot of Poverty*.

SOCIOECONOMIC CHALLENGES

OVERVIEW

An honest observation of the community context is crucial to any assessment of child well-being. While Santa Barbara County may be known for its Mediterranean climate and seaside resorts, its economic base rests on a large service sector that also includes education, technology, health care, and agriculture. The cost of living is high, and wages in many of the service industries are low.

Santa Barbara County is not immune to the overarching issues that affect children of all ages throughout California and across the nation. Chief among these is economic disparity and the impact of poverty. In our County, these manifest as crowded housing, food insecurity, and working families struggling to meet their most basic needs.

Many families live in or are on the verge of a state of crisis, creating situations that produce extreme stress for children. Poverty can mean reduced access to healthy food and neighborhoods that are less safe. When parents work multiple jobs to make ends meet, they have less time to focus on their children. The stress of scarcity increases the likelihood of poor outcomes in children's safety, health, and education.

Family stress is also linked to Adverse Childhood Experiences such as child abuse and neglect, intimate partner violence, substance abuse, and mental illness. These issues weaken the solid foundation needed for successful child outcomes.



EMPLOYMENT & INCOME

The most recent Census figures showed about 64% of county residents over the age of 16 in the labor force, and less than 6% unemployed. Median annual earnings for all workers were \$25,995. Median annual earnings for full-time year-round workers were \$47,862 for men and \$40,661 for women.²¹

While the County's economy is diverse and many of its occupations are well-paid, the two largest industry clusters remain the lowest-paid: the agriculture, food and beverage cluster with a mean hourly wage of \$11.82, and the tourism and hospitality cluster with a mean hourly wage of \$15.33—both well below the overall County mean hourly wage of \$23.71 and together employing about 23% of the county's workers.²² The County's 2013 Poverty Report found that up to 40% of the residents of the county's highest-poverty neighborhoods worked in these sectors.²³

²¹ DP-03 Selected Economic Characteristics, 2010-2014 American Community Survey 5-Year Estimates (U.S. Census Bureau American Fact Finder).

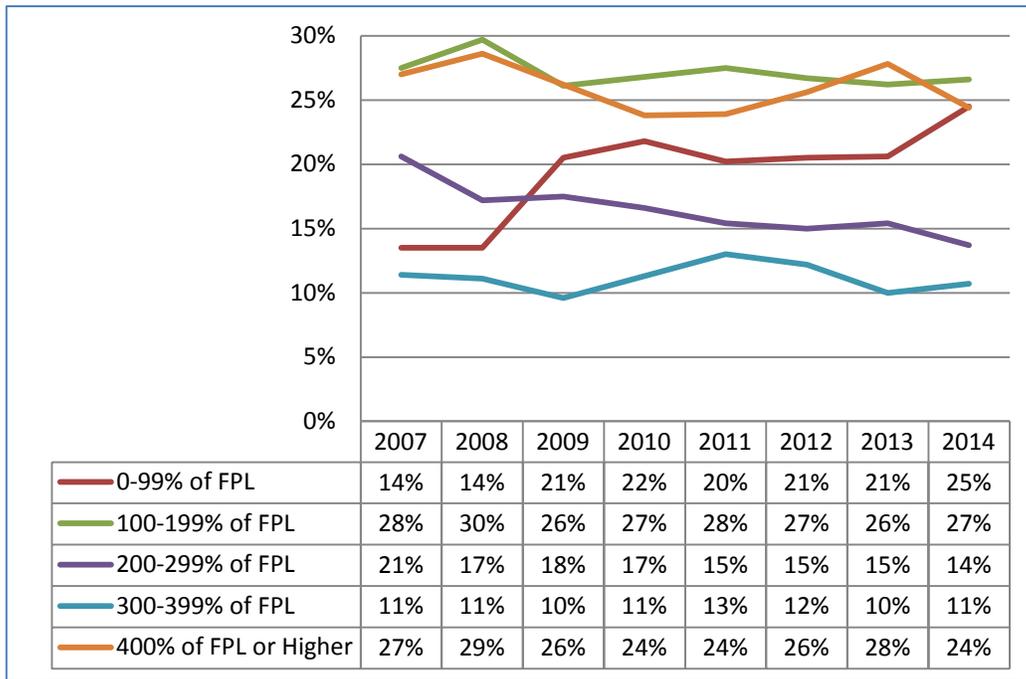
²² BW Research Partnership, *Industry, Employment & Skills* (Santa Barbara County Workforce Investment Board, July 2015), <http://calworkforce.org/wp-content/uploads/2016/03/2015-July-Industry-Cluster-Report.pdf>

²³ Insight Center, *A Snapshot of Poverty*

POVERTY & FAMILY SELF-SUFFICIENCY

Between 2007 and 2014, the percentage of Santa Barbara County children living below the federal poverty level (FPL) grew from under 15% to nearly 25%, as shown in Figure 6.²⁴ The FPL was \$24,008 for a family of two adults and two children in 2014.²⁵

Figure 6: Santa Barbara County children ages 0-17, by household income level



The Federal Poverty Level (FPL) is a nationwide figure: it does not take into account regional variances in the cost of living. However, an alternative measure known as the California Family Self-Sufficiency Standard (SSS) does. Available for each of California's 58 counties, the SSS measures the minimum income necessary to cover all of a non-elderly (under 65 years old) and non-disabled individual or family's basic expenses—housing, food, child care, health care, transportation, and taxes—without public or private assistance. The SSS takes into account the earned income tax credit, child care tax credit, and child tax credit. It includes only the necessities of life—no vacation, recreation, dining out, or holiday gifts for children.

In 2014 (the most recent year for which data is available), a parent working full-time and raising two children in Santa Barbara County would need to earn from \$12.39 to \$34.87 per hour for family self-sufficiency, depending on the ages of the children and whether the household included a second parent working full-time. See Figure 7.

²⁴ *Children Living Above and Below the Poverty Level (Regions of 65,000 Residents or More), by Income Level: 2007-2015* (U.S. Census Bureau American Community Survey), accessed via kidsdata.org, September 2015.

²⁵ *Poverty Guidelines 1/25/16* (U.S. Dept. of Health & Human Services, Office of the Assistant Secretary for Planning & Evaluation), accessed October 2016. For an explanation of the poverty guidelines (FPL) or to look up the figures by year and household size, see <https://aspe.hhs.gov/poverty-guidelines>.

Figure 7: Income required for family self-sufficiency in Santa Barbara County (2014)

	Family with two younger children (one age 0-2, one age 3-5)		Family with two older children (one age 6-12, one age 13-18)	
	One parent	Two parents	One parent	Two parents
Hourly	\$34.87	\$19.06	\$21.35	\$12.39
Monthly	\$6,137	\$6,710	\$3,758	\$4,361
Annually	\$73,649	\$80,523	\$45,099	\$52,331

In 2014, 19,170 County households with children were below the self-sufficiency standard. Of those, 5,380 households were below the federal poverty level. The other 13,790 fell into the “income gap”: potentially making too much money to qualify for public assistance, but not enough to meet their expenses. Coping strategies may include skipping meals, doubling up with other families or sporadic homelessness, leaving one child in charge of the others, going without health care, and so on. See Figure 8.

**Figure 8: Santa Barbara County households and the “Income Gap”
(2014, excluding seniors and persons with disabilities)**

	Households			Percentages		
	Below self-sufficiency (SSS)	Below poverty (FPL)	Below self-sufficiency, above poverty	Below self-sufficiency (SSS)	Below poverty (FPL)	Below self-sufficiency, above poverty
With children	19,170	5,380	13,790	46%	13%	33%
Without children	15,288	5,624	9,604	28%	10%	17%
All	34,458	11,004	23,394	36%	11%	24%

Low wages contribute to the problem. As shown in Figure 9, a Santa Barbara County family with two young children and two parents working full-time at minimum wage would exceed the federal poverty guidelines, but still only be about halfway to self-sufficiency; and even adding a third full-time job wouldn't get them there.²⁶

Raising the minimum wage could reduce the income gap for those earning up to 150% of minimum wage—an increased minimum wage has the “ripple effect” of raising other wages near the minimum.²⁷ On the other hand, raising the minimum could cause businesses to cut hours or jobs (although evidence of employment effects is mixed.)²⁸ California's minimum wage rose from \$9 to \$10 per hour as of January 1, 2016; it is scheduled to rise in small annual increments until it reaches \$15 per hour in the year 2022.²⁹

²⁶ Source of data in narrative and charts: *Self-Sufficiency Standard Tool for California*, Insight Center for Community Economic Development, accessed October 2016. Self-Sufficiency Standard and minimum wage rate are for year 2014. To view FSS figures for various years and family compositions and compare them to federal poverty guidelines, visit <http://www.insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california/>.

²⁷ M. Kearney & B. Harris, *The Ripple Effect of a Minimum Wage Increase on American Workers* (Brookings Institution/Hamilton Project, January 2014), <https://www.brookings.edu/blog/up-front/2014/01/10/the-ripple-effect-of-a-minimum-wage-increase-on-american-workers/>

²⁸ T. Luna, *Fact Check: No consensus that minimum wage raises boost unemployment* (Sacramento Bee, March 31, 2016), <http://www.sacbee.com/news/politics-government/capitol-alert/article69335117.html>

²⁹ D. Urban, *California's New Schedule for Minimum Wage Increases* (Liebert-Cassidy-Whitmore Calif. Public Agency Labor & Employment Blog, April 19, 2016), accessed 10/2016. Increases can be suspended in an economic downturn; rate of increase is slower for smallest businesses.

Figure 9: Sample household and the "Income Gap" (2014)



CHILDREN AND THE PUBLIC SAFETY NET

Some parents may need assistance with the economic and health care aspects of raising children. The Santa Barbara County Department of Social Services (DSS) administers federal and state public safety net programs to help low-income and transitional households in our community, including food aid from CalFresh, medical coverage from MediCal, and cash aid from CalWORKs. The following section briefly discusses each of these programs, and provides charts showing how many children, and of what ages, have benefitted from these programs locally.³⁰

FOOD AID

CalFresh is California's version of the federal Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps. CalFresh helps low-income households buy unprepared food, with a monthly benefit delivered on a debit card that works at many supermarkets, corner stores and farmer's markets. People must be citizens or legal residents to qualify. As a supplementary program, CalFresh alone does not buy enough food for most households to make it through the month; they must spend their own cash as well. Benefits are 100% funded by the United States Department of Agriculture (USDA).

As shown in Figure 10, the number of Santa Barbara County children in households receiving CalFresh benefits grew steadily from 2008 to 2016, before dropping somewhat in 2017. From 2008 to 2017, an average of 64% of CalFresh recipients were children.

MEDICAL COVERAGE

Medi-Cal—California's version of the federal Medicaid program—helps low-income uninsured people in our community receive the medical services they need. Special programs are available to help pregnant women, the terminally ill, those needing long-term care, and the aged, blind, and disabled. In 2014, the Affordable Care Act enabled California to expand MediCal eligibility to people earning up to 138% of the Federal poverty level (including childless adults who were ineligible under the previous law), and made foster children eligible for coverage up to

³⁰ For the purpose of these charts, children are defined as age 18 or under. Data source: DSS MRH009R, April of each year.

Figure 10 : Santa Barbara County CalFresh clients

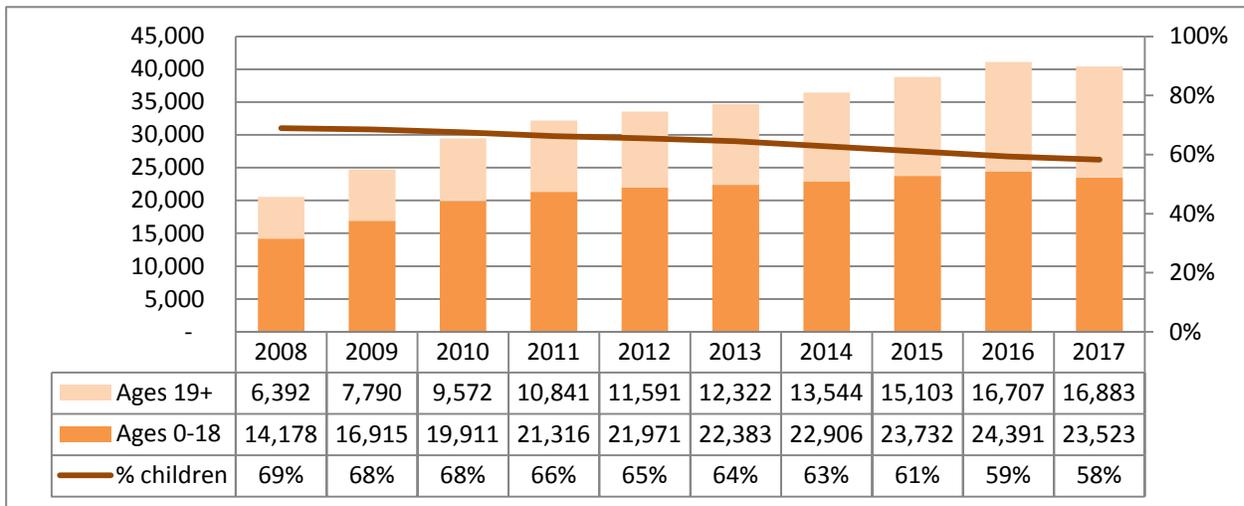


Figure 11 : Santa Barbara County MediCal clients

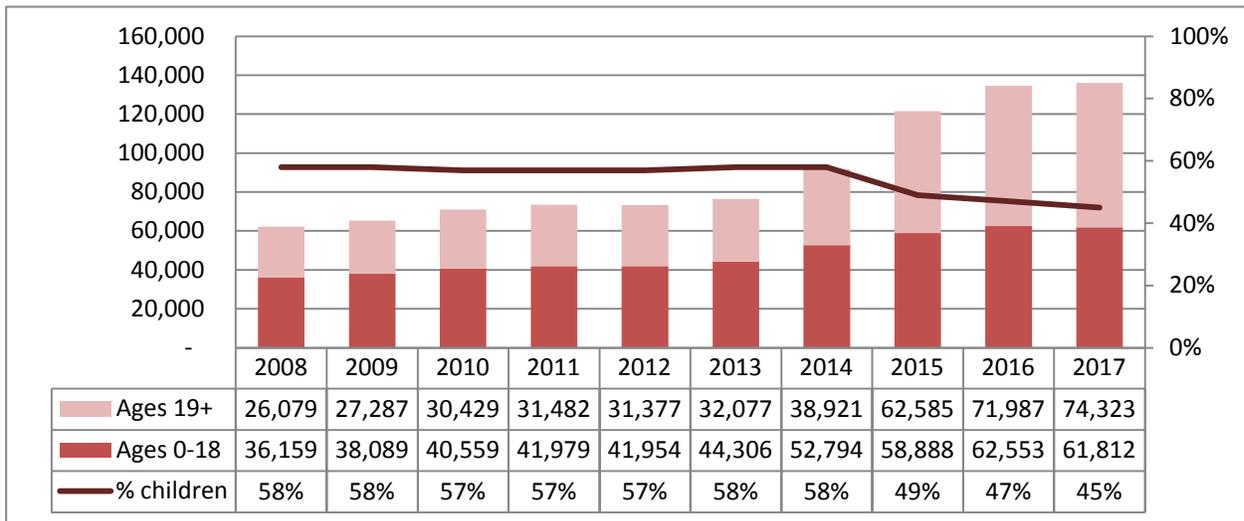
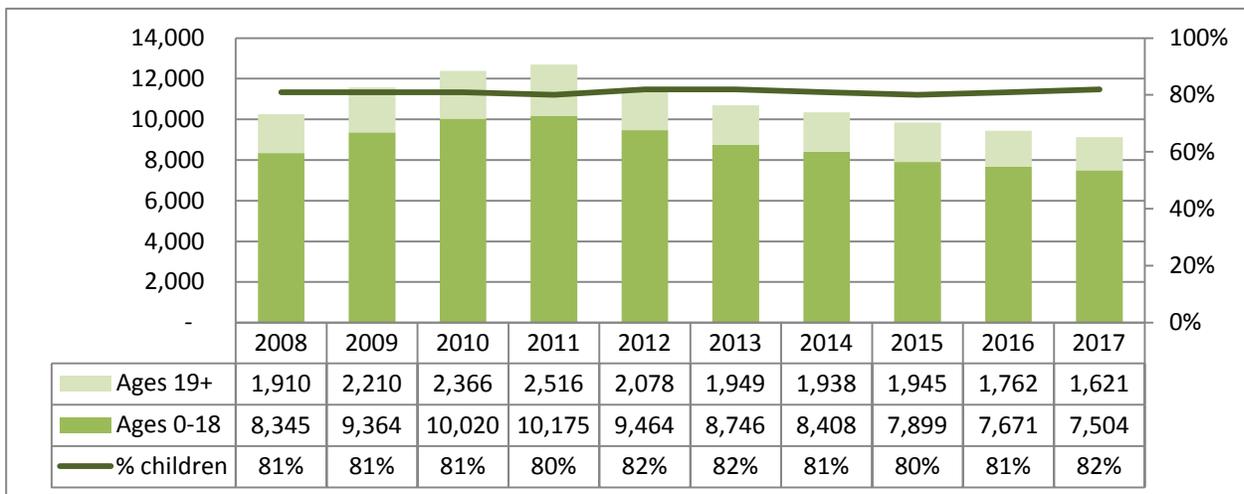


Figure 12 : Santa Barbara County CalWORKs clients



age 26 (rather than 18 or 21). Adults must be citizens or legal residents to qualify for Medi-Cal. Since May 2016, children under 19 are eligible regardless of immigration status, if the household meets the income standards. (These rules apply to “full-scope” Medi-Cal; in some cases, patients may receive temporary emergency Medi-Cal.)

As shown in Figure 11, the number of Santa Barbara County children covered by Medi-Cal health coverage grew modestly from 2008 to 2013, and then grew strongly from 2014-2016 as more households became eligible under the Affordable Care Act, before dropping slightly in 2017. From 2008 to 2017, an average of 54% of Medi-Cal recipients were children.

CASH AID

CalWORKs is California’s version of the federal Temporary Assistance to Needy Families (TANF) program. It is available only to low-income families with children, and only if eligibility requirements are met.

CalWORKs/TANF replaced the Aid to Families with Dependent Children (AFDC) program or “welfare as we knew it” with the federal welfare reform of 1996. Welfare reform ended cash assistance as an entitlement to low-income families, required work as a condition of welfare payments for most families, and imposed a five-year lifetime limit on welfare benefits for adults. People must be citizens or legal residents to qualify.

Santa Barbara County delivers inter-agency services (through Welfare to Work and other programs) to help CalWORKs clients work toward self-sufficiency. Enrolled families typically also receive food aid from CalFresh and health coverage from Medi-Cal.

As shown in Figure 12, the number of Santa Barbara County children in households receiving CalWORKs benefits increased from 2008 to 2011, and has decreased each year since. From 2008 to 2017, 80% or more of the individuals aided by CalWORKs have been children.

COLLECTIVE IMPACT

OVERVIEW

The KIDS Network vision is as follows: *All children will grow up in safe, healthy and nurturing homes, schools, and communities, with equal access to resources and the opportunity to develop their unique potential.*

To achieve this vision, we must embrace the complexity of the issues that we are attempting to resolve—and the complexity of the needs, services, and systems that influence our efforts. *Collective impact* is one way to approach this work.



The Stanford Social Innovation Review defines collective impact as “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.”³¹ Across Santa Barbara County, organizations and systems are engaged in the work of identifying *common agendas*, developing *shared measurement systems*, and looking for ways that activities can be *mutually reinforcing*. Networks, Councils, and Task Forces are creating a forum for *continuous communication*, and specific initiatives are engaging organizations to provide *backbone support*. Through these efforts, we are beginning to tackle some of our most pressing social problems.

Collective impact is strengthened by recognizing and appreciating the importance of *systems* in achieving desired outcomes. A system is defined by stated or implicit agreements between multiple entities who are working to address a need. Systems are shaped by policies, procedures, and funding streams, and they generally involve a specific set of activities. For example, the Scorecard looks at our countywide “system” for addressing the needs of children, youth, and families by looking at four domains: Safety, Health, Education, and Family. Within each domain, we gather data from multiple smaller systems: Child Welfare, Juvenile Justice, Law Enforcement, Health Care, Behavioral Wellness, Education, Housing, and Economic Assistance. The larger system may not “feel” like a system because agreements between entities (systems) are not well established or articulated. Each system addresses a specific set of needs, but they lack a shared vision that links the work and aligns efforts around common goals.

The goal of systems change is to make programs more efficient and effective by looking at how systems are linked and how they function. At its most basic level, systems change requires us to work in concert with community members; to leverage resources, build knowledge, strengthen partnerships, and improve processes with clear intention and good will. We do this by building trust, drawing on our history, and understanding where our values and goals intersect.

Our goal for Santa Barbara County is to build stronger communities by providing integrated services and supports that will lead to positive outcomes for children, youth, and families. To realize this goal, our service providers must be organized into collaborative networks that promote awareness, understanding, and relationship. And at a higher level, networks and providers must be supported by systems whose policies, procedures, and funding streams are aligned and committed to sustainability.

³¹ J. Kania & M. Kramer, *Collective Impact* (Stanford Social Innovation Review, Winter 2011), http://ssir.org/articles/entry/collective_impact

Figure 13: Components of Systems Change³²

System Level	Action	Focus	Needs
County & Cities	Align	<ul style="list-style-type: none"> • Funding • Policies and procedures • Data and technology • Strategic planning 	<ul style="list-style-type: none"> • Political support • Leadership at all levels • Countywide vision with regional variation • Shared data systems
Community & Organizations	Connect Collaborate Network	<ul style="list-style-type: none"> • Breaking down silos • Shared vision, common purpose, related goals • Efficient use of resources • Strong connections • Accountability • Innovation 	<ul style="list-style-type: none"> • Infrastructure to support quality and efficiency • Common frameworks and strategies • High performance programs and practices • Shared data • Shared learning
Individual	Integrate	<ul style="list-style-type: none"> • Clear pathway to services & support • Opportunities to “give back” 	<ul style="list-style-type: none"> • Community engagement • Knowledge of resources • No wrong door

HOW WE WORK TOGETHER

Community problems need community solutions. We need data-driven strategies to align our goals, and cross-sector engagement to achieve county-wide change. County Departments provide a safety net for the most vulnerable, and community partners are essential in creating a strong system that meets the diverse needs of children, youth, and families Santa Barbara County.

Each section of the Scorecard includes a “Spotlight”—an example of a high-performance partnership that shows how organizations are working together to address a specific concern. Three broad strategies that have gained traction across the county include resource hubs, cross-sector collaboration, and workforce development through shared learning opportunities.

RESOURCE HUBS

Strong families are the foundation of a healthy community, and we can improve communities from within by supporting the families who live there. Family income should not determine life expectancy or a child’s chances of success in school or in life, yet we know that resources matter. Nonprofit resource hubs with supportive, accessible services can help families overcome social, economic, and educational challenges to become better parents, neighbors, and citizens.³³

³² Adapted from *Taming the Tornado* by Patricia Bowie and the UCLA Center for Healthier Children, Families & Communities

³³ *What Is a Family Resource Center?* (California Family Resource Association), www.californiafamilyresource.org, accessed 10/2016

In Santa Barbara County, the Community Action Commission led the way in providing family-centered services through their Head Start programs. Currently, there are over 50 Family Resource Centers (FRCs) throughout our county that are helping families successfully respond to the challenges they face. Located in Head Start sites, preschools, schools, and neighborhood centers, FRCs are committed to improving the well-being of children, youth, families, and the communities in which they live. Their dedicated staff members recognize the importance of cultural and community identity and they provide services that are culturally and linguistically responsive to the communities they serve.

Figure 14: Santa Barbara County Network of Family Resource Centers 2016

Family Resource Center	Sites	Geographic Reach	Families Served
Alpha Resource Center	4	Countywide	840
Carpinteria Children's Project	1	Carpinteria	1200
Community Action Commission	24	Countywide	1349
Cuyama Valley Family Resource Center	1	Cuyama Valley	61
Family Service Agency	9	Santa Barbara & Lompoc	3374
Housing Authority of the City of Santa Barbara	3	City of Santa Barbara	906
Isla Vista Youth Projects	1	Goleta & Isla Vista	1300
La Casa De La Raza	1	Santa Barbara	2255
Little House by the Park	1	Guadalupe	1000
Santa Maria Healthy Start/ Santa Maria Bonita School District	1	Santa Maria	2800
Santa Ynez Valley People Helping People	8	Santa Ynez, Solvang, Buellton, Los Olivos, Los Alamos	1125
TOTAL	54		16,210

These resource hubs are a lifeline for families seeking support. Using a Protective Factors approach, they share their knowledge of community resources and link families to basic necessities, health insurance, transportation, medical homes, quality preschool and child care, and treatment services for mental health, substance abuse, and domestic violence. Many conduct social-emotional screenings for young children to identify developmental concerns and link families to early intervention services. Strengths-based case management is offered to help families navigate systems and to engage parents in creating long-term change. Many FRCs offer classes in parenting and/or healthy relationships, and they reach out to include fathers, grandparents, and other family members in forming strong networks of support. By connecting parents to new skills, resources, and opportunities, FRCs help families break cycles of intergenerational poverty and household dysfunction to help ensure that every child and family has a chance to succeed.

First 5 Santa Barbara County has been a strong advocate of family support, convening and hosting the Santa Barbara County Network of Family Resource Centers since 2009. Through the Network, resource hubs are linked to one another in a coordinated system of mutual support. There is a commitment to evidence-informed programs, and service delivery is guided by the nationally recognized California Standards of Quality for Family Strengthening and Support.

The Standards establish quality indicators, core competencies, and best practices in five key areas,³⁴ including family-centeredness, family strengthening, embracing diversity, community-building, and evaluation.

The five Protective Factors are embedded in the Standards, along with the seven key components of effective family resource centers as identified in an independent research study conducted by the OMNI Institute in Denver, CO:³⁵

1. Inclusion of diverse populations in programs and services
2. Strong collaborative relationships between staff and families
3. Strengths-based approach to service delivery
4. Focus on prevention and long-term growth
5. Involvement of peers, neighbors, and communities
6. Coordination of multiple services
7. High-quality staff training and coaching

Using this approach, resource hubs serve as community connectors, linking people, organizations and ideas to strengthen families and communities.

CROSS-SECTOR COLLABORATION

Families often touch more than one system as they access services and supports to meet their needs. Learning to navigate different systems can be challenging and can be a barrier to receiving services. Coordination between service sectors can streamline the navigation process and lead to better outcomes for children, youth, and families, but it takes intention and a commitment to work together. For organizations with shared or complementary goals, there are many ways to do this.³⁶ When goals seem vastly different, it takes more effort to find common ground.

In Santa Barbara County, networks come together in every style of partnership. Representatives from different service sectors come together in groups like the KIDS Network and the Behavioral Wellness Children's System of Care (CSOC), to learn from each other and intentionally create feedback loops for improving existing processes. These networks share information and form friendly, cooperative relationships that are aligned around a common vision, while being supportive of each organization's individual priorities, role and goals. Groups of organizations that provide similar or related services may come together in a different type of network to coordinate efforts, improve core competencies and share best practices—for example, as seen in the Child Care Planning Council and the Network of Family Resource Centers. Many of the county's networks are focused on strengthening collaboration.

Although the word “collaboration” is often used informally as a synonym for “working together,” it has a formal definition. As shown in Figure 15, collaboration is distinct from cooperation or coordination because it requires a higher level of intensity in the relationship, including a commitment to shared goals, a jointly developed structure, shared responsibility, mutual authority, and accountability for success; and sharing of resources, risks, and rewards.³⁷

³⁴ *Standards of Quality for Family Strengthening & Support* (California Network of Family Strengthening Networks, April 2016)

³⁵ F. Pampel & K. Beachy-Quick, *Key Components of Family Resource Centers: A Review of the Literature* (Denver, CO: Omni Institute, Aug. 2013)

³⁶ M. Winer & K. Ray, *Collaboration Handbook: Creating, Sustaining and Enjoying the Journey* (Amherst H. Wilder Foundation, 1994)

³⁷ C. Lukas & R. Andrews, *Four Keys to Collaboration Success* (Fieldstone Alliance, 1994), http://sagemaine.org/uploads/2/7/1/9/2719629/four_keys_to_collaboration_success.pdf

Collaboration is critical for the biggest projects and initiatives, but meshing the skills and resources of different organizations to address a common goal is much easier said than done.

Figure 15: Ways of working together

Cooperation	Coordination	Collaboration
Lower intensity	Moderate intensity	Higher intensity
<ul style="list-style-type: none"> • Shorter-term, informal relationships • Shared information only • Separate goals, resources and structures 	<ul style="list-style-type: none"> • Longer-term effort around a project or task • Some planning and division of roles • Some shared resources, rewards and risks 	<ul style="list-style-type: none"> • More durable and pervasive relationships • New structure with commitment to common goals • All partners contribute resources and share rewards and leadership

Figure 16, on the following page, illustrates just a few examples of collective impact efforts taking place locally. It highlights durable relationships among partners from different service sectors, who share a common vision and unified strategy for achieving specific goals.

WORKFORCE DEVELOPMENT

Shared learning opportunities offer another strategy for strengthening partnerships and improving outcomes for children, youth, and families. A skilled and knowledgeable workforce is critical for success in any sector, and sharing knowledge across sectors is beneficial to the community as a whole. Our goal is to develop and support workers who are competent and capable of providing culturally relevant and effective services that are responsive to individual and family needs. Shared learning can happen within the context of a meeting, a workshop, or a training session.

In Santa Barbara County, organizations and systems have shared research-informed best practices to align services around common goals. Protective Factors training has been shared with families through the Parent Café model and has served as a platform for collaboration between child abuse prevention, family support, and early care and education providers. Trainings in Trauma-Informed Care have been a unifying force in bringing together behavioral health, child welfare, resource families, and social service providers. Learning about Restorative Approaches has helped to align juvenile justice and education, and sharing information about the California Collaborative on the Social and Emotional Foundations for Early Learning (CSEFEL) has helped parents and preschool teachers work together to influence social-emotional development and behavior in young children.

Outcomes from any organization are linked, not only to services, but also to relationships. Bringing parents and community members into the shared learning experience has an additional benefit, in that it extends the reach of organizations out into the community. Family, friends, and neighbors have the ability to reach people who might not otherwise seek the support of a community-based service provider.

Figure 16: Cross-sector collaboration in Santa Barbara County

Initiative	 <p>Partnership for Strengthening Families</p>	 <p>THRIVE Santa Barbara County</p>	 <p>Children's Health Initiative Santa Barbara</p>	 <p>South Coast Task Force on Youth Safety</p>
Focus	Family	Education	Health	Safety
Goals	<ul style="list-style-type: none"> • Strong families • Optimal child development • Reduced incidence of child abuse & neglect 	<ul style="list-style-type: none"> • Kindergarten readiness • Integrated pathways to supportive services for children & families 	<ul style="list-style-type: none"> • Health insurance enrollment, retention, and utilization for children & families • Access to primary care 	<ul style="list-style-type: none"> • Youth violence prevention and reduction of gang activity • Safety and quality of life for youth, their families, and the community
Systems	<ul style="list-style-type: none"> • Early Care & Education (ECE) • Family Support • Child Abuse Prevention 	<ul style="list-style-type: none"> • Early Care & Education • K-12 Education • Health Care • Family Support 	<ul style="list-style-type: none"> • Health Care • Early Care & Education • K-12 Education • Family Support • Social Services 	<ul style="list-style-type: none"> • Government • Law enforcement • Probation • Education • Social Services • Behavioral Wellness • Youth Programs
Partners	<ul style="list-style-type: none"> • Child Abuse Prevention Council • Child Care Planning Council • Network of Family Resource Centers 	<ul style="list-style-type: none"> • Carpinteria Children's Project / Carpinteria Unified School District • Santa Maria Bonita School District • Little House by the Park / Guadalupe Union School District • Isla Vista Youth Projects / Goleta Union School District • Parents / Community • KIDS Network 	<ul style="list-style-type: none"> • SBCEO Health Linkages • CenCal Health • Public Health • Social Services • Health Clinics • Hospitals • School Districts • State Preschools • Head Start • Family Resource Centers 	<ul style="list-style-type: none"> • Elected officials • Local government agencies/ executives • Law enforcement • School administrators • Faith community • Philanthropic community • Community-based service providers • Youth and parents
Approach	<ul style="list-style-type: none"> • Strengthening Families framework • California Collaborative on the Social & Emotional Foundations for Early Learning (CA CSEFEL) • ECE Quality Rating & Improvement System (QRIS) • Parent engagement 	<ul style="list-style-type: none"> • KSEP implementation (Kindergarten Student Entrance Profile) • Healthy weight (BMI) • Social & emotional wellness (per CSEFEL) • Family & community health 	<ul style="list-style-type: none"> • Address social determinants of health to help families access care • Train & support Certified Application Assistants and Certified Enrollment Entities 	<ul style="list-style-type: none"> • Convene stakeholders • Coordinate services • Use data & evaluation to guide programs • Focus on mental health, youth employment, alcohol & drug treatment, mentoring and expedited services for youth in at-risk situations

SPOTLIGHT: SANTA BARBARA COUNTY PROMOTORES DE SALUD

The Santa Barbara County Promotores Network is a grassroots organization of more than 200 individuals from the local community who speak Spanish and/or Indigenous languages. All Promotores have graduated from a 40-hour Core Training that teaches communication skills, personal growth, advocacy, and leadership development. With additional training provided by health and human service agencies, Promotores have been instrumental in educating their communities about obesity prevention, diabetes, children's oral health, access to health care, family violence prevention, communicable diseases, early cancer detection, mental health, alcoholism and drug abuse, and children's social-emotional development. Some Promotores have become employees of public and private agencies; others work as volunteers or receive stipends for their contributions.

Too often, available resources and traditional systems of support fall short in meeting the needs of communities that are culturally, linguistically, and/or geographically isolated. The Promotores Network represents a coordinated, trained, and supported workforce that is committed to reducing health disparities in Santa Barbara County. Promotores can reduce barriers and provide a bridge to services. They are active members of their communities who dedicate themselves to enhancing quality of life for individuals and families through education and health promotion.

CHALLENGES WE FACE

A strong and vibrant community is one that makes the best use of resources, avoids duplication of services, eliminates service gaps, and streamlines systems so that individuals have a clear and integrated pathway to getting the help they need.

Santa Barbara County has made progress toward this goal by creating networks that foster connections at the community level. At the city and county level, there is still a lack of alignment between the systems that shape processes and drive outcomes. Community development, transportation, health, behavioral wellness, education, law enforcement, and social services—all of these have an impact on family well-being and yet, competing rules and priorities can block collaboration. Two challenges that demonstrate this disconnect are fragmented services and a lack of aligned data.

FRAGMENTED SERVICES AND SUPPORTS

Each domain of the Scorecard represents a priority area that is shaped by policies, procedures, and funding streams at county, state, and federal levels. Inside each domain are several different focus areas that have an impact on the overall goal. Inside each focus area, there are multiple organizations and agencies trying to improve outcomes for children, youth, and families. And inside each organization there are multiple programs and services targeted to specific challenges and/or specific populations. It is easy to understand the immense challenge of aligning the work of our community to create a system of integrated services and supports.

Families who are most vulnerable often have the most difficulty accessing the help they need. Language barriers, transportation barriers, and disparities in available resources affect well-being, especially in high-poverty areas. Too often, families must travel significant distances between providers, complete multiple intake forms, and juggle difficult schedules to meet the needs of individual family members. Systems should be coordinated and aligned so that families can find their way to services with greater ease.

Solutions require us to find common ground while taking regional and community variations into account. There may be multiple ways to improve an outcome, and a strategy that works in one area of the county may not be effective in another. We can move toward alignment if we act with a shared belief that the numerous and complex systems supporting children and families can be better coordinated in order for our county's children to achieve success in school and in life.

LACK OF ALIGNED DATA

Collecting data and measuring results consistently is an essential component of collective impact. In any change effort, it is important for all stakeholders to know what they are tracking, where they are starting, and how they will know things have changed. We need data to establish the base of knowledge in order to gauge the effectiveness of our services and systems, so we look for evaluation frameworks and tools that allow us to measure the impact that our work has had.

Shared measurement systems allow us to assess needs and monitor interventions using common tools with a shared understanding about what signifies change. However, each service sector has its own data needs and objectives, and even within a given sector, there may be a lack of consistency between organizations. The challenges are compounded by the desire for continuous quality improvement, which eventually leads to technical upgrades and implementation of new systems. These changes can create disruptions in longitudinal data, making it more difficult to identify trends over time.

Data-sharing is a topic of discussion among partners that collaborate in multidisciplinary service teams. However, regulations and policies often block efforts to improve coordination. While different organizations may have a need to evaluate success on their own terms with information they deem valuable and important, it is acknowledged that some level of data-sharing could streamline service delivery and improve outcomes. Without shared data, we are not able to capture the correlations and intersections that help us to determine which interventions are most effective in addressing individual or community concerns. Our goal is to have robust data that guides service delivery and program development while protecting the confidentiality of children, youth and families.

CHILD SAFETY

CHILD ABUSE AND NEGLECT

FAMILY VIOLENCE

FOSTER CARE

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

JUVENILE JUSTICE INVOLVEMENT

PRINCIPLES

Children and youth should be free from abuse and neglect.

Children should grow up in homes that are free of violence.

Children should live in loving homes where they experience stability, belonging and support.

Children should be protected from commercial sexual exploitation.

Youth in at-risk situations should be empowered to create positive futures.

CHILD ABUSE AND NEGLECT

PROBLEM

Child abuse and neglect are two of the primary categories considered when assessing children's exposure to Adverse Childhood Experiences (ACEs). Child Welfare Services responds when there are allegations of abuse or neglect within the home. An allegation of child abuse outside the home is investigated by law enforcement.



Santa Barbara County Child Welfare Services (CWS) investigates approximately 3200 reports of suspected child abuse and/or neglect each year. CWS can only intervene when findings meet the definitions set forth in legal statute. In some cases, reports of suspected abuse don't rise to the level of CWS intervention, yet children may still be at risk for maltreatment. Referrals to community partners play a critical role in linking families to services that strengthen protective factors and promote child safety and well-being.

EFFECT

Child maltreatment encompasses a wide range of experiences, with substantiated abuse and neglect at the most serious end of the spectrum. Maltreatment can affect individual child outcomes and ultimately influence community well-being. Child abuse or neglect sets the stage for traumatic stress, which increases the risk of behavioral, emotional, and health challenges later in life.

A 2012 study by the Centers for Disease Control and Prevention estimated the average lifetime cost per victim of nonfatal child maltreatment at \$210,000. Survivor needs are likely to impact multiple systems, including health care, education, criminal justice, and social services.

SOLUTION

The primary goal of the Child Welfare System is to ensure the safety, permanency, and well-being of children. The best way to achieve this goal is to enable the child's own parents to care for him or her. Current strength-based and family-centered approaches include Safety Organized Practice and Team Decision Making.

Responding to child abuse and neglect requires strategies that target prevention, intervention, and treatment:

- Engage community partners and invest in family strengthening to build protective factors
- Train mandated reporters and community members to respond to early warning signs
- Implement safety-focused interventions that build on family strengths and community resources
- Adopt multi-generation approaches to heal trauma and build resiliency
- Provide accessible and affordable treatment and recovery services to reduce risk factors

DATA HIGHLIGHTS & TRENDS

Available data shows the scope of the problem and notable trends from 2008 to 2015. We seek to answer the following questions, and compare current data and past data to discern trends for each.

- How many reports of abuse and neglect are received, and how many of those are substantiated?³⁸
- How often are the youngest (most vulnerable) children affected, vs. other age ranges?
- What type of abuse or neglect is substantiated most often?
- Which regions have the most investigations?
- How many referrals are made to community programs such as Front Porch, and what are the recidivism rates?
- What is the success rate of reunification efforts?

CWS REFERRALS RECEIVED

Each year, Child Welfare Services typically receives about 4800 referrals (reports) alleging child abuse and/or neglect. As seen in Figure 17 on the following page, the trend overall since 2008 has been an increase in the number of referrals, and a decrease in the percentage of allegations substantiated. In 2008, 4706 children had allegations and 933 (25%) were found to be substantiated. In 2015, 5534 children had allegations and 531 (11%) were found to be substantiated.

This follows a statewide trend. With Structured Decision Making and careful review of penal codes, more rigor goes into substantiating reports, and parents have the right to ask for a hearing if they disagree with the findings. In addition, annual training has taught mandated reporters³⁹ to err on the side of child safety when deciding whether to report suspected abuse or neglect.

Even if a referral is not substantiated, it can be valuable. It may enable child welfare workers to refer a family in crisis to helpful services. Or it may help provide historical context, if future reports for the same child are received.

RATES OF ABUSE

As seen in Figure 18 on the following page, the County's overall rate of substantiated child abuse and neglect has decreased for all ages, from 9 incidents per 1000 children in 2008 to 5.5 per 1000 children in 2015. The County rate is also lower than the statewide rate (in 2015, 5.5 per 1000 in the County, vs. 8.5 per 1000 statewide). Children age 0 to 5 are most vulnerable. Rates among children under 1 year old have increased somewhat from 2013 forward, but are still below 2008 rates.

³⁸ "Substantiated" means that Child Welfare Services (CWS) has investigated the referral and determined that the parent's (or caretaker's) actions (or failures to act) meet the legal definition of child abuse and neglect, and require CWS intervention to ensure the safety of the child.

³⁹ Mandated reporters are individuals who are mandated by law to report known or suspected child maltreatment. They are primarily people who have contact with children through their employment, such as teachers and school administrators, social workers and therapists, police and firefighters, clergy and CASA advocates, and so on. See <http://mandatedreporter.ca.com/faq/faq.htm>.

Figure 17: Number of children with allegations, and percentages substantiated

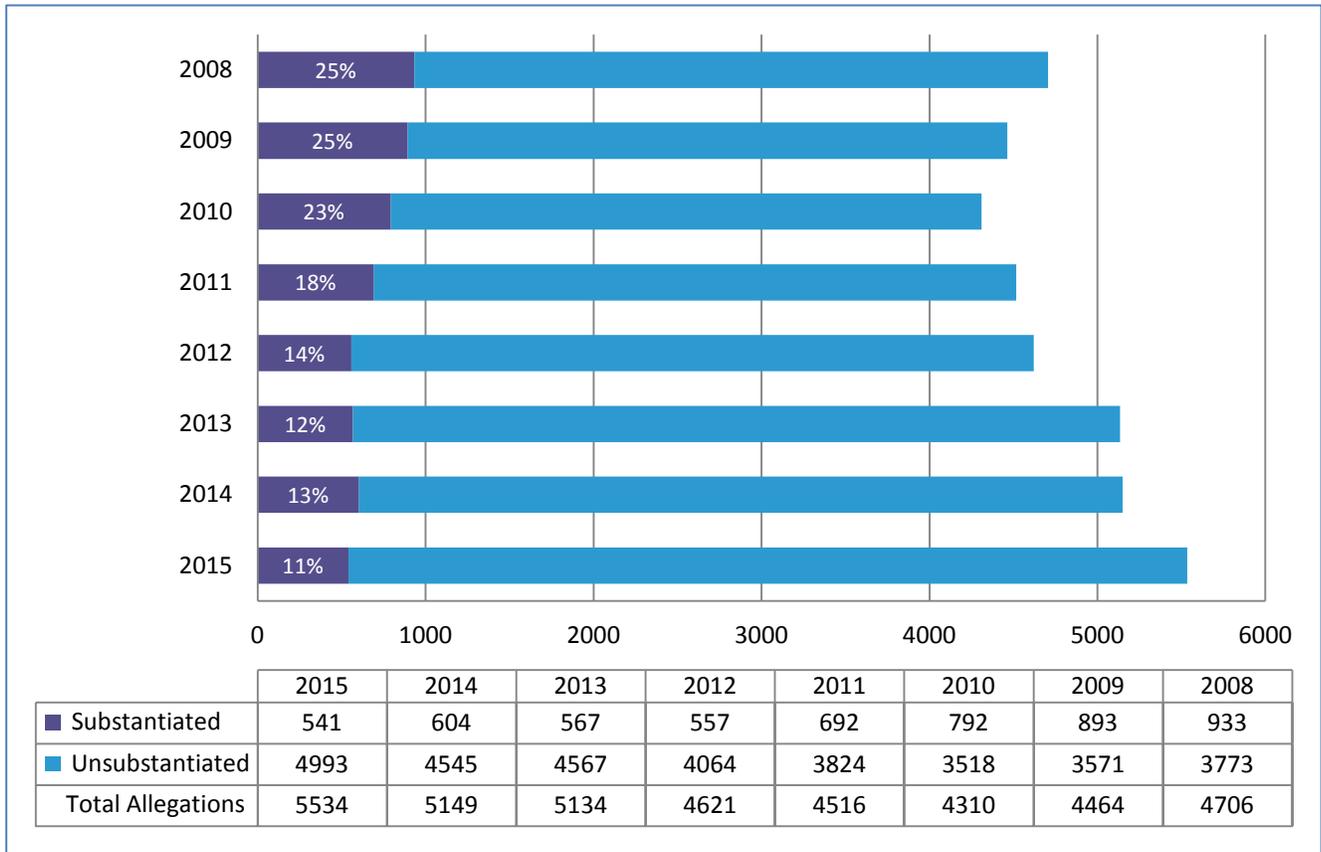
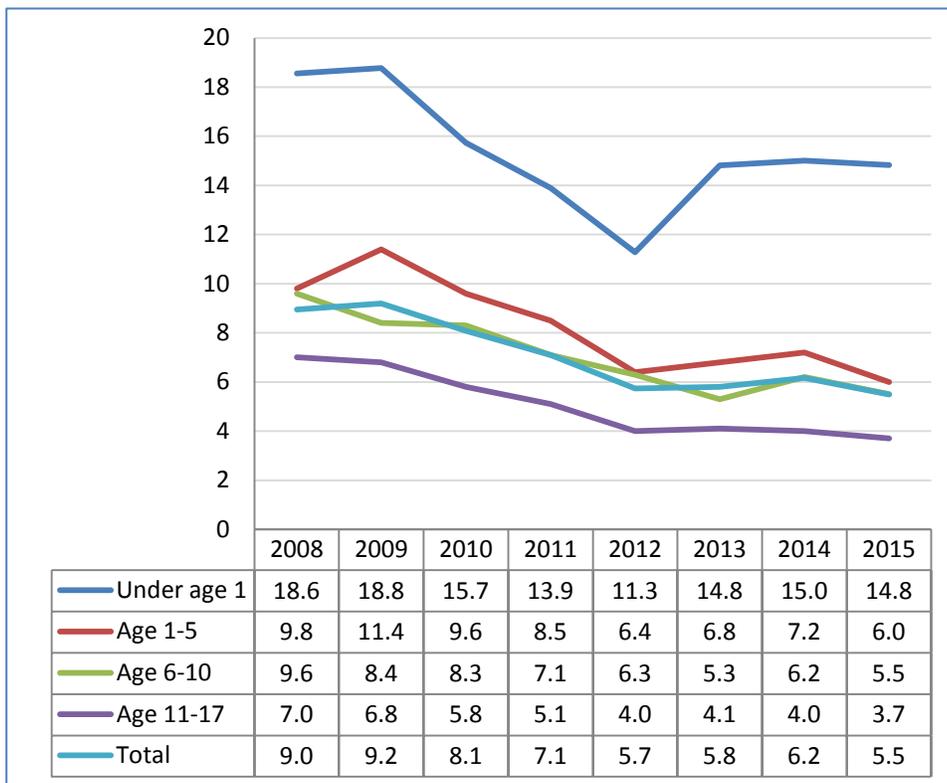


Figure 18: Substantiated Child Abuse by Age (Incidents per 1,000 Children)

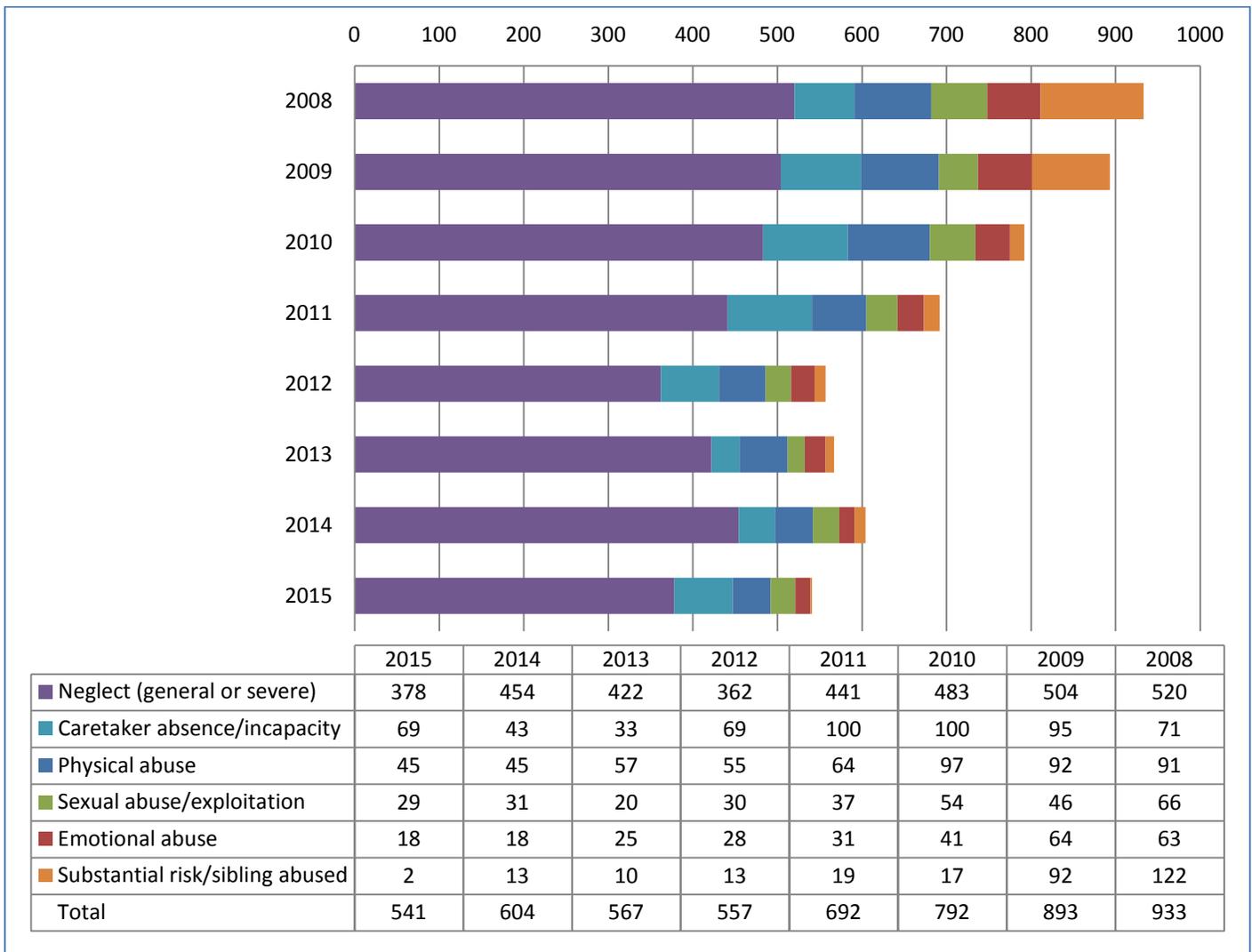


TYPES OF ABUSE

General neglect⁴⁰ was consistently the number one cause of substantiated cases. Younger children, particularly infants less than one year old, were most vulnerable to abuse and neglect. In 2015, under-one-year-olds represented 5.9% of all children in Santa Barbara County, but 15.8% of all substantiated cases.

General neglect in a family is often rooted in substance abuse, domestic violence, mental illness, or caretaker incapacity or absence, and is best addressed through prevention or treatment services for the caretakers. Most CWS case-managed families in Santa Barbara County receive support with parenting skills, mental health/coping skills, and access to substance abuse treatment. These have consistently remained high-priority needs over time, along with affordable housing.

Figure 19: Substantiated Child Abuse/Neglect Cases by Type

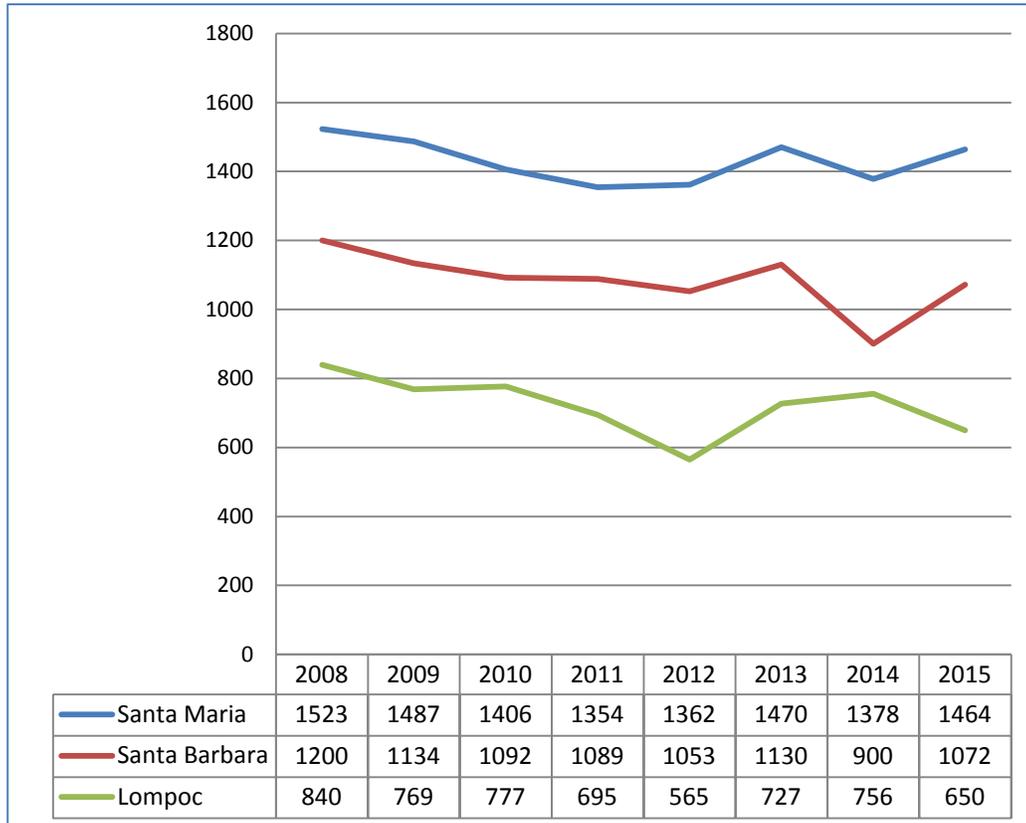


⁴⁰ General Neglect is defined as the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

REGIONAL DATA

The number of referrals investigated in each region of the county has remained fairly consistent over time. When considering the number of families per region, the rate of investigated referrals was similar in all regions of the county.

Figure 20: Investigative Reports by Region



REFERRALS AND RECIDIVISM

In 2005, Santa Barbara County Child Welfare Services (CWS) adopted the Differential Response model for responding to reports of child abuse and neglect. Differential Response, known as Front Porch in our County, offers an expanded set of responses that allows families to access support at the first signs of trouble. Social workers refer families to partner agencies in the community who work with them to address challenges that place their children at risk for abuse and neglect. Families are provided with focused services and empowered to find solutions that will improve their lives and decrease the likelihood of future intervention from Child Welfare Services.

As seen in Figure 21 on the following page, referrals to Front Porch have increased steadily since the program began, from 227 in 2009 to a high of 1155 in 2014. With increased family engagement, recidivism rates have dropped. The percentage of families referred to Front Porch that have a referral to CWS within the following three months has dropped from 32% in 2009 to a low of 3% in 2013. The percentage of such referrals that are substantiated as abuse or neglect has dropped from 7% in 2009 to a low of 0.3% in 2016.

Figure 21: Front Porch (Differential Response) referrals and recidivism

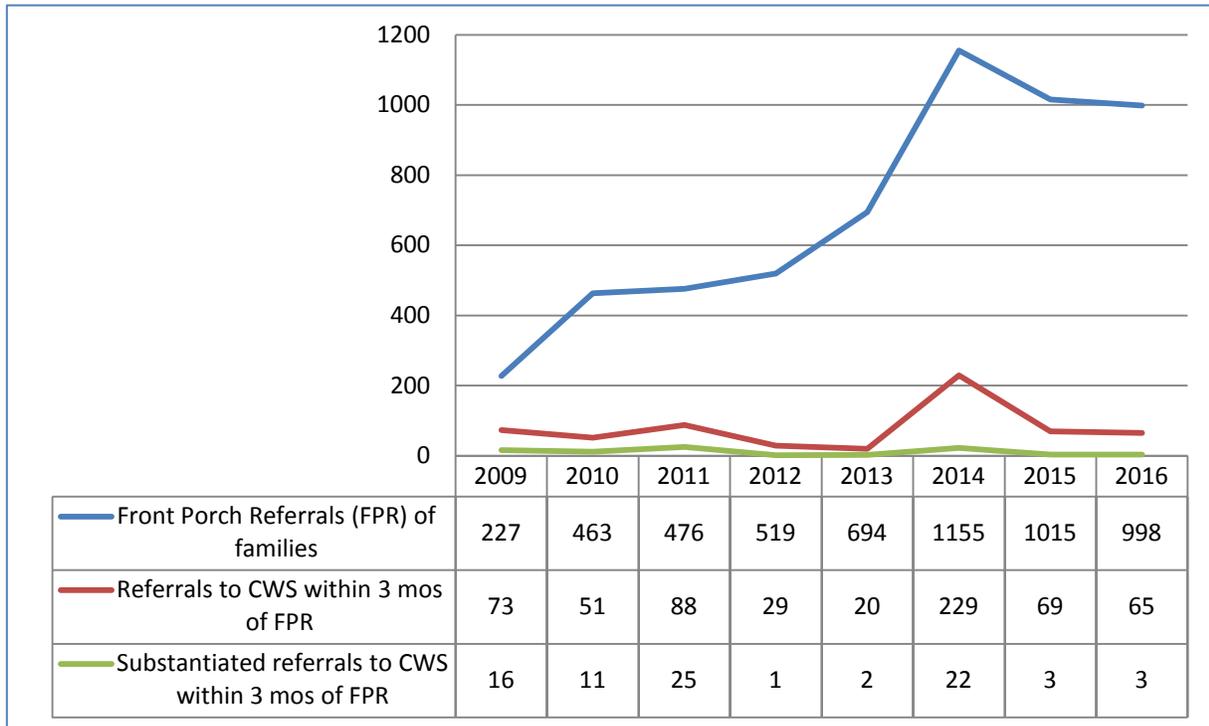
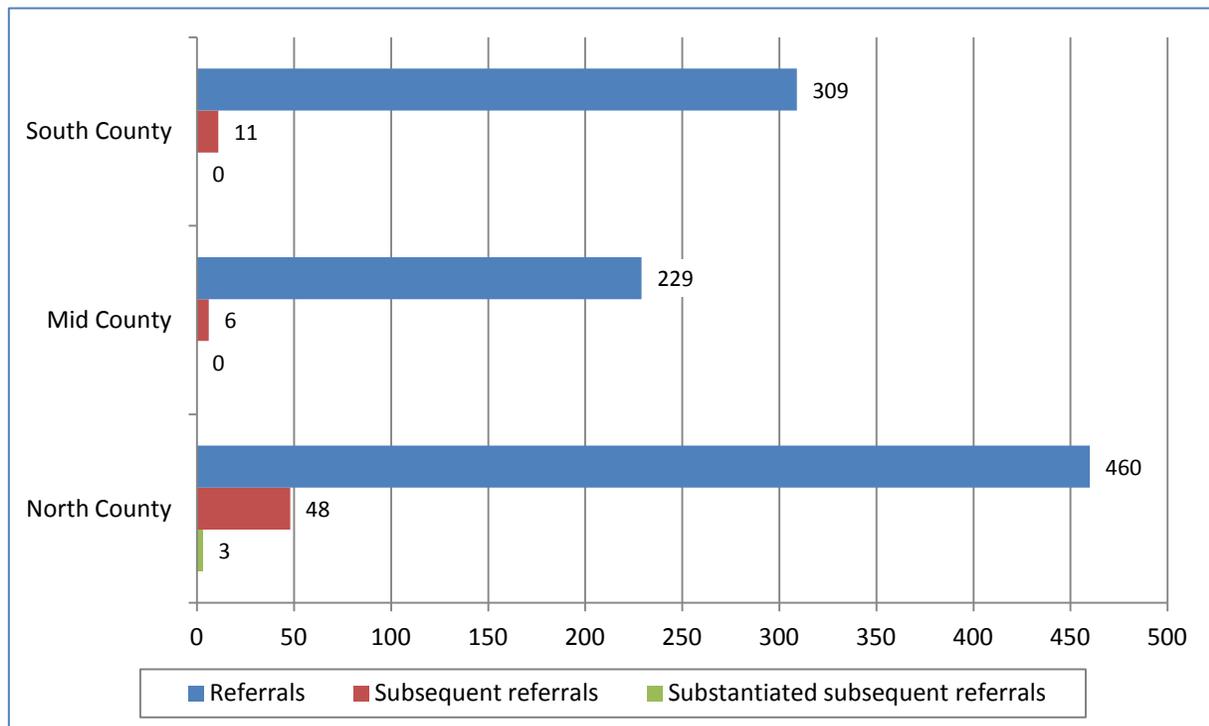


Figure 22: Geographic distribution of Front Porch referrals, July 2015 to June 2016



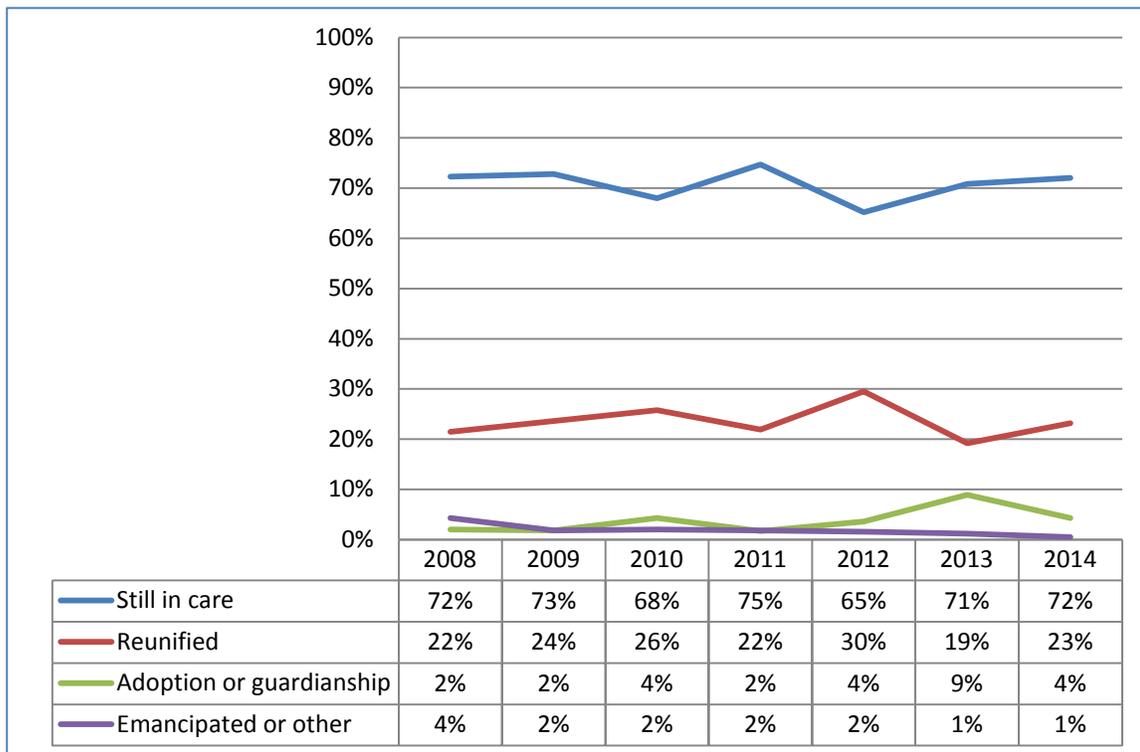
REUNIFICATION AND PERMANENCY

For children removed from the family home, the optimal goal is to achieve permanency within 12 months. Permanency may be achieved by reunifying with the family of origin, or through adoption when reunification is not possible. Achieving permanency is a complex process involving biological parents, case workers, treatment teams, and the courts. Biological parents are required to demonstrate behavior changes that will keep their children safe and may be required to complete drug and alcohol treatment, attend parenting classes, and participate in mental health treatment or other services.

Depending on the age of the child at removal, biological parents may receive six to 12 months of reunification services. If the child is not reunified within this period, the court may extend the reunification period or begin proceedings to terminate parental rights and move toward adoption. When reunification or adoption is not possible, the court may establish a guardianship, or the child may remain foster care until a more permanent plan can be achieved.

The process may take some time. Outcome data from 2014 shows that 12 months after entering care, 72% of children were still in care, 23% were reunified with their families, 4% were adopted or in guardianship, and 1% were emancipated.⁴¹ Exit data from 2015 shows that upon permanency, 49% of children were reunified with their families, 37% were adopted or in guardianship, and 14% were emancipated or had some other outcome.⁴²

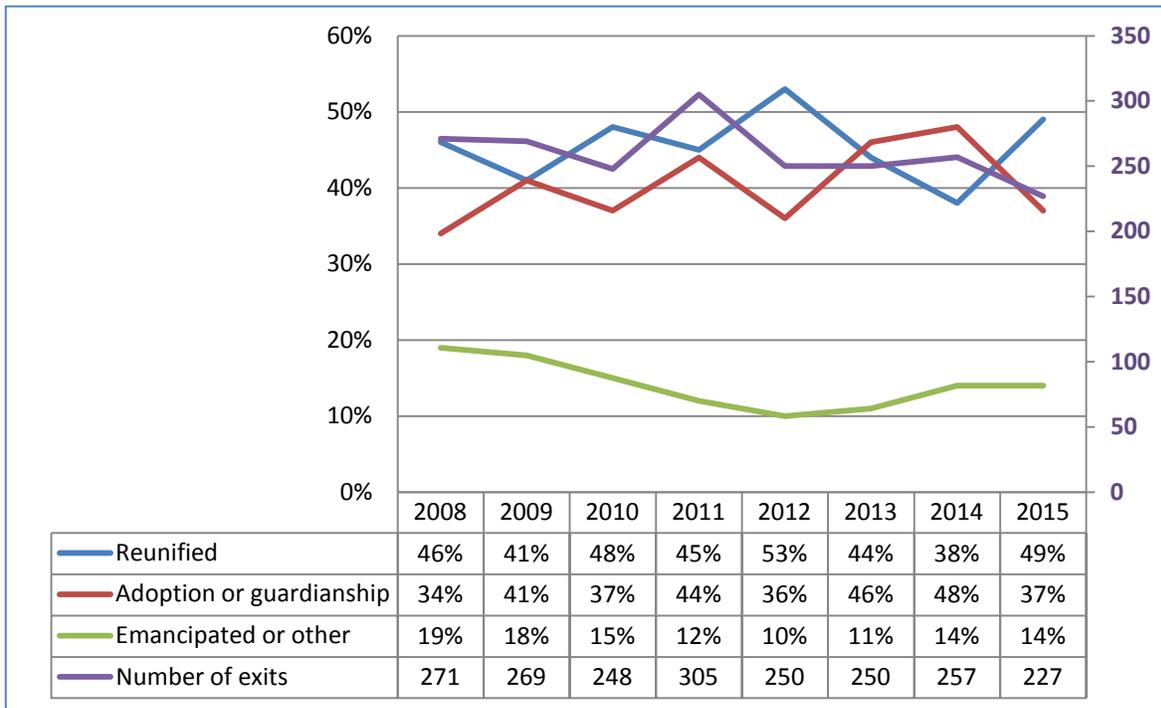
Figure 23: Outcomes at 12 months after entering foster care



⁴¹ Data in narrative and charts as reported by U.C. Berkeley California Child Welfare Indicators Project (CCWIP) and California Department of Social Services Child Welfare Analysis Bureau in *3-P1 Foster Care Entry Outcomes and Exits from Foster Care*, accessed 12/2016, based on data from CWS/CMS Quarter 3 Extract.

⁴² "Other" outcomes include: incarcerated, became a 601/602 (Probation), another non CWS agency has jurisdiction, death of child, a NMD voluntary leaves placement and is eligible to return.

Figure 24: Exits to permanency



SPOTLIGHT: FRONT PORCH

The Front Porch program was developed in 2005 to bridge the gap between Child Welfare Services (CWS) and community-based organizations that were working to support children and families. The idea was to meet families on the “front porch” of Child Welfare and connect them to supportive services before children were harmed. The Front Porch partnership has made a difference for many families. When calls are received by Child Welfare, workers gather information and use a decision-making tool to assess what type of response is indicated. If allegations don’t require a CWS intervention but it seems that the family could benefit from services, then workers offer to make a referral to one of the community partners. Families who accept the offer are linked to an organization with an array of services to meet their needs.

CWS has oversight of the Front Porch Program, and has established contracts with Community Action Commission (CAC) and Child Abuse Listening and Mediation (CALM) to provide *differential response* services throughout the county. Family Resource Centers (FRCs), funded by First 5, work in partnership with CWS, CAC, and CALM to provide additional family strengthening services that build protective factors. Available services include:

- Home visitation and parent education to increase knowledge of parenting and child development
- Case management to empower families to be resilient and resourceful
- Information, referral and follow up to connect families to community resources and basic-needs support
- Coordination of Services for children and their families
- Early detection and intervention for children’s developmental and social-emotional needs
- Connections to other families through community events and activities

COMMUNITY RESPONSE

Prevention is the best response to child abuse and neglect, and everyone has a role to play. If you suspect that a child is being harmed, it is critical to report it by calling the Child Welfare hotline at (800) 367-0166). Community members and family-focused organizations must work together to identify children and youth in at-risk situations where stress is prevalent, whether there is a suspicion of abuse/neglect or not. Where there is overwhelming stress, families need to be reminded of their strengths, linked to resources, and coached back to resilience. The Five Protective Factors is a prevention framework that can be easily implemented at the personal level and across service settings. Significant investment in community-based family strengthening services will reduce maltreatment and keep children safe.

Page intentionally left blank

FAMILY VIOLENCE

PROBLEM

Intimate partner violence is a crime that is alarmingly widespread, impacting overwhelming numbers of people. When intimate partner violence occurs within families, it also affects children and youth. The National Coalition Against Domestic Violence offers these statistics:

- Five million children witness domestic violence each year in the U.S.
- 40 million adult Americans grew up living with domestic violence.
- On average, nearly 20 people per minute are physically abused by an intimate partner in the United States. During one year, this equates to more than 10 million women and men.
- One in three women and one in four men have been victims of some form of physical violence by an intimate partner within their lifetime.
- One in five women and one in seven men have been victims of severe physical violence by an intimate partner in their lifetime.
- On a typical day, there are more than 20,000 phone calls placed to domestic violence hotlines nationwide.
- Intimate partner violence accounts for 15% of all violent crime.



EFFECT

Seeing a parent treated violently is a traumatic experience that is considered a form of child abuse, even if the child is not physically injured during the violent act. Witnessing family violence may produce more of the same: domestic violence often follows intergenerational patterns. What is the effect of children experiencing domestic violence? The National Coalition Against Domestic Violence offers these sobering facts that illustrate why exposure to family violence is highlighted as an Adverse Childhood Experience:

- Children from homes with violence are much more likely to experience significant short- and long-term psychological problems.
- Children who have experienced domestic violence often meet the diagnostic criteria for Post Traumatic Stress Disorder (PTSD), and the effects on their brain are similar to those experienced by combat veterans.
- Domestic violence in childhood is directly correlated with difficulties in learning, lower IQ scores, deficiencies in visual-motor skills, and problems with attention and memory.
- Living with domestic violence significantly alters a child's DNA, aging them prematurely 7-10 years.
- Children in homes with violence are physically abused or seriously neglected at a rate 1500% higher than the national average.
- Those who grow up with domestic violence are six times more likely to commit suicide, and 50% more likely to abuse drugs and alcohol.

SOLUTION

Emergency assistance and comprehensive shelter services are crucial. However, shelter is only the beginning for families who want to break the cycle of violence. Victims may need ongoing emotional, economic, and therapeutic support for themselves and their children.

- Short-term emergency shelter services ensure that children exposed to violence and their non-abusing parents have a safe place to go when leaving an abuser.
- Additional services such as family support, legal assistance, and mental health therapy are needed to stabilize the family and help them heal from the experience.
- Second-stage recovery services that extend beyond the time limits of emergency shelter can help prevent future family violence.
- Expanded implementation of evidence-based prevention education programs can reduce future incidence.

DATA HIGHLIGHTS & TRENDS

What is the incidence of adults and children experiencing domestic violence in Santa Barbara County? This is a difficult question. Domestic violence is a silent epidemic that is substantially under-reported, and incidence counts exist only for those who make the difficult decision to seek emergency services.

For those who seek emergency services in Santa Barbara County, the designated social service for emergency shelter services is Domestic Violence Solutions. They have provided data on the number of adults and children who have received emergency services through the shelter system in recent years, as shown in Figure 25.

Figure 25: Clients receiving shelter services

	2013-14	2014-15	2015-16
Crisis & Information Calls on 24/7 Hotline	1,500	4,080	6,250
Adult individuals seeking emergency shelter	129	131	140
Children under age 18 seeking emergency shelter	152	272	283

Additional data is available through the Maternal Infant Health Assessment (MIHA) Survey, a population-based survey of California resident women with a live birth that is conducted each year through the California Department of Public Health. A data snapshot from 2013-14 shows that 10.6% of mothers with a live birth in Santa Barbara County that year (600 individuals) reported physical or psychological intimate partner violence during pregnancy, compared to 7.1% in the state of California. Data from the 2010-12 surveys show an overall county rate of 8.7%, with a higher incidence of intimate partner violence among those insured through Medi-Cal (10.9%), teen mothers (18%), and mothers who identify as Hispanic (10.4%).

Figure 26: Community Roles in Preventing Domestic Violence

Sector	What they can do
Schools	<ul style="list-style-type: none"> • Provide programming that teaches nonviolent communication and conflict resolution, with a focus on violence prevention (including anti-bullying), healthy relationships, and restorative practices.
Social service providers	<ul style="list-style-type: none"> • Ensure that community members have access to relevant interventions that are evidence-based and delivered in both English and Spanish: <ul style="list-style-type: none"> ○ Batterer intervention programs ○ Victims services ○ Parent education that emphasizes positive discipline strategies ○ Support for children who have witnessed intimate partner violence or been victims of physical abuse
Law enforcement	<ul style="list-style-type: none"> • Provide family members with appropriate referrals, including resources for children. • Increase child safety by cross-reporting to Child Welfare Services when there are child witnesses in the home.
Child Welfare Services	<ul style="list-style-type: none"> • Provide a safety net for children when allegations of abuse or neglect include family violence. • Link families to mental health counseling for children and trauma-informed supports for parent survivors.
Researchers and the academic community	<ul style="list-style-type: none"> • Make use of research methodologies, such as community-based participatory research, to accurately identify and address needs of survivors and exposed children. • Disseminate research findings and evaluate programming efforts to encourage data-driven program improvements.
Men	<ul style="list-style-type: none"> • Through education and activism, come to the forefront in standing against violence toward women, to begin changing the social norms and attitudes that contribute to domestic violence.
Others	<ul style="list-style-type: none"> • A coordinated community response must also include medical personnel (doctors, nurses, and emergency room personnel who might treat victims who don't seek other kinds of assistance), clergy/faith community, businesses, the legal system, and the media (including social media platforms).
Everyone	<ul style="list-style-type: none"> • Encourage victims to seek help when needed and to report safety concerns to law enforcement to reduce the likelihood of repeated incidences of violence. • Participate in Domestic Violence Awareness Month (October) to learn about the toll of domestic violence in our community.

SPOTLIGHT: COLLABORATION TO PREVENT FUTURE DOMESTIC VIOLENCE

Twelve nonprofit providers came together in 2016 to apply for a federal grant to expand Santa Barbara County's capacity to prevent future domestic violence. This multi-agency initiative sought to strengthen efforts to address the needs of children exposed to domestic violence and the needs of their non-abusing parents. Proposed services included family support through the Family Resource Centers, mental health therapy, education, and development of a countywide Domestic Violence Coordinating Council. The grant proposal focused specifically on low-income, Latino, and indigenous populations.

The grant was successfully developed and submitted, utilizing the Santa Barbara County Grants Consortium as a forum for project planning. It scored well in the review process, but ultimately was not funded. The collaboration is highlighted as a success because relationships were strengthened and partners came together with a commitment to address family violence as a significant community concern. The grant will be revised and resubmitted when the funding opportunity is next available. Collaborative partners included the Santa Maria Valley Youth and Family Center, Santa Maria-Bonita School District, Guadalupe Little House by the Park, Cuyama Valley Family Resource Center, Santa Ynez Valley People Helping People, Isla Vista Youth Projects, Carpinteria Children's Project, Domestic Violence Solutions of Santa Barbara County, Child Abuse Listening Mediation (CALM), Community Action Commission of Santa Barbara County, and the Santa Barbara County Department of Social Services, with Family Service Agency as the lead agency and grant writer.

COMMUNITY RESPONSE

Domestic violence needs to be understood as a community problem that requires a comprehensive and coordinated response. A comprehensive response will increase public awareness, include prevention measures, and enhance our response systems to ensure easy access for all families dealing with domestic violence. There is a role for everyone to play, as seen in Figure 26 on the previous page.

FOSTER CARE

PROBLEM

Children who experience abuse and neglect are traumatized—and then experience further trauma if they must be removed from their homes and placed in care in order to prevent further maltreatment. Child Welfare Services relies on relative caregivers and foster families—now collectively known as *resource families*—to provide safe and loving homes while they work to find permanent solutions for child safety and well-being. Santa Barbara County does not have enough resource families to meet the need.



There are 400-500 Santa Barbara County children and youth in foster care at any given time. Some children will ultimately achieve permanence through family reunification or adoption. For many others, a stable placement will prove elusive. Foster youth generally do better when they are raised in family homes rather than group homes, but complex trauma requires specialized care, and resource families may not have the support they need in order to successfully parent a child who has experienced severe abuse or neglect.

People who choose to become foster parents must be strong and committed. They need to be advocates who can partner with social workers, teachers, doctors, therapists, and biological family members to do what is best for the child. Support for resource families is critical for maintaining a robust network that is ready to provide the stable, nurturing environments and skilled care that foster children need to succeed at home, at school, and in life. Systems of support are improving but still inadequate.

EFFECT

Being placed in foster care often means being separated from everything familiar: siblings, classmates, pets, and so on. Each time a child is moved to a new home, a new school, or a new neighborhood, there is a sense of loss, distrust, and fear. Relationships are disrupted and the child is re-traumatized.

Multiple, complex traumas can cause serious, ongoing physical and mental health difficulties that include developmental challenges, learning difficulties, and behavioral issues. Foster youth consistently have poorer outcomes than their peers with regard to health and education, and are at greater risk for lifelong negative outcomes like unemployment, incarceration, and homelessness. This is predictable given that foster youth typically have high ACE scores, but we need to do better.

Resource families do their best to address the needs of youth in their care—but without comprehensive services and adequate support, challenges may seem insurmountable and placement stability can be compromised. Without a lifelong connection to a caring adult, foster youth are thrust into adulthood with no one to turn to for guidance and support.

Figure 27: Collaboration to improve outcomes for foster youth

Program or Initiative	What it is	Who is involved	How it's making a difference
Katie A (Children & Family Services Integrated Practice)	Screening and timely access to intensive mental and behavioral health services for children/youth in foster care and children/youth who are at imminent risk of entering foster care	<ul style="list-style-type: none"> • Child Welfare Services • Dept. of Behavioral Wellness • Community-Based Providers • Children and families 	Child & Family Teams guide decision-making and remove barriers to treatment; increased access to trauma-informed mental and behavioral health services
Safety Organized Practice (SOP)	Solution-focused approach to working with CWS families; focus on behavior change, safety planning, and natural support systems	<ul style="list-style-type: none"> • Child Welfare Services • CWS families • Networks of support that include family, friends, and professionals 	Support for reunification, decreased need for placement, and a decrease in repeated maltreatment
Quality Parenting Initiative (QPI)	Rebranding of foster care that includes changes in practice and establishes guidelines for quality caregivers	<ul style="list-style-type: none"> • Youth Law Center • Child Welfare Services • Resource families • Community partners 	High-quality parenting practices are clearly defined; resource families are supported in meeting quality standards; children receive loving support for healthy development and permanency
Continuum of Care Reform (California Legislation AB 403)	Comprehensive framework that supports children, youth, and families across placement settings with a goal of helping children and youth achieve permanency	<ul style="list-style-type: none"> • Child Welfare Services • Dept. of Behavioral Wellness • Probation • Resource Families • Child & Family Teams 	Increased engagement with children, youth, and families; increased capacity for home-based family care; limited use of congregate care (group homes)
Foster Youth Services Coordinating Program (California Legislation AB 854)	Support for interagency collaboration and capacity building at the individual and system levels; focus on improving educational outcomes through case management, tutoring, and support w/ transition to college/career	<ul style="list-style-type: none"> • Child Welfare Services • Juvenile Probation • Santa Barbara County School Districts • Court Appointed Special Advocates (CASA) • Independent Living Program • Allan Hancock College • UCSB Guardian Scholars • Fighting Back Santa Maria • Former Foster Youth 	Increased school stability; efficient and appropriate placement in classes; increased ability to identify educational needs and coordinate supports and services

SOLUTION

Children in foster care need more than just protection. They also need stability, healing, and nurturing support. We need to build a trauma-informed system of care that spans family, school, and community. Such a system would include:

- Cross-sector collaboration and wraparound services with support for reunification
- Training and crisis support for resource families to promote placement stability
- Child-centered care teams that include biological parents when it is safe to do so
- Peer mentoring to help biological families, foster families, and relative care givers navigate challenges
- Support for youth resiliency and lifelong connections to caring adults
- Comprehensive health care, including trauma-specific mental health services to promote healing
- Additional support for the transition to adulthood—especially education, employment, and housing

Figure 27 on the previous page shows some of the collaborative efforts currently underway to improve outcomes for foster youth.

DATA HIGHLIGHTS & TRENDS

There is a heightened awareness about the needs of foster youth across service settings, with statewide initiatives and new legislation driving innovation. We seek answers to the following questions:

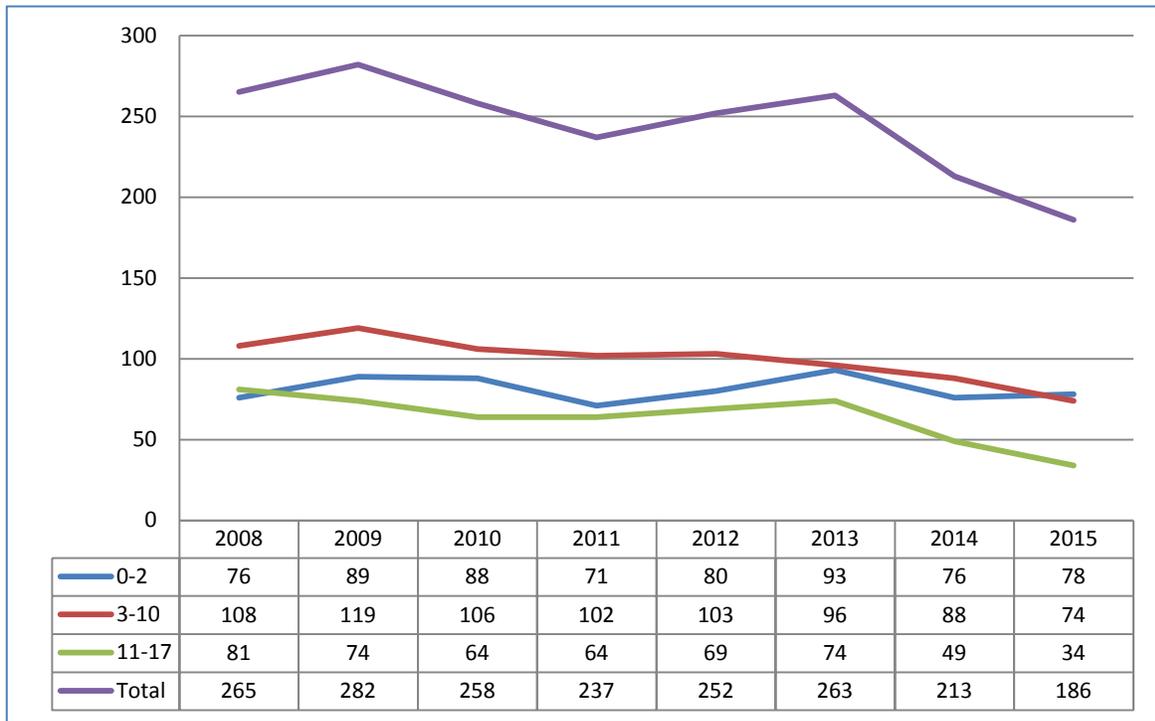
- How many children enter out-of-home care each year and what are their ages?
- Where are children being placed?
- What are the County trends in placement stability for foster youth?
- What programs or initiatives are improving outcomes for foster youth in Santa Barbara County?

NUMBER OF CHILDREN IN FOSTER CARE

As shown in Figure 28, the number of children in out-of-home care in 2015 has decreased by approximately 20% from 2008. In 2008, the average number of children in out-of-home care was 544, whereas in 2015 the average was 433. The biggest reduction in foster care entries is among older children.⁴³

⁴³ Data in narrative and chart as reported by *Entries to Foster Care (8 Days or More)* (U.C. Berkeley California Child Welfare Indicators Project - CCWIP), accessed 1/2017, based on data from CWS/CMS 2016 Quarter 3 Extract.

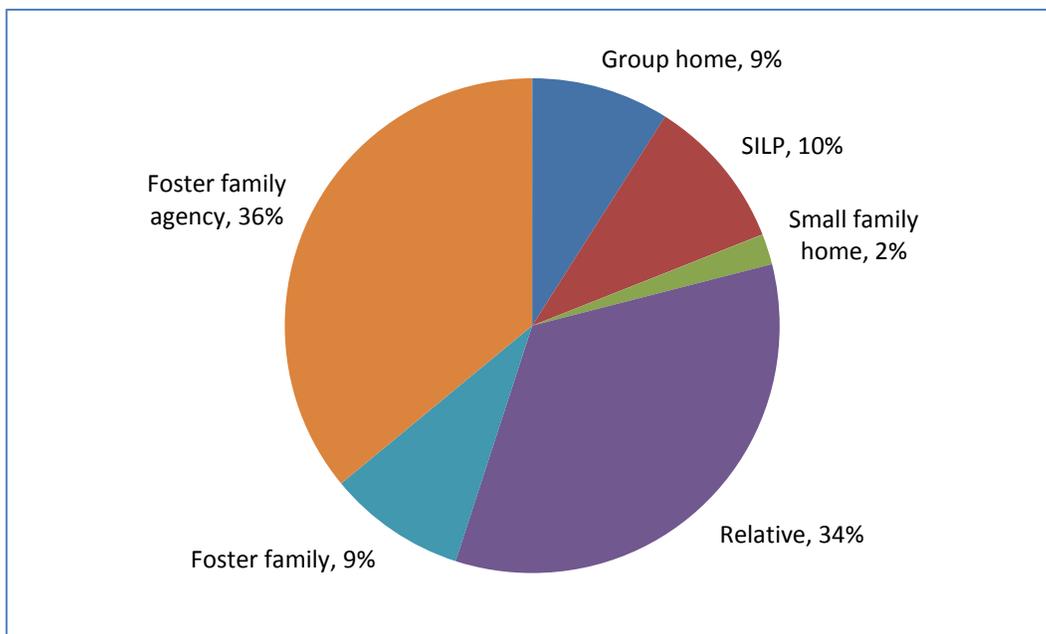
Figure 28: Children entering out-of-home care, by age



TYPE OF PLACEMENT

There are several different options available to Child Welfare Services when they need to place a child in out-of-home care. Figure 29 shows the percentage of children placed in each.

Figure 29: Placement type for children in foster care, 2015 average



Those terms are defined as follows:

- **Resource Family Homes** are assessed and approved by the County and can include **Relative Placements** or **Foster Homes**. The first choice is to place a child with relatives, when available and appropriate. If no relative placement is found, foster homes offer a non-relative option. In 2015, approximately 34% of placements were with relative caregivers and 9% of children were placed in foster homes. Both types of Resource Family Homes are assessed and approved using the same process.
- A **Foster Family Agency (FFA)** is a private, licensed, non-profit agency that runs independently of the County process and conducts its own recruiting, training, and approval process for resource families. In 2015, approximately 36% of children were placed in FFA's.
- **Small Family Homes (SFH)** are family residences that are licensed to provide 24-hour care for six or fewer children who require special care and supervision as a result of mental, physical, or developmental disabilities.
- A **Group Home** is a licensed facility of any capacity that provides 24-hour nonmedical care and supervision to children or youth in a structured environment, with services provided at least in part by staff employed by the licensee. Group homes run the gamut from large institutional environments which provide an intense therapeutic setting, often called "residential treatment centers," to small home environments that incorporate a "house parent" model. As a result, group home placements provide various levels of structure, supervision, and services. The passing of California legislation AB 403 mandates Continuum of Care Reform, reducing the number of children placed in group homes by increasing support for home-based care. Across the state, child welfare and mental health professionals are working together to increase the number of resource families and offer them trauma-specific training and support so that more children and youth can receive the care they need within family home placements.
- A **Supervised Independent Living Placement (SILP)** is an option for older youth that includes a wide variety of settings such as college/university housing, room rental, shared housing with roommates, or an apartment. In this type of placement, youth receive a payment from foster care to pay for housing.

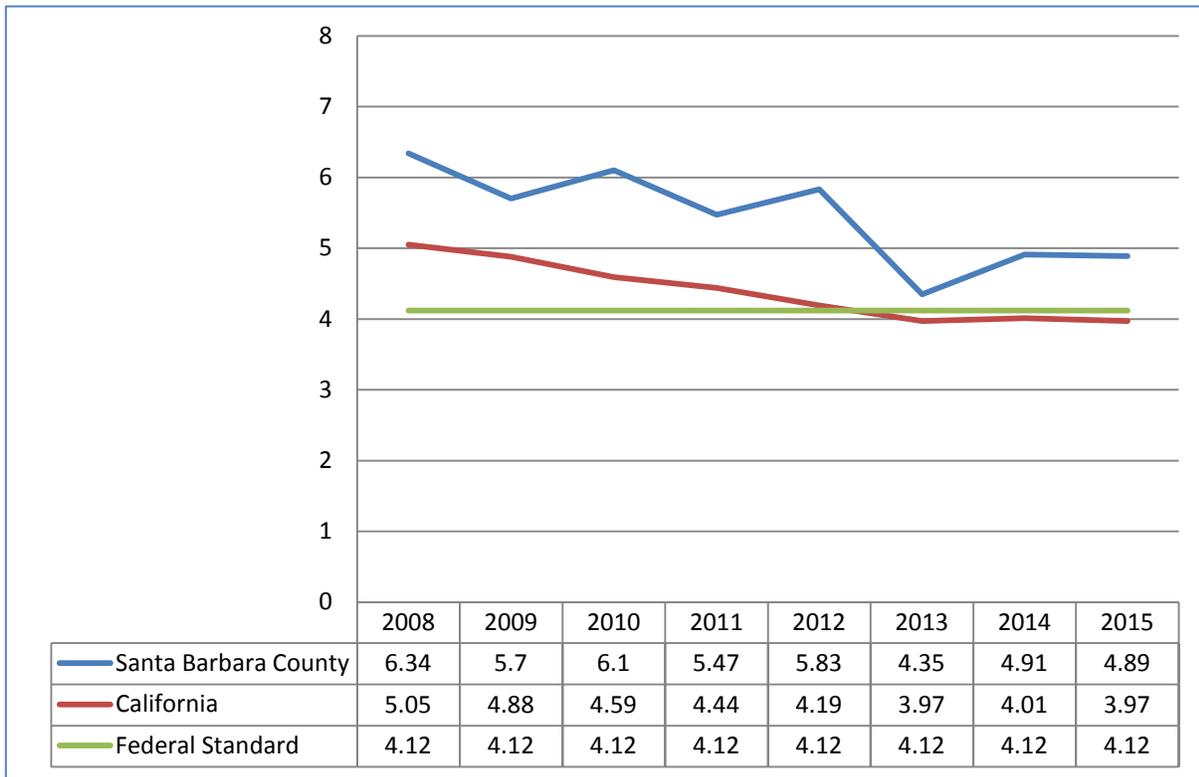
PLACEMENT STABILITY

To reduce trauma and increase security, it is desirable to reduce the number of times a child's placement changes.

It should be noted, however, that some placement moves can benefit the child and have a positive impact. For example, a move from a group home to a family home represents a move to a less restrictive and more nurturing environment. These positive moves are included in placement stability trends.

The system tracks and expresses placement stability, not as an average of placement moves per child, but as a statistical measure of all foster care days in a year and the total number of moves for all children within that timeframe. As shown in Figure 30, Santa Barbara County has improved in this measure of placement stability and is approaching the federal standard. Programs to recruit and support resource families, combined with additional supports for children in care, have resulted in an improvement in overall placement stability.

Figure 30: Comparison of placement stability rates



SPOTLIGHT: OUR COUNTY, OUR KIDS

“Our County, Our Kids” (OCOK) is an initiative of the Santa Barbara County Department of Social Services that is actively seeking allies to improve the continuum of care for children and families in the foster care system. The initiative focuses on building empathy for children, youth and teens who hope to be part of a supportive household while they are separated from their parents. The goal is to ensure that children are placed with quality resource families who are ready to raise them with loving, committed, and skilled care, and to support their goals and dreams.

Recruitment of resource families is the main focus of OCOK’s activities; however, they will also work to ensure that children and youth are supported on the path to reunification with their biological parents whenever possible.

Partnerships with allies are increasing recruitment opportunities, and supporting the development of programs to assist resource families and the children in their care. Current allies include faith communities, medical centers, community nonprofits, school districts, community colleges, and local media. They are helping with outreach efforts, distributing recruitment information, and developing ideas for providing practical support. The faith community is soliciting congregational support for children and the resource families who take them in. Nonprofits are providing beds, high chairs, car seats, and other essentials; they have also offered assistance with child care and college scholarships. Community colleges are providing pre-service training and continuing education for resource families so that they are prepared to respond to the complicated needs of the children in their care. The Santa Barbara County Foster Parent Association provides mentoring and ongoing support. Local media have worked collaboratively with the initiative to highlight the needs of children and youth in foster care by running feature stories on resource families, adoptive families, and former foster youth.

COMMUNITY RESPONSE

Recruitment and retention of resource families is everyone's responsibility. It takes a village to raise a child. There are many ways to support the children and youth in foster care.

Anyone can have empathy for children, youth, and teens that need to be separated from their parents to be safe. Everyone can spread the word about the need for more resource families. Biological parents will need community support to make the changes that can lead to reunification, and resource families will need support when the children they fostered have been reunified or adopted. Foster youth need lifelong connections to caring adults. Be one of those adults: If you can't adopt, FOSTER...if you can't foster, MENTOR...if you can't mentor, VOLUNTEER... if you can't volunteer, DONATE.

Page intentionally left blank

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

PROBLEM

Over the past decade, federal, state, and local policymakers across the country have devoted increasing attention to the problem of commercial sexual exploitation of children (CSEC): children and youth exchanging sexual acts for money, food, shelter, drugs, or other goods.



CSEC, also known as domestic child sex trafficking, is a type of human trafficking: the illegal movement of people, typically for the purposes of forced or coerced labor. The Santa Barbara County District Attorney's Office reports that Santa Barbara County is a natural transit corridor for trafficking activity between San Francisco, Los Angeles, and San Diego. In addition, Santa Barbara County is a popular tourist destination with conference venues, and a transient population makes it susceptible to sex traffickers.

Serving the survivors of commercial sexual exploitation is complex and requires the collaboration of multiple agencies. Survivors typically do not see themselves as victims, and are often slow to engage in services. Survivors frequently have a history of complex trauma, and may suffer from alcohol and drug addiction and other serious health conditions. Traditional support models are often ineffective, complicated by the fact that survivors frequently run away and are loyal and dependent on those who are exploiting them. The lack of suitable local placements complicates service delivery, as children may be placed far away from their community and support networks.

Historically, children and youth involved in sex trafficking were viewed through a criminal lens, and were primarily addressed by the juvenile justice system. With increased education and awareness, a philosophical shift from criminalization to a more victim-centered approach is occurring in Santa Barbara County and across the State. For example, the California State Assembly just approved SB 1322, new legislation that bars courts from filing criminal prostitution charges against minors and affirms that minors cannot consent to sex under the law. Serving this population effectively requires multiple agencies to work collaboratively to share data, create inter-agency protocols, and provide multi-disciplinary team-based services. This requires significant time, funding, and navigation of complex departmental and agency systems.

EFFECT

Commercial sexual exploitation has devastating and long-term effects on children's psychological, emotional, physical, social, and spiritual development and well-being. Some difficulties faced by victims include alcohol and drug addiction, suicide attempts, mental health problems such as post-traumatic stress disorder and depression, social isolation, teenage parenthood, sexually transmitted diseases, lack of education or poor school performance, unemployment, and homelessness.

Many factors have been associated with vulnerability to CSEC. Children identified as high-risk usually have a history of abuse and/or neglect, foster care placement, running away, homelessness, and involvement with the juvenile justice system. Traffickers prey on children and youth with low self-esteem and minimal social supports, luring them with promises of love, home, opportunity, or protection; and then use threats, fear, and violence to ensure compliance and keep them in "the life."

SOLUTION

The survivors of commercial sexual exploitation have varied and extensive needs. As this a relatively new field, researchers and practitioners have yet to agree on the most appropriate method for service delivery and supporting youth's positive growth and development. Service providers, researchers, and advocates stress the importance of providing a continuum of care, and have identified the following six components that should be included in any strategy to address CSEC:⁴⁴

1. Safety planning for both clients and the staff serving them
2. Collaboration across the multiple systems and agencies
3. Trust and relationship building to foster consistency
4. Culturally competent and appropriate service provision
5. Trauma-informed programming
6. CSEC survivor involvement in the development and implementation of programming

Prevention strategies are also important. Prevention strategies aim to provide education and early intervention to children who may be at risk of commercial sexual exploitation, through a variety of curricula that focus on healthy relationship building, sexual health, internet safety, and reducing vulnerability to intimate partner violence and commercial sexual exploitation. Additional prevention strategies include campaigns to end consumer demand by targeting purchasers of sex and the technology used to facilitate exploitation.

DATA HIGHLIGHTS & TRENDS

In 2015, members of the Santa Barbara County Human Trafficking Task Force conducted a Needs Assessment of Domestic Child Sex Trafficking in Santa Barbara County. This study, funded by the Santa Barbara Foundation, reported the following prevalence data for youth ages 11 to 18 between 2012 and 2014:

- 45 unduplicated survivors of commercial sexual exploitation (43 were residents of Santa Barbara County)
- 80 children who were highly suspected (unconfirmed) to be survivors
- Over 400 children who were at risk of becoming victims of commercial sexual exploitation

In 2015, Child Welfare Services began tracking all reports received at the child abuse hotline in which the reporter identified concerns that the child may be a victim of commercial sexual exploitation. From July 2015 through September 2016, Child Welfare Services received 47 referrals with these concerns. In addition, Child Welfare Services began using the Commercial Sexual Exploitation Identification Tool (CSE-IT)⁴⁵ to screen all children ages 10 and over in foster care placement, as well as children who had been identified with possible concerns at the Child Abuse Hotline. From July 2015 through September 30, 2016, Child Welfare Services identified 5 victims of commercial

⁴⁴ K. Walker, *Ending the Commercial Sexual Exploitation of Children: A Call for Multi-System Collaboration in California* (California Child Welfare Council, 2013)

⁴⁵ The CSE-IT was developed and validated by the West Coast Children's Clinic in Oakland, CA, a private nonprofit community psychology clinic.

sexual exploitation and an additional 26 children who were at risk of becoming victims. According to the Probation Department, of all probation involved youth in foster care placement between July 2015 and September 2016, 25 were identified as victims, and an additional 14 were at risk.

SPOTLIGHT: HUMAN TRAFFICKING TASK FORCE

The Santa Barbara County Human Trafficking Task Force was initiated in August 2013 by the Santa Barbara County District Attorney (DA). It includes representatives from over 50 agencies including law enforcement, Probation, Child Welfare Services (CWS), the Department of Behavioral Wellness, Rape Crisis Centers, the faith community, and a wide variety of non-profit organizations. This Task Force provides a venue for training, networking, developing strategies to identify and investigate human trafficking cases, and the provision of collaborative services.⁴⁶

County departments and partner agencies are involved in several other key projects to implement more effective and efficient programs and services for survivors, including the HART Court, Interagency Protocol Workgroup, and RISE.

The HART Court (Helping Achieve Resiliency Treatment) provides a treatment focused, trauma-informed, multi-disciplinary approach to serving those affected by commercial sexual exploitation in both the juvenile justice and child welfare systems. This collaborative, multi-agency initiative, spearheaded by the DA's office, is held biweekly at the Santa Maria Juvenile Court. As of January 2018, eight young people have graduated from the HART Court, and 16 are going through the process.

The Interagency Protocol Workgroup, led by CWS in response to SB 855,⁴⁷ provides an overarching framework for serving the needs of CSEC. The Interagency Protocol sets forth agency roles and responsibilities for identification and assessment, first responder and crisis intervention, and ongoing service provision through a multi-disciplinary team approach.

The Santa Barbara County Department of Behavioral Wellness is implementing a Mental Health Services Act Innovation program called RISE (Resiliency Interventions for Sexual Exploitation). This program provides trauma-informed crisis intervention, comprehensive and inclusive treatment planning and development, and bio-psycho-social treatment for females aged 10 to 19. RISE program staff also provide education, training, and outreach to both agency providers and the community.

In 2016, the District Attorney's office (Victim-Witness Program) and Sheriff's Department were awarded a U.S. Department of Justice grant totaling \$1.34 million, to enhance the efforts of the Human Trafficking Task Force. The grant provides resources to proactively investigate and prosecute human trafficking cases, with a full-time human trafficking investigator at the Sheriff's office. It enables victim and rape crisis advocates to provide services around the clock, with a specialized victim assistance advocate in the DA's office delivering services for both adult and minor domestic and international trafficking victims. Lastly, the funding enables the Task Force to build upon its efforts to collect, share, and analyze data, increasing the ability to make data-driven decisions and system improvements.

⁴⁶ For more information, visit <https://www.countyofsb.org/da/humantrafficking.html>.

⁴⁷ In June 2014, California passed SB 855, creating the Commercially Sexually Exploited Children Program. To participate in and receive funding from this program, child welfare agencies were required to develop an Interagency Protocol to address the provision of services to this population utilizing a multidisciplinary team approach.

COMMUNITY RESPONSE

Our community must not be complacent about the commercial sexual exploitation of children. Sex trafficking affects children of all genders, and the average age of solicitation is 12. Many young people become homeless after running away from an abusive household. They may be groomed by predators over the internet or on the streets. Be aware of warning signs such as runaway history, homelessness or couch-surfing, truancy, use of controlled substances, being in a controlling relationship with an older partner, bruises or unexplained marks, possession of more than one cell phone, and a history of committing survival crimes like shoplifting, trespassing, or panhandling.

If you suspect that a child is being trafficked, contact Child Welfare Services at (800) 367-0166 to make a report. If you believe that a child is in imminent danger, call 911 and request a "welfare check." Survivors can be difficult to reach, but they are victims who need help and non-judgmental services. The community needs to be vigilant to protect our children and stop the traffickers and their clients.

Upon receiving the referral from law enforcement, a probation officer assesses the youth's criminogenic risk and needs with a validated assessment instrument. Based on this assessment, the case may be closed at intake or referred to a community diversion program, or the youth may be placed on informal probation with the involvement of his or her parents. In more serious cases, the probation officer will refer a matter to the District Attorney for the filing of a petition with the juvenile court. This will bring a case before a Juvenile Court Judge for a hearing, and the matter will be formally adjudicated in that setting. Youthful offenders, depending on the seriousness of the charge, may be tried in the criminal (adult) court following a transfer hearing for that purpose.

Taking into account the recommendations of the Probation Department, a Juvenile Court Judge decides whether to make the youth a ward of the court, and ultimately determines the appropriate placement and treatment. Placement decisions are based on such factors as the juvenile's offense, prior record, sophistication, and the availability of treatment services. Youth placed on probation, either informal or formal, are supervised by the county Probation Department. Most youth placed on probation are placed in their homes with their parents. A very small percentage of youth are placed in out of home placements (foster care).

PROBLEM

The juvenile justice system is intended to ensure community, youth, and victim safety. It must respond appropriately to juvenile offenses while preserving individual rights and providing guidance, supervision, and accountability, and working to achieve rehabilitation through a variety of interventions, services, programs, and means for persons under the age of 18. The Probation Department's goals for the County's juvenile justice system include safety, accountability, and rehabilitation in the most effective and least restrictive means possible.

Many of the young people who enter the juvenile justice system have faced challenges that impede success in school and participation in pro-social activities. Circumstances that place children at risk include the lack of a supportive and nurturing home environment, having unmet physical and/or mental health needs, and trauma due to exposure to family and/or community violence. Youth of color are often disproportionately represented in the juvenile justice system,⁴⁹ a disparity that may be replicated in rates of suspension and expulsion in schools.⁵⁰ Historically, there is a strong correlation between poor academic performance, pre-delinquent behaviors like truancy and running away, and delinquent behaviors that lead to juvenile justice involvement. Substance abuse and mental illness are prevalent among juvenile justice-involved youth. Complex needs require innovative, evidence-informed, research- and data-driven, treatment-focused interventions.

EFFECT

Involvement with the juvenile justice system impacts the lives of youth as well as their families. Interventions range from simple admonishments to secure detention. The Probation Department focuses system resources only on those youth whose offenses, risks, and behavior warrant the Juvenile Court's intervention. For those who do become

⁴⁹ *Santa Barbara County RED-TAP Phase 1 Assessment* (W. Haywood Burns Institute, 2015), <https://www.countyofsb.org/probation/asset.c/822>

⁵⁰ UCSB Lompoc Unified School District; UCSB Racial and Ethnic Disparities in Santa Maria Schools, UCSB Santa Barbara Unified School District; UCSB SM Joint Union High School District (University of California at Santa Barbara, 2015), <http://www.countyofsb.org/probation/reddocuments.sbc>

system-involved, the department seeks to recognize the individual needs of each youth and employ measured responses that are appropriate to meet those needs.

A variety of research-informed screening and assessment tools are used to determine supervision level and service needs. A Sanctions and Rewards Matrix provides guidance for Probation Officers in assigning consistent and appropriate consequences for behaviors. Secure detention at Juvenile Hall is reserved for youth who represent the greatest risk to themselves or others, or who are most likely to flee the Court's jurisdiction.

SOLUTION

Solutions must be initiated at the systems level and incorporate community programs and interventions, while taking into account the needs and challenges of individual youth. Successful strategies include collaborative efforts aimed at early prevention and diversion from the justice system when appropriate; as well as meaningful interventions, strategic enforcement efforts, and plans for re-entry back to the community.

Programs and services should be evidence-informed and research-based, with demonstrated success in effecting lasting change—altering the delinquency trajectory and promoting self-reliance, resiliency, and education for youth. Following the “Results First Initiative” model, the Department looks at local programs, the evidence behind them, their target populations, and their effectiveness in addressing delinquency in order to create an inventory of local research-driven juvenile programs with proven outcomes.

Essential partnerships include but are not limited to educators, community members, law enforcement agencies, elected officials, mental and physical health professionals, child welfare organizations, and community-based service providers, as shown in Figure 32.

Figure 32: Countywide juvenile justice partners

County government agencies	Other agencies
<p>Human services departments:</p> <ul style="list-style-type: none"> • Social Services (Child Welfare Services) • Behavioral Wellness • Public Health <p>Law enforcement:</p> <ul style="list-style-type: none"> • Probation • District Attorney • Public Defender • Sheriff <p>Education:</p> <ul style="list-style-type: none"> • County Education Office • Individual school districts 	<p>Youth-serving partners:</p> <ul style="list-style-type: none"> • Community Action Commission • Fighting Back • YMCA • Boys & Girls Clubs • Police Activity Leagues • Family Services Agency • Council on Alcohol & Drug Abuse • Other service groups

These partnerships are vital in ensuring that the drivers of local juvenile trends are understood and that youth are served appropriately. To this end, in the fall of 2017, the Probation Department—in collaboration with the Juvenile Justice Coordinating Council—embarked on a multi-phase effort to review local juvenile justice system data. Phase I is the data mining effort, wherein Santa Barbara County trends are reviewed, and compared and contrasted with reference counties. Next, the data will be analyzed to identify opportunities to improve local practices and identify strategies to positively impact current trends.

In the big picture, juvenile justice outcomes can be improved not only by work of this kind at the systems level, but also by actions at the community and individual levels.

SYSTEMS LEVEL

- Review and analyze local juvenile justice data to better inform partners of who is on probation and for what types of offenses; identify needs and gaps, strengths and weakness, what is working and what isn't; develop evidence-informed strategies, including diversion strategies; better identify youth who require juvenile justice involvement.
- Increase stakeholder awareness around youth risk factors.
- Develop local resources for youth with acute mental health illnesses and needs.
- Provide programming in community-based settings whenever possible and appropriate, and reserve residential and custody programs for those with the greatest treatment needs or who represent the greatest public safety risks.
- Offer school-based programs and interventions that increase school involvement and bolster academic success.

COMMUNITY LEVEL

- Promote culturally relevant interventions that include families and community-based organizations.
- Support youth programs that promote pro-social behavior and offer diversion alternatives.
- Increase the availability of accessible community-based mental health treatment and substance abuse treatment options.
- Increase opportunities for youth to participate in the community.

INDIVIDUAL LEVEL

- Help youth see different possibilities for their lives.
- Empower youth to make responsible life choices.
- Provide meaningful long-term mentoring relationships.
- Create pathways to job training and employability in a skill-based workforce.

DATA HIGHLIGHTS & TRENDS

In this section we consider several questions:

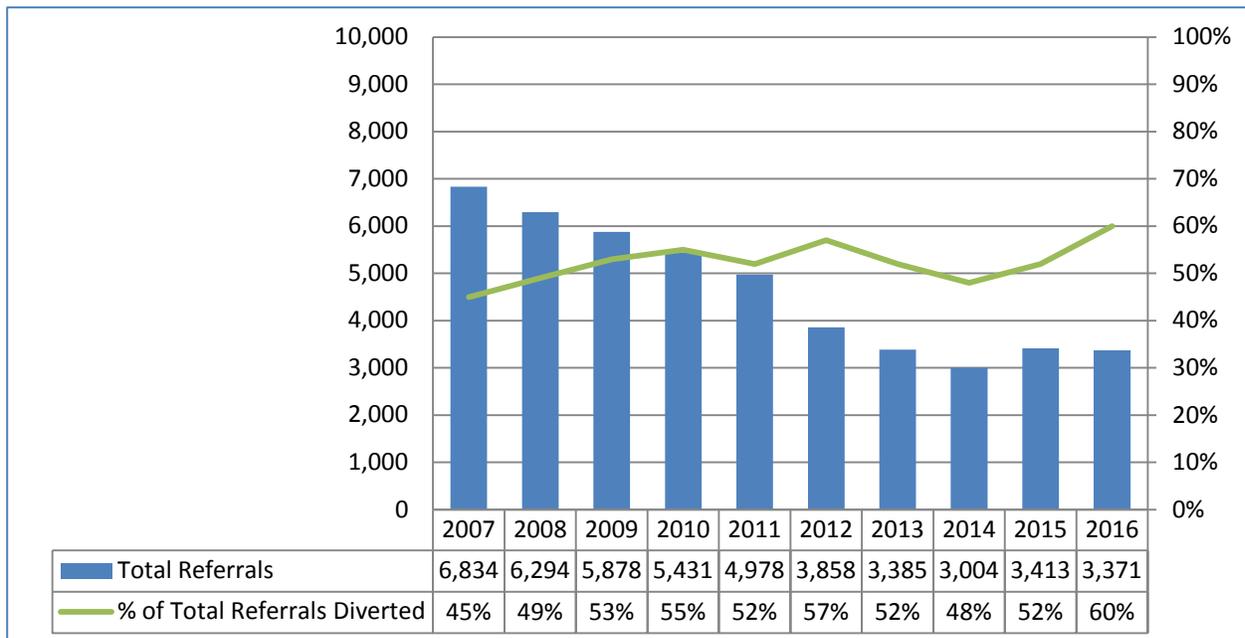
- What is the trend in the number of referrals to the juvenile justice system?
- What percentage of referrals is diverted away from criminal justice involvement?
- How many youth are under Probation supervision and what do we know about them?
- What are the County trends for juvenile arrests and how do they compare to statewide trends?
- What is the number of total annual admissions to Juvenile Hall and Los Prietos Boys Camp?

REFERRALS AND DIVERSIONS

Total referrals of juveniles to the Santa Barbara County Probation Department (including infractions, status offenses, violations, misdemeanors, and felonies) showed a steady decline from a high of 6,834 in 2007 to a low of 3,004 in 2014.

The general decline in juvenile referrals since 2007 reflects both the overall drop in the juvenile arrest rate and the effort to divert youth from the criminal justice system. However, in the past two years Santa Barbara County experienced an increase in referrals above those received in 2014 (3,413 referrals in 2015 and 3,371 referrals in 2016). Of the 3,371 referrals received in 2016, 60 were diverted (including those closed at intake and those referred directly to community-based organizations such as Teen Court).

Figure 33: Santa Barbara County Probation referrals



Source: Santa Barbara County Probation Case Management System (IMPACT)

NUMBER OF YOUTH SUPERVISED

The number of youth under probation supervision has increased 21% since 2015. Youth supervised by Probation are assessed using an evidence-based risk assessment tool to ensure supervision is matched to individual risk and needs. About two-thirds of the youth (67%) on supervision in 2016 were assessed as being at high risk to reoffend. These youth require more intensive case management by their assigned probation officer.

Figure 34: Number of Santa Barbara County youth under Probation supervision

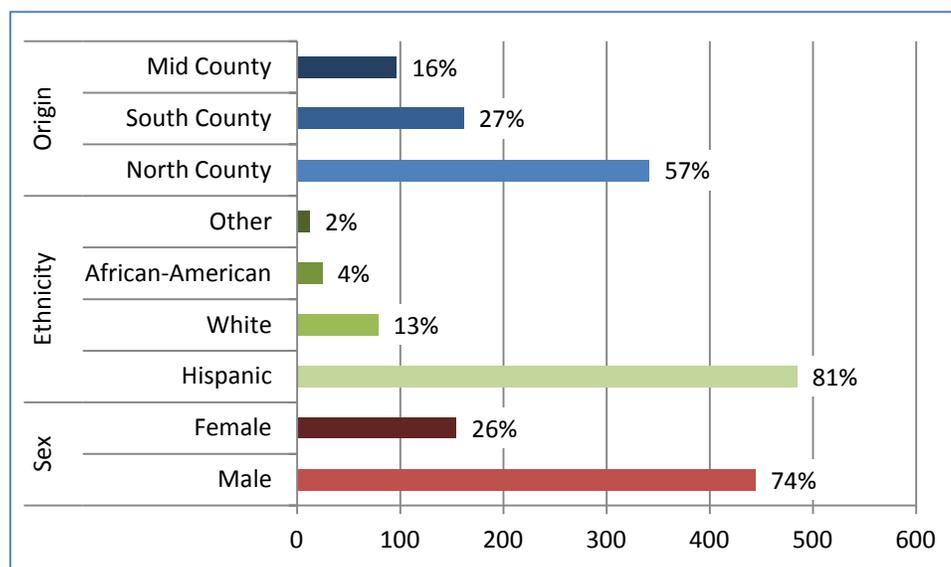
Year	Number of youth supervised
2014	557
2015	532
2016	635
2017	646

Source: Santa Barbara County Probation Case Management System (IMPACT), as of June 30 of each year

SANTA BARBARA COUNTY PROBATION YOUTH PROFILE

As of September 2017, there were 598 youth under supervision of the Santa Barbara County Probation Department. Figure 35 provides the demographic breakdown: Of the 598 youth, 444 were male (74%) and 154 (26%) were female. The youth identified as Hispanic (81%), White (13%), African-American (4%) or Other (2%). Of these youth on probation, 57% were from the Santa Maria Valley, 27% from South County, and 16% from the Lompoc Valley. Additionally, approximately 36% of the youth had a gang-related condition of probation for an underlying offense that included behaviors, actions, or intentions that indicated gang involvement or had gang overtones.

Figure 35: Youth under supervision by Santa Barbara County Probation

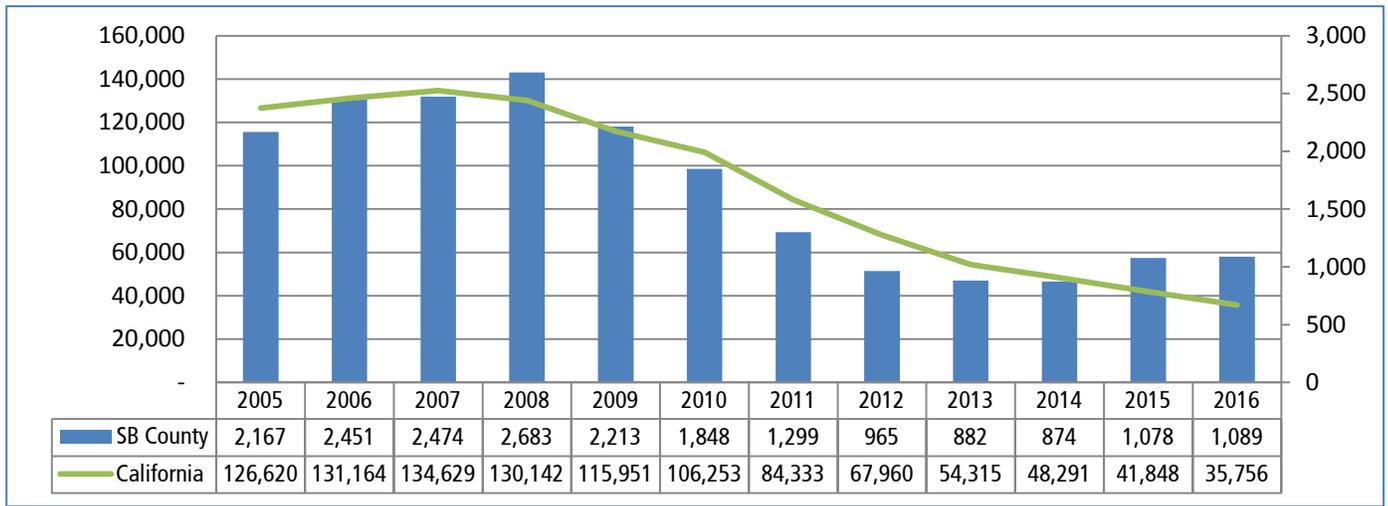


Source: Santa Barbara County Probation Case Management System (IMPACT), September 2017

JUVENILE ARRESTS

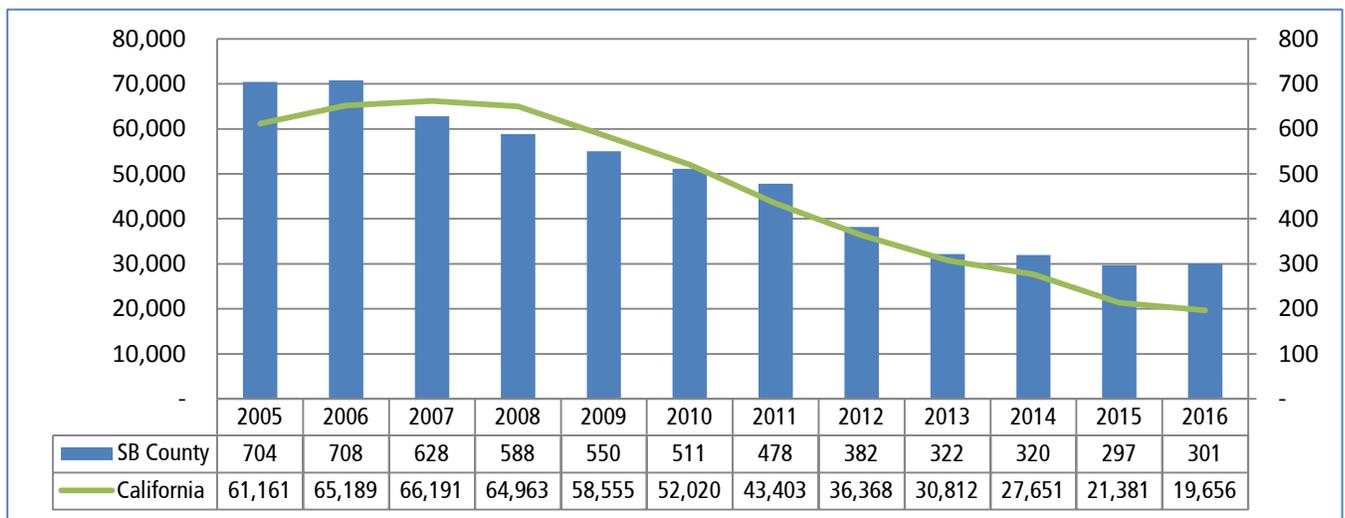
There has been a notable statewide decline of juvenile misdemeanor arrests beginning in 2009. While the state continues to experience a decline in juvenile misdemeanor arrests, Santa Barbara County has experienced a two-year increase beginning in 2015.⁵¹ More analysis is underway to better understand this anomaly.

Figure 36: Total juvenile misdemeanor arrests



Juvenile felony arrests in Santa Barbara County decreased to a total of 297 arrests in 2015, and remained steady in 2016.⁵² This trend is also currently being evaluated as we seek to better understand drivers of local juvenile arrests within Santa Barbara County.

Figure 37: Total juvenile felony arrests



⁵¹ Sources: California data from Crime in California (2016), California Department of Justice (CA DOJ). County data from CA DOJ Statistics Center "Open Justice" at <https://openjustice.doj.ca.gov/crime-statistics/arrests>.

⁵² Source: CA DOJ, same as above. Santa Barbara 2005-2014 OAG.CA.GOV arrest crime stats, felony only, ages 10-17.

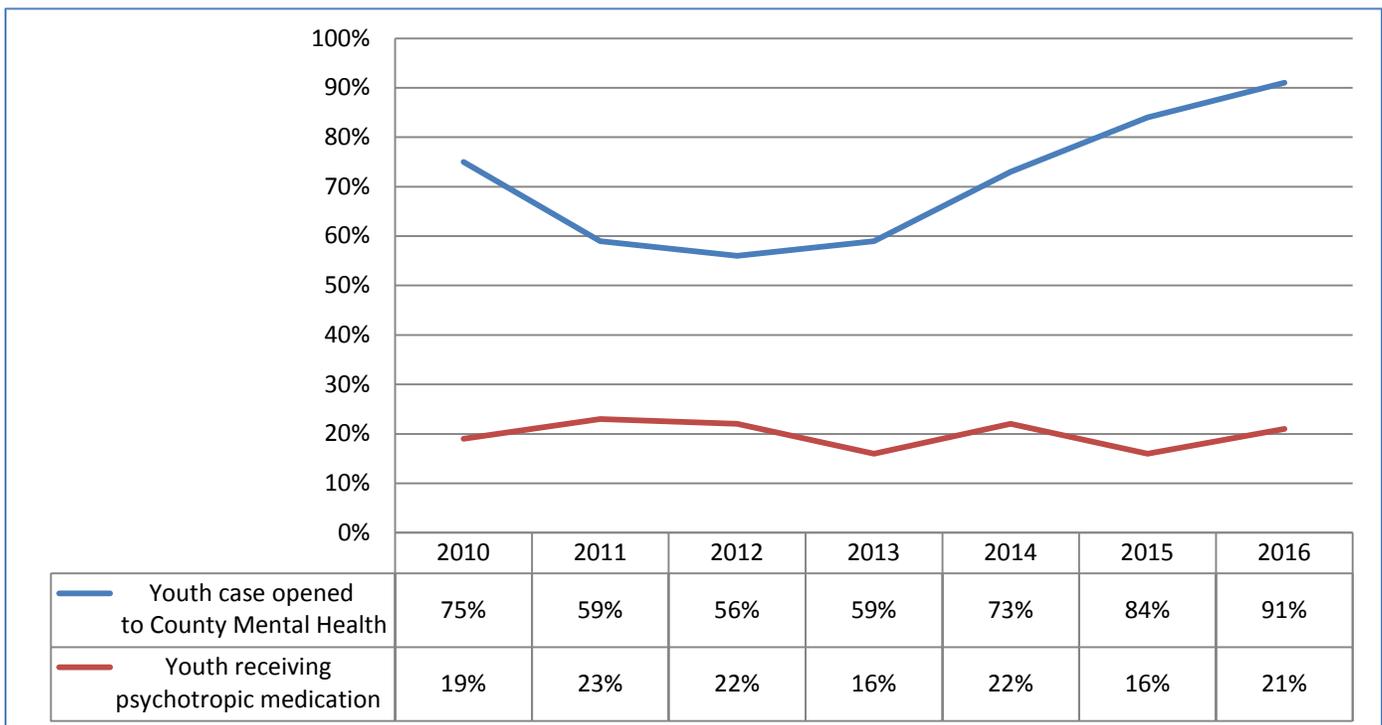
MENTAL HEALTH SERVICES WHILE IN CUSTODY

Access to mental health services is increasing. Youth receiving mental health services from County Mental Health while in custody at either Santa Maria Juvenile Hall (SMJH) or Los Prietos Boys Camp (LPBC) rose to 91% of the total incarcerated population in 2016. Recognizing that youth entering these facilities have frequently been exposed to trauma and substance abuse, the County Departments of Probation and Behavioral Wellness have worked together to ensure that trauma-informed care and cognitive-behavioral interventions are readily available in addition to psychiatric services. Those requiring psychotropic medication have ranged between 16% and 23% of the total incarcerated population during this time.

All youth admitted into the SMJH and LPBC are assessed. One of the tools used is the Massachusetts Youth Screening Instrument II (MAYSI-II). The MAYSI II is a computer-based self-report inventory of 52 questions designed to assist juvenile justice facilities in identifying youth who may have immediate mental health needs. Youth provide answers about their mental health needs by responding “yes” or “no” to each item that has been true for them “within the past few months.” The items refer to seven main areas: traumatic experiences, thought disturbance, suicide ideation, somatic complaints, depressed/anxious symptoms, angry/irritable feelings, and alcohol and drug use. Youth at the SMJH are also assessed to determine if they have been sexually exploited. Based upon the responses to these assessments, they are referred for mental health services.

Every youth admitted into the SMJH is also evaluated by medical professionals within 96 hours, if not sooner. Each youth committed to LPBC has been seen by medical staff while in SMJH. Medical staff make necessary referrals for mental health services.

Figure 38: Access to mental health services at Santa Maria Juvenile Hall and Los Prietos Boys Camp



Source: Santa Barbara County Department of Behavioral Wellness

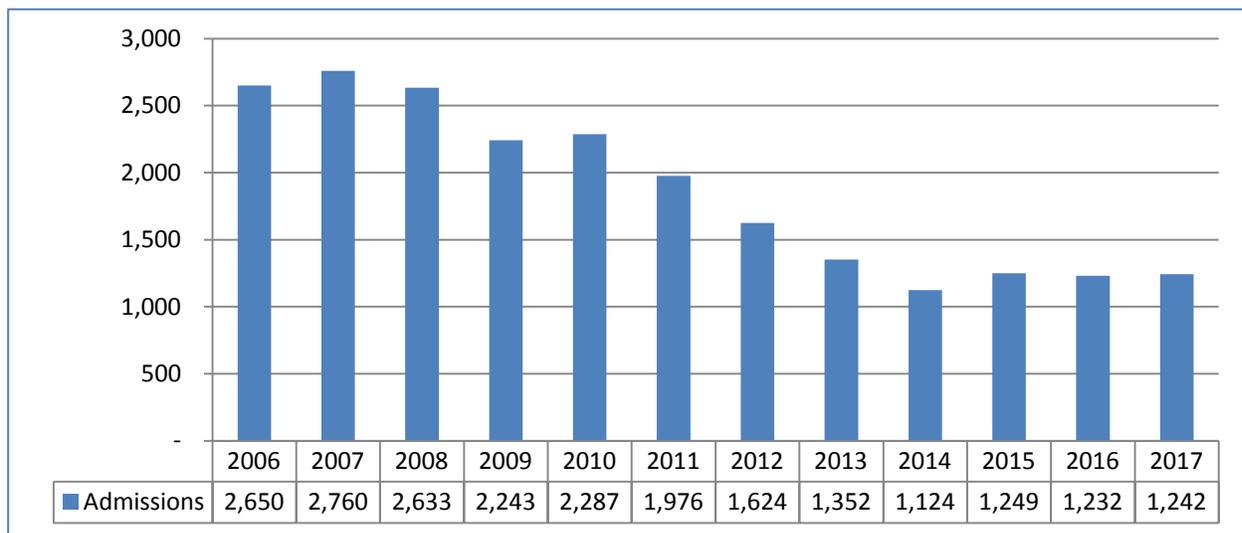
NUMBER OF YOUTH IN CUSTODY

Figure 39 shows combined admissions into the Santa Maria Juvenile Hall (SMJH) and Los Prietos Boys Camp (LPBC).⁵³ These numbers are not unduplicated. One youth can be booked into the SMJH on more than one occasion and can also be committed to LPBC.

The average daily population (ADP) at the Santa Maria Juvenile Hall has shown a slight decline over the past two years. In 2013 the ADP was 62, in 2014 it dropped to 55, and in 2016 it rose to 61.

The Department, in collaboration with the W. Hayward Burns Institute, recently introduced an updated Purpose of Detention Statement and Booking Criteria, and is in the process of recalibrating the Department's Juvenile Hall Intake Assessment. These two tools will provide a good framework for law enforcement agencies and probation staff to ensure that detention is reserved only for those youth who are a danger to themselves or others, or are likely to flee.

Figure 39: Total juvenile hall and camp admissions



Source: Santa Barbara County Probation Case Management System (IMPACT)

COMMUNITY SPOTLIGHT: POR VIDA

The Por Vida Program is an effort underway in the Santa Maria Valley, initiated by the Santa Maria-Bonita School District and the Santa Maria Joint Union High School District, in partnership with the community.

The concept is to identify families and youth who are in need of or who are requesting help to address at-risk behaviors that could result in suspension or expulsion from school, academic failure, school drop-out, or other behavioral actions that could involve the juvenile justice system. The idea is to provide a culturally competent approach using case management, wraparound services and support within the school and beyond the “fence line” of the school districts.

⁵³ The Scorecard uses calendar years, not fiscal years. When information is available only by fiscal years overlapping two calendar years, as in this data source, the name of the second year is used.

In addition to the participation of the school and community, Por Vida's goal is to reach out to county and city government, social services, probation, and public and private profit and non-profit agencies, to create a panel that will intervene with these youth and families, similar to School Attendance Review Board.

The desired outcomes of Por Vida include:

- Increase parental and youth knowledge of the number of applicable services
- Assist families in successfully navigating resources and services
- Decrease risk factors by eliminating barriers to services
- Help prevent or eliminate at-risk behaviors
- Cause positive improvement to school attendance
- Reduce and/or eliminate incidents of violence and disciplinary infractions

We applaud this effort and look forward to its further development, implementation, and outcomes.

CONCLUSION

The past decade has seen tremendous reduction in overall juvenile crime nationally, across our state and locally in Santa Barbara County. To ensure that we continue on this path of juvenile justice reform, the Probation Department is embarking upon a comprehensive data review and analysis to further refine our operations, programs, practices and policies. This is an exciting effort that we look forward to sharing with our stakeholders.

CHILD HEALTH

PRENATAL AND INFANT CARE

TEEN BIRTHS

ORAL HEALTH

NUTRITION AND PHYSICAL ACTIVITY

BEHAVIORAL HEALTH

PRINCIPLES

Children should begin life with quality prenatal care, healthy attachment, optimal nutrition, and consistent medical care.

Youth should be educated and supported in understanding reproductive health and the responsibilities of parenting.

Children should receive quality oral health services to prevent and treat dental disease and advance overall health.

Children and youth should have access to, and participate in, healthy eating and active living.

Children and youth should receive prevention, early intervention and treatment services to support mental health and behavioral wellness.

PRENATAL & INFANT CARE



PROBLEM

Good health for children begins with quality prenatal care, secure parent-child attachment, optimal nutrition, and consistent medical care. Unfortunately, healthy beginnings can be compromised by economic challenges, unhealthy environments, family stressors, and a lack of social supports.

All parents are vulnerable to the stressors of pregnancy and caring for a newborn. Everything is unfamiliar, especially for first-time parents. Stakes are high and emotions are complicated by lack of sleep. The more stressors that are present for a family, the more challenging these first months can be. The support of friends and family members is critical, and supportive relationships with pediatricians, nurses or midwives, lactation consultants, and social service providers can go a long way toward ensuring that children get a healthy start in life.

The American College of Obstetricians and Gynecologists (ACOG) recommends initiation of regular prenatal check-ups during the first trimester of pregnancy to treat and prevent potential health problems for women and their unborn children. Early and regular prenatal care is associated with improved birth weight and decreased risk of preterm delivery.⁵⁴ Disparities in prenatal care exist within our county, with women who identify as Hispanic accessing care during the first trimester at lower rates than non-Hispanic white women. Barriers to prenatal care may include different cultural norms, language barriers, a lack of medical insurance, inability to take time off from work, and/or limited transportation. These barriers may also affect well-child visits after the baby is born.

SOCIAL DETERMINANTS OF HEALTH

Health is not only determined by healthy behaviors—such as seeking prenatal care, getting the recommended immunizations and appropriate screenings, and seeing a doctor when one is sick—but also in part by what are called social determinants of health: the conditions in the environments in which people are born, live, play, work, worship, and age. These affect one's health, function, and quality-of-life outcomes and risks. Health is significantly impacted by access to resources and supports in the home, neighborhood, and community; by the availability of clean water, nutritious food, and unpolluted air; by social and economic opportunities, quality of schooling, and the nature of social interactions and relationships.⁵⁵ These factors influence the health of children and adults alike.

Economically challenged families often experience high levels of stress and may have limited access to health care screening and social supports that can lead to early identification of risk factors. Early exposure to Adverse Childhood Experiences (ACEs) such as perinatal mood and anxiety disorders, developmental delay, substance use, and domestic violence can go undetected, increasing the risk for negative health outcomes.

⁵⁴ *Clinical Quality Measures: Prenatal-First Trimester Care Access* (U.S. Dept. of Health & Human Services, Health Resources & Services Administration), <http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/>, accessed 2016

⁵⁵ *Healthy People 2020: Social Determinants of Health* (Office of Disease Prevention and Health Promotion), <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>, accessed 2016

More than half of births in Santa Barbara County each year are to mothers with Medi-Cal insurance, the public health care coverage for low-income households.⁵⁶ Sufficient free or low-cost services may not be available to meet the health and social service needs of these women and their babies.

EFFECT

Late and/or irregular prenatal care is associated with premature birth and/or low birth weight. A normal pregnancy lasts 40 weeks. Premature or preterm birth is the birth of an infant before 37 weeks.⁵⁷ A baby born prematurely has had less time to develop. Premature babies often have complicated medical problems. Preterm birth is the leading cause of death worldwide, especially those born very preterm (less than 32 weeks).⁵⁸ Low birth weight is defined as a child born weighing less than 5 pounds 8 ounces. The primary cause of low birth weight is prematurity. Some low birth weight babies are healthy, but some have serious health problems that may require special care in a newborn intensive care unit.

A growing body of evidence has shown that maternal stress before and during pregnancy may impact birth outcomes and increase the risk for low birth weights and pre-term births. Circumstances linked to maternal stress are similar to those associated with ACEs. These may include the struggle to pay bills, housing instability, job loss, divorce or separation, serious illness or hospitalization of a family member, living with someone who is abusing drugs or alcohol, and/or having a husband/partner go to jail. There is evidence to support that pregnant women of marginalized socio-demographic, racial/ethnic and national backgrounds experience high levels of psycho-social stress during pregnancy and thus are at an increased risk for preterm delivery and shortened gestations.^{59, 60, 61, 62}

Research is also showing that maternal stress can affect a child's health and development prenatally. Exposure to high levels of cortisol before birth can have impacts that carry over into infancy and extend into the adolescent years. Difficulties range from infants with negative or challenging temperaments to increased fear behavior, poor emotional regulation, and symptoms of attention deficit hyperactivity disorder (ADHD).

Prenatal adversity is highly predictive of postnatal experiences, particularly in the areas of mother-infant interactions and infant/child neurobiological development. These experiences can then have behavioral consequences downstream, predisposing children to poor emotional and physiological self-regulation.⁶³

⁵⁶ *Birth Statistics Master File* (California Department of Public Health, Center for Health Statistics), <http://www.cdph.ca.gov/data/dataresources/requests/Pages/BirhandFetalDeathFiles.aspx>, accessed 4/2016.

⁵⁷ T. Wada MD, S. Klein-Rothschild MSW, et. al., *Community Health Status Report 2016* (Santa Barbara County Public Health Dept.), <http://cosb.countyofsb.org/uploadedFiles/phd/Homepage/Community%20Health%20Assessment%202016.pdf>

⁵⁸ *Clinical Quality Measures: Prenatal-First Trimester Care Access* (U.S. Dept. of Health & Human Services)

⁵⁹ E.L. Bussi eres, G.M. Tarabulsky, J. Pearson, R. Tessier, J.C. Forest, Y. Gigu ere. *Maternal prenatal stress and infant birth weight and gestational age: A meta-analysis of prospective studies* (Developmental Review, May 2015), 179-199.

⁶⁰ P.D. Wadhwa, S. Entringer, C. Buss, M.C. Lu. *The Contribution of Maternal Stress to Preterm Birth: Issues and Considerations*. (Clinical Perinatology, September 2011), 38(3), 351–384.

⁶¹ A. Staneva, F. Bogossian, M. Pritchard, A. Wittkowski. *The effects of maternal depression, anxiety, and perceived stress during pregnancy on preterm birth: A systematic review* (Women and Birth, 2015), 179–193.

⁶² March of Dimes. *Stress and Pregnancy Issue Brief*. January 2015. <http://www.marchofdimes.org/Maternal-Stress-Issue-Brief-January2015.pdf>, accessed 6/2017.

⁶³ C. Monk, J. Spicer, F.A. Champagne. *Linking Prenatal Maternal Adversity to Developmental Outcomes in Infants: The Role of Epigenetic Pathways*. (Developmental Psychopathology, November 2012), 24(4), 1361-1376.

Behavioral challenges place additional stress on the family and increase the risk for ACEs. Early exposure to ACEs without the presence of a caring, consistent adult is associated with increased risk of physical and mental health problems. Recent literature shows a statistical significance in associating ACEs with numerous health conditions such as ischemic heart disease, cancer, chronic bronchitis, diabetes and other diseases.⁶⁴ The research also shows that toxic stress responses can impair development, with lifelong consequences.

SOLUTION

Children will have a healthier start in life if families have health insurance, access to prenatal care, screening for risk factors, and awareness about the importance of health care, nutrition, and nurturing support from preconception through early childhood. Solutions must include services and interventions not only for children, but also for parents.

- Improve the percentage of residents with affordable health care coverage
- Improve access to and availability of prenatal care, especially among the Medi-Cal population
- Increase community awareness regarding the importance of prenatal care, immunizations and well-child visits
- Encourage families to establish a medical home where they can receive consistent medical care with doctors who know their history and can be proactive in monitoring concerns and encouraging healthy behaviors
- Increase access to effective family support services such as home visitation, case management, parenting education, and parent support groups

Funding and support are also needed for existing and/or new services that promote screening for risk factors and early identification of families needing services outside the realm of health care. Support is needed to sustain organizations that provide follow-up assistance and links to community resources.

DATA HIGHLIGHTS & TRENDS

In this section we consider some of the factors that increase the risk of poor health outcomes for infants. We seek to answer the following questions:

- What is the birth rate in Santa Barbara County, and what percentage of births are delivered by mothers who are covered by Medi-Cal insurance?
- What is the percentage of women seeking prenatal care during the first trimester, as recommended by the American College of Obstetricians and Gynecologists?
- What percentage of babies are born prematurely?
- What percentage of babies are born at a low birth weight?

⁶⁴ S.K. Purewal, M. Bucci, L.G. Wang, K. Koita, S.S. Marques, D. Oh, N.B. Harris, *Screening for Adverse Childhood Experiences (ACEs) in an Integrated Pediatric Care Model (Zero to Three, January 2016)*, 10-17.

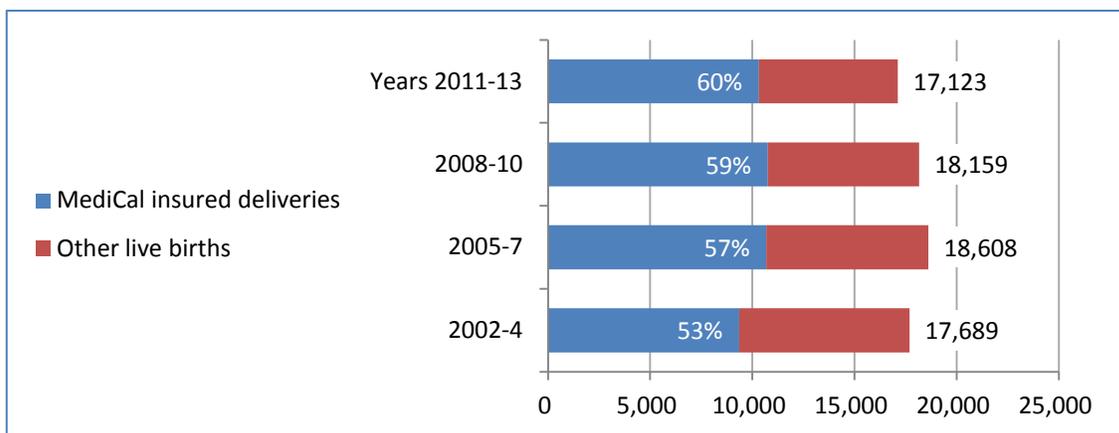
In the future, it would be helpful to capture data about the prevalence of perinatal mood and anxiety disorders and perinatal substance use. Currently there is no single source of information about the prevalence of these risk factors in our community.

LOW-INCOME MOTHERS

The percentage of births to Medi-Cal recipients is consistently over 50%, and has been trending upward since 2002. The chart below does not reflect potential impacts of the Affordable Care Act. In Santa Barbara County, the number of women of child-bearing age (19 to 44) who were covered under Medi-Cal insurance nearly doubled between October 2013 and August 2016, from 14,882 to 28,266 women.⁶⁵

Undocumented women do not qualify for ongoing Medi-Cal insurance, but they are able to obtain full coverage throughout their pregnancy and into the postpartum period. Their numbers are included in the chart below. These women have access to the same prenatal services as other Medi-Cal recipients, but their benefits end 60 days postpartum, making it more difficult to obtain care for postpartum depression or other medical issues that persist or emerge beyond that timeframe.

Figure 40: Percentage of Santa Barbara County births that were to mothers receiving Medi-Cal



Source: Calif. Center for Health Statistics, Vital Statistics, Births Statistical Master File.

PRENATAL CARE

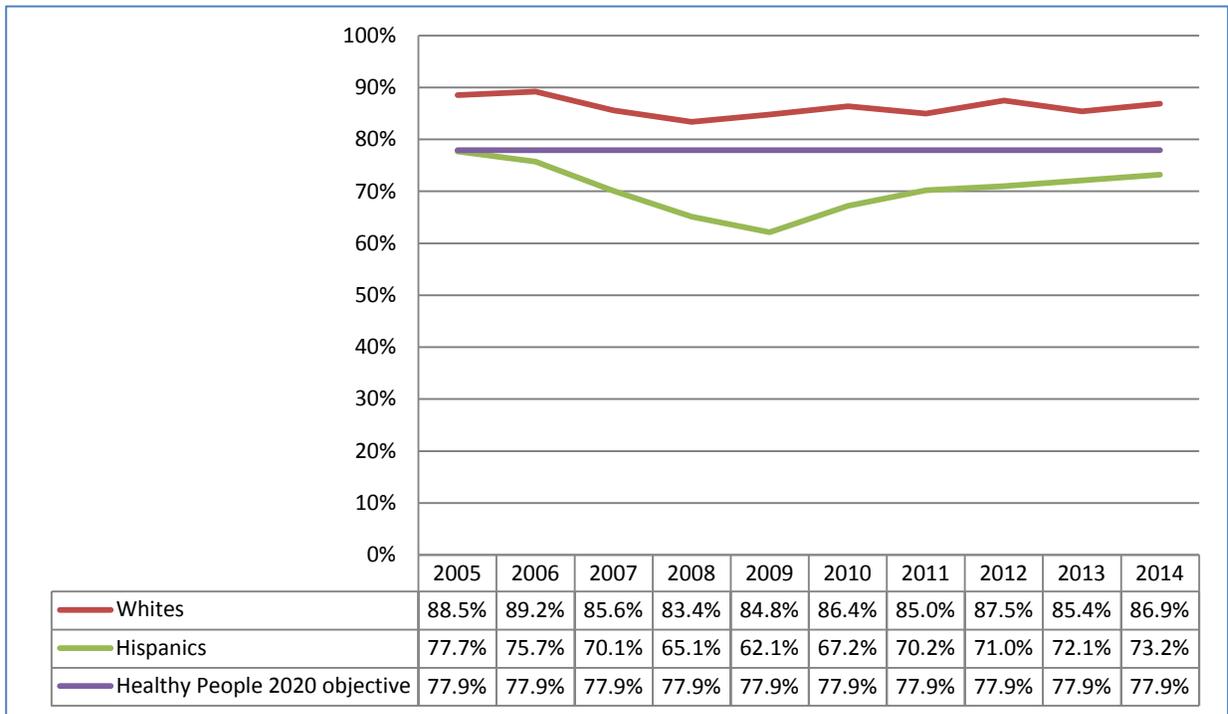
Healthy People (HP) 2020 provides 10-year, science-based national objectives for improving the health of all Americans by the year 2020. The HP 2020 target for women who received prenatal care beginning in the first trimester is 77.9%.⁶⁶

In Santa Barbara County, there is a disparity between the rate at which white and Hispanic women seek prenatal care during the recommended first trimester. White women in Santa Barbara County have consistently met the HP 2020 target, while Hispanic women have not—but the percentage has trended upward since 2009.

⁶⁵ V. Alvarez, *Report MRH-009R* (Santa Barbara County Dept. of Social Services), accessed 2017.

⁶⁶ *Healthy People 2020: MICH-10.1* – Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester (Office of Disease Prevention and Health Promotion), https://www.healthypeople.gov/node/4833/data_details, accessed 2016.

Figure 41: Percentage of Santa Barbara County women who sought prenatal care in the first trimester

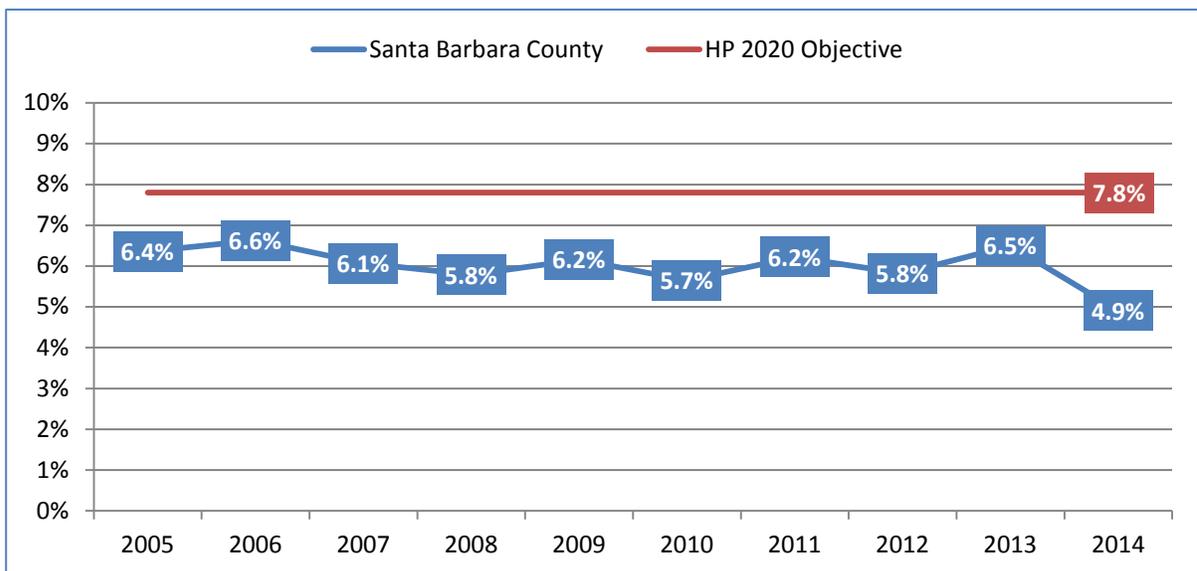


Source: Santa Barbara County Public Health Dept. Statistical Master Files, 2005-2014.

LOW BIRTH WEIGHT

The percentage of low birth weight babies in Santa Barbara County has consistently been lower than the HP 2020 target of 7.8%.

Figure 42: Percentage of Santa Barbara County births with low birth weight

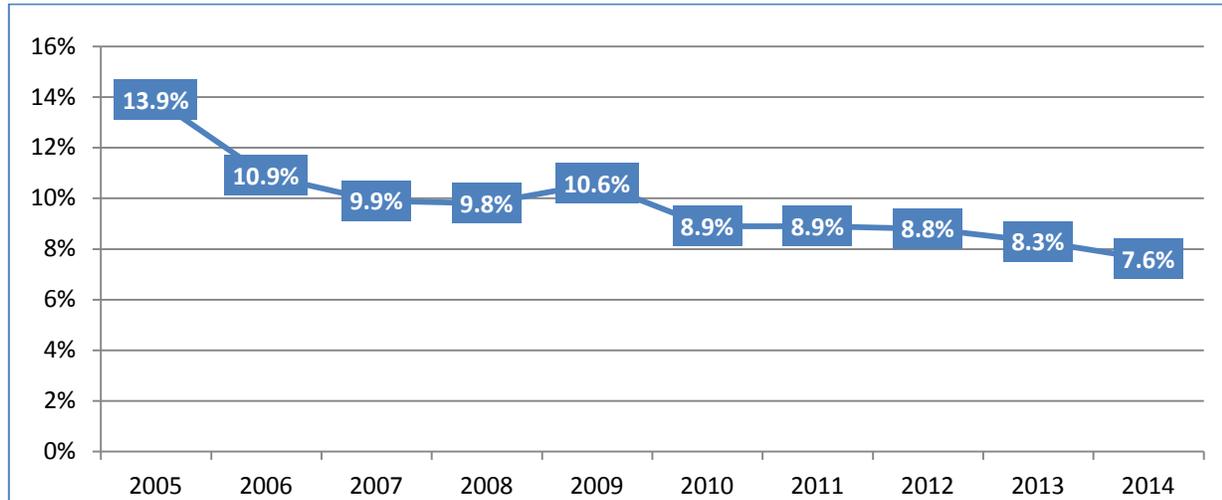


Source: Santa Barbara County Public Health Dept. Statistical Master Files, 2005-2014.

PREMATURE BIRTHS

The rate of premature births (those born before 37 weeks gestation) has decreased from 13.9% of all Santa Barbara County births in 2005, to 7.6% in 2014.⁶⁷

Figure 43: Percentage of Santa Barbara County births that are premature



SPOTLIGHT: COMPREHENSIVE PERINATAL SERVICES PROGRAM

Santa Barbara County has several programs that focus on prenatal and infant health. One of these is the Comprehensive Perinatal Services Program (CPSP). Funded by Medi-Cal, the CPSP seeks to improve the outcome of every pregnancy and give every baby a healthy start in life. CPSP enrolls local medical providers to deliver free and enhanced prenatal and postpartum care to Medi-Cal eligible low-income women. The program is coordinated through the Maternal Child & Adolescent Health (MCAH) program at the Public Health Department⁶⁸, where the Perinatal Services Coordinator assists providers with the application process, quality assurance visits, and ongoing technical assistance.

CPSP provides a wide range of culturally competent services to pregnant women from conception through 60 days postpartum. In addition to standard obstetrical care, women receive enhanced services in the areas of nutrition, health education, and psychological and social well-being. A multidisciplinary team conducts a variety of assessments and provides education and interventions, including prenatal vitamin and mineral supplements, linkages with the Women, Infants and Children (WIC) supplemental nutrition program, genetic screening, dental care, family planning, and pediatric care. The goals of CPSP include decreasing maternal and infant mortality and morbidity, and preventing premature births and the incidence of low birth weights.⁶⁹ Currently there are 13 providers participating in the CPSP program throughout the county. By approaching maternal health with a comprehensive and holistic view, we see a correlation in the decrease of both low birth weight and premature births, and are able to lower health care costs for catastrophic and chronic illness in infants and children.

⁶⁷ State Birth Statistical Master Files, 2005-14.

⁶⁸ For more information on MCAH, visit <http://cosb.countyofsb.org/phd/mch.aspx?id=20510>.

⁶⁹ MO-07-0074-CPSP – Comprehensive Perinatal Services Program (California Department of Public Health), <http://www.cdph.ca.gov/programs/CPSP/Pages/default.aspx>, accessed 2016.

COMMUNITY RESPONSE

Achieving breakthrough health outcomes for children who have experienced significant adversity requires that we support the adults who care for them in transforming their own lives.⁷⁰ Using a protective factors approach, we can connect families to concrete supports and trauma-informed psychosocial services that can have a positive impact on the social determinants of health. Breaking patterns of isolation, helping families obtain health insurance, helping them navigate health and mental health systems to access care, connecting families to economic and social opportunities, helping them find quality care for their children – all of these actions will support resiliency, strengthen families, create better health outcomes for children and decrease the risk of chronic disease as they age.

We must also be vigilant about changes to health care coverage and be advocates for systems that provide care for our most vulnerable citizens. Any decrease in health care coverage is likely to increase costs and jeopardize the health of the community as families lose access to preventive care and revert to seeking primary care through hospital emergency rooms.

⁷⁰ *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families* (Harvard University Center on the Developing Child, 2016).

Page intentionally left blank

TEEN BIRTHS

PROBLEM

Research shows that early pregnancy and having a child as a teenager can contribute significantly to increased risks for the parents and baby alike. For teenagers, pregnancy is usually an unplanned and challenging life event that can reroute their entire life course.⁷¹ In addition to the implications on education, financial stability and family relationships, becoming pregnant as a teenager is associated with an increased risk for some potentially serious health problems. The mother's risk for anemia and postpartum depression is heightened, and the baby is more likely to be born prematurely and have a low birth weight.⁷²



In Santa Barbara County, the birth rate among Hispanic teenagers has decreased greatly since 2007, but remains higher than the birth rate for white teenagers. Compared to statewide teenage pregnancy rates, Santa Barbara County's rates are lower among white teens but higher among Hispanic teenagers. Breaking the cycle requires education and pregnancy prevention as well as early prenatal care and comprehensive support for teen parents.

EFFECT

Children of teenage mothers and fathers are predisposed to having more Adverse Childhood Experiences (ACEs), because teen parents are often not psychologically, economically, and/or emotionally prepared to navigate the complexities of parenthood. In addition to increased health risks, children born to teenage mothers are more likely to experience social, emotional, and other problems, including lower academic achievement and an increased risk for abuse and neglect. Children of teenage mothers are more likely to drop out of school, have more frequent health problems, be incarcerated during adolescence, give birth as a teenager, and face unemployment as an adult.⁷³

These statistics can be linked to the dose-response relationship between the number of ACEs experienced by teen parents and their children and the risk for negative health outcomes. As the number of ACEs increases, the risk of illness or unsafe behaviors also increases.⁷⁴

SOLUTION

Solutions for teen pregnancy must include both prevention and intervention. These include:

- Increase awareness of family planning services and teen friendly sexual and reproductive health care services

⁷¹ L.D. Dorrell, *A future at risk: children having children* (The Clearing House: A Journal of Educational Strategies, Issues & Ideas), Vol. 67, Iss. 4, 1994. Abstract avbl from US National Library of Medicine, National Institutes of Health, <https://www.ncbi.nlm.nih.gov/pubmed/12288404>.

⁷² *What are the factors that put a pregnancy at risk?* (Eunice Kennedy Shriver National Institute of Child Health & Human Development), <https://www.nichd.nih.gov/health/topics/high-risk/conditioninfo/Pages/factors.aspx#age>, accessed 2017.

⁷³ *Reproductive Health: Teen Pregnancy* (Centers for Disease Control), <https://www.cdc.gov/teenpregnancy/about/index.htm>, accessed 2016.

⁷⁴ Purewal, Bucci, et. al., *Screening for Adverse Childhood Experiences*

- Promote evidence-based teen pregnancy prevention programs⁷⁵
- Help young families minimize their children’s exposure to ACEs
- Educate grandparents, parents, teachers and community members about protective factors and ways to support resiliency in children and youth

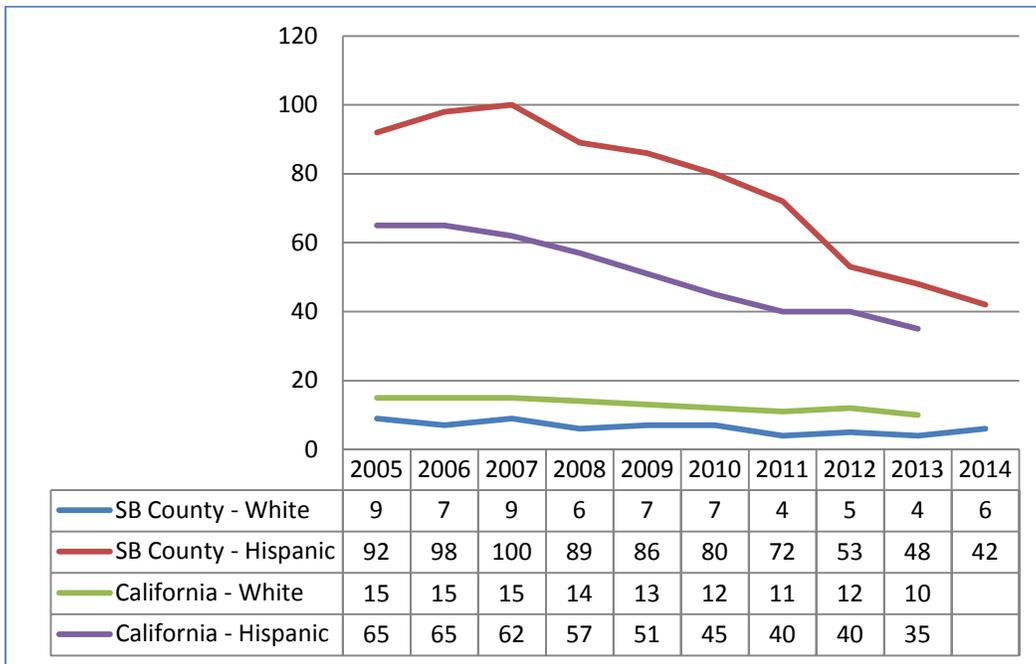
Social connections, concrete support, knowledge of both child and adolescent development and an awareness of how to support social and emotional learning will help teen parents to foster normal development and well-being for their children.

Community-based organizations throughout Santa Barbara County are committed to helping families build resiliency. Guiding young parents to these organizations will help build circles of support that can raise their awareness about the significance of ACEs and show them how to positively impact the lives of their children.

DATA HIGHLIGHTS & TRENDS

The number of births to teenage mothers (defined as 15 to 19 years of age) has been decreasing in both the state and the county. In Santa Barbara County, the birth rate among Hispanic teenagers has decreased dramatically since 2007, but remains higher than for white teenagers.⁷⁶ Compared to statewide teenage pregnancy rates, Santa Barbara County’s rates are lower among white teenagers but higher among Hispanic teenagers.⁷⁷

Figure 44: Birth rate per 1,000 females ages 15-19



⁷⁵ *Teen Pregnancy & Childbearing – Strategies & Approaches* (U.S. Dept. of Health & Human Services, Office of Adolescent Health), <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/strategies-and-approaches.html#>, accessed 2016.

⁷⁶ Santa Barbara County Public Health Dept. birth records, 2005-2014.

⁷⁷ *Race/Ethnic Population with Age & Sex Detail, 2010-2016* (Calif. Dept. of Finance, Dec. 2014). State birth data for 2014 not yet available.

SPOTLIGHT: COMMUNITY ACTION COMMISSION

The decrease in teenage pregnancies within Santa Barbara County may be attributed to the influential efforts led by the Community Action Commission (CAC) through their culturally responsive health programs.

The California Personal Responsibility and Education Program (CA PREP) focuses on reducing rates of births and STIs including HIV among high-need youth populations. Through the use of evidence based curriculum and in compliance with the California Health & Safety Education code, key components include: sexual health education, adulthood preparation subjects, and community outreach and engagement. The program is conducted at sites throughout the county and specifically targets vulnerable and underserved youth. CAC has conducted classes at the juvenile hall, continuation schools, North County Boys and Girls Clubs, Housing Authority apartment complexes, and the Cuyama Valley Family Resource Center.

The Adolescent Family Life Program (AFLP) addresses the social, health, educational, and economic needs of adolescent pregnancy by providing comprehensive case management services to expectant and parenting teens and their children. Emphasis is on positive youth development, and building upon the teen's strengths and resources. Through partnerships with Public Health, Cal Learn and Cal Safe, the program seeks to improve the health of the teen, support the health of the baby, improve graduation rates, and reduce subsequent early-age pregnancies.

Both programs are funded by the California Department of Health/Maternal Child and Adolescent Health.

COMMUNITY RESPONSE

Preventing teen pregnancy takes a community-wide effort in which parents and other adults have an important role to play. Local trends can continue to drop with community awareness and support for teens and their parents.

- Parents need tools to be able to start conversations with their children—to talk early and often about sexual health.
- Teens need access to evidence-based sexual and reproductive health education; information that is reliable and available as questions arise.
- Teens also need access to safe and confidential sexual health services.

Page intentionally left blank

ORAL HEALTH

Every Santa Barbara County child should have access to quality oral health services to prevent and treat dental diseases and advance their overall health and development.

In this section we will look at dental disease rates, present some of the challenges and the interventions we know are making a difference in improving children's oral health, and share some of what the Santa Barbara County Children's Oral Health Collaborative is doing to improve the oral health for some of our most at-risk children ages 0 to 5.



PROBLEM

Tooth decay and oral disease burdens more children than any other childhood disease. The Surgeon General's office has called it a "silent epidemic," and it is preventable.⁷⁸ While many other childhood diseases (such as measles, mumps, and whooping cough) are well managed, oral disease remains unchecked.

Oral health is essential to overall health and well-being. When a child's oral health suffers, so does their overall health and their ability to learn. There are striking disparities among various disadvantaged and underserved population subgroups in our County.⁷⁹

EFFECT

Nationwide, an estimated 51 million school hours per year are lost because of dental-related illness. In California, over 500,000 school days are missed each year due to dental problems. Low-income children miss nearly twelve times as many school days because of dental problems as higher-income children.

Tooth decay may interfere with eating, sleeping, speaking and playing. Children who take a test while they have a toothache are unlikely to score as well as children undistracted by pain.⁸⁰

SOLUTION

Prevention is the best medicine. Aspects of prevention include improving oral health literacy, providing young children with fluoride varnish treatment, fluoridating municipal water supplies, and increasing access to insurance coverage and dental care for children. Each of these aspects is considered in the following pages.

⁷⁸ *Oral Health in America: A Report of the Surgeon General* (U.S. Dept. of Health & Human Services, 2000), <https://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.@www.surgeon.fullrpt.pdf>.

⁷⁹ B. Layne DDS & M.E. Rehse MSW, *Santa Barbara County Children's Oral Health Collaborative Presentation* (Santa Barbara-Ventura Counties Dental Care Foundation & Santa Barbara County Education Office Health Linkages Program, 2015).

⁸⁰ *The Oral Health of California's Children: Halting a Neglected Epidemic* (Dental Health Foundation, 2000).

IMPROVING ORAL HEALTH LITERACY

Many stakeholders play a role in improving oral health literacy:

- Health care providers are encouraged to teach parents of young children how to take care of their teeth.
- The Santa Barbara County Public Health Department (PHD) Maternal Child & Adolescent Health (MCAH) Field Nurses provide oral health education and referrals to high-risk mothers, children, and adolescents.
- The Welcome Every Baby (WEB) program provides parents of newborns with information on how to take care of their baby's oral health.
- Clients of the Women & Infant Children (WIC) nutrition program (administered by PHD) receive information about children's oral health.
- Parents of Head Start and State Preschool children receive education on oral health, including tooth brushing, in the classroom.

FLUORIDE VARNISH TREATMENT

There is a simple method of applying fluoride varnish to strengthen the tooth enamel of young children in order to prevent and sometimes treat cavities. In the spring of 2008, a community-based fluoride varnish application program began, with tobacco settlement funding, in partnership with agencies and volunteers including *Promotores*, dental providers, schools, Family Resource Centers (FRC), Community Action Commission (CAC), Women & Infant Children program (WIC), and the Santa Barbara County Education Office (SBCEO) Health Linkages program.

Before the program, no fluoride varnish applications were taking place anywhere in a school, public health setting, or medical office. Once the program was underway, children received the treatment on a regular basis. Health Linkages partnered with local school districts to provide fluoride varnish to about 5,000 children twice a year in targeted preschools and kindergartens. Head Start came on board as an early partner, trained their staff, and committed to applying varnish to each of their students twice a year. Medical offices and clinics were also trained and began to provide varnish for children as soon as they got their first teeth up to the age of 6.

The latest health guidance supports this approach. In 2015, the American Academy of Pediatrics released their Recommendations for Preventative Pediatric Health Care (Bright Futures), which included new guidance for regular fluoride varnish application for children starting at 6 months and continuing until age 6.⁸¹

ACCESS TO FLUORIDATED WATER

According to the Dental Health Foundation, children in areas without fluoridated water had 36-54% more tooth decay than children in areas with fluoridated water.⁸² The water supply in Santa Maria is fluoridated to optimal levels for dental health, but this is not the case in other parts of Santa Barbara County.

⁸¹ *Bright Futures: Recommendations for Preventive Pediatric Health Care* (American Academy of Pediatrics, 2015), https://www.aap.org/en-us/Documents/periodicity_schedule.pdf, accessed 2016.

INCREASING ACCESS TO CARE

In the last two years, 14,000 children have been added to Medi-Cal, reducing financial barriers to care—but only three new dental providers who accept Medi-Cal have been added (one in each region). No major provider is accepting new patients in Mid County (Santa Ynez Valley and Lompoc).⁸³ This is an opportunity for improvement.

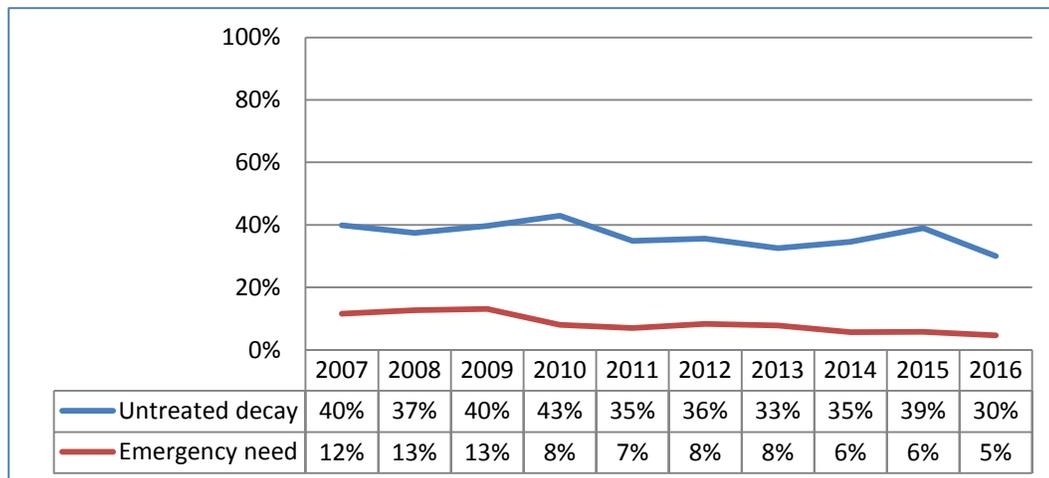
Additionally, cultural barriers to care can be identified and reduced.

DATA HIGHLIGHTS & TRENDS

The data provided here is for a specific group of preschool age children: those in subsidized preschool programs for lower-income families.⁸⁴ The data comes from local Head Start and State Preschool programs. Over 2,000 of these students receive oral assessments each year. High dental disease rates are seen in this population.

The percentage of Santa Barbara County students in State Preschool programs observed with any untreated (visually observed) decay or dental disease dropped from 40% in 2007 to 30% in 2016. The successful reduction in the rate is due in part to strategies developed by the Santa Barbara County Children's Oral Health Collaborative (see the Spotlight section for more information on the Collaborative). Additionally, dental emergency situations identified dropped from 12% to 5% in this period.

Figure 45: State Subsidized Preschool Programs - Countywide Children's Dental Screening Results



However, regional disparities exist in dental disease rates within this population. In fact, the improvement is due almost entirely to advances made in North County. The South and Mid County regional data still show dental disease rates around 40%, while North County rates have been reduced by half, to 20%.⁸⁵ Under the fluoride varnish application program begun in 2008, 98% of varnish applications to Medi-Cal patients ages 0-5 took place in Santa

⁸² *Oral Health of California's Children* (Dental Health Foundation).

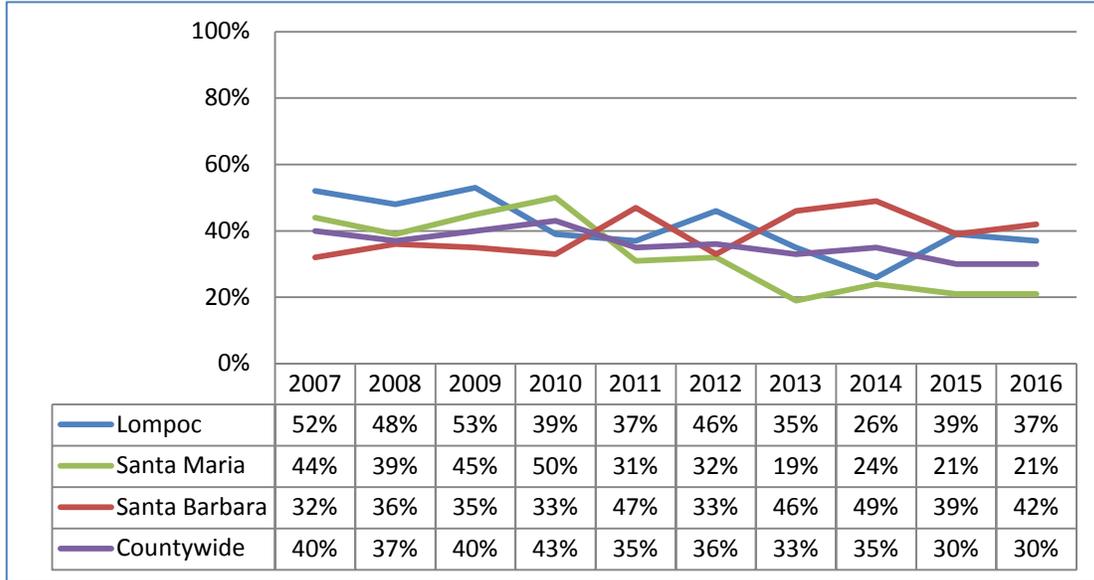
⁸³ Layne & Rehse, *Oral Health Collaborative Presentation*.

⁸⁴ Data is not available for the *entire* population of preschool-age children in Santa Barbara County—that is, to include private preschools or populations with higher incomes.

⁸⁵ Source: SBCEO Health Linkage Program dental screening results.

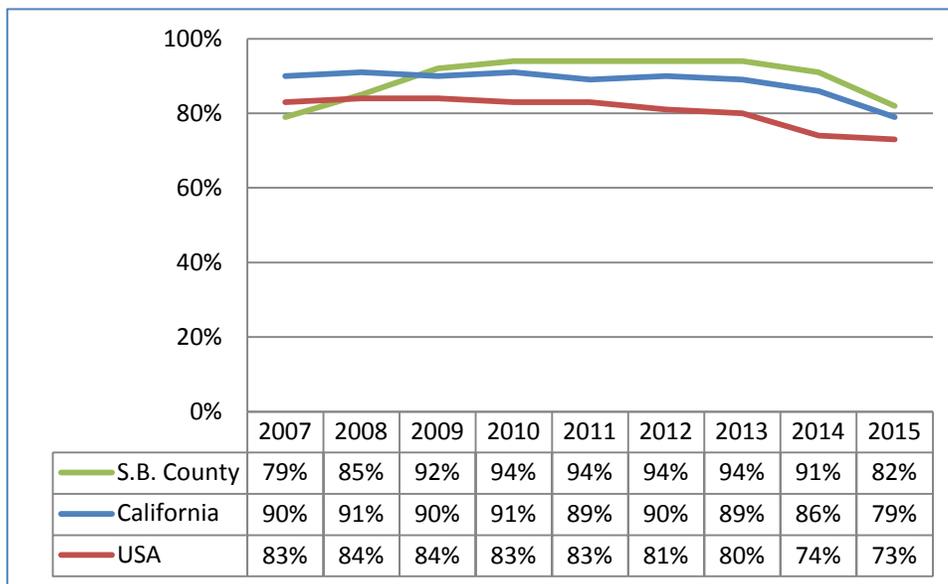
Maria (about 10,000 each year), with the remaining 2% spread throughout Mid and South County. (Efforts began in 2015 to increase varnish applications in the South and Mid County regions.) Additionally, since 2005, Santa Maria is the only community in Santa Barbara County that adds fluoride to the water to reach optimal levels.

Figure 46: Dental disease rates, state preschool population



Of children entering the Head Start program in 2015 in Santa Barbara County, 42% had untreated dental disease—higher than the program’s averages of 23% statewide and 18% nationwide. Despite this challenge, Santa Barbara County children in Head Start are completing their treatment at higher levels than other comparable programs both statewide and nationwide.⁸⁶

Figure 47: Head Start children receiving dental treatment



⁸⁶ Sources: PIR data, HHS.gov website.

In terms of access to dental treatment, more low-income children now have medical coverage thanks to the Medi-Cal expansion under the Affordable Care Act—nearly doubling from 35,385 children on Medi-Cal in 2010 to 61,770 in 2016. However, the number of dentists to serve them has not expanded accordingly.⁸⁷ The standard ratio for patients per dental practice is 2000, but due to low reimbursements, it is unlikely that any practice could survive on Medi-Cal clients alone. Providers must share the responsibility.

Figure 48: Availability of dental homes for children on full-scope Medi-Cal

	North County	Mid County	South County
Total number of dentists (2016)	93	45	204
Dentists who accept Medi-Cal (2016)	23	8	18
Children with Medi-Cal (2010)	21,455	6,107	7,823
Dentists who accept Medi-Cal per child (2010)	1 : 1,022	1 : 872	1 : 1,118
Children with Medi-Cal (2016)	30,885	12,354	18,531
Dentists who accept Medi-Cal per child (2016)	1 : 1,343	1 : 1,544	1 : 1,029

SPOTLIGHT: CHILDREN'S ORAL HEALTH COLLABORATIVE

The Children's Oral Health Collaborative (COHC) of Santa Barbara County is a coalition of over 30 agencies, organizations, and dentists. Since 1992, it has worked to improve the oral health of economically disadvantaged children in Santa Barbara County through programs that emphasize prevention, early identification, and treatment of dental disease.

The strategies of the COHC have raised awareness of the importance of children's oral health and the issues impacting it, and have increased participation in cross-sector local action teams. This integrated system of care includes schools, community-based organizations, and dental and medical providers who support children and families by providing preventive oral health education, fluoride varnish applications, dental screenings, restorative treatment, and case management. The COHC is governed by the Oral Health Executive Committee (OHEC) that meets quarterly.

The Children's Oral Health Collaborative is pursuing several strategies to improve oral health. One strategy is to develop a community oral health *Promotores* program that would train culturally-sensitive liaisons within the Latino community to educate parents and caregivers about oral disease, how to prevent it, and how to access dental offices and clinics for preventative and restorative care. The COHC is also looking at opportunities to expand the Fluoride Varnish Application program with medical providers, preschools, elementary schools, and the Women Infants & Children food aid program (WIC), with partners including the Public Health Department, CenCal Health, and the *Promotores*. Finally, COHC is looking to strengthen partnerships that support WIC as an entry point for dental care for pregnant women and one-year-olds.

⁸⁷ Source: Health Linkages provider list updated January 2016.

COMMUNITY RESPONSE

How can we build on the lessons of the last few years to improve children's oral health?

- Residents can support water fluoridation in cities such as Santa Barbara, Goleta and Lompoc. Santa Maria is the only city in Santa Barbara County that has the protection of fluoridated water.
- Parents can encourage schools to include dental screening, in addition to the other routine health screenings schools provide. This will help to identify needs and trends.
- Parents can ask their child's primary care provider for fluoride varnish application, or ask them why they don't do this.
- Community agencies can advocate increased fluoride varnish application by pediatric medical providers in underserved areas, and continue to encourage and support primary care physicians or other providers to provide every child with an oral health assessment and a referral to a dental home by age one.⁸⁸

⁸⁸ Per the American Academy of Pediatrics: "every child should begin to receive oral health assessments by 6 months" of age. Per the American Academy of Pediatric Dentistry: "Children should be seen by a dentist following [arrival of their] first tooth, but no later than 12 months of age."

NUTRITION & PHYSICAL ACTIVITY

Nutrition and physical activity are the building blocks for optimal development and a lifetime of good health. The groundwork for good nutrition is established before birth and is influenced by the mother's health before and during pregnancy. After birth, infants and young children rely on their parents and caregivers to provide for their needs and guide their development. Education about nutrition and physical activity can help establish healthy habits when accompanied by the right opportunities and encouragement for making smart choices.



IMPORTANCE OF NUTRITION AND PHYSICAL ACTIVITY

Nutrition and physical activity are influenced by family and community from infancy and early childhood through adolescence and into adulthood. Many factors influence food choices—including stage of life, personal preferences, culture, traditions, and access to food. Guidelines from the U.S. Department of Agriculture (USDA) “My Plate” campaign stress the importance of variety and nutritional value in building healthy habits. Proper nutrition has been linked to:⁸⁹

- Decreased risk of premature births, and decreased fetal or infant death
- Decreased anemia
- Reduction in overweight and obesity levels
- Appropriate behavioral and cognitive development, and increased ability to learn
- Reproductive health

Activity levels are also important. The US Department of Health and Human Services recommends that children and adolescents ages 6 to 17 years have 60 minutes or more of physical activity each day. To promote active play, the American Pediatric Association recommends limiting screen time to 2 hours per day, beginning in preschool. Regular physical activity provides the following benefits for children:

- Builds and maintains strong bones, muscles, and joints
- Decreases likelihood of developing obesity and risk factors for chronic disease
- Reduces feelings of anxiety and depression and promotes psychological well-being⁹⁰
- Can help youth improve concentration, memory, and classroom behavior, and may improve school grades and performance on standardized academic tests⁹¹

Together, proper nutrition and physical activity reduce the risk for childhood obesity, with benefits potentially lasting into adulthood.

⁸⁹ K. Sahoo, B. Sahoo, A. Choudhury, N. Sofi, R. Kumar, A. Bhadoria, *Childhood obesity: causes and consequences* (Journal of Family Medicine and Primary Care, 2015), 4(2), 187–192, <http://doi.org/10.4103/2249-4863.154628>

⁹⁰ *Healthy Schools—Physical Activity Facts* (Centers for Disease Control & Prevention), accessed 2016, <http://www.cdc.gov/healthyschools/physicalactivity/facts.htm>

⁹¹ J. Adams, *Physical activity may help kids do better in school, studies say* (Washington Post, October 21 2013), accessed 2016, http://wapo.st/15YnsS5?tid=ss_mail&utm_term=.c1d0f6632245

PROBLEM

Maintaining good nutrition begins with access to quality food and a basic knowledge of nutrients and meal preparation. It requires lifestyle choices that support healthy eating. Unfortunately, the convenience and abundance of nutrient-deficient foods create environments where the healthy choice is not always the easiest choice. In addition to the convenience factor, a lack of nutrition education and/or lack of access to affordable healthy food can lead families to choose inexpensive, heavily processed foods that are high in sugar, salt and fat.

Dietary challenges are compounded when children don't engage in sufficient physical activity. Participation in physical activity tends to decline as young people mature. A 2013 national survey found that only 29% of high school students had participated in at least 60 minutes of physical activity per day on each of the 7 days before the survey.⁹²

Childhood obesity is a complex health issue facing not only Santa Barbara County, but the United States as a whole. According to the Centers for Disease Control and Prevention, the rate of childhood obesity has risen for 30 years, and in 2017 one in three children in the United States is considered overweight or obese. In tandem with this rise, more children have been diagnosed with diseases linked to sedentary lifestyles and poor nutrition, such as type-2 diabetes, high blood pressure and heart disease. The underlying causes of childhood obesity include many factors—from environmental factors, genetics, psychological factors, and activity level, to sugary beverage intake, snack foods, and portion sizes. Family factors also play a role, such as parental obesity, modeling unhealthy behaviors, and socio-cultural factors. A mother's excessive weight gain or diabetes during pregnancy also increases the risk, and formula feeding during infancy can be another factor.^{93, 94}

In Santa Barbara County, efforts to address childhood obesity are widespread, with a variety of organizations trying to gain headway in this daunting epidemic.

EFFECT

Some of the problems associated with childhood obesity are:^{95, 96}

- High blood pressure and high cholesterol
- Impaired glucose tolerance, insulin resistance and type 2 diabetes
- Breathing problems, such as asthma and sleep apnea
- Joint and musculoskeletal discomfort
- Fatty liver, gallstones, gastro-esophageal reflux
- Psychological problems such as anxiety and depression; low self-esteem and lower self-reports quality of life
- Social problems such as bullying and stigma

⁹² *Youth Risk Behavior Surveillance, United States 2013, MMWR* (Centers for Disease Control, 2013)

⁹³ K. Sahoo, B. Sahoo, et. al., *Childhood obesity: causes and consequences*

⁹⁴ *Childhood Overweight* (The Obesity Society, May 2014), www.obesity.org/obesity/resources/facts-about-obesity/childhood-overweight

⁹⁵ *Child Nutrition and Food Insecurity* (American Academy of Pediatrics, 2016), <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/childnutrition.aspx>

⁹⁶ *Childhood Obesity Causes & Consequences* (Centers for Disease Control & Prevention, December 15, 2016) <https://www.cdc.gov/obesity/childhood/causes.html>

Beyond the individual health consequences of childhood obesity, there is also a community impact. Estimates show that the lifetime medical cost for a 10-year-old obese child increases by \$19,000 when compared to that of a healthy weight child. Obesity in adulthood has been linked to absenteeism and a loss of productivity. The most recent analysis shows that nationwide absenteeism costs related to obesity equate to approximately \$4.3 billion annually.⁹⁷

Overweight children, even if not obese, are also a concern. When 58,000 Santa Barbara County parents of children ages 2-10 were interviewed for the 2015 California Health Interview Survey, 24,000 (41.2%) children were identified as overweight for their age category based on parents' reports.

SOLUTION

The solution to the problem is as complex as the factors that contribute to it. It takes a variety of organizations working together to improve nutrition and physical activity among youth. State and local programs come together with community efforts to promote lifestyle changes that include healthy eating and regular physical activity.

In Santa Barbara County, many of the programs to encourage lifestyle changes overlap with programs to reduce food insecurity. These two problems are intertwined and are often tackled simultaneously. Programs currently operating in Santa Barbara County that highlight lifestyle changes include CalFresh, the Women Infants & Children (WIC) program, the School Meals Program, and the Nutrition Education and Obesity Prevention Program (NEOP). Local pediatricians, schools, food banks, Catholic Charities, Public Health Departments, Family Resource Centers, YMCAs, City Park & Recreation Departments, insurance companies, after-school organizations, other state programs, and more collaborate on a variety of projects, all working towards the same goal of improved nutrition and physical activity outcomes.

Solutions include, but are not limited to:

- Reinforcing messages and assisting parents in pregnancy health, breastfeeding, infant feeding, and recommendations on dietary intake from the United States Department of Agriculture
- Increasing access to healthy foods
- Supporting limited screen time messages and increasing physical activity or active play
- Promoting food literacy
- Increasing availability of safe and usable parks, bike paths, and walking trails
- Implementing policy changes focused on health outcomes
- Improving the whole family health and well-being

DATA HIGHLIGHTS & TRENDS

What can the available data tell us about trends in childhood obesity and fitness? We seek to determine if obesity levels are increasing or decreasing; if there are disparities corresponding to geography, ethnicity, or income; and if schoolchildren are doing better or worse on the state physical fitness test.

⁹⁷ J. Cawley et. al., *Occupation-specific absenteeism costs associated with obesity and morbid obesity* (Journal of Occupational Environmental Medicine, Dec. 2007), pp. 1317–1324., www.ncbi.nlm.nih.gov/pubmed/18231079

OBESITY

Nationally, over the past five years, obesity levels for children aged 2 to 18 have increased from 16.9% to 18.5%, according to the National Health and Nutrition Examination Survey (NHNES).

Local data on childhood obesity can be difficult to produce, as the information is held by numerous pediatrician offices—but trends can be seen by studying a population for which we do have weight data, such as the children enrolled in Santa Barbara County's WIC food aid program. The data on those children reveals disparities in obesity rates by geographic location, household income, and race/ethnicity, as shown on the following page in Figure 49 and Figure 50. The factors that affect families are too many and too varied to determine a singular causality for the differences.

Location matters: Child obesity in this population is more common in North County, as shown in Figure 51. Further investigation may be warranted to determine whether and how this might correlate to regional differences in community living.

Income matters: Child obesity in this population is more common in households with incomes of less than 50% of the Federal Poverty Level (FPL) than in households with incomes of 50%-100% or more of FPL.

This is consistent with existing research on poverty and childhood obesity. Researchers have found that children who experience poverty by two years of age are 1.66 times more likely to be obese later in childhood than children who did not experience early poverty.⁹⁸ Various causes have been suggested: developmental impacts of poverty on the child, a tightly constrained food budget that is logically spent on energy-dense foods that will keep (such as cereals, potatoes, and processed meats), dwelling in low-income neighborhoods that lack healthy food vendors and safe outdoor play areas, and so on.⁹⁹

Ethnicity matters: Child obesity in this population is more common among those of African-American or Hispanic ethnicity. To lessen this type of disparity and bridge cultural gaps in services, programs that are working towards improving the health of children in Santa Barbara County hire many bilingual staff members, create materials in a variety of languages, and utilize pictures that depict the multicultural community we live in.

FITNESS

By law (California Education Code Sec. 60800), all public local educational agencies in California are required to administer the Physical Fitness Test (PFT) annually to all students in grades five, seven, and nine. The PFT provides information that can be used by students to assess levels of health-related fitness and to plan personal fitness programs; by teachers to design the curriculum for physical education programs; by parents and guardians to understand their child's fitness levels; and by teachers, parents, and guardians to monitor changes in the student's fitness levels.

⁹⁸ *Relationship between poverty and obesity* (Food Research & Action Center), accessed February 2018, <http://frac.org/obesity-health/relationship-poverty-obesity>

⁹⁹ H. Lee, K. Harris, P. Gordon-Larsen, *Life course perspectives on the links between poverty and obesity during the transition to young adulthood* (Population Research and Policy Review), vol. 28 no. 4 (2009): 505-532. Summary available online at <http://www.scholarsstrategynetwork.org/brief/why-poverty-leads-obesity-and-life-long-problems>

Figure 49: Obesity levels by FPL, for children age 2-4 enrolled in WIC program

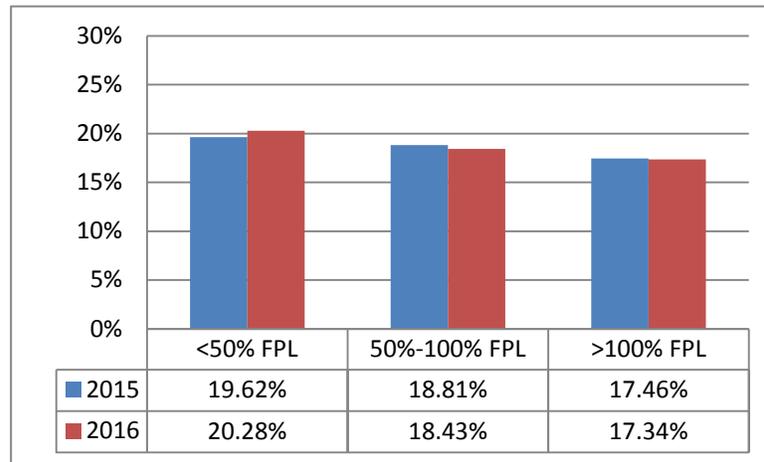


Figure 50: Obesity levels by ethnicity, for children age 2-4 enrolled in WIC program

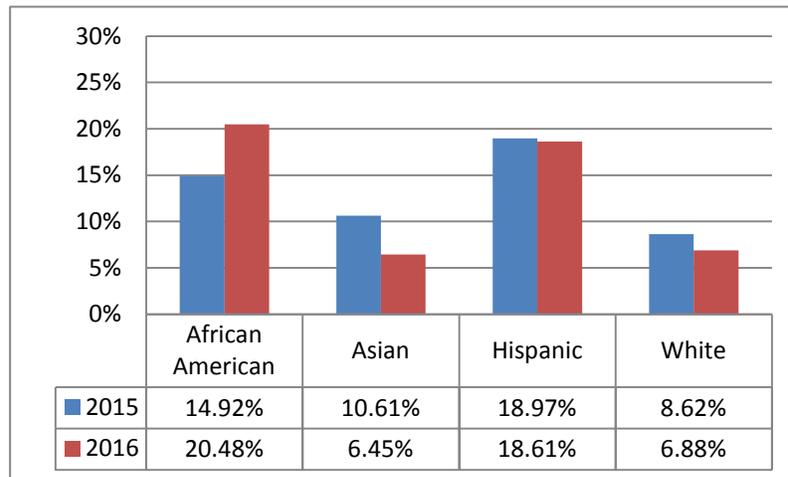
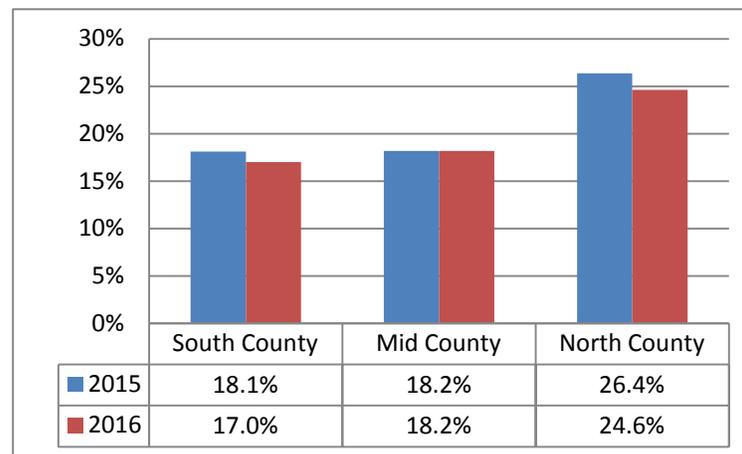


Figure 51: Obesity by region, for children age 4 enrolled in WIC program



The State Board of Education designated the FITNESSGRAM as the PFT for students in California public schools. This comprehensive, health-related physical fitness battery, developed by The Cooper Institute based on current research and expert opinions, uses objective criteria to evaluate performance for several fitness areas: aerobic capacity, body composition, abdominal strength and endurance, trunk exterior strength and flexibility, upper body strength and endurance, and flexibility.

These criteria represent a level of fitness that offers some protection against the diseases associated with physical inactivity. It is not based on athletic ability, but on good health. The criteria for boys and girls are different for tests where there is a valid rationale from a health-related perspective—for example, differences in cardiac function and body composition between adolescent boys and girls during development.¹⁰⁰

Two important criteria on the test are aerobic capacity and body composition. Aerobic fitness benefits brain function in school children.¹⁰¹ Body composition matters because children who are already overweight tend to remain overweight into adolescence and adulthood, with the resulting health impacts discussed earlier.¹⁰²

As shown in Figure 52 and Figure 53, data from the annual FITNESSGRAM testing done through Santa Barbara County schools show a strong improvement in body composition and a modest improvement in aerobic capacity 5th, 7th and 9th graders, with the percentage of students classified as “Needs Improvement—Health Risk” declining.¹⁰³

SPOTLIGHT: HEALTHY LOMPOC COALITION

The Healthy Lompoc Coalition is a group of over 40 multidisciplinary stakeholders in the community, created in response to the rising obesity rates and preventable health concerns in the Lompoc Valley. The Coalition’s mission is to advocate and support programs and policies that ensure a local environment which creates and promotes healthy living.

The Coalition participates in the Healthy Eating Active Living (HEAL) campaign, funded by Kaiser Permanente and other partners, which supports communities in their efforts to improve the physical environment and give residents more opportunities to be physically active and eat healthful foods. It includes components to help communities, workplaces, and schools—including promotion of Safe Routes for children to bicycle or walk to school, and a School Wellness Summit to help local education leaders share ideas with their peers.

The Healthy Lompoc Coalition has encouraged local governments in Santa Barbara County to adopt HEAL Cities Resolutions. Passing such a resolution is a way for a city to convey its commitment to facilitating healthy lifestyles, which may include aspects such as land use and the built environment, healthy food access, and workplace wellness.

¹⁰⁰ *PFT Frequently Asked Questions and Answers* (California Department of Education), <http://www.cde.ca.gov/ta/tg/pf/pft11fasqa.asp#q1>, accessed 2016.

¹⁰¹ L. Chaddock-Heyman, C. Hillman, N. Cohen, A. Kramer, *The Importance of Physical Activity and Aerobic Fitness for Cognitive Control and Memory in Children* (Society for Research in Child Development, November 2014), <http://onlinelibrary.wiley.com/doi/10.1111/mono.12129/abstract>.

¹⁰² *Body Composition and Flexibility* (American Academy of Pediatrics), <https://www.healthychildren.org/English/healthy-living/fitness/Pages/Body-Composition-and-Flexibility.aspx>, accessed 2016.

¹⁰³ *County Summary—Percent of Students at Health Risk on the Physical Fitness Exam—Santa Barbara* (Ed-Data Education Data Partnership), <http://www.ed-data.org/county/Santa-Barbara>, based on data from California Dept. of Education – High School and Physical Fitness Assessment Office, accessed 2016.

Figure 52: Students Deemed at Health Risk in Aerobic Capacity per PFT

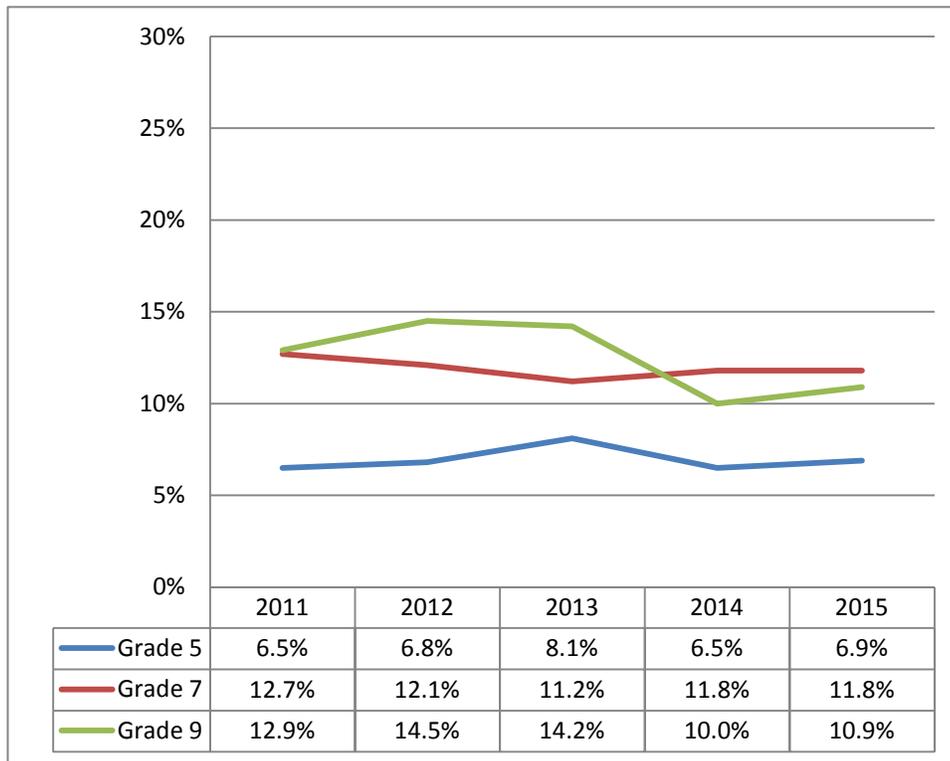
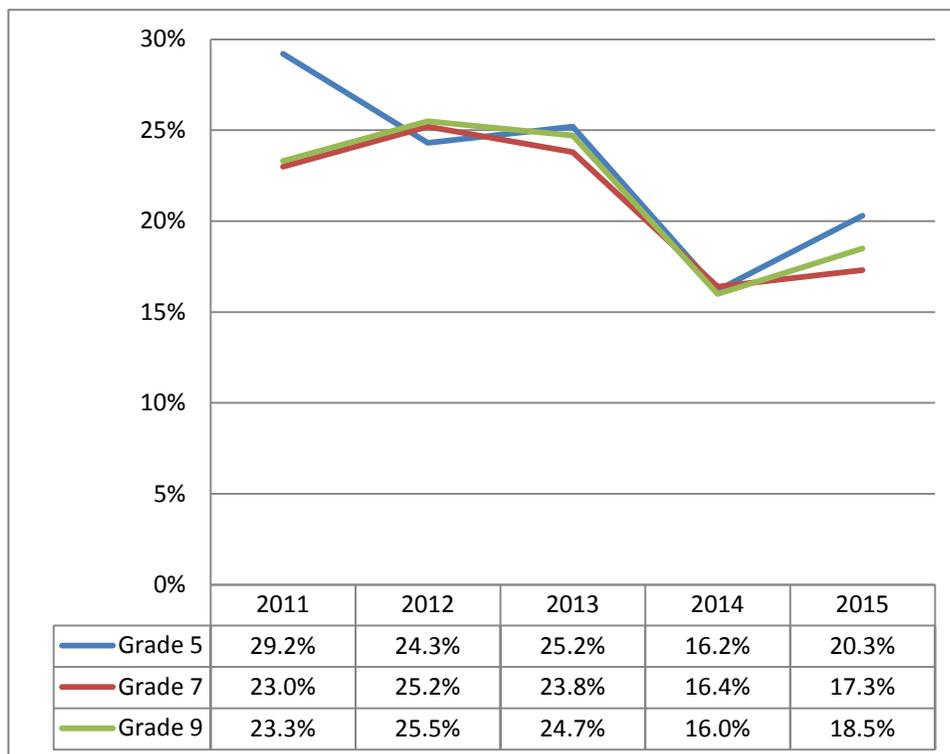


Figure 53: Students Deemed at Health Risk in Body Composition per PFT



In 2012 the City of Lompoc became the first city in Santa Barbara County to adopt a HEAL City Resolution. In the ensuing years, HEAL Resolutions were passed by the City of Santa Barbara, the City of Santa Maria, and the County of Santa Barbara as well.

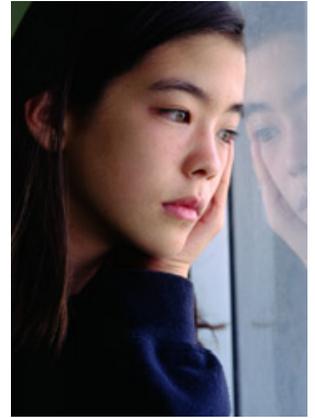
The Healthy Lompoc Coalition also prioritized a focus on action steps to further embed HEAL into the culture of the Lompoc area. Two action steps identified and implemented were the creation of a HEAL Advisory Cabinet and a HEAL Marketing Team.

The HEAL Advisory Cabinet is a group of 10-15 local leaders who meet quarterly to advise and influence the direction of the Healthy Lompoc Coalition, while being local champions for change and accelerating actions to implement HEAL efforts. Recently the HEAL Advisory Cabinet conceptualized and hosted the first-ever HEAL Fair in Lompoc. The HEAL Fair was a public-private partnership that provided an opportunity for local residents to access physical activity, clinical health resources, and nutritional food services all in one location.

The HEAL Marketing Team is a group of five Healthy Lompoc members who utilize community outreach to educate and further the conversation around health in Lompoc. The team provides resources to help organizations consider healthier alternatives in relation to workplace wellness and healthy food access while also acting as local experts for community health projects.

More information about the Coalition and their work can be found at www.healthylompoc.org.

BEHAVIORAL HEALTH



Behavioral health is an important part of overall health that encompasses prevention, intervention and treatment strategies for mental illness and substance use disorders—issues whose outcomes can be influenced by changes in behavior. Behavioral wellness supports relationship-building, daily interactions, decision-making and the ability to respond appropriately to social and situational cues. It affects one's ability to be self-aware and to manage emotions, to adapt to change and cope with stress. Behavioral health is primarily influenced by biology and personal experience.

PROBLEM

Community health surveys conducted by Santa Barbara County Public Health Department, Dignity Health and Cottage Health all indicate that behavioral health is a primary concern for people throughout Santa Barbara County.

When behavioral health is compromised, symptoms of mental illness may become apparent. Indicators occur across a wide spectrum and are classified as mild to moderate or severe, depending upon the extent to which the symptoms disrupt daily functioning. Symptoms can be temporary and situational or chronic and persistent. The signs of mental illness in children vary by age and type of illness, with some psychiatric disorders appearing even in preschool years. Warning signs may include difficulty thinking or paying attention, extreme emotional highs and lows, sleep problems or social withdrawal. Severe symptoms and signs of psychosis can include hallucinations (hearing voices or seeing visions), delusions (false beliefs or irrational suspicions) and confused thinking (disorganized thoughts or speech; difficulty concentrating or understanding others).

Statistics from the National Institute on Mental Health tell us that:

- 46.3 % of youth ages 13-18 may be diagnosed with a mental disorder at some time in their life, and over 20% either currently or at some point during their life may have a seriously debilitating mental disorder.¹⁰⁴
- Approximately 13% of children ages 8-15 had diagnosable a mental disorder within the previous year, with 8.5% being diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).¹⁰⁵
- Half of all lifetime cases of mental illness begin by the age of 14, and 75% begin by the age of 24.¹⁰⁶

In addition to the social, emotional and behavioral indicators listed above; alcohol and drugs are another factor that may greatly impact the health and well-being of our youth. For some, one time or infrequent use of alcohol or drugs can result in tragedy, such as alcohol overdose (alcohol poisoning) or a serious accident. For others, occasional use can turn into an addiction that presents extraordinary health concerns with potentially grave and tragic consequences.

¹⁰⁴ *Prevalence > Any Disorder Among Children* (National Institute of Mental Health), <https://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml>, accessed 6/2017.

¹⁰⁵ Ibid.

¹⁰⁶ *Treatment of Children With Mental Illness* (National Institute of Mental Health), <https://www.nimh.nih.gov/health/publications/treatment-of-children-with-mental-illness-fact-sheet/index.shtml>, accessed 6/2017.

Each year, the Santa Barbara County Department of Behavioral Wellness serves over 3000 children and youth who are severely emotionally disturbed and/or who meet medical necessity criteria for Medi-Cal and are moderate to severe in their level of impairment. Those with Medi-Cal who are low to moderate in level of impairment receive specialty mental health services through CenCal Health (via contract with the Holman Group). If a child does not meet Behavioral Wellness criteria and has private insurance or no insurance, the family may experience challenges as they attempt to navigate provider networks, insurance plans, eligibility requirements and treatment options.

It is likely that there are many children and youth who are experiencing social-emotional and behavioral challenges at school and/or at home who have not been identified or diagnosed with a disorder. While identification and diagnosis can lead to effective early intervention, there is a valid concern about the risk of labeling children and youth in ways that might fuel stigma and be detrimental to future success. These factors make it difficult to determine the scope of this problem within our county and to address the full spectrum of needs.

EFFECT

Mental illness touches families in multiple ways. Among the ten Adverse Childhood Experiences (ACEs) identified in the original ACE study are “living with a parent who has a serious mental health condition” and “living with a parent who is abusing alcohol or other drugs.” Both are considered indicators of household dysfunction that impact children. Parental substance use and mental illness contribute to a child’s ACE score, and higher ACE scores are correlated with a greater probability of depression, anxiety, psychosis, suicide and risky behaviors later in life. We must address mental illness in both adults and children if we are to improve outcomes in health and well-being across domains.

Children and youth may experience symptoms of mental illness or substance use disorder, independent of other family members. Once mental illness develops, it becomes a regular part of a child's behavior and is typically more difficult to treat. Research shows that most mental disorders follow a developmental course that typically starts early in life; therefore, helping young children and their parents manage difficulties when they first appear may prevent the development of more significant disorders later in life. Severe mental illness, if not diagnosed and treated effectively, can lead to isolation, difficulty handling academics or employment, and greater risk for disability, homelessness, and/or involvement with the criminal justice system. National statistics tell us that:

- Suicide is the second leading cause of death in youth ages 10-24, and 90% of those who died from suicide had an underlying mental illness.
- Approximately 70% of youth in state or local juvenile justice systems have a mental illness (in Santa Barbara County, 84% of youth in custody in 2015 were receiving mental health services).
- Approximately 50% of students with mental illness drop out of high school.

For children, youth and adults, living with a mental illness is laden with stigma from community and family. Social isolation may occur, compounding the challenges to well-being and optimal development. Because there is a lack of understanding about mental health and mental illness, families may fail to recognize or acknowledge signs and symptoms, and youth may be reluctant to seek treatment or support. Research on mental health epidemiology shows that mental disorders are common throughout the United States, affecting tens of millions of people each

year, and that, overall, only about half of those affected receive treatment.¹⁰⁷ Severe mental illness is the fifth-leading cause of disability and premature mortality among all medical disorders.

SOLUTION

According to the National Institute of Mental Health, the average time between onset of symptoms and treatment for mental illness is 8-10 years. Educators are often the first to notice signs of mental health challenges, and friends and family members are critical to the recovery process. Actions we can take include:

- Promote early detection and intervention to stop mental illness in its tracks and give young people a chance for a productive and healthy life.
- Train early care providers and preschool teachers to recognize and work with social and emotional indicators that show up when children are very young.
- Reach out to family members, teachers, social workers, doctors and nurses who regularly interact with youth to educate them about how to identify the early signs of severe mental illness.
- Strengthen the continuum of care in Santa Barbara County to include crisis and residential treatment services for children and youth.
- Develop a system of care that is trauma-informed, coordinated, community-based and inclusive of a wide array of service providers, with high levels of cross-sector collaboration among child-serving agencies.
- Emphasize culturally and linguistically responsive services and individualized care provided within the least restrictive environment.
- Adopt a multi-generational approach, working with parents /caregivers to address their challenges and trauma history so they are in a better position to help their children recover and thrive.

TRAUMA-INFORMED CARE

Research about resilience and recovery has placed a spotlight on the importance of trauma-informed care, especially for those who work in mental health treatment settings, where people seeking services are extremely vulnerable due to their history of trauma and the nature of their illnesses. According to the Substance Abuse & Mental Health Services Association (SAMHSA), a trauma-informed system realizes the widespread impact of trauma, understands potential paths for recovery, recognizes the signs and symptoms of trauma and seeks to actively resist re-traumatization by integrating knowledge of trauma into policies, procedures and practices. The key principles of trauma-informed care are safety, trustworthiness, choice and control, collaboration, empowerment, as well as cultural humility and responsiveness. An effective system will offer trauma-specific services whose primary task is to address the impact of trauma and facilitate trauma recovery. Additionally, the system as a whole should be trauma-informed, creating a milieu that acknowledges the impact of trauma and attempts to create a sense of safety among clients, families, staff members and administrators.

¹⁰⁷ *Health & Education>Statistics* (Natl. Institute of Mental Health), <https://www.nimh.nih.gov/health/statistics/index.shtml>, accessed 2016.

In Santa Barbara County, the Department of Behavioral Wellness is taking a lead role in building workforce capacity for trauma-informed care. Behavioral Wellness facilitates the Children's System of Care (CSOC) Action Team, which focuses on the behavioral health needs of children and youth. The CSOC Action Team includes representatives from county clinics, community-based organizations and other departments who work with children, youth and families. The system is enhanced through coordinated efforts to improve services and explore better ways of working together to identify gaps and address needs. There is recognition of the importance of wraparound services for children and families that is made possible through cross-sector partnerships that include Behavioral Wellness, Child Welfare Services, Probation, schools and family support organizations. Implementing Trauma-Informed Care has served as a platform for collaboration.

DATA HIGHLIGHTS & TRENDS

We seek to answer the following questions about children and youth with severe mental illness:

- How many children and youth are receiving services from the County's Department of Behavioral Wellness, and for what issues?
- What is the demographic profile of the children and youth receiving services?
- What is the rate of psychiatric hospital admissions for children and youth?

We also seek to understand the prevalence of mental health and substance abuse disorders that fall within the mild to moderate range:

- What does the Healthy Kids Survey tell us about mental health and substance use among our youth?

The Department of Behavioral Wellness serves children and youth through its regional clinics and through contracts with community-based organizations. Referrals for services come from a variety of sources, including treatment agencies, the criminal justice system, friends and family members, medical health care providers, crisis services, Child Welfare Services, community agencies and schools. Behavioral Wellness is mandated to provide or arrange for the provision of specialty mental health services for Medi-Cal beneficiaries with mental health needs, for individuals who are a danger to themselves or others or are gravely disabled as a result of mental health disorders, and for people with serious mental illnesses not covered by federal programs or individual/family insurance. Services for children and youth are geared towards those with severe emotional disturbances.

Programs can be classified into several different categories, including crisis services, residential services, substance use services, early intervention services, school-based services, in-home services, wrap-around services, behavioral interventions, outpatient services, fee-for-services, and intake and assessment services.

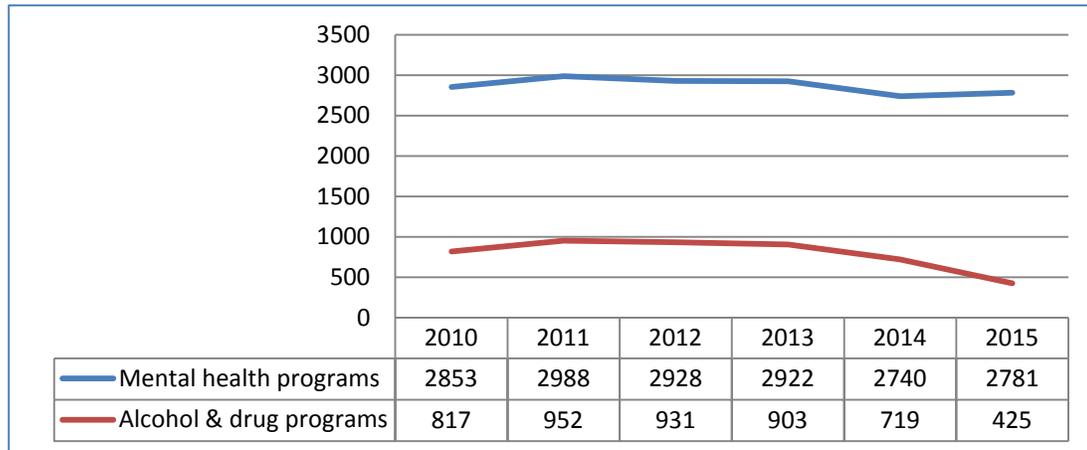
Data gathered for a 2016 Behavioral Wellness report show that over a five year period from 2009-2014, the average age of first admission was 9.9 years. The largest numbers of youth were served by their outpatient services, followed by crisis services, substance use programs and in-home services. Many clients receive services over a period of time that spans multiple years.¹⁰⁸

¹⁰⁸ R.E.D. *Mental Health Report* (Santa Barbara County Department of Behavioral Wellness, September 2016).

YOUTH SERVICE TRENDS

In recent years, the number of youth served by County Department of Behavioral Wellness Mental Health Programs has remained steady, while the number of youth in Alcohol and Drug Programs has declined.

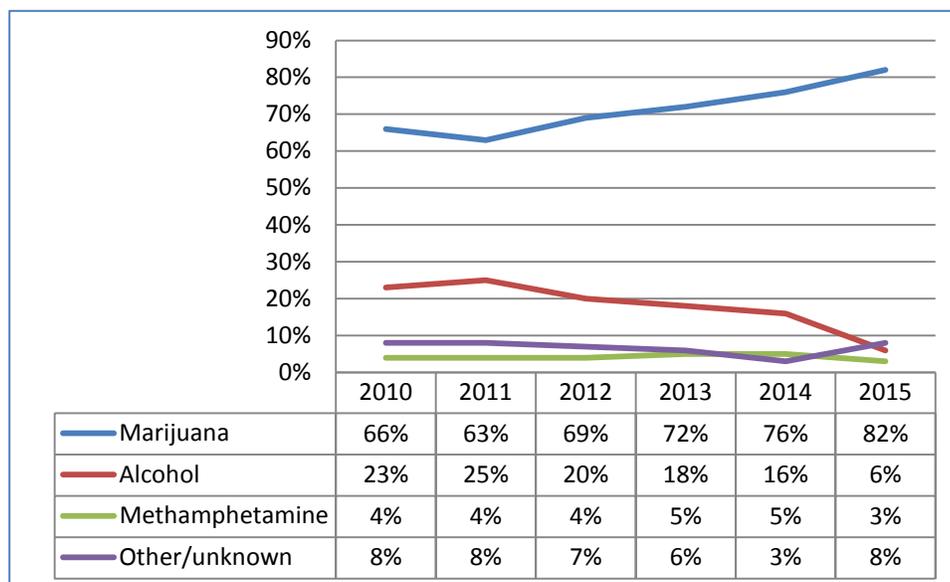
Figure 54: Youth Served by Behavioral Wellness (Number of Unique Clients)



The decline may be partially attributed to systemic changes within schools and the juvenile justice system that have resulted in fewer referrals to Behavioral Wellness for substance abuse services. Schools are providing more campus-based interventions for substance use in order to keep youth enrolled in school; youth can also be screened and given a brief referral to treatment. Changing juvenile justice practices have led to a decrease in youth arrests and an increase in alternative sentencing programs, especially for youth with drug and alcohol offenses.

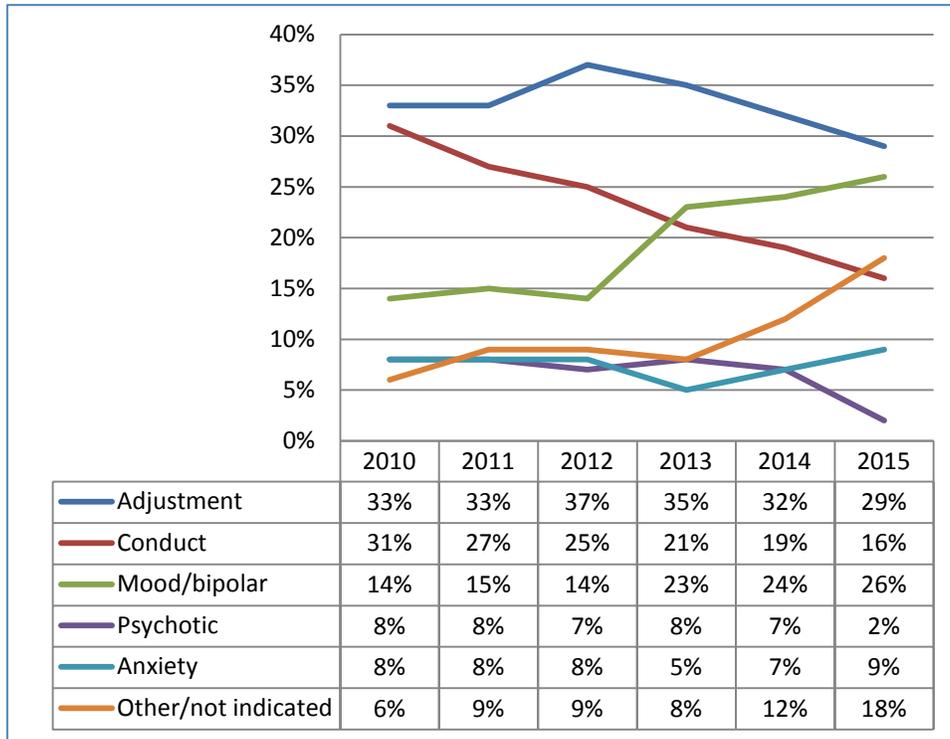
Those who do enter Behavioral Wellness alcohol and drug programs must specify their drug of choice. Preference for marijuana has increased, preference for alcohol has decreased, and preference for methamphetamine has remained steady. Preference for “other or unknown” drugs, a category that includes opioids and oxycontin, is up slightly.

Figure 55: Youth Drug of Choice at Admission to Behavioral Wellness Alcohol & Drug Programs



Those who enter Behavioral Wellness mental health programs receive a primary diagnosis. In recent years, diagnoses of adjustment disorder, conduct disorder and psychosis are declining, while diagnoses of mood or bipolar disorders, anxiety, or other issues are rising.

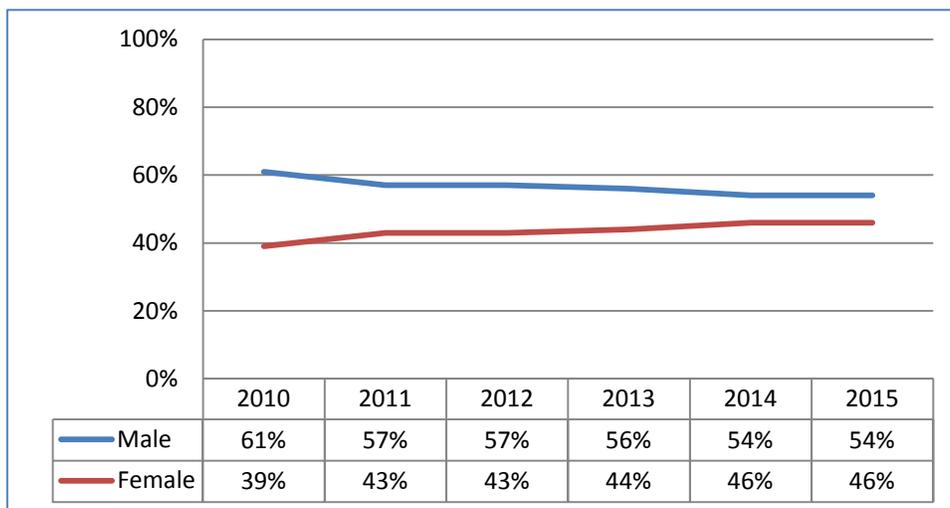
Figure 56: Primary Diagnosis of Youth in Behavioral Wellness Mental Health Programs



YOUTH SERVICE DEMOGRAPHICS

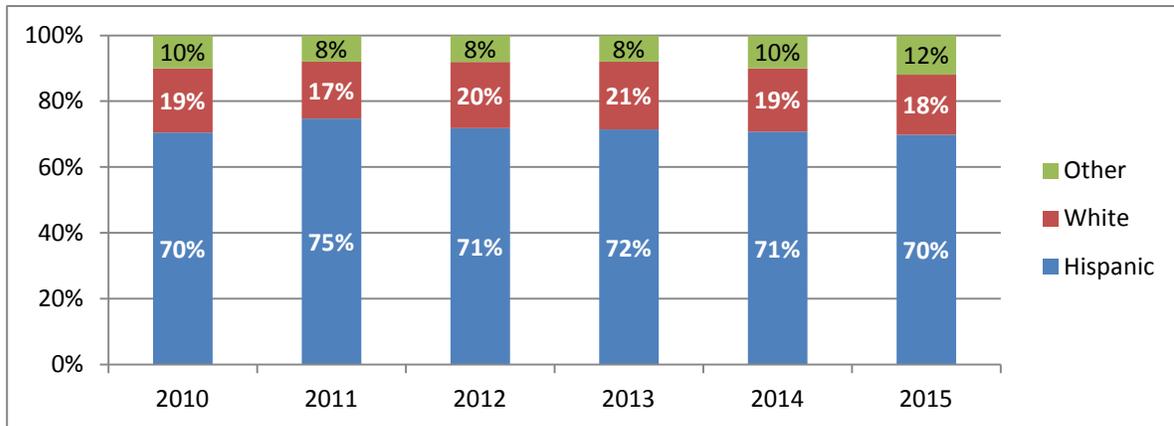
Youth served by the Department of Behavioral Wellness were once predominantly male, but the percentage of females has steadily risen from 39% in 2010 to 46% in 2015.

Figure 57: Gender of Youth Served by Behavioral Wellness



The ethnicity of youth served by Behavioral Wellness has changed little over the years, with roughly 70% of clients identifying as Hispanic, 20% as white and 10% as Other.

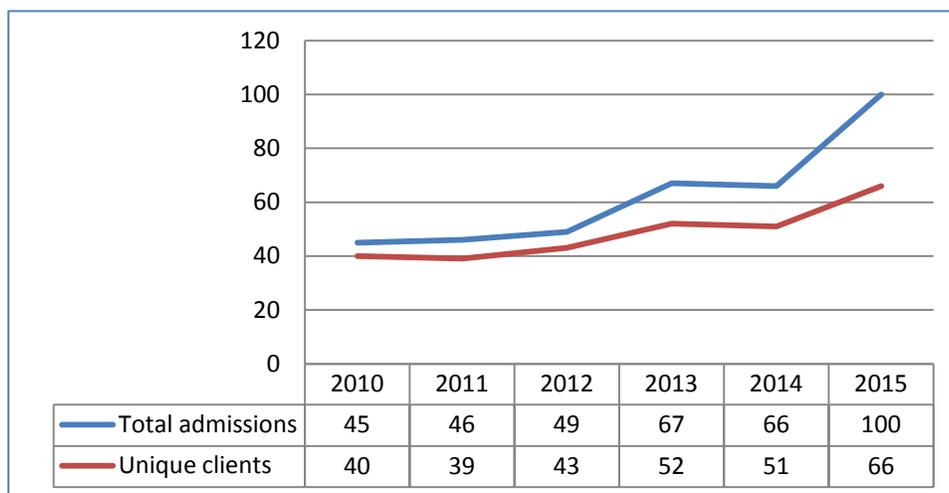
Figure 58: Ethnicity of Youth Served by Behavioral Wellness



INPATIENT ADMISSIONS

Santa Barbara County has no psychiatric crisis beds or treatment facilities for youth, yet youth psychiatric inpatient admissions through the County Department of Behavioral Wellness have risen steadily—from 45 in 2010 to 100 in 2015.

Figure 59: Youth Psychiatric Inpatient Trend



Children and youth with psychiatric needs must be sent to other counties for crisis stabilization (up to 24 hours), inpatient or acute hospital care (average 7-10 days), crisis residential services (up to 30 days) or longer term residential care. The upward trend in hospitalizations is due, in large part, to increases in hospitalizations for youth who are living in group homes outside of Santa Barbara County. Some of these youth were hospitalized multiple times, as reflected in the 2015 difference between unique clients and total admissions. This trend is of particular concern when we consider the mandate of Continuum of Care Reform to bring youth out of group homes and transition them to resource family homes. We need to ensure that adequate treatment options are available within our county to ensure their success.

HEALTHY KIDS SURVEY

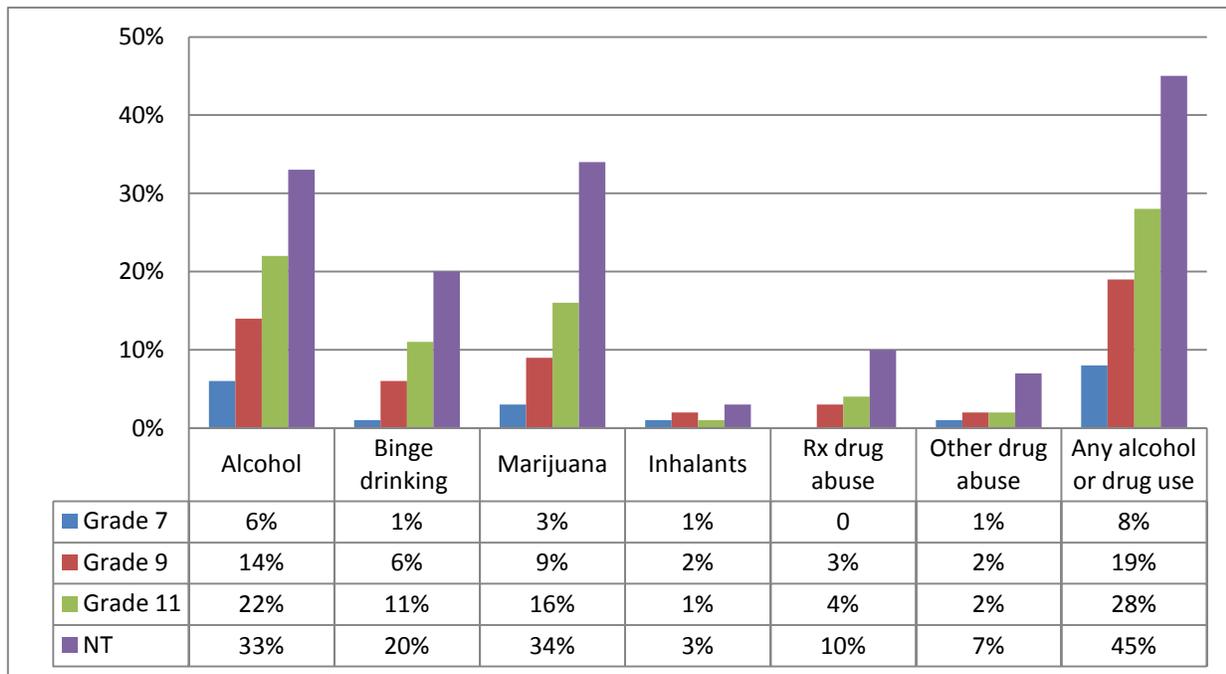
A thorough understanding of the scope and nature of youth behaviors, attitudes, and learning conditions can help to guide efforts to improve schools and develop effective programs for youth. The California Healthy Kids Survey is a service of the California Department of Education (CDE) that has been funded since 1997 to assist schools in:

- fostering safe and supportive school climates, social-emotional competencies, and engagement in learning,
- preventing youth health-risk behaviors and other barriers to academic achievement; and
- promoting positive youth development, resilience and well-being.

School staff members administer the survey, following detailed instructions provided by CDE to assure the protection of student and parental rights and to maintain confidentiality. Each student’s participation is voluntary, anonymous and confidential. The survey is offered at both traditional and non-traditional (NT) schools (the NT category includes continuation, community day, and other alternative school types).

What does the data tell us about depression, suicidality, and substance abuse? According to the Santa Barbara County Secondary Main Report for 2016-17, 20% of seventh graders, 26% of ninth graders, 29% of eleventh graders, and 34% of students at non-traditional schools experienced chronic sad or hopeless feelings that interrupted their daily activities. Additionally, 14% of ninth graders, 13% of eleventh graders, and 18% of students in non-traditional schools seriously considered attempting suicide in the past 12 months. Figure 60, below, shows rates of alcohol and drug use in grades 7-11 and in non-traditional (NT) settings.¹⁰⁹

Figure 60: Current alcohol or drug use, past 30 days



¹⁰⁹ “Binge drinking” = five or more drinks in a row. “Rx abuse” = use of prescription medications to get “high” or for reasons other than prescribed. “Other drug abuse” = any drug, pill, or medicine to get “high” or for other than a medical reason.

SPOTLIGHT: KATIE A

Foster youth are particularly susceptible to mental illness because they have experienced the trauma of abuse and neglect compounded by removal from their family homes. Behavioral and mental health needs contribute to placement instability and can interfere with successful outcomes across all domains.

Katie A v. Bonta was a class action lawsuit filed in federal district court in 2002 that raised concerns about the availability of intensive mental health services for children in California who are either in foster care or at imminent risk of coming into care. A settlement agreement was reached in the case in December 2011, and child welfare and mental health leaders from state and local levels worked together to establish a sustainable framework for ensuring that eligible children and youth would receive needed treatment services.

Santa Barbara County's Child Welfare Services (CWS) and Department of Behavioral Wellness have developed a team approach to working with the children and families served by the Child Welfare Services system. Known as the Children and Family Services Integrated Practice, or simply as Katie A, this integrated approach to care removes the barriers that existed when each agency worked as an individual entity. All children with an open CWS case are screened by both CWS social workers and Behavioral Wellness clinicians to determine the need for behavioral and mental health services. Both agencies then work together to serve the youth and their families with an array of services that can include intensive in-home treatment, therapeutic behavioral services, intensive care coordination, counseling, and referrals to community-based supports. Services are provided in a coordinated manner, using family care teams to guide interventions.

COMMUNITY RESPONSE

The community call to action for behavioral health is to raise awareness about signs and symptoms, and to reduce stigma regarding behavioral health needs. Increased knowledge and understanding can lead to early identification, accurate diagnosis, and effective treatment of mental health and/or substance use conditions in children and youth.

For example, the first onset of psychosis generally occurs between the ages of 16 and 25. Approximately two to three in every 100 people will experience a psychotic episode, making psychosis more common than many chronic diseases in youth. Current research shows that treatment and supports at the onset of psychosis can help to prevent the full-onset of illness for persons in a high-risk state and can improve long-term outcomes for those who have already had a first episode of psychosis. This research has led to the development of early intervention and treatment programs with the potential to benefit millions of youth and young adults. With these programs, young adults experiencing the early symptoms of serious mental illness have an increased chance at living a normal life. With treatment, many people make a full recovery from a psychotic episode.

There is also a call to strengthen the continuum of care for behavioral health services. Community members can support initiatives to build capacity within Santa Barbara County so that all children and youth who need services are able to access care. Families need to know how to access treatment and where to seek help if they have concerns. Awareness of trauma and resiliency, toxic stress, and protective factors will help strengthen prevention and early intervention efforts and lead to better outcomes.

Page intentionally left blank

EDUCATION

EARLY CARE AND EDUCATION (ECE)

KINDERGARTEN READINESS

TK-12 EDUCATION

PRINCIPLES

Families should have access to affordable quality early child care and education.

Children should enter kindergarten ready-to-go.

Children and youth should be proficient in core subjects and complete coursework to support future success.

EARLY CARE & EDUCATION



Children's brains develop fastest between birth and the age of three, and their development is shaped by the experiences and environments they encounter day to day. Early learning takes place in every waking moment and in all types of settings. A crucial factor in healthy development is the nurturing the child receives through responsive relationships with parents, caregivers, and other adults.

With so many parents in the workforce, early care and education (ECE)¹¹⁰ has become a critical need for children and their families and a critical concern for employers and communities. High-quality child care, preschool, and after-school programs provide safe and engaging learning environments for young children and enable parents to participate in gainful employment, supporting themselves and their families and strengthening the economic base of the entire community.

Research highlights the important role of quality in promoting successful outcomes for children. The quality of an ECE program can be assessed by looking at multiple factors, such as program environment, activities, interactions, teacher training and education, teacher-child ratios, and family involvement.

PROBLEM

Finding early care and education that is affordable, convenient, matches parents' work hours, and is of good quality can be difficult. Two key issues that impact children and families in Santa Barbara County are access and affordability. First, ECE capacity falls short of need: overall our county has about half as many licensed spaces as children in need of care, and the problem is especially severe for infants and toddlers. Second, the cost of ECE can be prohibitive for families, and while subsidized care is available, many families do not qualify for it.

The issue of convenience and matching work schedules is also a concern that drives the choice of an early care provider. Irregular work schedules are common in low-wage industries, and unfavorable policies about family leave and paid time off can place additional stress on families, leading them to choose less-than-optimal care situations. With limited options, some families may decide to care for children themselves rather than returning to work, placing added stress on family finances. Others may turn to unlicensed providers who are often family members, friends, or neighbors. These providers may offer safe and loving environments for children; however, they may lack the understanding and/or resources to support child development, language acquisition, and social-emotional learning in the same way that a quality licensed program would. The stress of finding affordable and accessible child care also creates problems for employers, as inconsistent child care contributes to absenteeism in the work force.

High-quality ECE opportunities are especially important for children from economically-challenged families who may face multiple life stressors.¹¹¹ Factors such as family poverty, racial and ethnic disparity, language barriers, low levels of parental education, and Adverse Childhood Experiences (ACEs) place children at a disadvantage, and may make it more difficult for families to access care. Researchers note that having more than one risk factor compounds the risk.

¹¹⁰ The term *early care and education* is used interchangeably with *child care* or *preschool* and includes many different types of programs.

¹¹¹ J.P. Shonkoff & D.A. Phillips (Eds.), *From neurons to neighborhoods: The science of early childhood development* (Washington, DC: National Research Council and Institute of Medicine, National Academy Press, 2000).

Children may start showing poor outcomes as early as 9 months of age, and by 24 months the gap is widening between children who have these risk factors and children who don't. Disparities show up across the board in children's development—in cognition, social skills, behavior, and health—and without quality early care and education to close the gap, these developmental needs may go undetected and children will likely struggle to succeed when they enter kindergarten.¹¹²

Quality of care is also influenced by workforce stability and provider longevity. The high cost of operating a quality child care program can create challenges in both areas. Low workforce wages contribute to low worker retention and high turnover, and providers who keep programs affordable for families may not see profits that are commensurate with the amount of effort and expense needed to maintain a quality child care business over time.

EFFECT

There are many positive outcomes for children who participate in high-quality early care and education programs. They are more successful in school, less likely to need special education services, and more productive and successful as adults.¹¹³ ECE providers monitor child well-being and can intervene early when there are signs of developmental delay, child abuse, or neglect. They build trusted relationships with parents through family engagement efforts, and they help families strengthen protective factors by connecting families with one another, sharing their knowledge of parenting and child development, and suggesting strategies for supporting children's social and emotional needs.

Vulnerable children are often excluded from high-quality ECE programs due to the high cost of child care and the lack of available subsidies. Children with difficult behaviors are especially vulnerable because it can be challenging to provide the specialized services or higher levels of supervision they need to be successful. Expulsion rates are reportedly highest in preschool; however, actual expulsion rates for this age group are not captured by any one entity. Without quality early learning opportunities, children's cognitive abilities, language acquisition, and social-emotional readiness are likely to be underdeveloped when they enter kindergarten.

SOLUTION

A quality ECE experience can mitigate factors that place young children's learning and well-being at-risk. To ensure that all children have access to high-quality early care and education, there are strategies that everyone in the community can implement: parents and families, ECE leaders and community stakeholders, educators, businesses and service providers, policymakers and funders, as shown below:

PARENTS/FAMILIES

- Learn about Santa Barbara County's Quality Rating and Improvement System (QRIS)
- Consider quality markers and ask quality-related questions when searching for child care

¹¹² T. Halle, N. Forry, E. Hair, K. Perper, L. Wandner, J. Wessel, & J. Vick, *Disparities in early learning and development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)*. (Washington, DC: Child Trends, 2009).

¹¹³ E. Galinsky, *The economic benefits of high-quality early childhood programs: What makes the difference?* (Families and Work Institute for the Committee for Economic Development, 2006), <http://familiesandwork.org/site/research/reports/ced.pdf>.

- Engage with providers, administrators and community leaders to advocate for affordable high-quality care
- Partner with early childhood educators to support the best outcomes for children

EARLY CHILDHOOD EDUCATION LEADERS AND COMMUNITY STAKEHOLDERS

- Increase public awareness of and family education about the importance of the early years
- Highlight the cost benefit of funding early care and education
- Promote the use of common language and streamlined messaging about quality care and education in our community
- Create networks of ECE providers to share strengths and leverage resources – include centers, family child care homes and family, friend & neighbor providers
- Make a commitment to quality at the community level with teacher training and coaching, and support for professional development, accreditation, and accountability
- Enhance community partnerships to strengthen family support
- Decrease staff turnover by increasing wages for ECE providers
- Offer reflective practice and classroom support to help teachers respond to challenging behaviors
- Engage health care providers and bolster efforts to administer behavioral, developmental, and mental health screenings to identify children with high needs

EARLY CHILDHOOD EDUCATORS

- Acknowledge and support parents as a child's first and most important teachers
- Increase use of evidence-based practices
- Develop whole-child approaches that support physical health, mental health, oral health, and nutrition
- Address social-emotional and cognitive development – self expression and self-regulation as well as language, literacy, and numeracy
- Ensure that programs embody cultural relevance and respect
- Link families to early intervention services for developmental or behavioral concerns
- Engage families and strengthen protective factors to build the capacity of adults to care for their children

BUSINESSES AND SERVICE PROVIDERS

- Encourage family-friendly workplace environments that offer child care assistance, reliable schedules, and paid family leave to alleviate family stress about child care needs

- Develop employer-sponsored, on-site child care centers
- Include child care subsidies as part of benefits package (flexible spending accounts)

POLICY MAKERS AND FUNDERS

- Adjust state eligibility requirements for subsidized care so that more families can qualify
- Develop sustainable funding sources for child and family-focused services like quality child care, home visitation, family support services, and parent education
- Create more licensed child care spaces
- Provide incentives for more infant-toddler care
- Create more full-day preschool programs
- Ensure that parent, family, and caregiver voices shape policies and systems

DATA HIGHLIGHTS & TRENDS

We will look at several issues related to early care and education:

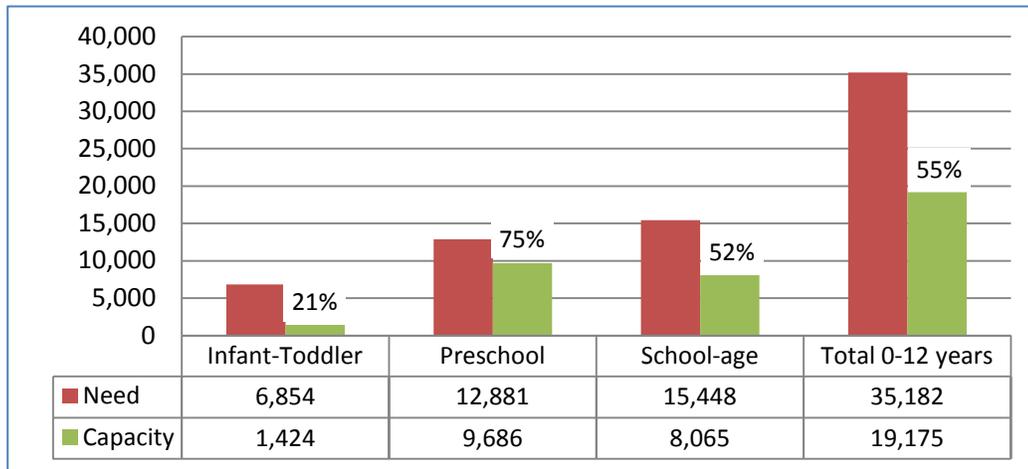
- What is the need for ECE in our county and what is our current capacity to supply it?
- What is the average cost for ECE, and how do costs impact families?
- What is the shortage in subsidized ECE?
- How are we increasing quality in ECE?
- How are we supporting children with exceptional needs?

CAPACITY FALLS SHORT OF NEED

The Santa Barbara County Child Care Planning Council's 2015 Child Care Needs Assessment shows there are more than 77,000 children ages birth to 12 years in Santa Barbara County. Of these, more than 35,000 are estimated to need ECE services because their parents are working, in school or training programs, or because they want their children to have the benefit of a high-quality ECE experience to prepare them for Kindergarten. There are fewer than 18,000 licensed ECE spaces for the estimated 35,000 needing care, including family child care homes, center-based programs, and after-school care.¹¹⁴ The greatest need is for infants and toddlers (children aged birth to two years), with available spaces for only one in five children. Preschools are able to serve about 75% of 3 to 5 year olds who need care, and spaces for children aged 6-12 can accommodate only about 50% of those estimated to need care.

¹¹⁴ Spaces in licensed child care centers and family child care homes, as well as in school-based programs for school-aged children, which might be exempt from licensing.

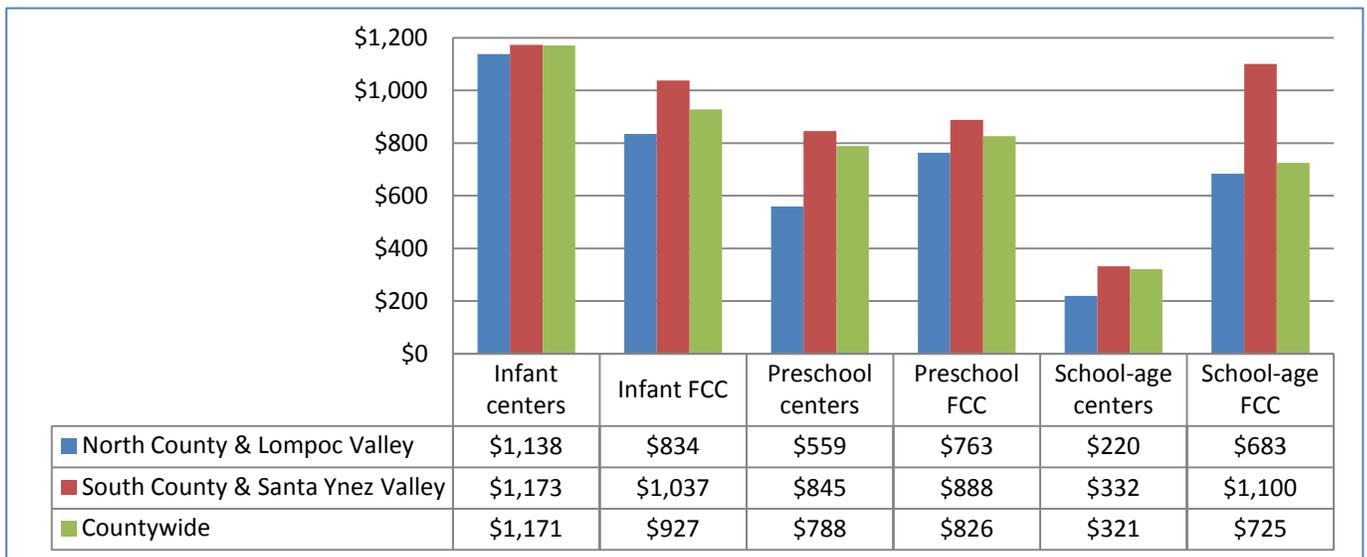
Figure 61: Overall County need vs. capacity for ECE



COST OF CARE IS CHALLENGING FOR FAMILIES

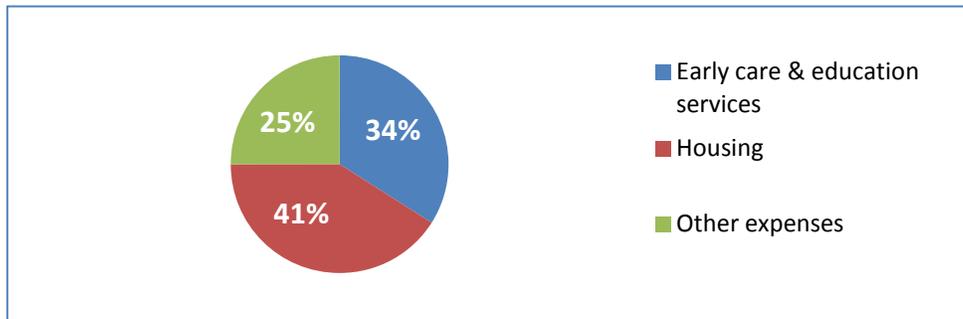
The cost of early care and education services varies with the type of program, the ages of the children and the region of the County. Services for infants and toddlers tend to be the most costly, due to high ratios of adults to children required by licensing. Services also tend to be more costly in centers than in Family Child Care (FCC) homes, and in the South County as opposed to the North County.

Figure 62: Average monthly cost of ECE



Source: Children's Resource & Referral, August 2015

The cost of care can be prohibitively expensive for working families, especially those with low incomes who may not qualify for subsidized care. A family with a median income of \$61,782 with an infant and a preschooler in center-based care may spend up to 34% of their income for that care.

Figure 63: Expenses for a family with median income, 1 preschool child & 1 infant in an ECE center

SHORTAGE OF SUBSIDIZED CARE

Working families are eligible for state-funded services if their income is 70% or below of the State Median Income (SMI). Their income eligibility can be certified for 12 months and they become ineligible if their income exceeds 85% of the SMI. There are an estimated 14,710 children from birth to age 12 who are eligible for subsidized care; however, there are only 7,061 spaces available to meet this need. Additional spaces are federally funded through programs such as Head Start. Eligibility for these programs is based on federal poverty guidelines.

Families who qualify for subsidized care and can access the available spaces may enroll their children in licensed centers or family child care homes; or they may use license-exempt family, friend, or neighbor care. Of the 391 infants and toddlers receiving subsidized care, only 42% of them are known to be in licensed settings. For preschoolers, 85% of the 2,549 are in licensed center-based or family child care homes, and 89% of the 4,121 school-aged children receiving subsidies are also in licensed care settings. Many children are unable to access care due to the lack of available spaces, and may remain on a waiting list indefinitely. Middle income working families are excluded from subsidized programs due to strict income eligibility guidelines. Many parents work multiple jobs to make ends meet.

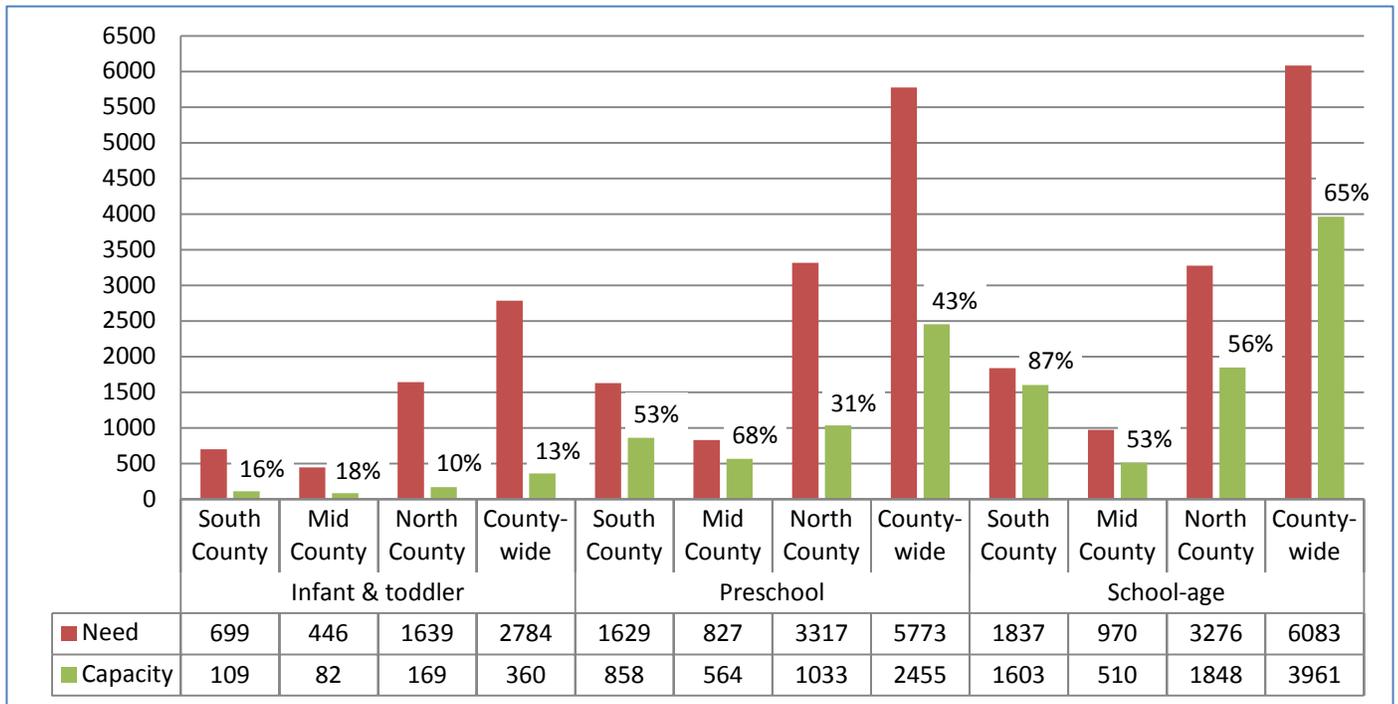
In Santa Barbara County, there are seven state and federal funding streams channeled through school districts, the County Education Office, the Department of Social Services, Children's Resource & Referral, other nonprofit agencies, and institutions of higher education. The funding supports full- and part-day early care and education services in centers and family child care settings, and in license-exempt family, friend, or neighbor homes.

The programs funded include:

- California State Preschool (part-day and full-day)
- General Child Care (for infants & toddlers, and school-aged care)
- Head Start and Early Head Start
- Alternative Payment Program
- CalWORKs (California Work Opportunity and Responsibility to Kids)
- CalSAFE (California School-Age Family Education)
- After School Safety and Education (ASES)

Other sources of ECE subsidies or scholarships may be available through private foundations, public agencies, private non-profit organizations, the faith-based community, and some employers.

Figure 64: ECE need vs. capacity for publicly funded programs



QUALITY IMPROVEMENT EFFORTS

For many years, Santa Barbara County ECE programs have been engaged in efforts to improve the quality of their programs. These efforts have resulted in an extraordinary number of programs becoming nationally accredited in recent years: there are now 65 centers, or 44%, accredited by the National Association for the Education of Young Children (NAEYC) and 18 family child care homes, or 5%, accredited by the National Association for Family Child Care (NAFCC). That compares very favorably to the national rate of 10.3% for centers and 1.4% for family child care homes, and to the state rate of 5% for centers and .3% for family child care homes. In addition, 14 centers and 12 family child care homes are currently in the process of accreditation.

Other than accreditation, some of the current quality efforts supported by the Santa Barbara County Child Care Planning Council are:

- AB 212: improve competencies and retention of qualified child development employees
- Inclusive Child Care Action Team: support for enrolling and caring for children with exceptional needs
- ECE Leadership Development Project: training and peer support for emerging leaders
- Outdoor Classroom Project: education and consultation to promote quality outdoor experiences for young children
- The Family Strengthening Partnership – partnership with Family Resource Centers and community-based organizations to strengthen protective factors and reduce the incidence of child abuse and neglect
- The California State Preschool Program (CSPP) – support for continuous quality improvement

- The Infant Toddler QRIS Block Grant – training, technical assistance, and resources to support quality improvement for infant and toddler child care providers
- IMPACT – Improve and Maximize Programs so All Children Thrive – support for regional partnerships, quality improvement and family engagement in early learning
- The Preschool Foods Initiative – promotes healthy foods and active play
- The CSEFEL (CA Social and Emotional Foundations for Early Learning) - Teaching Pyramid to guide interventions for supporting social-emotional competence at all levels of need

For more information about Quality Child Care visit www.qualitychildcaresb.org. For more information about the Child Care Planning Council visit <http://cdp.sbceo.org/ccpc/>.

CARING FOR CHILDREN WITH EXCEPTIONAL NEEDS

All children have individual needs, but some have high needs that must be addressed if they are to achieve their greatest potential. Caregivers need support, and parents need greater access to quality care to ensure they have what they need. The Inclusive Child Care Action Team offers support to ECE providers for enrolling and caring for children with exceptional needs.

The Child Care Planning Council considers the following in identifying exceptional needs:

- Children with identified disabilities: approximately 7,712 children have identified special needs
- Children who are abused, neglected, or at risk: in 2013 there were 547 substantiated cases of abuse, and 222 children entered care as a result
- Children of homeless families: these children number about 9,462
- Children of migrant agricultural workers: an estimated 4,178 children birth through school-age are in migrant families
- Children in low-income families: 35,657 children are in families with income of 70% or less of the State Median Income
- Children of teen mothers: approximately 123 teen mothers gave birth in Santa Barbara County in 2013
- Dual language learners: an estimated 31,073 children aged birth to 12 years

SPOTLIGHT: QRIS CONSORTIUM

The Santa Barbara County Quality Rating and Improvement System (QRIS) Consortium is a collaborative and community-based advisory body that is working to ensure that all children in Santa Barbara County have access to high-quality early care and education. The Consortium is a diverse group of community representatives and leaders from early childhood education, social services, local funders, school districts, higher education, and community-based organizations. Together they developed the 2017 QRIS Plan, a roadmap of past, current, and future QRIS efforts that are aligned locally, statewide, and nationally. The QRIS Plan represents a coordinated initiative centered

on whole-child wellness and life-long success, rooted in a strong early start. Santa Barbara's QRIS, also known as Quality Counts, is built on 18 years of collaborative quality initiatives for the County's youngest children, their families, teachers, and service providers. Much of the work has focused on national accreditation and workforce development. As of May 1, 2017, Santa Barbara County has the capacity to serve 140 QRIS child care centers and family care homes, all of whom have volunteered to participate in rigorous quality assessments, ongoing professional development and onsite coaching, and advancement toward national accreditation. The full Santa Barbara County QRIS Plan is available for download at <http://bit.ly/2CVeFoC>.¹¹⁵

The goal of the QRIS Consortium and Quality Counts is to promote excellence in child development, health and well-being, and family support; to empower thriving children and families through an integrated, comprehensive early childhood system.

COMMUNITY RESPONSE

In response to the identified need for smoother transitions from preschool to kindergarten, the Kindergarten Readiness Network was formed. The Network is a committed group of preschool, transitional kindergarten, kindergarten and first-grade teachers and directors who meet regularly to articulate and coordinate activities that support kindergarten readiness for children and families in the Santa Barbara and Goleta School districts. Expanding this type of network throughout the county will support children's success.

The Santa Barbara County QRIS Consortium believes that a systems approach to quality Early Care and Education is a valuable lens through which to view countywide needs. The three systems of Early Learning and Child Development, Child Health, and Family Support and Strengthening are all critical components for improving outcomes for young children and their families. Public awareness and community support is needed to ensure integration and sustainability of all three service sectors, and a shared understanding of Adverse Childhood Experiences (ACEs) and the importance of the first three to five years of a child's life can drive collaboration and community-wide systems change.

¹¹⁵ If your browser does not support shortened links, use <https://drive.google.com/file/d/0Bx9kuoCax3R0T3FvaDN0ThiLVU/view>.

Page intentionally left blank

KINDERGARTEN READINESS

PROBLEM

More than 60% of Santa Barbara County's children enter kindergarten lacking the social, cognitive, and/or emotional capacities they need to succeed in school. True kindergarten readiness calls for ready children, ready schools, and ready parents and families.



A child's readiness may be compromised by Adverse Childhood Experiences (ACEs), poor health or economic stress. It may also be influenced by the education level of parents and whether the child has been exposed to quality learning environments with opportunities to develop social and emotional skills. A family's readiness depends upon the presence of protective factors that promote parental resilience, knowledge of child development, concrete supports, and social connections. These attributes help parents be prepared and available to support their child's learning. Schools must also be ready to support kindergarteners and their families by facilitating a smooth transition as children move from home or preschool learning environments into the K-12 school learning environment. The readiness of schools is closely linked to district policies, training of teachers in developmentally appropriate practices, and available resources.

Too often, poverty or lack of resources impacts readiness in all three areas and creates opportunity gaps that translate into achievement gaps at kindergarten entry that can grow as children make their way through school. A successful transition to kindergarten is critical since a child's first school experiences can influence the way he or she relates to learning and relationships with others for the rest of his or her life.

EFFECT

Kindergarten marks the start of a child's formal education. Success or failure at this stage can affect a child's well-being, self-esteem and motivation. National research indicates that school readiness has effects far beyond the first few months of kindergarten; children with higher levels of school readiness at age five are generally more successful in grade school. Research also indicates that children in poverty, especially those without some type of high-quality early childhood intervention, will continue to score very low on early reading skills and are more likely to drop out of school as teenagers.

For children, a lack of kindergarten readiness often shows up as challenging behavior. Behavior problems that appear early in a child's preschool career are the single best predictor of delinquency in adolescence, gang membership and adult incarceration. Without consistent and effective strategies for promoting social and emotional competence, kindergarten teachers inherit these problems and must spend an inordinate amount of time managing behaviors in the classroom. Children may have difficulty attending, staying focused on their work and understanding the lessons being presented. They may have difficulty reading social cues and developing relationships with peers.

If parents are not ready, they may not understand their child's development and they may have difficulty knowing what to do or how to ask for help when their child struggles to master something new. If schools are not ready, they may not have the means to support children with complex needs and they may not be able to engage parents as partners in their child's education. If children are not succeeding in kindergarten, it creates more stress for everyone involved.

SOLUTION

The first step to improving Kindergarten Readiness is being able to measure it.

The ***Kindergarten Student Entrance Profile (KSEP)*** is being promoted across Santa Barbara County as a universal screening tool that measures the cognitive and social-emotional status of incoming kindergarteners. The KSEP:

- Was developed by a research team from UCSB's Gervitz Graduate School of Education, Santa Maria-Bonita School District, and First 5 Santa Barbara County
- Has been verified as a valid indicator of students' future reading skills and a predictor of success on standardized tests (Lilles et.al, 2009; Quirk et. al, 2010)
- Is administered over the first few weeks of kindergarten, in the natural environment of the child's classroom
- Allows children to respond in English or Spanish
- Includes background information about home language, health issues, special concerns
- Rates each child on 12 items (six social-emotional and six school-ready knowledge)
- Shows the percentage of children who enter kindergarten ready-to-go or almost-ready with the skills, experiences and dispositions needed to excel in formal classroom instructional settings

The second step to improving kindergarten readiness is using data to coordinate family, community and educational systems to support children's success.

- KSEP data informs interventions and drives community collaboration to improve school readiness
- KSEP screening bridges the work being done from birth to age five with work in early elementary school and beyond

Best practices to support ready children, ready schools, and ready parents and families include:

- Proper nutrition and access to health care, including dental and behavioral health services
- Parent engagement and parenting education to support child development and early learning
- Home visitation and site-based programs to support parents in their role as a child's first teacher
- Access to high quality child care, preschool and after-school care
- Training in social-emotional competence for teachers and parents
- Strong communication and transition planning between preschools and Kindergarten teachers
- Information and resources for parents about how to work with schools
- Parent-child orientation in the Kindergarten classroom before the start of the school year
- Strong connections between schools and Family Resource Centers to link families to case management and other services
- Formal connections and regular communication between schools, pre-schools, child care centers and family care providers

DATA HIGHLIGHTS & TRENDS

We seek to answer the following questions about kindergarten readiness:

- How does the Kindergarten Student Entrance Profile (KSEP) measure kindergarten readiness?
- How many schools are currently using the KSEP?
- In schools using the KSEP, what is the percentage of children who enter kindergarten Ready-to-Go or Almost Ready?
- How have communities come together to improve kindergarten readiness and how have their efforts impacted KSEP trends?

HOW KSEP MEASURES KINDERGARTEN READINESS

The KSEP is an observational tool that helps teachers gather student-specific information on physical, social-emotional and cognitive elements related to kindergarten readiness. Each child is rated on 12 items, and each item has a four-category rating rubric that ranges from 1 to 4. The rubric promotes consistency of ratings across children and across teachers. The rating is a benchmark that guides kindergarten interventions to promote student success.

Figure 65: KSEP Rating Scale

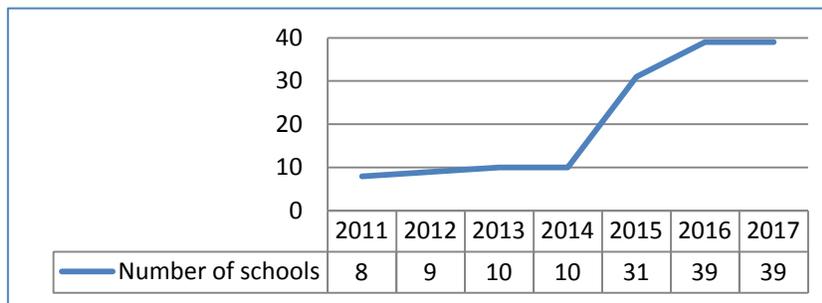
Rating	Ranking	Readiness	Intervention
1	12-24	Not yet	Immediate follow-up
2	25-25	Emerging	Monthly monitor
3	36-43	Almost ready	Quarterly monitor
4	44-48	Ready	Ready-to-go

KSEP ADOPTION IS GROWING

There are 18 school districts in Santa Barbara County that serve kindergarten students. Currently, five districts are using the KSEP and four have adopted it as a district-wide screening tool. The original eight schools included all four of the elementary schools in the Carpinteria Unified School District, plus Isla Vista Elementary School in the Goleta Union School District, Mary Buren School in the Guadalupe Union School District and Bruce and Fairlawn Schools in the Santa Maria-Bonita School District. In 2014-15, Santa Barbara Unified School District began using the KSEP at nine elementary schools and Santa Maria-Bonita added 14 more schools to make their KSEP implementation district-wide. In 2015-16 Goleta also began using the KSEP across the district at all 9 of its elementary schools, bringing the current total to 39 schools.

Figure 66 shows the increase in the number of schools using the KSEP to screen incoming kindergarteners. The goal is to have every school in the county assessing kindergarten readiness using the KSEP as a common measure.

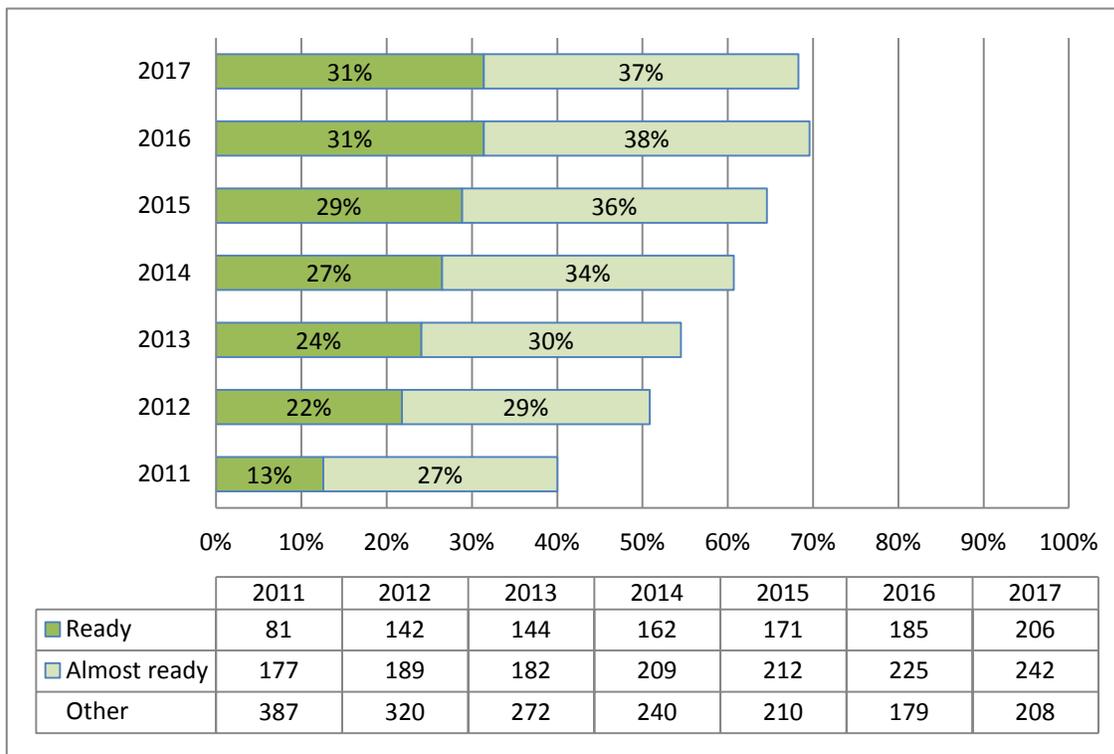
Figure 66: Santa Barbara County schools using KSEP to screen incoming kindergarteners



KINDERGARTEN READINESS PER KSEP RESULTS

The KSEP was administered consistently at eight schools across Santa Barbara County from 2010-11 to 2016-17.¹¹⁶ Although new schools and new districts have been added along the way, the data trends shown below represent the eight schools that have been measuring and actively working to improve kindergarten readiness. These schools have embraced many of the strategies identified above as solutions. Trends shown below demonstrate the successful use of KSEP data to coordinate family, community and educational systems to support children’s success. The total percentage of children ready or almost ready rose from 40% to nearly 70%.

Figure 67: Kindergarten readiness for the 8 original school sites



¹¹⁶ In charts throughout this Scorecard, if the data divides time into fiscal years or school years that bridge two calendar years, then the latter year is the one displayed. For example, instead of displaying “Fiscal Year 2016-2017,” we simply display “2017.”

IMPACT OF COMMUNITY PARTNERSHIPS ON KSEP RESULTS

Santa Barbara County THRIVE sites were early proponents of the KSEP, and all of the eight original schools were linked to THRIVE initiatives that used KSEP data to activate community partnerships to improve outcomes. KSEP data pointed to three factors that seemed to influence kindergarten readiness: preschool attendance, health, and parent education. A 2015 THRIVE report illustrated these correlations, highlighting KSEP findings and community-based programs.

When looking at the average KSEP rankings at all THRIVE sites throughout the county, data showed that students who attended preschool were more likely to be ranked as either *Ready-to-Go* or *Almost Ready*. Students who did not attend preschool were more likely to receive a KSEP ranking of *Not Yet* or *Emerging*. Data showed that 950 students throughout the sites had attended preschool while 1,036 did not. The report shows local data to support national research, suggesting that increased preschool attendance could help more students enter kindergarten ready-to-go.

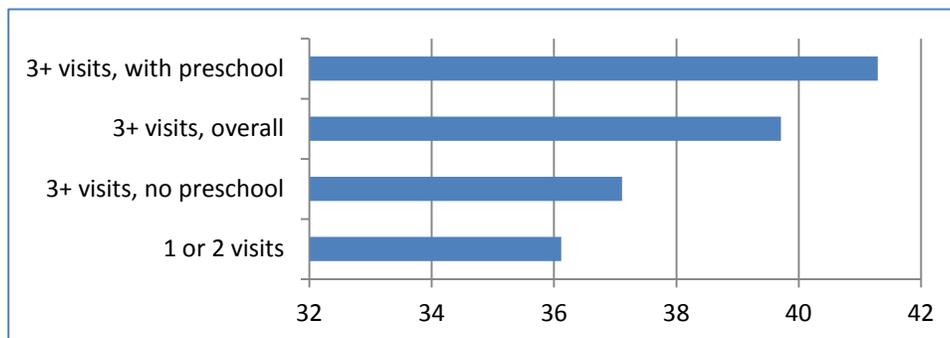
Figure 68: KSEP rankings across all sites (2014)

	Ranking	Preschool	No preschool
1	Not Ready	4%	11%
2	Emerging	22%	35%
3	Almost Ready	42%	35%
4	Ready	32%	19%

Another highlight from the report showed a correlation between KSEP scores and family participation in Healthy School Pantries. Studies have shown that lifetime dietary habits are established at a young age, and school and health. Good health prepares children to learn, and data from the Santa Maria-Bonita School District showed that children whose parents attended the Healthy School Pantry scored higher on the KSEP.¹¹⁷

The following chart shows the impact of Healthy School Pantry on Kindergarten readiness. It shows the 2014 average KSEP rankings of kindergarten students whose parents attended Healthy School Pantry in the Bruce and Fairlawn school boundaries.

Figure 69: Average KSEP ranking vs. number of visits to Healthy School Pantry



¹¹⁷ Data in this subsection per *Kindergarten Readiness Contributing Factors Revealed by the Data: Preschool, Health and Parent Education* (THRIVE Santa Barbara County), May 2015, pages 2, 4 and 5.

SPOTLIGHT: THRIVE GUADALUPE

The THRIVE initiative began in 2008 to create better opportunities for children in at-risk communities. With a mission to support every child's success from cradle to career, the initiative focused on kindergarten readiness as a key outcome on the pathway to a fulfilling and productive life. THRIVE Guadalupe established a K-Readiness Data Action Team to make data driven decisions that would help children to be ready for kindergarten. The team included representatives from preschools, the elementary school, the school district, the County Office of Education and the local community college along with a variety of representatives from community-based organizations that serve Guadalupe children and families in different capacities.

In the baseline year, the team zeroed in on three key data points:

1. 70% of Kindergarten students in Guadalupe had no preschool experience;
2. Guadalupe Kindergarten students were scoring much lower in social-emotional areas than in cognitive-academic areas;
3. Demographic data showed a large percentage of children from Spanish speaking families (56%) scoring in the "Emerging" range (2nd lowest quadrant on the KSEP).

Based on this data, the team worked collaboratively to develop an action plan that focused on three key strategies:

1. Ensuring that all preschools and the Guadalupe Summer Pre-K Camp were fully enrolled;
2. Training key service providers in the CSEFEL Teaching Pyramid and other strategies for improving social-emotional competence. These included family-home child care providers, preschool teachers and staff, home visitors and a Case Manager from the Family Resource Center;
3. Offering evidence-based parenting classes in Spanish to monolingual Spanish speaking parents of children birth to 4 years of age.

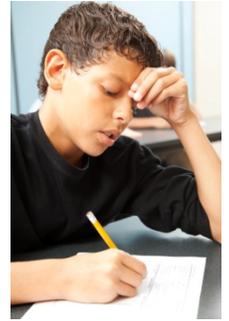
The percentage of children entering kindergarten deemed *ready-to-go* on the KSEP has grown from only 2% in the baseline year of 2010 to 20% in 2016.

COMMUNITY RESPONSE

Community support is needed to emphasize the importance of kindergarten readiness, quality early learning environments, and access to preschool. Many people are aware of the achievement gap that exists in schools, but they may not be aware of the opportunity gap that is fueled by economic disparity. Given the clear gains achieved within the THRIVE communities it would be beneficial for every school in the county to consistently assess incoming kindergarteners using the KSEP as a common assessment tool. Outcomes from the KSEP can point to community needs and inform cross-sector collaboration as well as Local Control Area Plans. Kindergarten readiness will improve with comprehensive support for children prenatal through age 5 and their families. The community needs to come together with a focus on resilience, protective factors, social-emotional competence, and expansion of access to quality early care and preschool education programs.

TK-12 EDUCATION

The world is more economically interdependent than ever before. With globalization and the opening of world markets, jobs move from one side of the world to the other with great speed and fluidity. Those with the knowledge and skills to apply their learning in new and innovative ways are advantaged in terms of earning potential and job opportunities. Public education must prepare students for lifelong learning and successful careers.



The goal of public education, from transitional kindergarten (TK) through high school graduation, is to promote a high standard of student achievement and development through innovation, leadership and accountability—to be accomplished in partnership between lawmakers, the educational community, and students and families.

PROBLEM

Throughout California and the nation, the public education system is challenged to:

- Fund schools fairly to provide equitable education access for all
- Set appropriate academic standards to prepare students for college or career
- Move beyond “the test,” with school accountability tools that better identify and address needs
- Engage and empower local parents and educators to define and act on local priorities

These interrelated issues—funding, standards, accountability, and engagement—are certainly not the only ones facing public education. However, California is particularly focused on these four, in part due to the profound effect they can have on student achievement and life outcomes.

EFFECT

School funding and school advantage can have a large effect on student achievement. Within the United States, the difference in student achievement scores between a well-funded school with low student poverty and a poorly-funded school with high student poverty can mirror the difference in student achievement scores between the highest-scoring and lowest-scoring countries on international tests.¹¹⁸ Researchers studying data from 28 states over 29 years found that when high-poverty districts substantially increased school spending, low-income children were significantly more likely to graduate from high school, continue their education, earn livable wages, and avoid poverty in adulthood.¹¹⁹ The study found that this increased spending went primarily to instruction and support services: lowering the student-teacher ratio, lengthening the school year, attracting or retaining qualified teachers and counselors, and so on.

¹¹⁸ *Unequal school funding in the United States* (Educational Leadership, Vol. 59, No. 8, May 2002), pp 48-59. See also *The effects of unequal school funding* (Educational Research Newsletter, September 2002, Vol. 15, No. 6).

¹¹⁹ C.K. Jackson, R. Johnson, C. Persico, *The effect of school spending on educational and economic outcomes* (The Quarterly Journal of Economics 131 (1): 157-218, 2015). See also *Policy research brief: The benefits of increased school spending* (Northwestern Institute for Policy Research, Mar. 2017) and H. Yettick, *School spending increases linked to better outcomes for poor students* (Education Week, May 29, 2014).

Academic standards have traditionally been a dominant feature of education reform. The formula is familiar: standards for what students should learn, and testing to determine what they have learned. The effect of these standards on student achievement is mixed. Some analyses show a positive effect on student achievement overall. However, these reforms have not eliminated the “achievement gap” between some racial or ethnic groups.¹²⁰

Similarly, school accountability has traditionally been based on the results of a test administered to students annually. While accountability is an admirable goal, critics have found fault with the use of a single test to assess schools—arguing that this approach leaves educators, parents, and community members without sufficient tools needed to understand performance, promote equality, or support schools in need of extra help.

Parent engagement has a substantial effect on student outcomes. A large body of research links parent involvement at school to better test scores and higher academic aspirations and achievement among students.¹²¹ Researchers have found that engagement may also build parenting and leadership skills, improve the connection and partnership between teachers and parents, and improve school climate. Indeed, parent engagement can increase social capital across an entire community, building relationships that may help counterbalance economic disadvantage.¹²²

SOLUTION

State leaders and the State Board of Education resolved to take on these four challenges—working to make funding fairer, learning standards more relevant, and accountability mechanisms more helpful, while increasing opportunities for parent engagement and local control.

The result is the Local Control Funding Formula (LCFF). Signed by Governor Brown in 2013 and scheduled to phase in gradually over eight years, this hallmark legislation changes how local education agencies (LEAs)¹²³ are funded, how students and schools are assessed for needs and results, and what types of services and supports are available to help students reach their full potential, with a strategic planning and continuous improvement process that emphasizes local input and control.

Still in their infancy, these new systems provide an unprecedented opportunity to innovate and shape the way schools address the educational needs of students. They can best fulfill their promise with strategic focus and collaboration among educators, parents and community members.

FUNDING

The LCFF replaces a K-12 finance system which had been in place for 40 years.¹²⁴ Districts funded under the new formula receive the bulk of their revenue based on average daily attendance. To ensure equitable educational

¹²⁰ E. Hanushek & M. Raymond, *Does school accountability lead to improved student performance?* (Journal of Policy Analysis and Management, Vol. 24, Iss. 2, Spring 2005), pp. 297-327.

¹²¹ *Engaging stakeholders* (Arlington VA: US Dept. of Education & RMC Research Corp., Sustainability Series No. 6, September 2009), pg. 8.

¹²² *The impact of parent and community involvement programs [literature review]*, (Washington DC: US Dept. of Education, Studies of education reform, chapter 4, 1995), archived online at <https://www2.ed.gov/pubs/SER/ParentComm/chap4.html>.

¹²³ A “local education agency” or LEA is defined as a county office of education, district, or district-funded charter school.

¹²⁴ *Local Control Funding Formula overview* (Calif. Dept. of Education, updated August 2017), <https://www.cde.ca.gov/fg/aa/lc/lcffoverview.asp>, accessed 1/2018.

access for specific subgroups of students, districts receive additional allocations for English learners, students from low-income families, and foster youth. The formula recognizes what research has shown: supplemental funding for specific subgroups must be provided to ensure all students have the same chance to succeed.

While the shift to the LCFF has made some progress in allocating funding to schools based on student needs, the results of these shifts are not yet known.

STANDARDS

To ensure all students are ready for success after high school, the SBE has established guidelines for what every student should know and be able to do in all subject areas; and has recently adopted new standards in English language arts, English language proficiency, mathematics, science, and career technical education.

These new, more rigorous standards emphasize critical thinking, reasoning, and communication, and Santa Barbara County educators are engaged in professional learning and collaboration to refine practices toward implementing them. The SBE is considering additional standards for development.

ACCOUNTABILITY

California will no longer rely solely on a single standardized test score for accountability.¹²⁵ Instead, LEAs, schools, and student subgroups will receive performance ratings on identified state indicators based on status (how each school or district fared last year), and change (how much they have improved or declined in the past three years). Ratings will be issued based on a combination of these measures and assigned one of five performance levels.

Assessment of progress will include an annual display of performance provided through the California School Dashboard tool, online at <https://www.caschooldashboard.org>. The dashboard includes six statewide indicators—Smarter Balanced test results, progress made by English Learners, graduation rates, suspension rates, college and career readiness and chronic absenteeism rates—that complement individually defined local indicators. The Dashboard thus balances the ability for districts to compare their performance and the desire for a localized view of student performance.

The new accountability system gives educators, parents and the community tools to understand performance, promote equity by identifying disparities among student groups, and identify the schools that need extra help and where they need it. Districts and schools needing support in meeting their goals and improving student outcomes will receive assistance from county offices of education and through a new agency, the California Collaborative for Educational Excellence.

Summative results were released in September 2016 for English language arts and mathematics, allowing schools and districts to analyze student growth and needs. New assessments for language proficiency and science are in initial stages of implementation.

¹²⁵ The Academic Performance Index (API), used previously, ranked schools and students by standardized test scores.

LOCAL CONTROL ACCOUNTABILITY PLAN (LCAP) & ENGAGEMENT

Under the LCFF, every school district (or other LEA) is required to develop, adopt, and annually update a three-year Local Control Accountability Plan (LCAP) describing goals, actions, services, and expenditures designed to meet the needs of their students and families. The legislation established specific priorities that all districts must address in their LCAP goals for improving student outcomes. These priorities can be grouped into several categories, as follows:

- Conditions for learning
 - Basic services (including credentialed teachers, current instructional materials, and properly functioning facilities)
 - Implementation of state Common Core standards (for all students, including English learners)
 - Course access (enrollment in all required areas of study)
- Student outcomes
 - Student achievement (including test scores, college readiness, and English learner progress)
 - Other student outcomes (performance in required areas of study)
- Engagement
 - Parent engagement (including parental input and participation)
 - Student engagement (including attendance, absenteeism, dropout and graduation rates)
 - School climate (including suspension and expulsion rates)
- District-led priorities
 - Districts may consider investing in additional priorities to help meet student achievement goals (such as arts education or school readiness)¹²⁶

County offices of education must address two additional priority areas: coordination of instruction for expelled students, and coordination of services for foster youth.

The annual assessment of needs, development of goals, identification of services, creation of a spending plan, and analysis of progress, represent the continuous improvement cycle.

The LCAP process is designed to increase community involvement, create transparency, and provide local control. Districts must involve parents in the decision-making and programming of the LCAP plan. They must consult with parents or guardians of high-needs populations (English learners, low-income, and foster youth) when developing LCAP goals and priorities, and the actions and strategies to meet those goals. Resources and handbooks are available online and elsewhere to help parents and advocates understand how to get involved.¹²⁷ The “Spotlight” section at the end of this chapter shows some of the goals identified through the LCAP process in Santa Barbara County districts.

¹²⁶ *LCFF State Priorities and Related Data Elements* (WestEd, uploaded September 2014), accessed November 2016, <https://lcff.wested.org/wp-content/uploads/2014/09/required-data-for-8-areas-july-2014-update.pdf>

¹²⁷ See *A parent's guide to school funding: learning the fundamentals about LCFF and LCAP* (Families in Schools, May 2016), <http://www.familiesinschools.org/wp-content/uploads/2016/05/Parents-Guide-to-School-Funding-LCFF.pdf>. See also the California State PTA webpage on local control and LCAPs: <http://capta.org/focus-areas/lcfflcap/>.

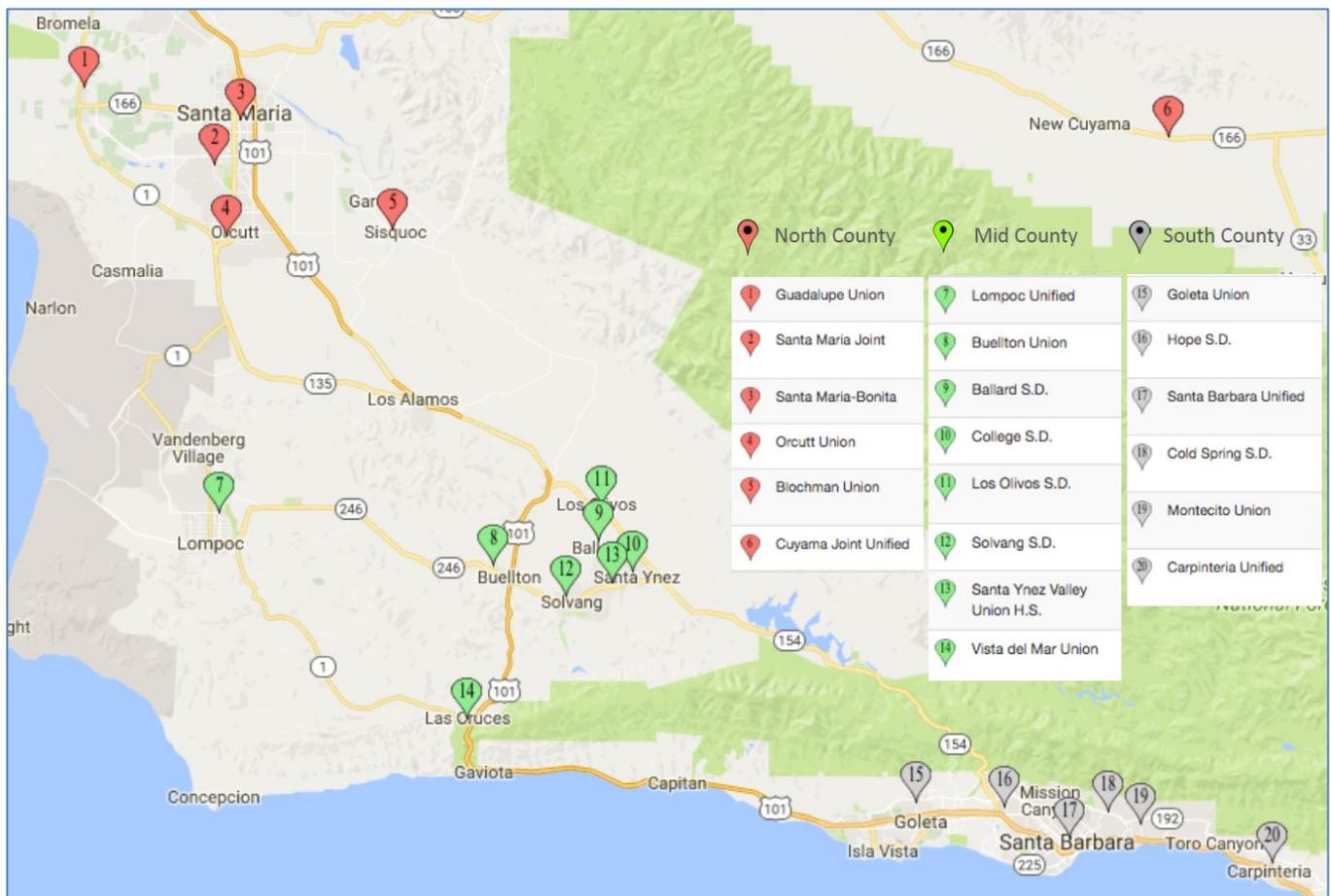
DATA HIGHLIGHTS & TRENDS

Culturally rich and diverse, Santa Barbara County has 20 independent school districts (including 14 elementary school districts, two high school districts, and four unified school districts)¹²⁸ and one county office of education. Each school district operates under the leadership of its own governing board.

Figure 70 shows a map of Santa Barbara County school districts.¹²⁹ The map corresponds to the regional definitions used by the Santa Barbara County Education Office. These vary only slightly from the regional definitions used elsewhere throughout this Scorecard.¹³⁰

Available data has much to tell us about countywide enrollment (including ethnic, linguistic, and income diversity), school climate, test results and college readiness, and graduation and dropout rates.¹³¹

Figure 70: Santa Barbara County School Districts



¹²⁸ The Cuyama area overlaps three counties. Statistics for Cuyama Joint Unified San Luis Obispo County and Cuyama Joint Unified Ventura County are not included.

¹²⁹ Because it is difficult to provide an accurate regional breakdown for their students, Olive Grove Charter (homeschool) and SBCEO (other) do not appear in Figure 70 and Figure 71.

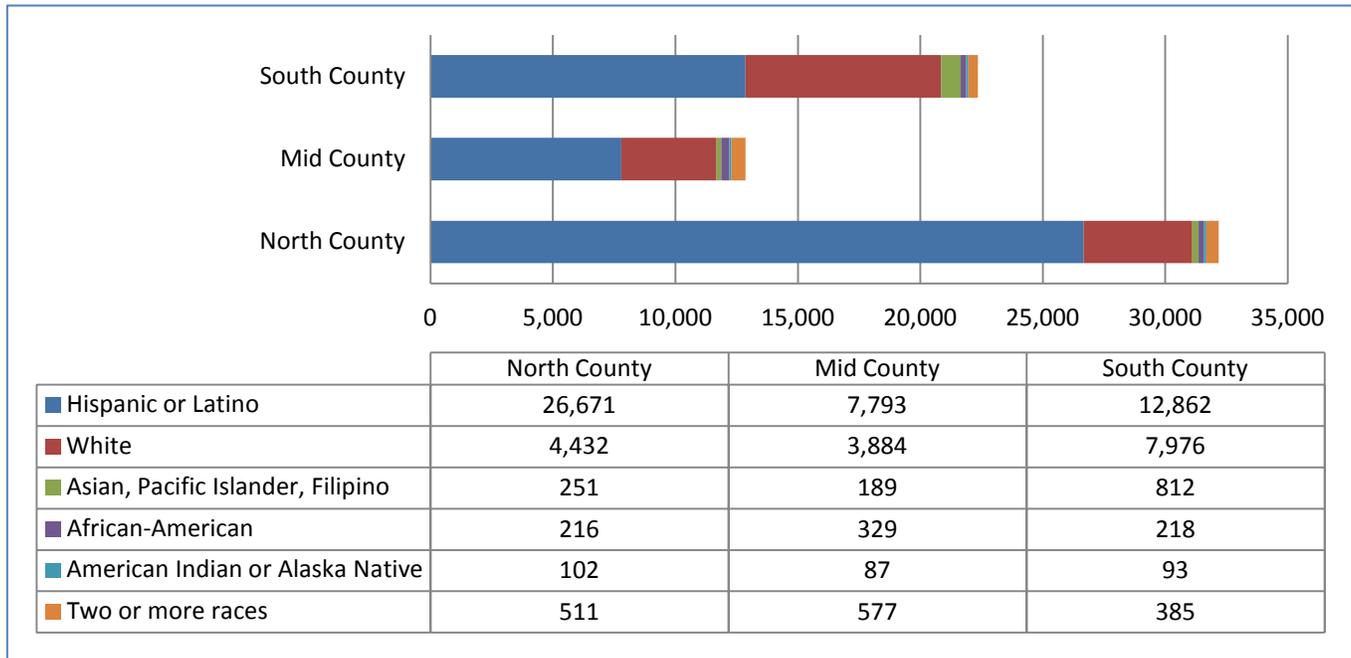
¹³⁰ The primary difference is that SBCEO assigns the Gaviota area, with 124 Vista del Mar students, to Mid County rather than South County.

¹³¹ All data in this section retrieved via Calif. Dept. of Education's Ed Data site: <http://dq.cde.ca.gov/dataquest/>, accessed 2016. School years bridge two calendar years; for brevity we express only the second in the narrative and charts: "2016," not "the 2015-16 school year."

ENROLLMENT

Approximately 69,000 ethnically diverse Transitional Kindergarten (TK) through 12th grade students are educated in Santa Barbara County's public schools. Enrollment is growing modestly, up less than 1% from 2015.¹³² A breakdown by ethnicity is shown in Figure 71.

Figure 71: Santa Barbara County public school enrollment by ethnicity



ENGLISH LEARNERS

English Learners (ELs) are students who are learning English and speak another language in the home. Santa Barbara County has the fourth-largest percentage of ELs of all 58 counties in California. About 32% of our students are English Learners, compared to about 21% of students statewide. Of Santa Barbara County's 22,414 ELs, the majority (19,960 students) speak Spanish at home. Other languages spoken include Mixteco (1585 students), Tagalog (110 students), Arabic (92 students), Hmong (48 students), or other languages (619 students).

When students have acquired sufficient English language proficiency to perform successfully in academic subjects without English Language Development (ELD) support, they are re-designated Fluent-English Proficient (FEP). Santa Barbara County's re-designation rate generally is slightly lower than the statewide rate.

Figure 72: Rates of re-designation as Fluent – English Proficient

	2012	2013	2014	2015	2016	2017
California	12%	12%	12%	11%	11%	13%
Santa Barbara County	9%	8%	9%	8%	14%	12%

¹³² Adapted from California Longitudinal Pupil Achievement Data System (CALPADS) data.

LOW-INCOME STUDENTS

In California schools, eligibility for free or reduced-price meals is used as a proxy for low-income identification. More than 41,000 students in Santa Barbara County are considered low-income. Santa Barbara County's eligibility rate is typically slightly higher than the statewide rate.

Figure 73: Eligibility for free & reduced price lunch

	2011	2012	2013	2014	2015	2016
California	57%	58%	58%	59%	59%	58%
Santa Barbara County	56%	59%	61%	61%	60%	60%

HOMELESS AND FOSTER YOUTH

Homeless and foster youth experience barriers and challenges well beyond those of their peers. In 2016, Santa Barbara County educated 9,659 homeless youth and 528 foster youth. This means that one in seven Santa Barbara County students fall into the categories of homeless or foster youth. Santa Barbara County's rate of homeless youth is more than 2.5 times the statewide rate.

TEST RESULTS

The Smarter Balanced summative assessments are comprehensive end-of-year assessments of grade-level learning in English language arts/literacy (ELA) and mathematics, aligned with the Common Core State Standards (CCSS). They include both a computer adaptive test and a performance task. Test results for 2017 are shown in Figure 74 and Figure 75.

Figure 74: Percentage of students meeting or exceeding standards in English language arts / literacy, 2017

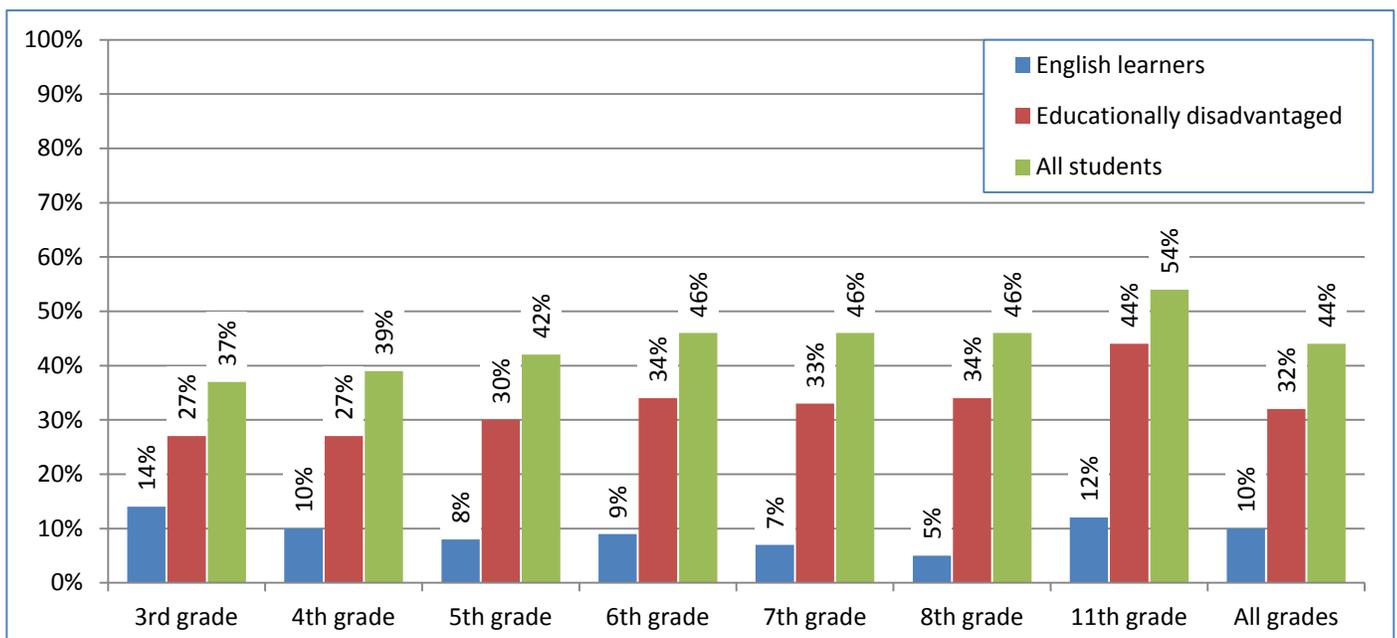
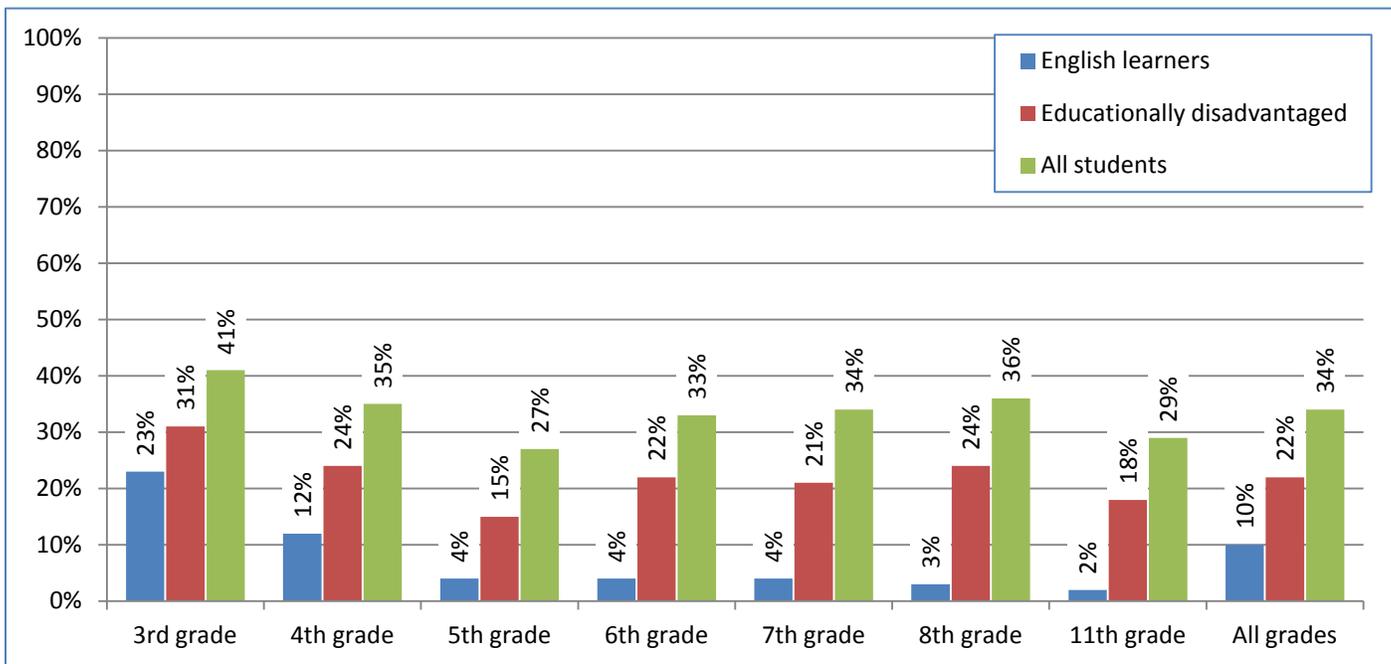


Figure 75: Percentage of students meeting or exceeding standards in mathematics, 2017



GRADUATION RATES

High school graduation is the gateway to post-secondary education, better employment and a successful college career. One of the most important indicators of school performance is the high school graduation rate.

Graduation rates vary by subgroup, with Hispanic students, English language learners, and low-income students are graduating at lower rates, as shown in Figure 76. The graduation rate for four-year cohorts¹³³ in Santa Barbara County is consistently better than the statewide graduation rate, as shown in Figure 77.

Figure 76: Santa Barbara County high school graduation rates by subgroup, 2016

Group	Rate
All students	89%
Asian	99%
American Indian or Alaska Native	94%
White	92%
African-American	88%
Hispanic or Latino	86%
Socioeconomically disadvantaged	86%
English learners	80%

¹³³ This refers to the percentage of students who begin high school together in 9th grade, that graduate together in 12th grade.

Figure 77: Overall high school graduation rates

	2011	2012	2013	2014	2015	2016
California	77%	79%	80%	81%	82%	84%
Santa Barbara County	83%	85%	85%	84%	88%	89%

DROPOUT RATES

High school dropouts are defined as students who left the grade 9-12 instructional system without a high school diploma, GED, or special education certificate of completion. The dropout rate in Santa Barbara County has dropped significantly since 2011 and remains lower than the state average. However, a significant gap in the dropout rate continues to exist between Hispanic students and their peers, as shown in Figure 78.

Figure 78: Dropout rate by subgroup

	California	SB County
All students	10%	7%
Asian	3%	1%
American Indian or Alaska Native	16%	3%
African-American	17%	7%
White	7%	5%
Hispanic or Latino	12%	8%
Socioeconomically disadvantaged	12%	9%
English learners	16%	12%

Figure 79: Overall high school dropout rates

	2011	2012	2013	2014	2015	2016
California	15%	13%	11%	12%	11%	10%
Santa Barbara County	12%	10%	11%	11%	7%	7%

SUSPENSIONS

Suspension is defined as the temporary removal of a student from school for a violation of school policies or rules. In 2016, schools in Santa Barbara County reported 4,058 suspensions. The majority of these offenses were “violence without injury.”

Figure 80 shows Santa Barbara County’s suspension rate, broken down by subgroup. The suspension rate for Santa Barbara County schools is similar to California’s statewide rate, and declined modestly in tandem with the statewide rate from 2012 to 2015.

Figure 80: Santa Barbara County Suspension Rate, 2016

	Suspension Rate	Percentage with one suspension	Percentage with multiple suspensions
All students	4%	67%	33%
Hispanic or Latino	4%	67%	33%
African-American	8%	56%	44%
American Indian or Alaska Native	4%	62%	38%
Asian	1%	58%	42%
White	2%	71%	29%
Two or more races	2%	71%	29%

SPECIAL EDUCATION

As of the 2015-2016 school year, there were 7,566 students enrolled in special education in Santa Barbara County that had Individualized Education Plans (IEPs). This is a slight increase overall from the prior year, when there were 7,532 students with IEPs in Santa Barbara County. The most significant increase in numbers of students with IEPs occurred in the northern part of the county, in the Santa Maria area.

Consistent with statewide data for special education, the most common occurring disability eligibility categories in our county are learning disability, speech or language impairments, autism, and other health impairments. There are the fewest number of students eligible for special education under the category of traumatic brain injury (TBI); however, this category has seen a recent slight increase which may be due in part to the increased awareness of concussion/mild brain injury and is slightly over the statewide average in Santa Barbara County. The number of students found eligible with autism also increased slightly from 2014-2015 to 2015-2016.

Figure 81: Most commonly occurring disability eligibility categories

Category of students with ILP	Rate
Specific learning disability (SLD)	41%
Speech or language impairments	28%
Autism	11%
Other health impairments (OHI)	10%

SPOTLIGHT: LOCAL ACCOUNTABILITY PLANS

School districts in Santa Barbara County operate as separate entities—each with its own Board of Trustees, Superintendent, and staff. As discussed earlier, every district adopts its own Local Control Accountability Plan in which programs, services and expenditures are clearly delineated in response to locally identified needs.

LCAPs for Santa Barbara County school districts can be found online at <http://sbceo.org/districts/LCAP>. The following bulleted list shows some of the themes found in LCAPs for Santa Barbara County districts.

- Implementing the new standards through professional learning and collaboration
 - Understanding new content, practice, and performance standards in all disciplines
 - Creating, learning, and practicing instructional methods to support the cognitive demand of the standards and to build students' perseverance and academic mindsets
- A focus on English Language Development (ELD)
 - Focusing resources and using the state framework to improve explicit or "designated" ELD instruction and integrating language development throughout all disciplines
- Innovative Curriculum, Beyond the Book: Adopting new instructional materials that support rigorous standards
 - Innovative technology practices that position students to become active learners
 - Technology access and connectivity
 - Project-based learning
 - Ethnic Studies and culturally relevant curriculum
 - Specialized academies and internships
 - Career Technical Education (CTE) pathways
- Recommitment to the Arts
 - Increasing course offerings in music, dance, theatre, visual art, and design
 - Hiring more elementary art, music, and PE teachers to allow grade-level teacher teams collaboration time
- Expanding Assessment Practices and Student Data Systems
- Multi-Tiered Systems of Support (MTSS)
 - Academic Interventions, specialists, mentoring, and tutoring
 - Positive Behavioral Interventions and Supports (PBIS)
 - Restorative Approaches (RA)
 - Social Emotional Learning
- Additional Counseling Services
 - Academic; College and Career Readiness
 - Mental health
- Implementation of Transitional Kindergarten (TK) programs
 - Providing a modified kindergarten curriculum that is age- and developmentally-appropriate for children who are turning five years old between September 2 and December 2
- Expanded School Day
 - Expanding learning opportunities, enrichment and support with innovative schedules
 - Evening and summer access to library and computer lab
 - Rigorous and engaging after school programs
- Family Engagement and Cultural Proficiency
 - High-quality interpretation, translation, and language access initiatives
 - Engaging diverse families in decision-making, governance, and initiatives
 - Outreach

COMMUNITY RESPONSE

The Local Control Funding Formula (LCFF) represents a significant opportunity for parents and community members to help shape the vision for education. Stakeholder engagement is a critical component of the Local Control Accountability Plan (LCAP) development process. Assessing needs, developing goals, and identifying services require the input and strategic thinking of parents and family members, agency partners and community members alike. Stakeholders are encouraged to communicate with schools and districts by completing surveys, attending meetings and sharing their voices in other ways. Community input in the LCAP process is needed and valued.

FAMILY

HOUSING AND HOMELESSNESS

FOOD INSECURITY

PARENTING SUPPORT

PRINCIPLES

Families should have access to safe and affordable housing.

Families should have access to sufficient quantities of nutritious food.

Parents and caregivers should have access to information and social supports that strengthen parenting knowledge and reduce parenting stress.

HOUSING AND HOMELESSNESS



PROBLEM

California's central coast is a beautiful place to live. However, the gap between the cost of housing and what families can afford to pay remains one of the most serious challenges we face as a community.

The cost of housing has increased so rapidly in the last few years that it is becoming nearly impossible for families to create realistic housing plans. Previously, agency staff could work with families to identify areas that they needed to work on—such as budgeting or job skills to increase earnings. Now, even when families do everything within their power to raise their income and reduce costs, they are hard-pressed to find adequate housing they can afford.

Families who qualify are encouraged to seek affordable housing assistance through Housing Choice Vouchers (HCV, formerly known as Section 8), affordable housing developments, or other rental subsidy programs. However, demand far outstrips supply. For example, the Housing Authority of the City of Santa Barbara helps provide a home to more than 3,000 households through various affordable housing and rental subsidy programs. There are approximately 5,000 households needing assistance on wait lists. The wait list has been closed to new applicants since April 1, 2014. The Housing Authority of the County of Santa Barbara is currently accepting wait list applications for families for public housing, but the HCV wait list has been closed since July 20, 2015.

EFFECT

High housing costs contribute to poverty and homelessness, threatening the well-being of local children and families. Of the nearly 100,000 children in Santa Barbara County, one in five live in poverty,¹³⁴ and about 13% live in a neighborhood with concentrated poverty.¹³⁵ Locally, one in five children lives in a food-insecure household,¹³⁶ and three out of five children are eligible to receive free or reduced-price lunch at school.¹³⁷

Families that spend more than half their income on housing tend to spend less than other families on essential items such as food and health care, further decreasing quality of life. High housing costs can force two or three families to share one apartment or locate alternative and less stable housing in hotels, campers, and cars. Families with children are a priority for our community's homeless shelters, but there is more demand than space available.

The federal definition of homelessness¹³⁸ includes an individual or family with a primary nighttime residence that is a public or private place not designed for regular sleeping accommodation, including a car, park, abandoned building,

¹³⁴ *S0901 Children Characteristics* (2012-2016 American Community Survey 5-Year Estimates, U.S. Census American Fact Finder), <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>, accessed 1/2018

¹³⁵ *Children Living in Areas of Concentrated Poverty* (Kidsdata.org), <http://bit.ly/2mrvFvp>, accessed 1/2018

¹³⁶ *Children Living in Food Insecure Households* (Kidsdata.org), <http://bit.ly/2EA4Xs7>, accessed 1/2018

¹³⁷ *Student Eligibility to Receive Free or Reduced Price School Meals* (Kidsdata.org), <http://bit.ly/2D5VIUm>, accessed 1/2018

¹³⁸ *U.S. Code, Title 42, Chapter 119, Subchapter I, Section 11302 – General definition of homeless individual* (retrieved from Cornell Law School Legal Information Institute, <https://www.law.cornell.edu/uscode/text/42/11302>), accessed 1/2018

bus or train station, airport, or campground. For educational rights, the definition is extended to include hotels and motels due to economic necessity and sharing housing due to loss of housing or economic hardship. During the 2015-16 school year, residency questionnaires and school liaisons identified 8,964 Santa Barbara County children experiencing homelessness by this definition. The vast majority of these (8,494) were living in situations where they were doubled-up or tripled-up out of economic necessity. Of the remainder, 283 were living in shelters, 105 were living in motels out of economic necessity, and 82 were unsheltered.¹³⁹ Overall in 2014, 13.6% of Santa Barbara County public school students were homeless, the highest rate of any county in California.¹⁴⁰ The issue does not affect all areas equally: as shown below, one in three students may be experiencing homelessness in one school district, while another school district may have very few homeless children.

Figure 82: Percentage of public school students experiencing homelessness, by district (2014)

School District	Percentage
Santa Maria-Bonita	33.6%
Santa Barbara County Education Office	21.7%
Santa Barbara Unified	14.3%
Santa Maria Joint Union High	10.7%
Solvang Elementary	7.2%
Guadalupe Union Elementary	6.1%
Carpinteria Unified	5.9%
Lompoc Unified	4.6%
Goleta Union Elementary	2.2%
Santa Barbara County as a whole	13.6%

Source: County Education Office and California Longitudinal Pupil Achievement Data System (CALPADS) data

Santa Barbara County also ranks third in California counties with children living in crowded households: countywide, 35.8% of children live in crowded households. Nearly half of students in the cities of Santa Barbara (49.4%) and Santa Maria (47.8%) live in crowded housing.¹⁴¹ Research has demonstrated that children growing up in overcrowded housing have lower math and reading scores, complete fewer years of education, more commonly fall behind in school and are less likely to graduate from high school than their peers. Overcrowding has also been found to negatively affect children's behavior, task persistence, and physical health, likely due to increased stress levels. Substandard housing can cause or exacerbate health problems, which negatively affects both school attendance and achievement. The persistent presence of cockroaches, pesticides, lead, and mold found more frequently in poor housing conditions contribute to higher asthma rates, which can lead to increased absenteeism and subsequent lower academic achievement.¹⁴²

¹³⁹ Santa Barbara County Education Office and California Longitudinal Pupil Achievement Data System (CALPADS) data.

¹⁴⁰ *Homeless Public School Students* (kidsdata.org), <http://www.kidsdata.org/topic/230/homeless-students>, accessed 7/2017. Statewide student homelessness rose from 3.6% in 2011 to 4.8% in 2014; S.B. County student homelessness rose from 7.3% in 2011 to 13.6% in 2014.,

¹⁴¹ *Children Living in Crowded Housholds* (kidsdata.org), <http://www.kidsdata.org/topic/721/crowded-housing65>, based on 2014 data for counties with 65,000 residents or more; the site's figures for counties of 10,000 or more yield similar results. Accessed 7/2017.

¹⁴² *The Impacts of Affordable Housing on Education: A Research Summary* (Center for Housing Policy, 2014), <http://www.nhc.org/2014-impacts-of-aff-housing-education>.

Substandard housing, crowded housing, and periods of homelessness increase the likelihood that children will experience toxic stress from multiple Adverse Childhood Experiences (ACEs).

SOLUTION

Accessing affordable housing is a major challenge for our region, as we have geographic, labor market, and social challenges to navigate. The good news is that programs and policies developed to increase affordable housing and address homelessness have the added benefit of simultaneously reducing the number of children living in poverty. By reducing the number of children living in poverty, housing solutions contribute to improvements in immediate and long-term physical and mental health, family stability, and school readiness and achievement outcomes. When we frame our work in this fashion, we can locate new allies and creative funding solutions.

Any approach must be multifaceted—addressing the current needs of families experiencing homelessness, potential future housing and economic needs, factors that increase housing costs, and root causes of homelessness. We need a mix of preserving and increasing affordable housing options, evaluating state and local building and zoning regulations that contribute to high housing costs, and expanding and simplifying federal, state, and locally funded programs to strengthen families at risk or already homeless.

At a community level, potential solutions include:

- **Preserving existing affordable housing** by renewing subsidy contracts and regulatory agreements and renewing incentives to prevent conversion to market-rate housing.
- **Improving housing safety** by enforcing safety regulations and inspections and providing guidance to property owners who are out of compliance, to ensure that existing housing meets a basic level of livability and minimizes health risks to children and families.
- **Expanding workforce housing solutions** with public-private collaborative programs that provide housing for critical workers. The people who are first priced out of our rental market are key to our community and economy. Examples of job categories for which the median income automatically makes median housing costs unaffordable include education (teacher assistants, child care workers, special education aides), health care (home health aides, hospital staff), and tourism (cashiers, housekeeping, hotel workers, and waiters).
- **Expanding affordable housing stock** by encouraging inclusionary zoning and supporting transit-oriented development—steps which contribute to housing equity, access to educational and employment opportunities, and sustainable community growth.¹⁴³
- **Coordinating access to services** and supporting asset-building for low-income families. For example, low-income households may be provided with the opportunity to live in housing where needed services are easily available and well-integrated. Creating partnerships between housing, social services, education and labor agencies can lead to more streamlined and effective ways to provide affordable housing and services to low-income housing residents.¹⁴⁴

¹⁴³ *Strategies: Promote Affordable Housing* (Center for the Study of Social Policy), <http://bit.ly/2EBK2oq>, accessed 2016.

¹⁴⁴ *Connecting Residents of Subsidized Housing with Mainstream Supportive Services: Challenges and Recommendations* (The Urban Institute, 2010), <http://www.urban.org/uploadedpdf/1001490-Subsidized-Housing.pdf>.

- **Providing development incentives** for market-rate affordable housing. If offered in tandem, inclusionary zoning requirements (requiring all new development to set aside a certain number of units to be designated as affordable housing), strong incentives such as relaxed zoning restrictions, waived or prioritized permit fees and density bonuses (allowing developers to create more units than otherwise permitted on a parcel of land) can encourage the development of market rate affordable housing by reducing its additional costs to developers. For example, California's density bonus law (SB 1818) requires cities and counties to relax applicable zoning standards and grant density bonuses of up to 35% for developers who include a modest share of affordable housing in market-rate projects; these jurisdictions must also adopt an ordinance that states how they will comply with the legislation.¹⁴⁵
- **Expanding buyer financing options** for fixed, low-interest loans for down payments or mortgages for residents with low or moderate incomes. Home ownership helps households build wealth as they amass equity by paying their mortgage. Renters are not amassing this equity, and typically pay a larger share of their income in housing costs already. Helping low- and moderate-income families bridge into home ownership near their workplace is important.

At the state and federal level, potential solutions include:

- **Preserving and increasing incentives** for the investment of private capital into the development of affordable rental housing for low-income residents—such as the California Low Income Housing Tax Credit, which allocates federal and state tax credits for developers to build and maintain units for the succeeding 55 years.
- **Expanding builder financial options** by increasing and simplifying access to deferred-payment and low-interest loans to developers of permanent affordable rental housing with target populations—such as the Supportive Multifamily Housing Program (SHMHP) and the Homeless Youth Multifamily Housing Program (HYMHP).
- **Broadening existing down-payment assistance** programs from solely first-time homebuyers to include low- and moderate-income families through legislation.
- **Reducing administrative barriers** to accessing rental assistance and affordable housing units by simplifying applications and regulations to increase understanding and access.
- **Advocating for legislation** that will create a new permanent source of funding for the development of affordable housing.

DATA HIGHLIGHTS & TRENDS

We seek to answer the following questions:

- What is the median income for Santa Barbara County families and what is the median monthly housing cost?
- What is the current Fair Market Rate for renters in Santa Barbara County?
- How is “affordable housing” defined, and what percentage of families lives in unaffordable housing?

¹⁴⁵ *Funding Principles: Promote Affordable Housing* (Center for the Study of Social Policy), <http://www.policyforresults.org/poverty-economic/promote-affordable-housing/funding-principles>, accessed 2017

INCOME VS. HOUSING COST

California housing is among the most costly in the nation. The vacancy rate is less than 1%, making it hard for families to find housing, even in the shared housing market.

In Santa Barbara County, the median family income for families with children under 18 is \$60,038, which is lower than the California median income of \$64,828. While housing is more expensive in Santa Barbara County than in most counties in California, families with children are earning less income than many counties in California, compounding the issue.

Figure 83: Median Monthly Housing Costs, Santa Barbara County, 2011-15

Region	Cost per month
Santa Barbara County	\$1,479
Lompoc	\$1,053
Santa Barbara	\$1,640
Santa Maria	\$1,236

Source: 2011-2015 American Community Survey 5-Year Estimates

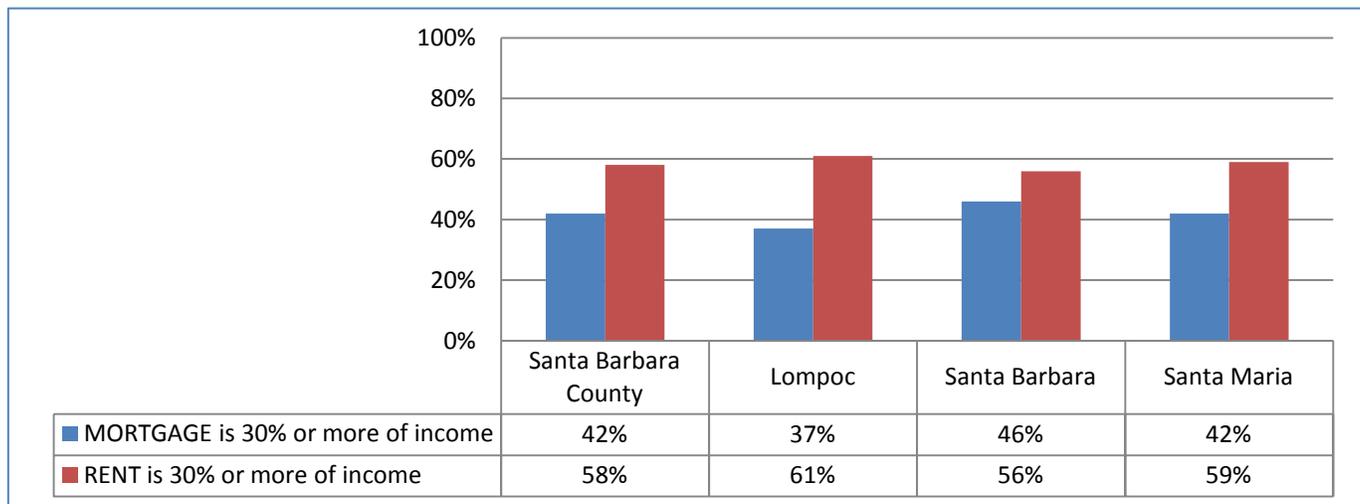
In the past five years, the county has seen a 2.6% increase in monthly rent. Several smaller communities with typically lower rent costs in our county have seen dramatic increases: Cuyama (67% increase), Guadalupe (13%), Santa Ynez (20%), and Summerland (26%). On average, fair market rents in all California counties have increased by approximately 72% since 2000 for a two-bedroom apartment. Fair Market Rate is a Housing and Urban Development (HUD) definition, set at the 40th percentile of rent for a standard quality unit. This means 40% of rentals are below this cost and 60% are above.

Figure 84: Fair Market Rent, Santa Barbara County, 2016

Unit Size	Cost per month
Studio - 0 Bedrooms	\$1,065
1 Bedroom	\$1,226
2 Bedrooms	\$1,451
3 Bedrooms	\$1,995

Source: 2011-2015 American Community Survey 5-Year Estimates

HUD considers housing “affordable” if total expenses (rent or mortgage payments, taxes, insurance, utilities, and other related payments) account for less than 30% of total household income. High rents are a particularly difficult issue, with more than half of county residents who rent living in unaffordable housing. Those who pay more than 50% of their income on housing are considered “severely rent burdened.” Of particular concern is the fact that the percentage of households living in unaffordable housing (defined as costing more than 30% of household income) has been steadily rising.

Figure 85: Percent of Households Living in Unaffordable Housing, 2011-15

Source: 2011-2015 American Community Survey 5-Year Estimates

SPOTLIGHT: HOUSING AUTHORITY OF THE CITY OF SANTA BARBARA

The Housing Authority of the City of Santa Barbara (HACSB) is a local public agency that provides safe, decent, and quality affordable housing and supportive services to eligible persons with limited incomes, through a variety of federal, state, local and private resources. In addition to owning and/or managing over 1,200 affordable rental units in the City of Santa Barbara, HACSB also serves 2,366 low-income households through its Section 8 Housing Choice Voucher Program.

HACSB's philosophy of being "more than just housing" encompasses the services, programs and support offered to its clients. Family strengthening is at the core of HACSB's work, and their dedicated staff are committed to developing family-centered programs through community partnerships that foster resilience, self-sufficiency, and educational and career advancement in an effort to break the cycle of poverty. As a recent member of the Network of Family Resource Centers, and with support from First 5 Santa Barbara County, HACSB has been able to adapt its services to better address the needs of its clients utilizing a Protective Factors approach. Opening its doors as a Family Resource Center in 2018, HACSB's Resident Services staff supports families in successfully responding to the challenges they face, including access to food, transportation, child care, employment, health insurance enrollment, and so on.

The Housing Authority's collection of family-centered services, known as the Family Strengthening Partnership, is possible due to longstanding partnerships with numerous community-based organizations including the Foodbank of Santa Barbara County, United Way of Santa Barbara County, the Santa Barbara County Department of Social Services, Community Action Commission, and many other public, private and nonprofit organizations. Key program elements of HACSB's Family Strengthening Partnership include:

- **Family Self-Sufficiency:** The Housing Authority's Family Self-Sufficiency (FSS) program helps low-income families pursue and maintain employment and financial independence while working toward educational, professional, and personal goals.

- **Advocate-of-the-Day:** As part of HACSB's Family Resource Center, staff is available each day to provide individualized assistance to Housing Authority families and clients that need assistance in accessing basic necessities, public benefits, or other resources. These services are offered in collaboration with a variety of local agencies.
- **Supportive Services:** HACSB offers clinical case management services in partnership with New Beginnings Counseling Center, aimed at promoting stability, wellbeing and housing retention. Families are connected to a variety of resources including in-home support, crisis intervention services, and counseling. Services are free and confidential.
- **Financial Literacy:** A workshop series that provides families with the tools necessary to create financial goals and to establish a financial plan.
- **Parent Advisory Committee (PAC):** The PAC provides an opportunity for parents to engage in their children's education as well as to participate in decision-making and program design within the Housing Authority's GRAD Initiative.
- **Family and Community-Building Academy:** Tenant education workshops that focus on family networking and community building, aimed at promoting healthy affordable housing communities.

COMMUNITY RESPONSE

Many local agencies and civic groups work to provide programs and services to children and families experiencing homelessness. Examples include:

- Transition House and the Good Samaritan homeless shelter provide shelter and support programming for families. Both agencies run emergency/immediate need programs, long term transitional support, family strengthening and counseling programs, and afterschool/homework help programs for their residents.
- Each school district has a designated Homeless Liaison, who works with families ensuring they understand their educational rights (including immediate enrollment, transportation to their school of origin to increase stability for children, and reduced graduation requirements for high school students experiencing homelessness). The Santa Barbara County Education Office has a liaison that helps local districts with difficult issues, answers school staff questions regarding student rights, liaises with shelters, and provides the services and basic supplies to students enrolled in county schools, living in shelters, or in the juvenile justice system.

It is also essential to address root causes of high housing costs and resulting homelessness through effective investments in self-sufficiency skill building, infrastructure, advocacy, and housing subsidies. Examples of such efforts include:

- The Housing Authority of the City of Santa Barbara, Isla Vista Tenants Union, and Transition House have programs that do outreach directly to landlords to help advocate for families who would otherwise have an extremely difficult time competing in this housing market.
- The County of Santa Barbara offers Housing and Community Development grants that provide funding for community development activities (Community Development Block Grants), promotion of affordable housing (Home Investment Partnership), and emergency shelters (Emergency Shelter Grants).

- Both People's Self-Help Housing and the Santa Barbara Community Housing Corporation offer rent subsidies.
- The Housing Authority of the City of Santa Barbara's Workforce Housing Program focuses on ensuring critical workers can find affordable housing near their places of work.
- The Housing Authority of the City of Santa Barbara's Family Self-Sufficiency Program (FSS) offers a voluntary five-year program where participants design a clear path of specific goals and objectives in order to achieve living-wage employment and gain economic self-sufficiency. Participants receive case management services to develop job and financial management skills and may qualify for a FSS Savings Account, where a portion of rent paid will be deposited into an interest-earning savings account.

Coordination of streamlined services where vulnerable families are located and concentrated efforts to simplify access points and pool limited resources are critical. Significant progress has been made in our county, including:

- Good Samaritan Homeless Shelter and People's Self-Help Housing have partnered with many other agencies to deliver wraparound services, such as the Community Action Commission's Head Start Program to run early care and education (ECE) and family strengthening programs on-site.
- After-school and summer care is a great need for families experiencing homelessness. Schools that serve large low-income populations generally have low- to no-cost child care available through the City Parks and Recreation Department, A-OK Program, the YMCA, Fighting Back, or other nonprofits. Additionally, groups and agencies that provide full or partial scholarships to existing community camps and extracurricular programs are a critical piece of the network. The Police Activities League and Boys & Girls Clubs have been key partners in providing scholarships and transportation for existing community out-of-school opportunities. This is crucial for families who do not have a stable place for their children when school is not in session, and it allows students to participate in activities with peers who are not experiencing homelessness.
- The County of Santa Barbara received a Continuum-of-Care collaboration grant from the federal Department of Housing & Urban Development (HUD). The grant focuses on permanent supportive housing for chronically homeless individuals and families, rapid re-housing, and a dedicated tracking system (the Homeless Management Information System or HMIS) uniting over 10 agencies in coordinated service.
- Home for Good Santa Barbara County (formerly the Central Coast Collaborative on Homelessness, or C3H) has dramatically increased the success of the Point in Time Count (which determines federal funding levels) and coordinated tracking of chronically homeless individuals, allowing for more targeted services to meet the needs of individuals.

Now is a critical time for housing advocacy. With news that the federal Housing and Urban Development (HUD) budget and Community Development Block Grants (CDBG) are at risk, the ability to build affordable housing or sustain other family strengthening programs may be sharply reduced. Responses can include:

- Community advocates can pursue clear and targeted communication with elected officials to defend the agencies and programs that have helped families provide stable homes for their children.
- Individuals, churches, and civic groups can align volunteer efforts and donations to support the larger network of services and supports for families who are homeless or at risk of becoming homeless.

- Policymakers and funders can require and fund coordination and streamlining of service provision for low-income households. Funding for cross-sector collaboration among public housing agencies, multi-family housing owners, and social and homeless service providers is critical. Supports available to families should include both social services and opportunities to learn about asset building and affordable homeownership. Integrating services with housing helps low-income families achieve housing stability.

It is essential to approach individuals and families experiencing homelessness with respect and an awareness that many factors contribute to homelessness—and the same response doesn't work for every population. For some populations, programs that require individuals secure a job or get sober to earn housing may have it backwards. An increasing body of evidence suggests the opposite strategy: settle the individual into a stable home first, and then address the additional needs with aligned services. This housing-first approach is particularly effective for chronically homeless individuals who may be grappling with trauma, disability, addiction, and/or mental illness. In this population, there is strong evidence that housing-first reduces homelessness and improves housing stability, reduces hospitalization and reliance on psychiatric facilities, improves mental health and well-being, and increases substance abuse disorder treatment.¹⁴⁶

Our local communities make decisions about when, where, and to what extent housing development will occur. There are valid reasons for wanting to limit growth, including the need for infrastructure support, the impact to property values, and environmental concerns. Often, local communities opt for commercial development to gain sales tax revenue and are concerned about the impact of additional housing on traffic, utilities use, property values, demographic shifts, and the environment. To be a truly sustainable community, we must work together to ensure that individuals who are working in Santa Barbara County can afford to live here in environments that promote healthy, stable environments for their children. We must find a balance between development and preservation.

¹⁴⁶ *What Works for Health: Housing First* (University of Wisconsin Population Health Institute, updated August 5, 2016), <http://whatworksforhealth.wisc.edu/program.php?t1=109&t2=126&t3=89&id=349>, accessed 1/10/18.

Page intentionally left blank

FOOD INSECURITY

PROBLEM

Families need reliable access to enough nutritious food and clean water to support an active, healthy life. A household is “food-insecure” when, at times during the year, it has insufficient money or resources to acquire enough food to meet its needs.¹⁴⁷ In Santa Barbara County, 10.3% of the population and 18.5% of children under the age of 18 are food-insecure.¹⁴⁸



Figure 86: Food insecurity in Santa Barbara County

	Overall	Children <18 only
County population	435,850	98,487
Food-insecure individuals	44,010	18,260
Food insecurity rate	10.3%	18.5%

EFFECT

Researchers have linked food insecurity to chronic physical health problems (including asthma and anemia), mental health problems (including anxiety and depression), birth complications (including low birth weight and impaired attachment), and childhood cognitive and behavioral problems (impairing performance in school and impacting social development).¹⁴⁹ Infants and toddlers in food-insecure households are 30% more likely to have a history of hospitalization, 90% more likely to be reported in fair or poor health, nearly twice as likely to have iron deficiency anemia, and two-thirds more likely to be at risk of developmental delays. Inconsistent food availability can worsen diabetes and increase the likelihood of smoking.¹⁵⁰ Tight budgets for food and utilities can steer people toward the cheapest and most shelf-stable food available, rather than the healthiest, potentially contributing to heart disease and obesity.¹⁵¹

A 2011 study estimated that food insecurity costs the nation’s economy \$167 billion each year in direct health care costs due to increased illness, increased public education costs due to hunger’s impact on child development and learning outcomes, lost productivity and income to firms and families from health-related absences and increased

¹⁴⁷ *Household Food Security in the U.S.* (U.S. Dept. of Agriculture - Economic Research Service, September 2016), 1. https://www.ers.usda.gov/webdocs/publications/79761/err215_summary.pdf?v=42636, accessed 6/22/17.

¹⁴⁸ Data in chart and narrative from *Mapping the Meal Gap 2017* (Feeding America, 2017, based on 2015 U.S. government data). Report, summary, charts, interactive tool at map.feedingamerica.org. Accessed 6/15/17.

¹⁴⁹ *Child Development* (Feeding America), <http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/child-hunger/child-development.html>, accessed 6/23/17.

¹⁵⁰ C. Gundersen & J.P. Ziliak, *Food Security and Health Outcomes* (Health Affairs, 34(11), 2015), 1830-1839.

¹⁵¹ 84% of parents using the nation’s food banks say they buy the cheapest food available, not the healthiest, to try to get enough food for their family. *Child Hunger in America* (Feeding America).

hospitalizations, and additional cost to charity. The annual “bill” for food insecurity equates to \$542 per person or \$1410 per household.¹⁵² In short: reducing food insecurity helps everyone in the community, hungry or not.

SOLUTION

When individuals and families cannot afford enough to eat, food aid programs can help. The three main public food aid programs are CalFresh, WIC, and free or reduced-price school meals. These are often called “federal nutrition assistance” because they are federally funded, although they are locally administered.

- **CalFresh** is California’s version of the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps). CalFresh provides low-income households with a monthly benefit for buying groceries, using a debit card that works at most grocery stores.¹⁵³
- **WIC** (Women, Infants & Children) is a supplemental program that provides low-income households with a monthly benefit for buying healthy foods. It is limited to pregnant women, new mothers, infants, and children up to age five, and subject to a maximum caseload.¹⁵⁴
- **School Meals:** The National School Lunch (NSL) Program makes free and reduced-price school meals available to public school students in grades K-12 from low-income households.¹⁵⁵

By helping low-income children, expectant mothers, and families get adequate nutrition, these programs have been shown to reduce poverty, improve birth outcomes and child health, and improve school performance.^{156, 157, 158}

However, not all of those facing food insecurity can qualify for federal nutrition assistance. Different programs have different income cutoffs based on the federal poverty threshold (FPL) or multiples thereof, as shown in Figure 87. Households with income over 200% FPL do not qualify for these programs—leaving 29% of food-insecure children ineligible for federal nutrition assistance, as shown in Figure 88.

Figure 87: Maximum household income for food assistance eligibility

	% FPL
Free / reduced price school meals	130% / 185%
CalFresh (SNAP)	200% gross, 100% net
Women, Infants & Children (WIC)	185%

¹⁵² D. Shepard, E. Setren & D. Cooper, *Hunger in America* (Center for American Progress, 2011 based on 2010 data), 1. https://cdn.americanprogress.org/wp-content/uploads/issues/2011/10/pdf/hunger_paper_introsomm.pdf, accessed 5/25/17.

¹⁵³ *Eligibility and Issuance Requirements* (California Department of Social Services website). <http://www.cdss.ca.gov/inforesources/CDSS-Programs/CalFresh/Eligibility-and-Issuance-Requirements>, accessed 5/27/17.

¹⁵⁴ *Nutrition Services – WIC Program* (Santa Barbara County Public Health Dept.). <http://cosb.countyofsb.org/phd/nutrition.aspx?id=20822>, accessed 5/27/17.

¹⁵⁵ *Child Nutrition Income Eligibility Guidelines* (Federal Register Vol. 82, No. 67, April 2017), 3.

¹⁵⁶ C. Gundersen, *Food security programs and child health* (The Future of Children, 25(1), 2015), 91-109.

¹⁵⁷ M. Rossin-Slater, *Promoting health in early childhood* (The Future of Children, 25(1), 2015), 35-64.

¹⁵⁸ *Health and Academic Achievement* (Centers for Disease Control and Prevention, 2014), http://www.cdc.gov/healthyschools/health_and_academics/pdf/health-academic-achievement.pdf

Figure 88: Food-insecure individuals by household income

	Overall	Children <18 only
Food-insecure with income under 200% FPL: potentially eligible for CalFresh, WIC, NSL	92%	71%
Over 200% FPL: potential eligibility for private charity only	8%	29%

Complementing the federal nutrition programs, private organizations offer various kinds of food aid—such as serving free or low-cost meals, or operating food pantries to supply groceries for home preparation. Perhaps the most visible private food aid organization is the Foodbank of Santa Barbara County, which works with 300 community partners that distribute 10 million pounds of food each year to those in need. One in four residents of Santa Barbara County is served by the Foodbank and its partner agencies and programs.

Public and private human services agencies are vital complements. They work together every day, sharing many of the same clients. Private agencies provide enrollment outreach services for public food aid such as CalFresh. Public agencies provide client referrals to private food services such as food pantries. Many services are funded by a mix of public and private grants. Because private agencies set their own eligibility guidelines, they can help some of the households that earn too much or don't meet other eligibility criteria to qualify for public programs. However, in the event of significant cuts to federal nutrition assistance, private food aid could not make up the difference: the scale of private aid is smaller, and public food aid recipients tend to also be private food aid recipients already.¹⁵⁹

Researchers say food insecurity can be reduced by raising incomes or lowering expenses for households, increasing food aid enrollment, and expanding the emergency food supply. Examples are provided later in this section.

DATA HIGHLIGHTS & TRENDS

Major factors associated with food insecurity include poverty and unemployment.¹⁶⁰ Roughly one in five County children lives in a household that has income below the federal poverty threshold or is food-insecure.¹⁶¹ Many other children live in households that are above but near the poverty threshold,¹⁶² and people in this category are often at risk of hunger as well.¹⁶³ But joblessness alone is not to blame: on the Central Coast, about 80% of young children in poverty have at least one parent working.¹⁶⁴ Underemployment—when a person is in the labor force, but not obtaining enough hours or wages to make a living—can also strain a household food budget.

¹⁵⁹ G. Bhattarai & P. Duffy, *Public and Private Food Assistance Choices* (Auburn University, 2003), 12.

¹⁶⁰ After controlling for other factors, a 1% increase in the unemployment rate leads to a .51% increase in the overall food-insecurity rate; a 1% increase in poverty leads to a 0.23% increase in the food insecurity rate. *Mapping the Meal Gap 2017* (Feeding America).

¹⁶¹ Children in Santa Barbara County (kidsdata.org / Lucile Packard Foundation for Children's Health), <http://www.kidsdata.org/export/pdf?loc=273>, accessed 4/2018

¹⁶² S. Bohn & C. Danielson, *Just the Facts: Child Poverty in California* (Public Policy Institute of California, February 2017; child poverty rate based on average of 2013-2015 data), 1. http://www.ppic.org/content/pubs/jtf/JTF_ChildPovertyJTF.pdf, accessed 1/2018.

¹⁶³ *Poverty and Hunger in America* (Feeding America), <http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/hunger-and-poverty/>, accessed 6/23/17.

¹⁶⁴ S. Bohn & C. Danielson, *Geography of Child Poverty in California* (Public Policy Institute of California, February 2017), 1. http://www.ppic.org/content/pubs/report/R_0217SBR.pdf, accessed 6/23/17.

Food-insecure households are not necessarily food-insecure all the time. For example, income for low-wage workers in the tourism and agricultural sectors may wax and wane with the growing and tourism seasons. Food insecurity may reflect a household's need to make trade-offs between important basic needs—such as housing, utilities, or medical bills—and purchasing nutritionally adequate food.

The extent of food insecurity differs from one household to the next. Feeding America, the nationwide network of food banks, estimates that a typical food-insecure family of four is short the equivalent of 34 individual meals a month because they lack enough money to buy food.¹⁶⁵ Some households are more likely to be affected than others; nationwide rates of food insecurity are roughly twice as high in African-American and Hispanic households as in white households. Households with children, regardless of race or ethnicity, are several percentage points more likely to experience food insecurity than childless households. Roughly half of food-insecure households have children.¹⁶⁶

The risk of childhood food insecurity is unevenly distributed in Santa Barbara County. All of the school districts where over 20% of children ages 5-17 are estimated to live in poverty are located in Mid or North County. These include Santa Maria-Bonita Elementary (27%), Guadalupe Union Elementary (22%), Solvang Elementary (25%), Cuyama Joint Unified (28%), Vista del Mar Union Elementary (30%), and Lompoc Unified (23%).¹⁶⁷

Because food aid is generally envisioned as a supplement to a household's food budget, no single source of food aid is typically sufficient to cover the actual cost of food. For example, the Urban Institute calculated that (as of 2015) the maximum SNAP/CalFresh benefit per person per meal was \$1.86—and that only 40% of recipient households received the maximum benefit. Further, they estimated the average cost of a simple home-cooked meal in our County in 2015 at \$2.53, while others placed it higher (Feeding America estimated it at \$3.23). Even in the best-case scenario of maximum possible benefit and minimum estimated cost, that represents a shortfall of 36% per meal.¹⁶⁸

SPOTLIGHT: CALFRESH UTILIZATION PROJECT

CalFresh (SNAP) is California's largest source of nutrition assistance. It reduces food insecurity, cuts the state's child poverty rate,¹⁶⁹ and enables better management of health conditions such as diabetes. Researchers have found that receiving SNAP in early childhood is associated with high school graduation rates, adult earnings, and adult health.¹⁷⁰

CalFresh boosts our economy too. Benefits are spent at local grocery stores and farmers markets, generating \$1.79 in economic activity for every dollar of benefits.¹⁷¹ By freeing up some household income for non-food purchases, it

¹⁶⁵ *Child Hunger in America* (Feeding America), http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/child-hunger/?_ga=1.257625358.420389359.1464286163, accessed 6/23/17.

¹⁶⁶ *Food Insecurity, Children, and Race* (Share our Strength / Multicultural Food Service and Hospitality Alliance), http://join.nokidhungry.org/site/DocServer/Food_Insecurity_as_it_relates_to_Race_and_Ethnicity.pdf, accessed 11/18/17.

¹⁶⁷ *2015 Poverty Estimates for School Districts* (U.S. Census Bureau, Small Area Income and Poverty Program, released December 2016).

¹⁶⁸ *Does SNAP cover the cost of a meal in your county?* (Urban Institute, 2015), accessed 4/2018, <https://www.urban.org/does-snap-cover-cost-meal-your-county>

¹⁶⁹ By raising total effective household income, CalFresh cuts the child poverty rate by 4.1 percentage points. Bohn & Danielson, *Child Poverty in California* (PPIC, 2017).

¹⁷⁰ *SNAP's Strengths* (Food Research & Action Center), <http://frac.org/programs/supplemental-nutrition-assistance-program-snap>, 6/2017.

¹⁷¹ K. Hanson, *FANIOM Model & Stimulus Effects of SNAP* (U.S. Dept. of Agriculture - Economic Research Service, Report ERR103, 2010). Identical or similar findings are reported by Moody's Analytics and Forbes.

also increases local sales tax revenue.¹⁷² The federal government pays for 100% of the CalFresh benefits and 50% of the program's administrative cost.

CalFresh fights hunger and malnutrition for some 39,000 individuals in 18,000 households in Santa Barbara County.¹⁷³ The typical family receives \$269 a month in benefits.¹⁷⁴ Most recipients are children, seniors, disabled, or working.¹⁷⁵ About 29% of recipient households are in South County, 17% in Mid County, and 54% in North County.

However, not all potentially eligible individuals receive CalFresh. In 2014, a California Food Policy Advocates study ranked Santa Barbara County 56th of 58 California counties in CalFresh participation (based on 2012 data).¹⁷⁶ That could mean 40,000 people not getting the help they need, and \$45 million in foregone benefits.¹⁷⁷ Excluding those who would not qualify due to immigration or Supplemental Security Income (SSI) status, the state estimated that about 42% of likely-eligible county residents were enrolled.¹⁷⁸

In response, the Santa Barbara County Department of Social Services (DSS), which administers CalFresh locally, launched a three-phase CalFresh Utilization Project to offer CalFresh to more of the community's food-insecure households. Phase 1 began in late 2014. A diverse intra-agency workgroup researched the issues, identified best practices, and made dozens of recommendations, which in turn were prioritized and organized into five strategies: *outreach* to clients new to DSS, *inreach* to clients of other DSS programs, *retention* of existing CalFresh clients, *quality assurance* for correct casework, and *data* to measure progress. During Phase 2 in 2015, subcommittees developed and executed action plans for each strategy, making improvements to business processes, data analysis, and communications with applicants, clients, community partners, and employees. In late 2016, the project transitioned to Phase 3, an ongoing evaluation and continuous improvement process led by a smaller steering committee.¹⁷⁹

Before the project began, CalFresh caseload growth rates for the County and the State overall were about the same. After the project began, the County's enrollment grew strongly even as statewide growth began to plateau. From the start of Phase 1 to the start of Phase 3, Santa Barbara County had the fastest CalFresh caseload growth rate of any county in California, growing by 23.2% versus a state average growth rate of 2%.¹⁸⁰ See Figure 89.

¹⁷² *Analysis of the Budget Bill-Food Stamps Program* (California Legislative Analyst's Office, 2004), http://www.lao.ca.gov/analysis_2004/health_ss/hss_20_foodstamps_anl04.htm

¹⁷³ V. Alvarez, *Profile of Families Served* (Santa Barbara County Dept. of Social Services, May 2017), <http://cosb.countyofsb.org/uploadedFiles/DSS380.pdf>.

¹⁷⁴ V. Alvarez, *Social Services Program Statistics* (Santa Barbara County Department of Social Services, May 2017), <http://cosb.countyofsb.org/uploadedFiles/Stats.pdf>.

¹⁷⁵ 75% of SNAP/CalFresh households include a child, elderly person or person with disabilities, and 82% of SNAP/CalFresh benefits go to such households. *SNAP's Strengths* (Food Research & Action Center), <http://frac.org/programs/supplemental-nutrition-assistance-program-snap>, accessed 6/26/17

¹⁷⁶ K. Birnback & T. Shimada, *Program Access Index 2012* (California Food Policy Advocates, Feb. 2014, based on 2012 data), 5.

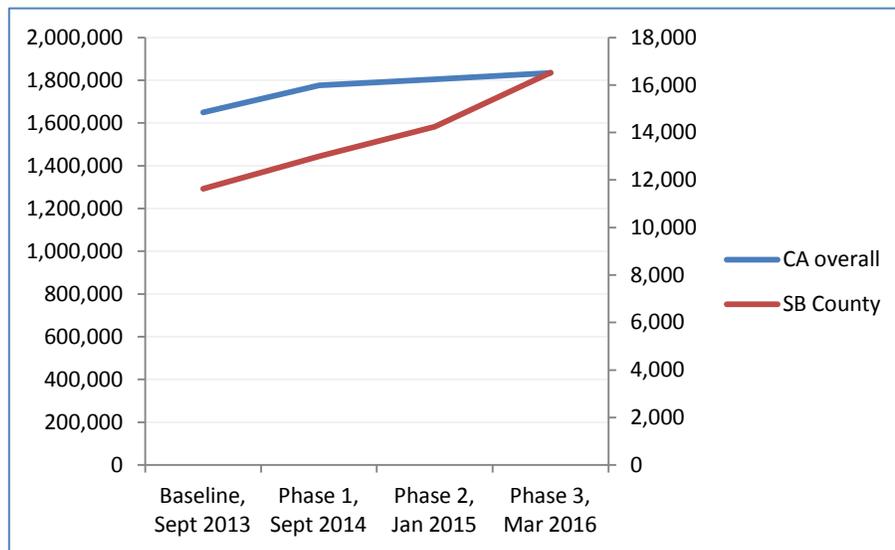
¹⁷⁷ T. Shimada, *Lost Dollars, Empty Plates* (California Food Policy Advocates, Feb. 2014, based on 2012 data), 8, 10.

¹⁷⁸ *CalFresh Program Reach Index* (California Department of Social Services, 2014). Can be viewed at <http://bit.ly/2sAijBh>.

¹⁷⁹ M. Gardner, H. Gardner, D. Tivey, M. Acosta, A. Plascencia: *Innovative County Strategies to Increase Enrollment*, presented at 2017 CalFresh Forum, February 6, 2017, Sacramento CA. Presentation materials available at <http://cfpa.net/archives/5197>.

¹⁸⁰ There are two types of CalFresh cases. Non-Assistance (NA) CalFresh comprises about 90% of the CalFresh caseload. The remainder is Public Assistance (PA) CalFresh, which is a component of CalWORKs (welfare) cases and hence determined by the size of the CalWORKs caseload alone. Therefore PA CalFresh was not part of the project's scope. Including PA in the figures would reduce the county's caseload growth ranking from #1 to #5 in the state, as the ongoing recovery from the recession continued to reduce local welfare rolls.

Figure 89: CalFresh caseload growth (NA only)



Although quite successful to date, the project faces strong headwinds going forward: County budget cuts in 2017 reduced the size of the Department's staff, and the proposed new federal Farm Bill seeks to impose new eligibility restrictions and limitations on SNAP/CalFresh.

Nevertheless, the Department's efforts to make CalFresh more accessible continue. In 2017 DSS "went live" on GetCalFresh (www.GetCalFresh.org), an online service developed by the nonprofit organization Code for America. GetCalFresh helps applicants, community enrollment assisters, and clients work efficiently with DSS. It provides applicants with a simplified online CalFresh application, live chat support, the ability to submit documents by photographing them with a smartphone, and automatic text-message reminders of program deadlines. It also provides community enrollment assisters with tools to track and analyze their CalFresh outreach activities.

COMMUNITY RESPONSE

When considering food insecurity, one place to look for solutions is the Santa Barbara County Food Action Plan: a strategy-based community "blueprint" for a food system that supports healthy people, a healthy economy, and a healthy environment. Completed in 2016, it represents over 1200 hours of input by over 200 stakeholders including nonprofits, growers, educators, health care providers, community activists, and County supervisors.¹⁸¹ Organizations can use the Plan to investigate sample resources and policies, leverage additional support, or identify strategies to invest in. More information can be found at www.sbcfoodaction.org.

The Food Action Plan identifies four areas for investment: the food economy, health and wellness, community, and the foodshed. Within these areas, it identifies a total of 16 goals, and highlights high-priority goals.

¹⁸¹ The Santa Barbara County Food Action Plan was produced by a partnership of the Santa Barbara Foundation's LEAF Initiative (Landscape, Ecosystems, Agriculture, Food Systems), the Orfalea Foundation, the Foodbank of Santa Barbara County, and the Community Environmental Council, with an extensive Advisory Board co-chaired by Santa Barbara County Supervisors Salud Carbajal (1st District) and Steve Lavagnino (5th District) and an Executive Team of local nonprofit managers and consultants. Stakeholder input was collected over 14 months.

The priority goal for the Health & Wellness area is to “support the development of neighborhood networks of volunteers to provide peer-to-peer education and empowerment to food-insecure community members to improve their health.”

- The Promotores Network has been doing this type of work since 2002, and ongoing support for their efforts is crucial. Promotores are volunteer peer health educators and community resource experts who work countywide, speaking English, Spanish, Mixteco and Nahuatl. More information on the Promotores Network can be found at sbcpromotoresnetwork.weebly.com.

The priority goal for the Community area is to “establish Community Food Access Centers that serve as place-based, food-centric, neighborhood revitalization efforts, and which unite multiple functions (including education) in one or more nearby locations.”

- For example, investments can be made in the Food Pantries that are offered through Family Resource Centers, churches and community centers in many parts of the county, including New Cuyama, Guadalupe, Santa Maria, Lompoc, Santa Ynez, Isla Vista, Santa Barbara, and Carpinteria.

A related goal is to increase the accessibility and affordability of healthy food, especially that which is locally grown. Specific actions could include:

- Expanding the emergency food supply by volunteering, donating, or following corporate best practices. Volunteers can participate in backyard and farm produce gleaning programs like Santa Ynez Valley Veggie Rescue (www.veggierescue.org). Grocery stores can operate food donation programs such as Albertson’s Fresh Rescue. Donors can increase the reach and impact of nonprofit agencies with donations of cash rather than food, as agencies can leverage the funds to purchase food at lower cost than individuals.
- Organizations can ask if they are doing all they can to make food accessible for low-income households. For example, policymakers can undertake a review of policies that inhibit the distribution of safe raw and cooked foods to determine if food supplies for those in need can safely be expanded. Agencies can work to make food aid and other safety-net assistance more accessible by simplifying enrollment procedures, extending hours, ensuring that they are locating services or outreach in areas of high need, etc.
- Local Farmers Markets can accept the CalFresh EBT card so that low-income households have access to fresh, healthy, locally grown food. Farmers Markets that already accept the CalFresh EBT card can implement a Market Match program (marketmatch.org) which doubles the value of CalFresh benefits spent on fruits and vegetables there, up to a certain limit. In 2017, the Farmers Markets in Isla Vista, Goleta, Santa Barbara, Montecito, Carpinteria, and Vandenberg Village implemented or piloted Market Match or similar programs.

While the overall economy is outside the scope of the Plan, increasing the purchasing power of those living below or near poverty would contribute greatly toward eliminating food insecurity. Purchasing power can be increased in various ways, for example:

- Higher wages, more jobs, and/or more job training. For example, in 2017 the Career Pathways program (www.sbc2csummeryouthemployment.org) was offered for at-risk youth: for 200 hours, youth got paid work experience, and employers got a no-cost employee.
- Reduced housing expenses for the working poor. For example, the Center for Employment Training offered housing assistance grants for Santa Maria farmworkers in 2017.

- Increase partnerships with schools and community organizations to give families greater access to healthy food, nutrition education, health information, and other family support services. For example, per AB 402, schools can work with the County Department of Social Services or its community partners to inform free school lunch applicant/recipient households about the availability of CalFresh.
- Increased eligibility, utilization rates, or benefit amounts for food aid programs such as CalFresh and WIC.

PARENTING SUPPORT

PROBLEM

Many things influence a child's growth and development, and perhaps the most critical factor is the presence of reliable, responsive, and sensitive parenting.¹⁸² Effective early parenting contributes to future development of cognitive and social skills, positive parent-child and peer relationships, and prevention of delinquency, risky behaviors, and school failure.¹⁸³



Parenting is tough, and parents tend to seek support in raising their children regardless of their socioeconomic position or culture. Historically, parents obtained this support from their family network.¹⁸⁴ However, families today are more mobile and many no longer live near extended family members—those who traditionally provided informal support, advice, and assistance. Family mobility and a lack of extended family can lead to social isolation.

In addition to social isolation, many families in Santa Barbara County are raising children with the added pressures of economic stress and family dysfunction. Poverty compounds other stressors, such as marital discord, domestic violence, mental health concerns, or drug and alcohol abuse. Generally, recent immigrants, single-parent families, and very young families have substantially higher rates of poverty than the general population and are therefore at increased risk of having higher levels of parenting stress.

Higher levels of parenting stress increase the risk of child maltreatment. Some parents are at risk for neglecting or abusing their children because of these significant stressors, and others because the parenting they received was not positive and they are parenting according to what they know, following similar patterns. Adults who carry unresolved trauma from their own childhoods may have impairments that make it difficult to rise to the task of reliable, responsive, and sensitive parenting.

Effective parenting begins with self-awareness and attunement to the needs of each child. Knowledge of child development is essential, along with age-appropriate strategies for supporting children's physical, cognitive, and social-emotional growth and learning. Strong parenting requires access to resources such as health care, child care, and networks of social support.

Families today may look for parenting support on the internet, or they may turn to friends and neighbors, faith communities, medical professionals, educators, or community service providers. In order to improve outcomes for children and youth, providers in many service sectors are being asked to expand their scope of practice to include some aspect of parent engagement and parenting support.

¹⁸² E. Lurie-Hurvitz, *Early experiences matter: Making the case for a comprehensive infant and toddler policy agenda* (Zero to Three Policy Center, 2009).

¹⁸³ *The parenting imperative: Investing in parents so children and youth can succeed* (Policy Brief No. 22) (Family Strengthening Policy Center, 2007)

¹⁸⁴ M. Zepeda & A. Morales, *Supporting parents through parent education: Building community systems for young children* (UCLA Center for Healthier Children, Families and Communities, 2001)

EFFECT

Social isolation and a lack of parenting knowledge combined with significant family stressors can result in children being negatively affected by Adverse Childhood Experiences (ACEs), such as abuse, neglect, and/or household dysfunction. Without a caring and consistent adult to buffer children from stress, ACEs become toxic and can have negative short-term and long-term effects on learning, relationships, and mental and physical health. Parents may also be impacted by their own high ACE scores. Parenting support helps to reduce family stress, mitigate risks, and increase effective parenting. It promotes better outcomes for children, families, and society as a whole.

SOLUTION

Parents and other primary care givers need support, some more than others. Providers in every service sector can play a role in parenting support:

- Talk with parents/ care givers and listen to their concerns
- Promote social connections between families
- Link families to resources
- Teach staff to implement the Strengthening Families framework
- Offer effective parenting education and support within your scope of practice

Parent education programs can help parents acquire the parenting and problem-solving skills necessary to build a healthy family. Research shows that effective parent training and family interventions can promote resilience, change parents' attitudes and behaviors, strengthen protective factors, and lead to positive outcomes for both parents and children.¹⁸⁵

Parent education is defined by the California Evidence-Based Clearinghouse as training, programs or other interventions that help parents acquire skills to improve parenting of and communication with their children. Strong predictors of effective parent education programs include the following:

- Interventions are strength-based: the focus is on family assets and resilience, instead of family weaknesses and problems.
- Practices are family-centered and designed to enhance family skills and activities—while respecting both the traditions and values of the family and the learning styles, preferences, and beliefs of the parents.
- The program uses both individual and group approaches, with interactive training techniques and opportunities to practice new skills.
- Curriculum is delivered by qualified staff with clear program goals and continuous evaluation.
- The program considers and addresses the multiple influences that impact a family—such as community, school, extended family, work, finances, etc.

¹⁸⁵ B.W. Lundahl & N. Harris, *Delivering parent training to families at risk to abuse: Lessons from three meta-analyses* (American Professional Society on the Abuse of Children, 2006), 18, 7 – 11.

- The program includes fathers and promotes positive family interactions.
- The program encourages parent partnership and peer support.

DATA HIGHLIGHTS/TRENDS

In Santa Barbara County, evidence-based parenting education and support is provided through parenting classes, healthy relationship classes, parent support groups, home visitation, and parent-child therapeutic services. All have been shown to have positive outcomes for children and families.

PARENTING CLASSES

Data reported to the Department of Social Services from community partners shows that between 2014 and 2017, over 400 parents received parent education services through the county's child abuse prevention contracts. During the same timeframe, First 5 evaluation reports show that 726 parents of children ages 0-5 received parent education and support services through First 5's family support contracts. These numbers do not capture the full scope of parenting education across the county, since service outcomes are reported separately to other funders. Examples ("snapshots") of local parenting education programs and parenting support groups appear on the next two pages.

First 5 evaluation results from pre- and post- assessments show that parents who completed an evidence-based parent education program saw positive changes in parenting knowledge and behavior. The Protective Factors Survey was the assessment tool used to measure outcomes. Figure 90 shows those results for 117 parents.

Figure 90: Percentage of parents reporting specific strengths before vs. after parenting education program

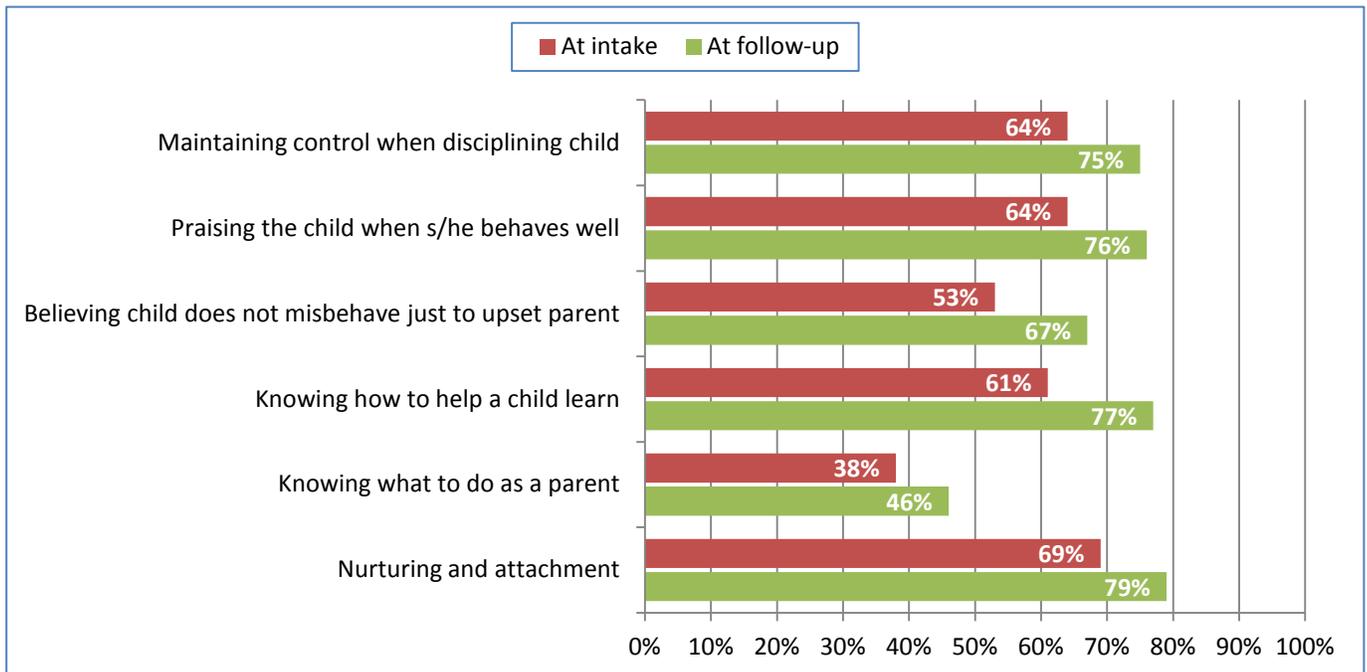


Figure 91: A snapshot of parenting support in Santa Barbara County - Evidence-based parenting education

Curriculum	Organizations	Geographic reach	Format and focus
Nurturing Parenting	<ul style="list-style-type: none"> Family Service Agency CALM Fighting Back Santa Maria Valley Santa Ynez Valley People Helping People 	<ul style="list-style-type: none"> Carpinteria Isla Vista Lompoc Santa Barbara Santa Maria Santa Ynez Valley 	<ul style="list-style-type: none"> Group classes 10-14 weeks <i>Self-awareness, nonviolent discipline, positive interactions</i>
Incredible Years	<ul style="list-style-type: none"> Santa Maria Valley Youth and Family Center CALM / Isla Vista Youth Projects 	<ul style="list-style-type: none"> Guadalupe Isla Vista 	<ul style="list-style-type: none"> Group classes 10 weeks <i>Promote social-emotional competence and improve parent-child interactions</i>
Supporting Father Involvement	<ul style="list-style-type: none"> CALM 	<ul style="list-style-type: none"> Carpinteria Isla Vista 	<ul style="list-style-type: none"> Group classes 12 weeks <i>Focus on co-parenting and enhance positive involvement of fathers</i>
Parent Project	<ul style="list-style-type: none"> Fighting Back Santa Maria Valley 	<ul style="list-style-type: none"> Santa Maria 	<ul style="list-style-type: none"> Group classes 10 weeks Senior / Junior option <i>Improve communication and parenting skills</i>
Positive Solutions—California Social Emotional Foundations for Early Learning (CSEFEL)	<ul style="list-style-type: none"> Santa Barbara County Education Office 	<ul style="list-style-type: none"> Guadalupe Isla Vista 	<ul style="list-style-type: none"> Parent Module Group format 4 two-hour classes <i>Support for children's social-emotional learning</i>
Healthy Relationship Education	<ul style="list-style-type: none"> Family Service Agency 	<ul style="list-style-type: none"> Carpinteria Lompoc Santa Barbara Santa Maria 	<ul style="list-style-type: none"> Group classes 9 weeks <i>Family strengthening, communication and co-parenting</i>
Strengthening Families Program	<ul style="list-style-type: none"> Department of Behavioral Wellness (soon to be implemented by additional community partners) 	<ul style="list-style-type: none"> Santa Maria 	<ul style="list-style-type: none"> Group classes <i>Family and child Substance Use Disorder prevention program</i>



Figure 92: A snapshot of parenting support in Santa Barbara County - Classes and support groups

Curriculum	Organizations	Geographic reach	Format and focus
Life Skills Parenting Education Program	<ul style="list-style-type: none"> New Beginnings Counseling Center 	<ul style="list-style-type: none"> Santa Barbara 	<ul style="list-style-type: none"> Group classes 6, 8 or 12 weeks <i>Hands-on parenting skills and practical tools to maintain stability</i>
Baby College	<ul style="list-style-type: none"> CALM 	<ul style="list-style-type: none"> Carpinteria 	<ul style="list-style-type: none"> Group classes <i>Skills for new parents</i>
Baby Basics	<ul style="list-style-type: none"> Postpartum Education for Parents (PEP) 	<ul style="list-style-type: none"> Santa Barbara 	<ul style="list-style-type: none"> 3 hour group class <i>New and expecting parents</i>
Parent Café	<ul style="list-style-type: none"> Family Service Agency Isla Vista Youth Projects Santa Maria Valley Youth & Family Center Santa Ynez Valley People Helping People Carpinteria Children's Project 	<ul style="list-style-type: none"> Isla Vista Lompoc Santa Barbara Santa Maria Santa Ynez Valley Carpinteria 	<ul style="list-style-type: none"> <i>Peer-to-peer education based on the five protective factors and the Strengthening Families framework</i>
Parenting Skills Support Group	<ul style="list-style-type: none"> CALM 	<ul style="list-style-type: none"> New Cuyama 	<ul style="list-style-type: none"> Monthly Support Group <i>Focused on parenting skills and knowledge of child development</i>
PEP Groups	<ul style="list-style-type: none"> Postpartum Education for Parents (PEP) 	<ul style="list-style-type: none"> Santa Barbara 	<ul style="list-style-type: none"> <i>Support for new parents</i>
PEP Warm Line	<ul style="list-style-type: none"> Postpartum Education for Parents (PEP) 	<ul style="list-style-type: none"> Santa Barbara 	<ul style="list-style-type: none"> <i>Volunteers provide telephone support for families experiencing symptoms of Perinatal Mood and Anxiety Disorders and other parenting challenges</i>

HOME VISITATION

Home visitation is an effective strategy for providing one-on-one parent education and support in the family home. Home visitors support nurturing and attachment, positive parenting and optimal child development through family-centered interventions that often include developmental screening. A survey of home visitation programs conducted by First 5 Santa Barbara County showed that home visitors reached 3,444 families in 2015-16. Of these, 1515 were visits conducted by the Public Health Department's Maternal Child Adolescent Health program.



Figure 93: A snapshot of parenting support in Santa Barbara County - Home visitation

Program model	Organizations	Geographic reach	Format and focus
Maternal Child Adolescent Health (MCAH) Field Nursing	<ul style="list-style-type: none"> • Santa Barbara County Public Health Department 	<ul style="list-style-type: none"> • Countywide 	<ul style="list-style-type: none"> • Nurse home visits and short-term case management for high-risk families
Welcome Every Baby (WEB) Touchpoints	<ul style="list-style-type: none"> • Santa Barbara County Education Office 	<ul style="list-style-type: none"> • Carpinteria • Goleta/Isla Vista Lompoc • Santa Barbara • Santa Ynez Valley 	<ul style="list-style-type: none"> • Nurse home visit for risk assessment
Home Health	<ul style="list-style-type: none"> • Dignity Health / Marian Regional Medical Center 	<ul style="list-style-type: none"> • Guadalupe • Santa Maria 	<ul style="list-style-type: none"> • Nurse home visit for risk assessment
Child Development Ages & Stages Home Visits	<ul style="list-style-type: none"> • CALM • Family Service Agency • Isla Vista Youth Projects • Santa Ynez Valley People Helping People 	<ul style="list-style-type: none"> • Countywide 	<ul style="list-style-type: none"> • Follow-up for families with newborns where risk factors have been identified by WEB or Marian nurse home visitors
Safe Care	<ul style="list-style-type: none"> • CALM • Community Action Commission 	<ul style="list-style-type: none"> • Countywide 	<ul style="list-style-type: none"> • 3 modules target risk factors for child neglect and physical abuse
Teenage Parenting Program (TAPP)	<ul style="list-style-type: none"> • Community Action Commission 	<ul style="list-style-type: none"> • North County 	<ul style="list-style-type: none"> • 2x/month visits for teen parents of 0-3 yr olds
Great Beginnings	<ul style="list-style-type: none"> • CALM 	<ul style="list-style-type: none"> • Countywide 	<ul style="list-style-type: none"> • For parents with children prenatal to age 5 with risk factors
Incredible Years Home Visiting	<ul style="list-style-type: none"> • Santa Maria Valley Youth & Family Center 	<ul style="list-style-type: none"> • Santa Maria 	<ul style="list-style-type: none"> • Incredible Years curriculum delivered in-home

THERAPEUTIC SUPPORT

Therapeutic interventions are another form of parenting support that is especially valuable when children and/or parents have high doses of Adverse Childhood Experiences (ACEs) such as child abuse, neglect, family violence, and mental health concerns, including postpartum depression. In addition to behavioral health services provided through the Department of Behavioral Wellness and CenCal Health, community providers offer a wealth of family-focused therapeutic interventions to meet these needs.

Figure 94: A snapshot of parenting support in Santa Barbara County: Therapeutic support

Intervention	Organizations	Geographic reach	Examples of evidence-based modalities and other approaches
Trauma-informed Individual and Family Therapy	<ul style="list-style-type: none"> • CALM • Council on Alcoholism and Drug Abuse • Family Service Agency / Santa Maria Valley Youth & Family Center • Good Samaritan Shelters • Santa Ynez Valley People Helping People 	<ul style="list-style-type: none"> • Carpinteria • Isla Vista • Lompoc • Santa Barbara • Santa Maria • Santa Ynez Valley 	<ul style="list-style-type: none"> • <i>Parent-Child Interaction Therapy</i> • <i>Trauma-Focused Cognitive Behavioral Therapy</i> • <i>Dialectical Behavior Therapy</i> • <i>Multi-family groups</i> • <i>Play Therapy</i> • <i>Substance Abuse Counseling</i> • <i>Domestic Violence Counseling</i>
Therapeutic Behavioral Services and Wrap-Around	<ul style="list-style-type: none"> • Casa Pacifica 	<ul style="list-style-type: none"> • Countywide 	<ul style="list-style-type: none"> • <i>Intensive services for children and families to prevent out-of-home placement</i>
Trauma-Informed Parenting Group	<ul style="list-style-type: none"> • CALM 	<ul style="list-style-type: none"> • Santa Barbara • Santa Maria • Lompoc 	<ul style="list-style-type: none"> • <i>Parenting support group for Resource and Adoptive Families</i>
Postpartum Depression Group	<ul style="list-style-type: none"> • CALM 	<ul style="list-style-type: none"> • Santa Barbara • Santa Maria 	<ul style="list-style-type: none"> • <i>Group counseling for women experiencing perinatal mood disorders</i>
Domestic Violence Support Group	<ul style="list-style-type: none"> • CALM • Domestic Violence Solutions 	<ul style="list-style-type: none"> • Carpinteria • Santa Barbara • Santa Maria 	<ul style="list-style-type: none"> • <i>Support for families experiencing violence in the home</i>
Women's Empowerment Group	<ul style="list-style-type: none"> • CALM 	<ul style="list-style-type: none"> • Santa Barbara 	<ul style="list-style-type: none"> • <i>Drop-in counseling support for Spanish-speakers</i>

SPOTLIGHT: NURTURING PARENTING PROGRAMS

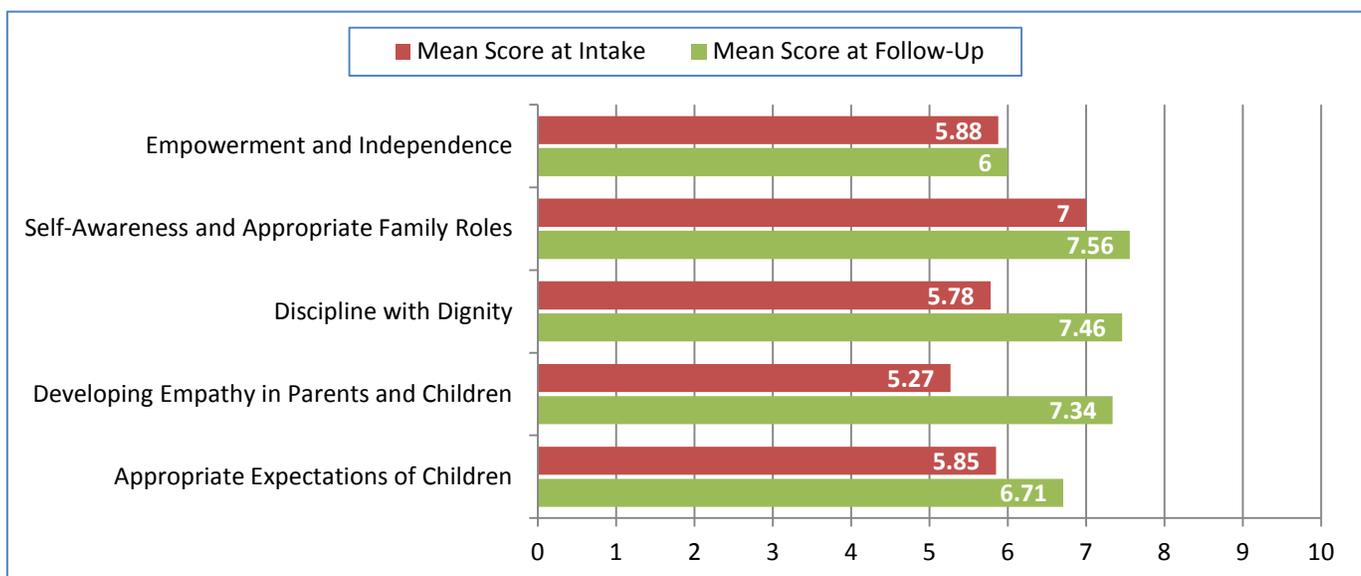
Evidence-based Nurturing Parenting Programs are offered throughout Santa Barbara County by Family Service Agency, Child Abuse Listening Mediation (CALM), and Fighting Back Santa Maria Valley. Funded by both First 5 Santa Barbara County and Child Abuse Prevention grants administered by the Santa Barbara County Department of Social Services, Nurturing Parenting programs strengthen family relationships and promote the understanding that children who are cared for and treated respectfully will treat themselves, others, and the environment in the same manner.

Lessons address parental attitudes, knowledge, and skills, with topics related to developmental milestones, positive discipline, empathy, self-awareness, empowerment, and communication. Activities and role plays are designed to stimulate self-discovery, reflection, and learning in a safe, supportive environment. Nurturing Parenting Programs promote the Strengthening Families Protective Factors framework and are a proven prevention and intervention strategy for reducing and mitigating child abuse and neglect. Classes are available to parents and care providers of children prenatal through age 11 and can be offered in individual or group settings. The classes are led by trained, skilled facilitators using one of three curricula: *Nurturing Skills for Families*, *Nurturing Fathers*, and *Community-Based Education in Nurturing Parenting*.

Data from Family Service Agency (FSA) provides one example of the program successes that experienced throughout the county. In 2015-16, FSA graduated 46 individuals from the *Nurturing Skills for Families* program and 34 individuals from *Community-Based Education in Nurturing Parenting*. Another 265 participants attended parenting workshops offered in the community—and 82% of participants graduated with scores that were medium to low risk on all evaluated constructs. The Adult Adolescent Parenting Inventory (AAPI) was used to evaluate outcomes and showed that 88% of parent graduates understood and utilized alternatives to corporal punishment, and 93% had appropriate expectations of children upon completion of the program.

Figure 95, for example, shows the change in parental habits and beliefs for the Nurturing Skills for Families (NSF) graduates. The chart shows participants' mean scores from before and after the program on a scale of 1 to 10, where 1 is the highest risk and 10 is the lowest risk.

Figure 95: Risk scores before and after NSF parenting program (10=lowest risk)



The Family Service Agency reports that by attending the classes, parents also build a social support system that lasts beyond the final session. Their graduates have gone on to participate in other parent engagement opportunities such as Parent Teacher Association (PTA), school site English Learners Advisory Council (ELAC), and District English Learners Advisory Council (DELAC). Some graduates have returned to volunteer in the Nurturing Parenting program. In response to enthusiastic interest and demand, Family Service Agency has tripled their class offerings since they began in 2013.

COMMUNITY RESPONSE

Parenting is one of the most challenging and important jobs a person can undertake, and we all have a stake in ensuring that parents have access to the resources and support they need to be successful. Parent education is a valuable strategy for increasing knowledge of parenting and child development, but parenting support can take other forms as well. Support can be offered within the context of one's professional role, or it may be extended informally to friends, co-workers, family members, and neighbors. Listening with empathy, helping parents see their strengths, offering hope and encouragement, sharing parenting experiences and knowledge of resources, lending a helping hand with child care or a meal, offering a ride or assisting in an emergency—all are forms of parent support that can reduce family stress and promote resilience. Every person in our county is a potential resource that can help a family find the resilience and strength they need to raise safe, healthy, and productive children.

Page intentionally left blank

